B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Delaware		**PROOF OF CLAIM**
Name of Debtor: Kilbourne Medical Laboratories, Inc.	Case Number: 13-12771	

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.*

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

COURT USE ONLY

Name and address where notices should be sent: AT&T Corp
% AT&T Services, Inc
Karen A. Cavagnaro - Lead Paralegal
One AT&T Way, Room 3A104
Bedminster, NJ 07921
Telephone number: (908) 532-1957 email: km1426@att.com

RECEIVED
NOV 22 2013
BMC GROUP

☐ Check this box if 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):

Telephone number: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $62.35

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Services Performed
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
See Attached	See Attached (See instruction #3a)	(See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

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

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

Basis for perfection: _____

Value of Property: $_____

Amount of Secured Claim: $_____

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

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.

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

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

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

Amount entitled to priority:

☐ 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).

☐ 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)(__).

$_____

Laboratory Partners
00017

**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.*

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. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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 the definition of "redacted".)*

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

If the documents are not available, please explain:

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 provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Rosie Ayala-Flores
Title: Bankruptcy Representative
Company: AT&T Corp
Address and telephone number (if different from notice address above):

Rosie Ayala-Flores 11/20/2013
(Signature) (Date)

Telephone number: email:

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Pre-petition Claim Documentation

Creditor: AT&T Corp

Debtor: Kilbourne Medical Laboratories, Inc.
District Court: District of Delaware
File Date: 10/25/2013
Chapter: 11
Total Filed Amount: $62.35

Account Number	Billed Amount Due	Account Number	Billed Amount Due
9001	$14.53		
7001	$47.82		

000000145

Account Number	Bill Date	Payment Due Date
[redacted]9 001	NOV 6, 2013	DEC 1, 2013

KILBOURNE MEDICAL LAB
PO BOX 157
MT WASHINGT KY 40047-0157

AT&T All in One Service

For Product Info: www.att.com/businesscenter
For Customer Care: 1 877 325-0445

AT&T All in One Service

AT&T LONG DISTANCE	$17.67
TOTAL SERVICE CHARGES	$17.67
SURCHARGES AND TAXES	$5.28
TOTAL CURRENT CHARGES	**$22.95**

See Summary of Charges page for details

ACCOUNT STATUS

PREVIOUS BALANCE	$22.49
PAYMENT RECEIVED	$22.49-
ADJUSTMENTS	$0.00
TOTAL CURRENT CHARGES	$22.95
TOTAL AMOUNT DUE	**$22.95**

Pay online at www.att.com/paymybill

**** News From AT&T ****

Just For Your Business **See next page for more news!**

Login now at http://www.att.com/loginnow to view your billing call details online. Then, when you're ready, select your preferred method of payment:

PAY ONLINE - Once logged in, click "Pay Your Bills" to setup one-time or monthly payments with a credit card or bank account.
PAY BY PHONE - Call the toll-free number at the top of this page to setup a one-time payment with a credit card or bank account.
PAY BY MAIL - Submit the lower portion of this page with a check payable to AT&T.

Whatever's most convenient for you!

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You can manage all of your ordering and billing inquiries with just a click. Visit us at www.att.com/customercare for details on AT&T on-line customer service.

Pay your bill online at www.att.com/paymybill or pay by postal mail using the remittance slip below. When paying by check, make it payable to AT&T, include your account number on payment and make sure that the AT&T P.O. Box address is viewable through the envelope window. AT&T is not able to reply to inquiries written on this remittance document. Please visit www.att.com/accountmanagement for assistance.

TO ENSURE PROPER CREDIT, PLEASE DETACH THIS PORTION AND RETURN WITH REMITTANCE.

