


UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: Laboratory Partners, Inc. et al		Case Number: 13-12769	<p>COURT USE ONLY</p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><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.</p>
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): Laboratory Corporation of America		<p>RECEIVED</p> <p>JAN 09 2014</p> <p>BMC GROUP</p>	
Name and address where notices should be sent: Johnson Legal Network, PLLC 535 Wellington Way, Suite 380 Lexington, KY 40503		Telephone number: (859) 252-0093 email: kirving@lexlaw.us	
Name and address where payment should be sent (if different from above): Same		Telephone number: _____ email: _____	
1. Amount of Claim as of Date Case Filed:		\$ <u>7,804.76</u>	
<p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><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.</p>			
2. Basis for Claim: <u>Services rendered</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 4 1 2 7		3a. Debtor may have scheduled account as: <u>LabCorp</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 \$11,725*) 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).	<p>Amount entitled to priority:</p> <p>\$ _____</p> <p style="text-align: right;">Laboratory Partners  00083</p>
<input type="checkbox"/> Up to \$2,600* 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)(____).	
*Amounts are subject to adjustment on 4/1/13 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)			

JCBB
LCBS
CL

Client Bill Balances List

11-26-13
11:47:15
More:

Client Account: 34454127 Report to Name1: KILBOURNE MEDICAL LAB
Corp Account : Bill to Name1 : KILBOURNE MEDICAL LAB
O ("O"pen or "A"ll)

<u>Client Balance</u>		<u>Client Payments</u>		<u>Client Adjustments</u>	
	17,538.80		0.00		0.00
<u>Sel</u>	<u>Bill Number</u>	<u>Bill Switch</u>	<u>Bill Date</u>	<u>Billed Amount</u>	<u>Balance</u>
-	42429156	Y	11-02-13	9,167.73	9,164.31
-	42728151	N		8,374.49	8,374.49

F1=HELP F3=EXIT F5=REFRESH F6=BILLSUM F7=UP F8=DOWN F9=ADJUST F10=CLNT NOTE
F11=TRAN BAL F13=PMNTRCH F14=BULK ADJ F15=CLNTPYMT F16=CLNT INQ F17=REPRMNT
Tran: _____

SWS 34454250

pre-petition to date

\$ 17804.76

34454127

SUMMARY

11/02/13

1

R06-OHB

40,312

KILBOURNE MEDICAL LAB

665 OHIO PIKE
CINCINNATI, OH 45245-2117

*** FOR YOUR INFORMATION ***

The attached itemized bill represents charges for the current month.

Please send your payment and the remittance stub in the enclosed envelope. To make a payment online, go to www.labcorp.com/clientbilling, select ePayBill and follow the instructions.

Should you have questions, you may call us at 800-343-4407, fax us at 877-867-8266, or visit us online at www.labcorp.com/clientbilling. Written correspondence should be sent to PO Box 2250 Burlington, NC 27216-2250.

(800) 343 - 4407

PAYMENTS RECEIVED AFTER THE 27th MAY BE REFLECTED ON NEXT MONTH'S STATEMENT

TAX ID: 13-3757370

.00	.00	.00	9,164.31	9,164.31
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42429156	9,164.31	_____	<u>pre-petition \$ 7,804.76</u>	9,164.31
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(800) 343 - 4407

Account Number 34454127

PO BOX 12140 BURLINGTON, NC 27216-2140

CONTACT:

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JOHNSON LEGAL NETWORK, PLLC

535 WELLINGTON WAY, SUITE 380

LEXINGTON, KENTUCKY 40503

Telephone 859/ 252-0093

Fax 859/ 252-2277

RICHARD P. JOHNSON

KAREN WHITMER IRVING

e-mail: kirving@lexlaw.us

January 3, 2014

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

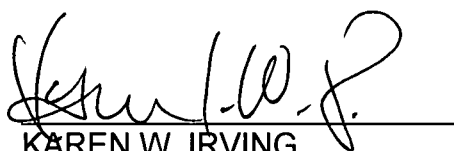
RE: Laboratory Partners, Inc. et al.
Case No. 13-12769

To Whom it May Concern:

Enclosed for filing in the above referenced case are an original and one copy of the proof of claim form for Laboratory Corporation of America. Please return a file stamped copy to our office in the enclosed self addressed stamped envelope.

Your assistance in this matter is appreciated.

Sincerely,

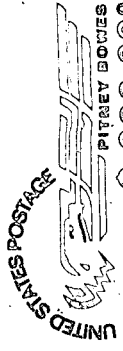


KAREN W. IRVING

kirving@lexlaw.us

KWI/
Enclosures

Johnson Legal Network, PLLC
535 Wellington Way, Suite 380
Lexington, KY 40503



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0004488119 JAN 03 2014
MAILED FROM ZIP CODE 40503

RECEIVED

JAN 09 2014

BMC GROUP

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

