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: s1860
Debtor: MedLab Ohio, Inc.
Amount/Classification
$1,500.00 Unsecured

Name of Creditor (the person or other entity to whom the debtor owes money or property):
HALFPENNY TECHNOLOGIES, INC.

Name and address where notices should be sent:
33654713002765
HALFPENNY TECHNOLOGIES, INC.
ATTN: TOM MAULE
725 SKIPPACK PIKE, SUITE 100
BLUE BELL, PA 19422-1746

RECEIVED
FEB 03 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 610)277-9100 email: Tmaule@halfpenny.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: $ 20,500.00
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) Services Rendered. See attached invoices.

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.

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: $

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
00490

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: Tim Kowalski
Title: President & CEO
Company: Halfpenny Technologies, Inc.

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

Telephone number: email:

Tim Kowalski 1/30/2014
(Signature) (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

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
1/24/2013	13555

Quote No.

Bill To
Laboratory Partners 671 Ohio Pike, Suite K Cincinnati, OH 45245

Terms	Due Date	P.O. No.	Vendor #	Client Site
Net 30	2/23/2013			Dr. Clarence Lamb

Description	Qty	Rate	Amount
ITF-EMR Interface Module Implementation Services - Orders and Results Halfpenny, on behalf of MEDLAB, will build an Orders and Results interface to the Medplus Care360 EHR system at Dr. Clarence Lamb. This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.	1	6,000.00	6,000.00

Total	$6,000.00
Payments/Credits	$0.00
Balance Due	$6,000.00

S.O. No.	50668000004400341

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
1/31/2013	13591

Quote No.

Bill To
Laboratory Partners 671 Ohio Pike, Suite K Cincinnati, OH 45245

Terms	Due Date	P.O. No.	Vendor #	Client Site
Net 30	3/2/2013			Graceworks Lutheran

Description	Qty	Rate	Amount
ITF-EMR Interface Module Implementation Services - Orders and Results Halfpenny, on behalf of MEDLAB, will build an Orders and Results interface to the Answer On Demand EHR system via Ignis at Graceworks Lutheran. This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.	1	6,000.00	6,000.00

Total	$6,000.00
Payments/Credits	$0.00
Balance Due	$6,000.00

S.O. No.	50668000004441003

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
2/22/2013	13766

Quote No.

Bill To
MEDLAB 671 Ohio Pike, Suite K Cincinnati, OH 45245

Terms	Due Date	P.O. No.	Vendor #	Client Site
Net 30	3/24/2013			The Healthcare Connection

Description	Qty	Rate	Amount
Delivered 2/18/13 ITF-EMR Annual Interface Module Maintenance and Support - Orders and Results February 2013 - January 2014 Halfpenny, on behalf of MEDLAB, will build an Orders and Results interface to the NextGen EHR at The HealthCare Connection (Lincoln Heights/Mt.Healthy locations). This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.	1	1,500.00	1,500.00

Total	$1,500.00
Payments/Credits	$0.00
Balance Due	$1,500.00

S.O. No.	50668000004524055

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
2/25/2013	13772

Quote No.

Bill To
MEDLAB 671 Ohio Pike, Suite K Cincinnati, OH 45245

Terms	Due Date
Net 30	3/27/2013

P.O. No.	Vendor #	Client Site
		WinMed

Description	P.O. No.	Qty	Rate	Amount
Delivered 2/18/13 ITF-EMR Annual Interface Module Maintenance and Support - Orders and Results February 2013 - January 2014 Halfpenny, on behalf of MEDLAB, will build an Orders and Results interface to the NextGen EHR at WinMed (3 Locations). This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.		1	1,500.00	1,500.00

Total	$1,500.00
Payments/Credits	$0.00
Balance Due	$1,500.00

S.O. No.	50668000004524045

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
7/31/2013	15040

Quote No.

Bill To
Laboratory Partners 671 Ohio Pike, Suite K Cincinnati, OH 45245

Terms	Due Date	P.O. No.	Vendor #	Client Site
Net 30	8/30/2013			Dr. William Smucker

Description	P.O. No.	Qty	Rate	Amount
Ready for live 8/20/13 ITF-EMR Annual Interface Module Maintenance and Support - Orders and Results August 2013 -July 2014 Halfpenny, on behalf of MEDLAB, will build an Orders and Results interface to the e-Clinical Works EHR system at Dr. Willam Smucker. This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.		1	1,500.00	1,500.00

Total	$1,500.00
Payments/Credits	$0.00
Balance Due	$1,500.00

S.O. No.	50668000003762095

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
9/30/2013	15504

Quote No.
1494

Bill To
Laboratory Partners 671 Ohio Pike, Suite K Cincinnati, OH 45245

Terms	Due Date	P.O. No.	Vendor #	Client Site
Net 30	10/30/2013			Otterbein Homes

Description	P.O. No.	Qty	Rate	Amount
ITF-EMR Annual Interface Module Maintenance and Support - Orders and Results. September 2013 - August 2014 **Go Live 9/27/13** Halfpenny, on behalf of MEDLAB, will build an Orders and Results interface to the Optimus Health EHR system at Otterbein Homes. This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.		1	1,500.00	1,500.00