000020 2 MB .405 F30

KILBOURNE MEDICAL LAB
PO BOX 157
MT WASHINGT KY 40047-0157

at&t

Account Number: [redacted]9 001
Bill Date: NOV 6, 2013
Payment Due Date: DEC 1, 2013

Check here for name/ address/telephone number corrections only. See reverse side. ☐

AT&T
P O Box 105068
Atlanta, GA 30348-5068

Total Amount Due: $22.95

Amount Enclosed: $

[redacted]9001[redacted]

SC#00-02

Account Number	Bill Close Date	Payment Due
[redacted]7 001	11/01/13	12/01/13

KILBOURNE MEDICAL REF # 513 943 2500

AT&T Business Service

For Billing Inquiries 1 877 288-9000
To Place an Order 1 800 222-0400
For Repair Service 1 800 222-3000

Total Current Charges

LONG DISTANCE CHARGES	
DIRECT DIALED	50.91
TOTAL LONG DISTANCE CHARGES	$50.91
TOTAL SURCHARGES	4.95
TOTAL TAXES	3.91
TOTAL CURRENT CHARGES	$59.77

Account Status

PREVIOUS BALANCE	.00
TOTAL CURRENT CHARGES	$59.77
TOTAL AMOUNT DUE	$59.77

****IMPORTANT MESSAGES ABOUT YOUR ACCOUNT****

Account Status

Attention Customer! You are receiving this bill from AT&T because these calls were dialed on and completed over the AT&T network. Your preferred long distance carrier has not been changed. In the future, you will continue to receive a separate bill from AT&T for those calls that use the AT&T Network.
*****
Please submit all telephone line or calling card additions, deletions or changes directly to AT&T, by calling the billing inquiry number on the first page of your bill.

Regulatory News

Attention Customers:

If you do not pay your bill by the date it is due, AT&T may assess a late payment charge. The rate shall be 1.5% per month (18% annually) unless an applicable law or regulation specifies a lower rate to be charged, and then that lower rate shall apply. Alternatively, a minimum late payment charge of $5.00 may be assessed if permitted by applicable law or regulation. In Maine, the monthly rate for 2013 is 0.82%.

See next page for more news!

PLEASE MAKE CHECKS PAYABLE TO AT&T AND INCLUDE YOUR ACCOUNT NUMBER ON PAYMENT.
MAKE SURE THAT THE AT&T P.O. BOX ADDRESS SHOWS THROUGH THE ENVELOPE WINDOW.
AT&T WILL NO LONGER REPLY TO COMMENTS ON THIS DOCUMENT. SUBMIT ALL CORRESPONDENCE TO www.att.com/customercare

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN WITH REMITTANCE.

003975 2 MB .405 F19

KILBOURNE MEDICAL
PO BOX 157
MT WASHINGTO, KY 40047-0157

at&t

Account Number: [redacted]7 001
Bill Close Date: 11/01/13
Payment Due: 12/01/13

Total Amount Due: $59.77

Amount Enclosed: $

☐ Check here for name/address/telephone number corrections only. See reverse side.

AT&T
P O Box 105068
Atlanta, GA 30348-5068

[redacted]7001[redacted]

SC#00-06

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Shipping Document

WEIGHT	LTR	WEIGHT	DIMENSIONAL WEIGHT	LARGE PACKAGE	SHIPPER RELEASE
	✓				

The shipper authorizes UPS to act as forwarding agent for export control and customs purposes.
The shipper certifies that these commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

SHIPMENT FROM

UPS ACCOUNT NO. 8R6A21

REFERENCE NUMBER

TELEPHONE

Rosie Ayala-Flores

AT&T

15100 FAA BLVD

FORT WORTH TX 76155

RECEIVED
NOV 22 2013
BMC GROUP

DELIVERY TO

TELEPHONE

Kilbourne Medical Laboratories, Inc.
Claims Processing % BMC Group, Inc
18615 Lake Drive East
Chanhassen, MN 55317

Residential ☐

UPS 2nd Day Air® 2

1Z 8R6 A21 37 1002 9090
TRACKING NUMBER

SHIPMENT ID NUMBER 8R6A 217B 4NJ

0201911252609 1/10 S

United Parcel Service, Louisville, KY