

<b>UNITED STATES BANKRUPTCY COURT District of Delaware</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Biological Technology Laboratory, Inc.</b>		Case Number: <b>13-12774</b>
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): <b>Illinois Bell Telephone Company</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Illinois Bell Telephone Company</b> % 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		<b>RECEIVED</b> <b>JAN 08 2014</b> <b>BMC GROUP</b>
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: _____
Name and address where payment should be sent (if different from above):  Telephone number: email:		<input type="checkbox"/> 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: <u>\$138.25</u>		
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.		
<input type="checkbox"/> 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: <u>Services Performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attached</u>	3a. Debtor may have scheduled account as: <u>See Attached</u> (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.		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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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.		
<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 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.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Illinois Bell Telephone Company  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

Rosie Ayala-Flores    01/06/2014  
(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](http://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: Illinois Bell Telephone Company

Debtor: Biological Technology Laboratory, Inc.

District Court: District of Delaware

File Date: 10/25/2013

Chapter: 11

Total Filed Amount: \$138.25

Account Number	Billed Amount Due	Account Number	Billed Amount Due
3299	\$138.25		



BIOTECH LABORATORY INC  
 VILLA HEALTH CARE WEST  
 SIDE A NURSES STATION  
 PO BOX 157  
 MT WASHINGTON, KY 40047-0157

Page 1 of 3  
 Account Number **3 299**  
 Billing Date Nov 13, 2013  
 Web Site att.com  
 Invoice Number 217492510311

Oct 14 - Nov 13, 2013

**Bill-At-A-Glance**

Previous Bill	61.61
Payment	.00
Adjustments	15.00
Past Due - Please Pay Immediately	76.61
Current Charges	61.64
<b>Total Amount Due</b>	<b>\$138.25</b>
Current Charges Due in Full by	Dec 9, 2013

**Billing Summary**

Billing Questions? Visit [att.com/billing](http://att.com/billing)

Plans and Services	52.76
1-877-438-0041	
Repair Service:	
1-800-727-2273	
Enhanced Telecommunications	8.88
1-800-910-1953	
<b>Total of Current Charges</b>	<b>61.64</b>

**Detail of Payments and Adjustments**

Item	No.	Date	Description	Adjustments	Payments
	1	11-14	Late Payment Charges	15.00	
Totals				15.00	.00

**Plans and Services**

**Monthly Service - Nov 13 thru Dec 12**

Line Charge	41.00
Federal Access Charge	4.86
<b>Total Monthly Service</b>	<b>45.86</b>

**Surcharges and Other Fees**

9-1-1 Emergency System	
Billed for Sangamon County	.75
State Infrastructure Maintenance Fee	.23
State Additional Charges	.04
Federal Universal Service Fee	.75
IL Universal Service Fee	.39
IL Telecom Relay Svc and Eqp	.09
<b>Total Surcharges and Other Fees</b>	<b>2.25</b>

**Taxes**

Federal at 3%	1.39
Illinois at 7%	3.26
<b>Total Taxes</b>	<b>4.65</b>

**Total Plans and Services 52.76**

**News You Can Use**

**PREVENT DISCONNECT**

Thank you for being a valued customer. It is important to inform you that all charges must be paid each month to keep your account current and prevent collection activities. In addition, please be aware that we are required to inform you of certain charges that MUST be paid in order to prevent interruption of basic local service. These charges are already included in the Total Amount Due and are \$138.25.

**LOCAL TOLL INFO**

Our records show that you have AT&T Illinois or a company that resells services of AT&T Illinois as your carrier for local toll service.

**LONG DISTANCE INFO**

Our records show that you have selected GLOBAL CROSSING or a company that resells services of GLOBAL CROSSING as the presubscribed carrier for all of your long distance services.

Local Services provided by AT&T Illinois, AT&T Indiana, AT&T Michigan, AT&T Ohio or AT&T Wisconsin based upon the service address location.

GO GREEN - Enroll in paperless billing.

**News You Can Use Summary**

- PREVENT DISCONNECT
- LONG DISTANCE INFO
- BAND C & LOCAL TOLL
- LOCAL TOLL INFO
- BAND A AND B USAGE

See "News You Can Use" for additional information.

Return bottom portion with your check in the enclosed envelope.

**DUE BY: Dec 9, 2013 \$138.25**

**LATE: After Dec 9, 2013 \$153.25**



Past Due Charges - \$76.61 - Please Pay Immediately  
 Billing Date Nov 13, 2013

Account Number **3 299**  
 Please include your account number on your check.

BIOTECH LABORATORY INC  
 VILLA HEALTH CARE WEST  
 SIDE A NURSES STATION  
 PO BOX 157  
 MT WASHINGTON, KY 40047-0157

Make Checks Payable to:

AT&T  
 PO BOX 5080  
 CAROL STREAM IL 60197-5080

**3 299**

be used only for documents of no commercial value or electronic media as documents. Visit [www.ups.com](http://www.ups.com) if your shipment is classified as a document.

UPS Express Envelope must weigh no more than 8 oz. will be billed at the applicable rate. Not recommended for shipments containing information or breakable items. E

**ups** **UPS Next Day Air Saver®**  
**Shipping Document**

JAN 08 2014

SHIPMENT FROM **DMC GROUP**  
 UPS ACCOUNT NO. **8 R 6 A 2 1**  
 REFERENCE NUMBER

*Rosie Ayala Flores*  
 AT&T

15100 FAA BLVD

FORT WORTH

TX 76155

DELIVERY TO **TELEPHONE**

*Attn: Kimberly Partners Claims Processing*  
*No BANC Group, Inc.*  
*18675 Lake Drive East*  
*Clintonville, OH 45319*

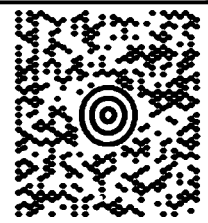
United Parcel Service, Louisville, KY

WEIGHT  LTR  DIMENSIONAL WEIGHT  LARGE PACKAGE  SHIPPER RELEASE  1P



The shipper warrants UPS to act as a common carrier for the shipment and to use the appropriate service and equipment for the shipment. The shipper certifies that these items were shipped from the United States in accordance with the Export Administration Regulations. Shipment of goods contrary to U.S. law is prohibited.

2034984 ABCPRINTER US 6119 JAN 08 00:42:36 2014 HIP 10.1.2 ZP4505



**MN 559 9 - 03**



(420) 55317-0000

**UPS NEXT DAY AIR SAVER 1P**  
 TRACKING #: 1Z 8R6 A21 23 1002 3540

EXTREMELY URGENT



1Z 8R6 A21 23 1002 3540

TRACKING NUMBER

SHIPMENT ID NUMBER **6R6A 2178 317**

02362

009442 P1

19706995

175 of 200

hereunder may be subject to the rules relating to the carriage of goods by road (the "CMR Convention"). Th

