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: s3169
Debtor: Terre Haute Medical Laboratory, Inc.
Amount/Classification
$778.78 Priority

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

Name and address where notices should be sent:
33654712012505
NORMAN, KIMBERLY
634 BEECH ST.
TERRE HAUTE, IN 47804

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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 (765) 498-0417 email: Norman17Kimberly@Yahoo.Com

THIS SPACE IS FOR COURT USE ONLY

Name and address where **payment** should be sent (if different from above):
Kimberly Norman
P.O. Box 193
Bloomingdale, Ind. 47832

☐ 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: _____

Payment Telephone Number (765) 498-0417 email: Norman17Kimberly@Yahoo.Com

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: _____
(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.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: $ _____

Nature of property or right of setoff:
Describe:
☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Basis for Perfection: _____

Amount of Secured Claim: $ _____

Value of Property: $ _____

Amount Unsecured: $ _____

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

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: $ 778.78

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
00148

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: Kimberly A. Norman
Title: Medical Lab Tech
Company: Terre Haute Medical Laboratory Inc. Kimberly A Norman 1/13/14
(Signature) (Date)

Address and telephone number (if different from notice address above):
P.O. Box 193
Bloomingdale, IN 47832

Telephone number: email:
765-498-0419 Norman17Kimberly@Yahoo.Com

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

Kim Norman
PO Box 193
Bloomingdale IN
47832

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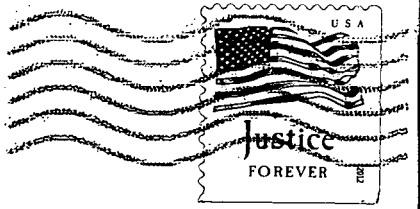

BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

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