UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)

- ☐ Laboratory Partners, Inc. (Case No. 13-12769)
- ☑ Biological Technology Laboratory, Inc. (Case No. 13-12774)
- ☐ Kilbourne Medical Laboratories, Inc. (Case No. 13-12771)
- ☐ Terre Haute Medical Laboratory, Inc. (Case No. 13-12775)
- ☐ MedLab Ohio, Inc. (Case No. 13-12772)
- ☐ Pathology Associates of Terre Haute, Inc.(Case No. 13-12776)
- ☐ Suburban Medical Laboratory, Inc. (Case No. 13-12773)

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s1654

Debtor: Biological Technology Laboratory, Inc.

Amount/Classification
$654.09 Unsecured

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:
33654712002771
SHAMROCK SCIENTIFIC
34 DAVIS DRIVE
BELLWOOD, IL 60104

RECEIVED
JAN 13 2014
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (800) 323-0249 email: credit@shamrocklabels.com

THIS SPACE IS FOR COURT USE ONLY

Name and address where **payment** should be sent (if different from above):

Payment Telephone Number ( ) email:

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

1. AMOUNT OF CLAIM AS OF OCTOBER 25, 2013: $

If all or part of your claim is secured, 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.

2. BASIS FOR CLAIM:
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as: 18341500
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:
Describe:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Property: $

Annual Interest Rate: % ☐ Fixed or ☐ Variable
(when case was filed)

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: $ 654.09

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

Amount entitled to priority: $

You MUST specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to $12,475*), 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).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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

☑ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ).

** Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Laboratory Partners
00105

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. SUPPORTING DOCUMENTS: *Attached are redacted copies of documents that support the claim,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, Central Standard Time on February 3, 2014 for Non-Governmental Claimants OR on or before April 23, 2014 for Governmental Units.

BY MAIL TO:
BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

☑ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Sharon D. Jones
Title: Credit + Collection Administrator
Company: Shamrock Scientific Specialty Inc.

Address and telephone number (if different from notice address above):

Telephone number: email:

Sharon D Jones (Signature) 1-10-14 (Date)

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.

LIST OF DEBTORS:

Debtor Name	Case Nbr
Laboratory Partners, Inc.	13-12769-PJW
Kilbourne Medical Laboratories, Inc.	13-12771-PJW
MedLab Ohio, Inc.	13-12772-PJW
Suburban Medical Laboratory, Inc.	13-12773-PJW
Biological Technology Laboratory, Inc.	13-12774-PJW
Terre Haute Medical Laboratory, Inc.	13-12775-PJW
Pathology Associates of Terre Haute, Inc.	13-12776-PJW

Shamrock

ORDER COPY

FEIN 36-3218261
IL # 1648-3103
CA # SR OHA 30-657692

PLEASE MAIL CHECK TO:
SHAMROCK SCIENTIFIC
SPECIALTY SYSTEMS, INC.
34 DAVIS DR., P.O. BOX 143
BELLWOOD, IL 60104

INVOICE	PAGE
173370	1
INVOICE DATE:	
10/23/13	

SOLD TO:
%MEDLAB
ATTN ACCOUNTS PAYABLE
10114 WOODFIELD LANE
ST LOUIS MO 63132

SHIP TO:
MEDLAB-ST LOUIS
ATTN RECEIVING
10126 WOODFIELD
ST LOUIS MO 63132

WE NOW ACCEPT

CUST. NO.	F.O.B.	WORK ORDER NO.	SLS. NO.	CUST. P. O. NO.	
1-18341500	MFR PLANT	C338675	931 W/H- 2	1310-176-SM	**TERMS: NET 30 DAYS**

ITEM NUMBER	DESCRIPTION	U/M	QTY. SHIPPED	QTY. BILLED	UNIT PRICE	AMOUNT
SDL-50R	1/2IN DOT ASSORTMENT PRICE RLS	RL		30	4.17	125.10
SDL-50R-29	1/2IN DOT LBL RL - GREEN FLUOR	RL	30			
	UPS					8.01

NET SALES AMOUNT		MISCELLANEOUS CHGS.	TAXES		AMOUNT DUE
125.10		8.01	.00		133.11

NO RETURNS WILL BE ACCEPTED WITHOUT OUR PRIOR CONSENT.

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:
1Z6061190348273673
Service:
UPS Ground
Weight:
3.30 lbs
Shipped/Billed On:
10/22/2013
Delivered On:
10/23/2013 10:38 A.M.
Delivered To:
SAINT LOUIS, MO, US
Signed By:
JETER
Left At:
Receiver

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 11/08/2013 12:05 P.M. ET

Print This Page Close Window

ORDER COPY

Shamrock

FEIN 36-3218261
IL # 1648-3103
CA # SR OHA 30-657692

PLEASE MAIL CHECK TO:
SHAMROCK SCIENTIFIC
SPECIALTY SYSTEMS, INC.
34 DAVIS DR., P.O. BOX 143
BELLWOOD, IL 60104

INVOICE	PAGE
172638	1
INVOICE DATE:	
10/16/13	

SOLD TO:
%MEDLAB
ATTN ACCOUNTS PAYABLE
10114 WOODFIELD LANE
ST LOUIS MO 63132

SHIP TO:
MEDLAB-ST LOUIS
N. THOMPSON
10126 WOODFIELD
ST LOUIS MO 63132

WE NOW ACCEPT

CUST. NO.	F.O.B.	WORK ORDER NO.	SLS. NO.	CUST. P. O. NO.	
1-18341500	MFR PLANT	C319432	931 W/H- 2	5-16017	**TERMS: NET 30 DAYS**

