

BJ9 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO		PROOF OF CLAIM
Name of Debtor: TRIAD OIL & GAS CO LTD		Case Number: 2:08-BK-62757
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114		Court Claim Number: _____ (If known)
Telephone number: 1-800-913-9158 Creditor Number: 11960855		Filed on: _____
Name and address where payments should be sent (if different from above): Internal Revenue Service INTERNAL REVENUE SERVICE 550 MAIN ST, RM 3525 CINCINNATI, OH 45201		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone Number: (513) 263-3220		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>100.00</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
2. Basis for Claim: Taxes (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4)
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % _____ Amount of arrearage and other charges as of time case filed included in secured claim. if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements re running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Date: <u>03/03/2009</u> <i>Debbie Harrell</i> /s/ DEBBIE HARRELL, S BANKRUPTCY SPECIALIST (513) 263-3220		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)() Amount entitled to priority: \$ <u>100.00</u> <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Internal Revenue Service INTERNAL REVENUE SERVICE 550 MAIN ST, RM 3525 CINCINNATI, OH 45201		FOR COURT USE ONLY FILED MAR 04 2009

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 357.

Triad Oil & Gas Co
57-0001

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: TRIAD OIL & GAS CO LTD
P O BOX 430
RENO, OH 45773

Case Number	2:08-BK-62757
Type of Bankruptcy Case	CHAPTER 11
Date of Petition	12/31/2008

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(6) of the Bankruptcy Code

<i>Taxpayer</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX-XXX7738	PTKSHP	12/31/2008	1 NOT FILED	\$100.00	\$0.00

Total Amount of Unsecured Priority Claims: \$100.00

THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SUCH, AS THE DEBTOR PLEASES THE RETURN WILL BE FILED AS A CLAIM. HOWEVER, THIS CLAIM WILL BE ADJUSTED TO REFLECT THE CORRECT LIABILITY.

Southern District of Ohio Claims Register

2 08-bk-62757 Triad Oil & Gas Co , Ltd

Judge: C Kathryn Preston **Chapter:** 11

Office: Columbus

Last Date to file claims: 05/25/2009

Trustee:

Last Date to file (Govt):

Creditor (11960855) <u>History</u> Internal Revenue Service Insolvencies PO Box 21126 Philadelphia PA 19114	Claim No 1 <i>Original Filed</i> Date 03/04/2009 <i>Original Entered</i> Date 03/04/2009	Status Filed by CR Entered by ^Sheppard, Kimberly Modified
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Priority claimed \$100 00 Total claimed \$100 00
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History Details 1-1 03/04/2009 Claim #1 filed by Internal Revenue Service, total amount claimed \$100 (^Sheppard, Kimberly)
Description
Remarks

Claims Register Summary