Total	$1,500.00
Payments/Credits	$0.00
Balance Due	$1,500.00

S.O. No.	5066800000258201

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
9/30/2013	15506

Bill To
Laboratory Partners 671 Ohio Pike, Suite K Cincinnati, OH 45245

Quote No.
2144

Terms	Due Date	P.O. No.	Vendor #	Client Site
Net 30	10/30/2013			Otterbein Homes

Description	P.O. No.	Qty	Rate	Amount
ADT interface annual maintenance and support September 2013 - August 2014 **Go Live 9/27/13** Halfpenny, on behalf of MEDLAB, will build an ADT interface from the Optimus Health EHR system at Otterbein Homes. Halfpenny will combine ADT message with the outbound ORM to create a single ORM to Medlab This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.		1	500.00	500.00

Total	$500.00
Payments/Credits	$0.00
Balance Due	$500.00

S.O. No.	5066800000258211

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
12/31/2013	16494

Terms	Quote No.
Net 30	

Bill To

Laboratory Partners
671 Ohio Pike, Suite K
Cincinnati, OH 45245

S.O. No.

Due Date	P.O. No.	Vendor #	Client Site
1/30/2014			Dr. Peter Dillard

Description	P.O. No.	Qty	Rate	Amount
Dr. Peter Dillard M&S ITF-EMR Annual Interface Module Maintenance and Support - Results only January 2014 - December 2014 Halfpenny, on behalf of MEDLAB, will build a Results only interface to the PracticeFusion EHR system located at Dr. Peter Dillard. This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.		1	750.00	750.00

Total	$750.00
Payments/Credits	$0.00
Balance Due	$750.00

50668000004339027

HALFPENNY

Clinical Integration Solutions

725 Skippack Pike
Suite 100
Blue Bell, PA 19422-1746

610.277.9100
billing@halfpenny.com

Invoice

Date	Invoice #
12/31/2013	16325

Terms	Quote No.
Net 30	

Bill To
MEDLAB 671 Ohio Pike, Suite K Cincinnati, OH 45245

S.O. No.

Due Date	P.O. No.	Vendor #	Client Site
1/30/2014	0310201201		Cleveland Clinic

Description	P.O. No.	Qty	Rate	Amount
ITF-LIS Interface Annual Maintenance and Support - Results Only November 2013 - October 2014 Halfpenny, on behalf of MEDLAB, will build a Results only Reference Lab Interface to the eGate Interface Engine located at Cleveland Clinic Foundation. This project will include connectivity, analysis, configuration, project management and a standard test plan as applied to the interface.		1	1,250.00	1,250.00

Total	$1,250.00
Payments/Credits	$0.00
Balance Due	$1,250.00

5066800000419102 7

BLANK ROME LLP
COUNSELORS AT LAW

Phone: *(215) 569-5318*
Fax: *(215) 832-5318*
Email: *JCooper@BlankRome.com*

January 31, 2014

BY FEDERAL EXPRESS

BMC Group, Inc.
18675 Lake Drive East
Chanhassen, MN 55317
Attn: Laboratory Partners Claims Processing

Re: In re Laboratory Partners, Inc., et al., Bankr. D. Del., Case No. 13-12769 (PJW)

Dear Madam or Sir:

Enclosed are two original claims of Halfpenny Technologies, Inc. with respect to the above-referenced bankruptcy, and one copy of each claim. Please file the enclosed original claim forms and return the time-stamped copies to my attention in the enclosed, postage pre-paid, self-addressed envelope. Please do not hesitate to contact me should you have any questions.

Very truly yours,

Jonathan K. Cooper

Enclosures

From: (215) 569-5500
John Lucian
Blank Rome LLP
1 Logan Square
18th & Cherry Street
Philadelphia, PA 19103

Origin ID: REDA

FedEx Express

J14101312270326

SHIP TO: (215) 569-5442

BILL SENDER

BMC Group, Inc.
18675 Lake Drive East

Chanhassen, MN 55317

Ship Date: 31JAN14
ActWgt: 0.5 LB
CAD: 103873866/WSXI2500

Delivery Address Bar Code

Ref # 134867.00100
Invoice #
PO #
Dept #

RECEIVED
FEB 03 2014
BMC GROUP

MON - 03 FEB 10:30A
PRIORITY OVERNIGHT

TRK# 7977 8758 7340
0201

55317
MN-US
MSP

SE FBLA

522G1/D6EC/F220

FOLD on this line and place in shipping pouch with **bar code and delivery address** visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.