ITEM NUMBER	DESCRIPTION	U/M	QTY. SHIPPED	QTY. BILLED	UNIT PRICE	AMOUNT
STANDING ORDER	RELEASE # 16017-5 TOTAL: 600 ROLLS SHIP: 50 ROLLS EACH MONTH	EA	1	1		
THERM-520RQISPC	3/4X2 DIRECT IR READABLE REPEAT ITEM WHITE THERM DIRECT IR READABLE PERMANENT ADHESIVE S & P CARRIER: 2 1/8" 1550 PER ROLL ON 1" CORE WOUND FACE OUT 5TH SHIPMENT - 11/1/13 UPS	RL	50	50	4.90	245.00
						15.49

	NET SALES AMOUNT		MISCELLANEOUS CHGS.	TAXES		AMOUNT DUE
	245.00		15.49	.00		260.49

NO RETURNS WILL BE ACCEPTED WITHOUT OUR PRIOR CONSENT.
ALL CLAIMS MUST BE ENTERED WITHIN 30 DAYS OF DATE OF SHIPMENT

Invoice 172638

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:
1Z6061190346339892
Service:
UPS Ground
Weight:
31.60 lbs
Shipped/Billed On:
10/15/2013
Delivered On:
10/16/2013 10:32 A.M.
Delivered To:
SAINT LOUIS, MO, US
Signed By:
WILLIAMS
Left At:
Receiver

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 11/08/2013 12:06 P.M. ET

Print This Page

Close Wind

ORDER COPY

FEIN 36-3218261
IL # 1648-3103
CA # SR OHA 30-657692

PLEASE MAIL CHECK TO:
SHAMROCK SCIENTIFIC
SPECIALTY SYSTEMS, INC.
34 DAVIS DR., P.O. BOX 143
BELLWOOD, IL 60104

INVOICE	PAGE
169533	1
INVOICE DATE:	
9/19/13	

SOLD TO:
%MEDLAB
ATTN ACCOUNTS PAYABLE
10114 WOODFIELD LANE
ST LOUIS MO 63132

SHIP TO:
MEDLAB-ST LOUIS
N. THOMPSON
10126 WOODFIELD
ST LOUIS MO 63132

WE NOW ACCEPT

CUST. NO.	F.O.B.	WORK ORDER NO.	SLS. NO.	CUST. P. O. NO.	
1-18341500	MFR PLANT	C319431	931 W/H- 2	4-16017	**TERMS: NET 30 DAYS**

ITEM NUMBER	DESCRIPTION	U/M	QTY. SHIPPED	QTY. BILLED	UNIT PRICE	AMOUNT
STANDING ORDER	RELEASE # 16017-4 TOTAL: 600 ROLLS SHIP: 50 ROLLS EACH MONTH	EA	1	1		
THERM-520RQISPC	3/4X2 DIRECT IR READABLE REPEAT ITEM WHITE THERM DIRECT IR READABLE PERMANENT ADHESIVE S & P CARRIER: 2 1/8" 1550 PER ROLL ON 1" CORE WOUND FACE OUT 4TH SHIPMENT - 10/1/13 UPS	RL	50	50	4.90	245.00
						15.49

	NET SALES AMOUNT		MISCELLANEOUS CHGS.	TAXES		AMOUNT DUE
	245.00		15.49	.00		260.49

NO RETURNS WILL BE ACCEPTED WITHOUT OUR PRIOR CONSENT

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:
1Z60611903486719 20
Service:
UPS Ground
Weight:
31.30 lbs
Shipped/Billed On:
09/18/2013
Delivered On:
09/19/2013 10:43 A.M.
Delivered To:
SAINT LOUIS, MO, US
Signed By:
JETER
Left At:
Receiver

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

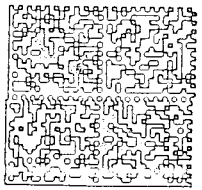
Tracking results provided by UPS: 11/08/2013 12:07 P.M. ET

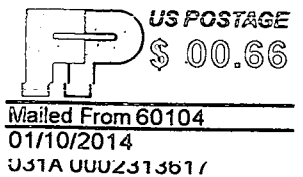
Print This Page Close Wind

Shamrock

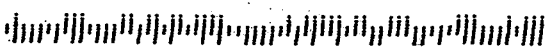
SHAMROCK SCIENTIFIC SPECIALTY SYSTEMS, INC. • 34 DAVIS DR., BELLWOOD, IL 60104

US POSTAGE
$ 00.66
Mailed From 60104
01/10/2014
031A 0002313617





RECEIVED
JAN 13 2014
BMC GROUP

BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

55317302020