

Name of Debtor
 ALPHA DRILLING, LTD

Case Number
 08-62759

RECD
APR 07 2009

NOTE This form should not be used to make a claim for administrative expenses 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 Debtor owes money or property)
 MILLER SUPPLY OF WEST VIRGINIA, INC

Name and addresses where notices should be sent
 WELTMAN, WEINBERG & REIS CO, LPA
 175 S THIRD ST, STE 900
 COLUMBUS, OH 43215
 Telephone number
 (614) 857-4325 (WWR)

Check this box to indicate that this claim amends a previously filed claim

Court Claim Number _____
 (If known)

Filed on _____

Name and address where payment should be sent (if different from above)
 MILLER SUPPLY OF WEST VIRGINIA, INC
 1537 BLACHLEYVILLD RD
 WOOSTER, OH 44691
 Telephone number
 (614) 857-4325 (WWR)

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

Check this box if you are the debtor or trustee in this case

1 Amount Of Claim At Time Case Filed **\$2,733.68**

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)

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)

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

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)(____)

2 Basis for Claim GOODS SOLD
 (See instruction #2 on reverse side)

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)

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** Mechanic's Lien

Amount of Secured Claim \$ _____ **Amount Unsecured** \$ _____

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

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

Amount entitled to priority
 \$ _____

*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
 April 6 2009

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

For Court Use Only
FILED
APR 06 2009

Weltman, Weinberg & Reis Co, L.P.A. **Attorney for Creditor**
 175 South Third Street, #900
 Columbus, Ohio 43215 (614) 857-4325 /s/Geoffrey J Peters, Esq

KEN MILLER SUPPLY, INC

02/03/09 09 20
 Period# 02 [02/03/09]

A / R D E T A I L A G I N G

Rpt# AR4000
 Page 1

AS OF 02/03/09 BASED ON Due DATE (STATUS=ALL)

CUST# / NAME	TELEPHONE	AVG		CRLMT	TERM	SLSM	CURRENT	- P A S T D O B D A Y S			NBT DOB	
		PAY LAST	PMT					- 1 30	31- 60	61+		
ALPHA DRILLING LTD # 4 1030	(740)374 2940	29	11/28/08		COD	19		237 95	2495 73		2733 68	
Doc#	Locn	Date	Term	Due	Past	- - Cust PO#	Ord#	CURRENT	-1 30	31 60	-61+	
532999	WEST	11/18/08	NT30	12/18/08	47 4	77703				1525 70		* Late
533000	WEST	11/18/08	NT30	12/18/08	47 4	77694				455 33		* Late
534113	WEST	11/24/08	NT30	12/24/08	42 4	77743				270 95		* Late
534116	WEST	11/24/08	NT30	12/24/08	41 4	77888				243 75		* Late
538518	WEST	12/12/08	NT30	01/11/09	23 4	78264			24 25			
539356	WEST	12/18/08	NT30	01/17/09	17 4	78358			213 70			
** GRAND TOTALS								237 95	2495 73		2733 68	

Alpha Drilling Ltd. owes Miller Supply of WV, Inc \$2733 68.

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):

Creditor (12240373) <u>History</u> Miller Supply of West Virginia, Inc c/o Weltman, Weinberg & Reis 175 S Third St , Ste 900 Columbus OH 43215	Claim No 16 <i>Original Filed</i> Date 04/06/2009 <i>Original Entered</i> Date 04/06/2009	Status Filed by CR Entered by Peters, Geoffrey Modified
Unsecured claimed \$2733 68 Total claimed: \$2733.68		
History <u>Details</u> <u>16-1</u> 04/06/2009 Claim #16 filed by Miller Supply of West Virginia, Inc , total amount claimed \$2733 68 (Peters, Geoffrey)		
Description		
Remarks		

Claims Register Summary