

**UNITED STATES BANKRUPTCY COURT Southern District of Ohio** **RECD** **PROOF OF CLAIM**

Name of Debtor **Alpha Drilling Ltd** **FEB 02 2009** Case Number: 2 08 62759

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for 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)  
**MARIETTA OCCUPATIONAL HEALTH**  
 Name and address where notices should be sent  
**MARIETTA OCCUPATIONAL HEALTH PARTNERS**  
**401 MATTHEW STREET**  
**MARIETTA OH 45750-1635**  
 Telephone number

Check this box to indicate that this claim amends a previously filed claim.  
 Court Claim (if known)  
 Filed on

**FILED**  
**JAN 22 PM 12:07**  
**JORDAN CLERK**  
**U.S. BANKRUPTCY COURT**  
**COLUMBUS, OHIO**

Name and address where payment should be sent (if different from above)  
 Telephone number

Check this box if you are aware that anyone else has filed a claim relating to your claim. Attach copy of statement giving particulars.  
 Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 247.20  
 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.  
 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  
 Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)

2. Basis for Claim: Occupational Health Services Performed  
 (See instruction #2 on reverse side)

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)

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_  
 3a. Debtor may have scheduled account as: \_\_\_\_\_  
 (See instruction #3a on reverse side)

Contributions to an employee benefit plan 11 U.S.C. §507(a)(5)

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:  Real Estate  Motor Vehicle  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: \$ \_\_\_\_\_

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).  
 Taxes or penalties owed to governmental units 11 U.S.C. §507(a)(8)  
 Other Specify applicable paragraph of 11 U.S.C. §507(a)(\_\_\_\_)

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Amount entitled to priority: \$ \_\_\_\_\_

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of 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.

\*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.

Date: 1-20-09 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.  
Barbara Medlin

FOR COURT USE ONLY

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 3571

*Barbara Medlin*  
 Business Supervisor

Alpha Drilling Ltd  
  
 59 00002

401 Matthew Street  
Marietta, OH 45750  
740-374-9954  
Tax ID # 04358713200

### Invoice

January 20, 2009

Bill to Kim Arnold  
Alpha Drilling Ltd  
P O Box 430  
Reno, OH 45773

For Alpha Drilling Ltd  
October 08 Services

Invoice # 12536

<u>Proc Code</u>	<u>Service Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	<u>Balance</u>
	10/06/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
	10/06/2008	Observed Drug Screen	1 00	10 30			10 30
						<b>Balance Due</b>	<b>61 80</b>
	10/06/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
	10/06/2008	Observed Drug Screen	1 00	10 30			10 30
						<b>Balance Due</b>	<b>61 80</b>
	10/20/2008	5 Panel Drug Screen 88544	1 00	51 50			51 50
	10/20/2008	Observed Drug Screen	1 00	10 30			10 30
						<b>Balance Due</b>	<b>61 80</b>
	10/06/2008	DOT Drug Screen	1 00	61 80			61 80
						<b>Balance Due</b>	<b>61 80</b>
						<b>Invoice # 12536 Balance Due</b>	<b>247 20</b>

Cut and return with payment



Please place invoice number 12536 on check

Please remit 247 20 to

ATTN Accounts Receivable  
Marietta Occupational Health Partners  
401 Matthew Street  
Marietta, OH 45750

## Southern District of Ohio Claims Register

### 2:08-bk-62759 Alpha Drilling, Ltd.

**Judge:** C Kathryn Preston      **Chapter:** 11  
**Office:** Columbus                      **Last Date to file claims:** 05/25/2009  
**Trustee:**                                      **Last Date to file (Govt):**

<i>Creditor</i> (11973743) MARIETTA OCCUPATIONAL HEALTH PARTNERS 401 MATTHEW STREET MARIETTA, OH 45750	<b>Claim No:</b> 2 <i>Original Filed</i> Date 01/22/2009 <i>Original Entered</i> Date 01/23/2009	<i>Status</i> Filed by CR Entered by 2pw Modified
Unknown claimed \$247.20 <b>Total      claimed \$247.20</b>		

<i>History</i>	
<b>Details</b>	2-1 01/22/2009 Claim #2 filed by MARIETTA OCCUPATIONAL HEALTH, total amount claimed \$247.2 (2pw)
<i>Description</i>	
<i>Remarks</i>	

### Claims Register Summary