

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		Proof of Claim
Name of Debtor: Terre Haute Medical Laboratory, Inc.		Case Number: 13-12775
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): Fort Washington Private Equity Investors VI, L.P.		COURT USE ONLY
Name and address where notices should be sent: Fort Washington Private Equity Investors VI, L.P. c/o Ronald E. Gold, Esq., Frost Brown Todd LLC 3300 Great American Twr, 301 E. 4th St. Cincinnati, OH 45202 Telephone number: 513.651.6800 email: rgold@fbtlaw.com		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 02 2014 BMC GROUP </div>
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
1. Amount of Claim as of Date Case Filed: <u>\$150,197.86, plus accruing interest, costs and attorney's fees</u> 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. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Money Loaned. See Attached Addendum.</u> (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 the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: <u>0</u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was 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 portion of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
<input type="checkbox"/> 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).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
		Amount entitled to priority: \$ _____
*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 a		
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)		



B10 (Official Form 10) (04/13)

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: See Attached Addendum.

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: Jeff Stainton

Title: Vice President & Associate General Counsel

Company: Western & Southern Financial Group

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

400 Broadway, Cincinnati, OH 45202; 513.629.2014 (T); jeff.stainton@wslife.com (email)

(Signature)  (Date) 12/31/13

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.

In re Terre Haute Medical Laboratory, Inc. (the "Debtor")
United States Bankruptcy Court for the District of Delaware
Case No. 13-12775

Addendum to Proof of Claim of Fort Washington Private Equity Investors VI, L.P.

1. The claimant, Fort Washington Private Equity Investors VI, L.P. (the "Claimant"), holds a general unsecured claim against the Debtor in an amount of not less than \$150,197.86 as of the Petition Date, plus accruing interest, costs and attorney's fees, based upon money loaned to the Debtor by the Claimant, as evidenced by those certain promissory notes executed by the Debtor and held by the Claimant (collectively, the "Notes"). A summary of the Notes and the amounts due and owing by the Debtor to the Claimant under the respective Notes as of the Petition Date is attached hereto and incorporated herein as Exhibit A. The Notes and related documentation are voluminous and therefore have not been attached to this Proof of Claim, however, the Claimant will provide such additional documentation upon request.

2. The Claimant expressly reserves the right to amend and/or supplement this Proof of Claim at any time for any reason, and expressly reserves its rights to assert any further claims against the Debtor for any additional amounts due and owing the Claimant by the Debtor. Further, the Claimant expressly reserves its rights regarding all other claims and defenses that it may assert from time to time, as well as, among other things, its netting, recoupment, and setoff rights.

3. The filing of this Proof of Claim is not: (a) a waiver or release of any rights of the Claimant against any person, entity or property; (b) a waiver or release of any right or claim of the Claimant arising out of any other claim, of any nature whatsoever, which the Claimant has against the Debtor or any affiliated or related parties of the Debtor; (c) a waiver or release of any rights of the Claimant under any provision of the Bankruptcy Code or applicable non-bankruptcy law; (d) an election of any remedy to the exclusion, express or implied, of any other remedy; (e)

a consent that this claim is a debt which is subject to discharge in this or any other subsequent bankruptcy proceeding; (f) a ratification or consent to any obligations or liability based upon or arising out of any transactions between the Claimant and the Debtor; (g) a waiver or release of any rights of the Claimant to have any and all final orders in any and all noncore matters entered only after de novo review by a U.S. District Court; (h) a waiver or release of any right to a jury trial; or (i) a waiver or release of any rights of the Claimant to have the reference withdrawn in this matter or proceeding. All of the foregoing rights and claims are hereby preserved without exception and with no purpose of confessing or conceding any of the foregoing in any way by this filing or by any other participation in this case.

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Ronald E. Gold
Member
513.651.6156 (t)
513.651.6981 (f)
rgold@fbtlaw.com

December 31, 2013

VIA OVERNIGHT DELIVERY

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

**Re: *In re Laboratory Partners, Inc.*, Case No. 13-12769,
In re Kilbourne Medical Laboratories, Inc., Case No. 13-12771,
In re MedLab Ohio, Inc. Case No. 13-12772,
In re Suburban Medical Laboratory, Inc., Case No. 13-12773,
In re Biological Technology Laboratory, Inc., Case No. 13-12774,
In re Terre Haute Medical Laboratory, Inc., Case No. 13-12775,
In re Pathology Associates of Terre Haute, Inc., Case No. 13-12776,
United States Bankruptcy Court for the District of Delaware**

Dear Sir or Madam:

Enclosed please find one (1) original and one (1) copy of a Proof of Claim to be filed on behalf of each of the following parties in the respective chapter 11 proceedings referenced above (28 original Proofs of Claim are enclosed):

- Tri-State Growth Capital Fund I, L.P.
- Fort Washington Private Equity Opportunities Fund II, L.P.
- Fort Washington Private Equity Investors III, L.P.
- Fort Washington Private Equity Investors VI, L.P.

Please file the Proofs of Claim for the above-referenced parties in the respective Debtors' chapter 11 cases and return file-stamped copies of the Proofs of Claim to my attention in the enclosed return envelope. Should you have any questions concerning this matter, please feel free to call me at (513) 651-6156. Thank you.

Very truly yours,

FROST BROWN TODD LLC

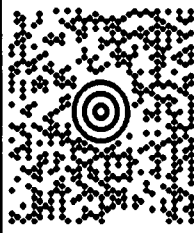
By: /s/ Ronald E. Gold
Ronald E. Gold, Esq.

Enclosures
CINLibrary 0000000.0001524 3189481vvvvv2

JOSEPH B. WELLS
(513) 651-6744
FROST BROWN TODD LLC - CINCINN
3300 GREAT AMERICAN TOWER
CINCINNATI OH 45202

4 LBS PAK 1 OF 1

SHIP TO:
LABORATORY PARTNERS CLAIMS PROCESSI
BMC GROUP, INC.
18675 LAKE DRIVE EAST
CHANHASSEN MN 55317-9383



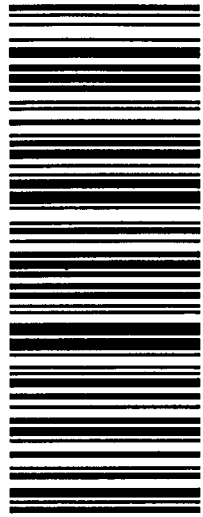
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BILLING: P/P

Client Matter Numbers separated by a space: 00000000,0001531
Submitting Attorney: JOSEPH WELLS
CS 76.0.32. WNTTBE90 45.0A.10/2013



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UPS CampuShip: View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. Fold the printed sheet containing the label at the line so that the entire shipping label is visible. Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. GETTING YOUR SHIPMENT TO UPS
UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.
Schedule a same day or future day Pickup to have a UPS driver pickup all your CampuShip packages.
Hand the package to any UPS driver in your area.
Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampuShip and select UPS Locations.
Customers with a Daily Pickup
Your driver will pickup your shipment(s) as usual.

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