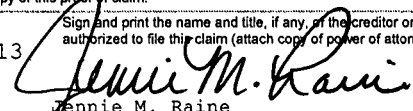


BAC

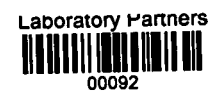
United States Bankruptcy Court Central District of DE			
In re (Name of Debtor) LABORATORY PARTNERS, INC	Social Security No	Case Number 1312769	Chapter 11
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor Duke Energy Indiana		<input type="checkbox"/> Check box if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent Duke Energy Indiana 1000 E. Main Street PLAINFIELD, IN 46168		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone No: 704-382-0823		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Multiple Accounts		Check here if this claim: <input type="checkbox"/> amends a previously filed claim, dated: _____ <input type="checkbox"/> replaces _____	
1. BASIS FOR CLAIM			
<input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits in 11 U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries and compensations (Fill out below Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED: Various Pre-Petition Dates		3. IF COURT JUDGEMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for a part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier ___ 11 U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan ___ 11 U.S.C. 507(a)(6) <input type="checkbox"/> Up to \$1,800 of deposits toward purchases, lease, or rental of property or services for personal, family, or household use ___ 11 U.S.C. 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child ___ 11 U.S.C. 507(a) <input type="checkbox"/> Taxes or penalties of governmental units ___ 11 U.S.C. 507(a)(2), (a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. 507(a)(2), (a)(5) *Amounts are subject to adjustment on 4/1/96 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
Amount of arrearage and other charges included in secured claim above, if any \$ _____			
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$2,007.77 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the portion of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$2,007.77 (Unsecured)		- 0 - (Secured) - 0 - (Priority) \$2,007.77 (Total)	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 12/23/2013		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Jennie M. Raine	

DEC 27 AM 8:27

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

RECEIVED
JAN 09 2014
BMC GROUP

00000009-01 Claimant hereby asserts any and all right of setoff and recoupment that it may have pursuant to 11 U.S.C. §553 or other applicable law
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.



Duke Energy Indiana

Account Summary

Debtor: LABORATORY PARTNERS, INC
Case No: 1312769

Petition Date: 10/25/2013
Chapter: 11

Account No.	Amount
00000009-01	\$597.54
00000009-02	\$1,375.81
0000709-01	\$34.42
Total	\$2,007.77

Duke Energy Indiana

STATEMENT OF ACCOUNT

LABORATORY PARTNERS, INC	Account Number:	00000009-01
	Case No:	1312769
1945 4TH ST N	Chapter:	11
TERRE HAUTE, IN 47804	Date Filed:	10/25/2013

Account Number:	00000009-01
Account Name:	T H MEDICAL LAB
Service Address:	1945 4TH ST N, TERRE HAUTE, IN 47804

ELECTRICITY PRE-PETITION

(Late Payment Charges added to bills past due prior to the Petition Date)

For service from regular meter reading dates of

10/11/2013 to 10/25/2013	\$192.13
09/12/2013 to 10/11/2013	\$405.41
08/13/2013 to 09/12/2013	\$508.39

Less: Credit	\$508.39
ELECTRICITY PRE-PETITION (UNSECURED)	\$597.54

Duke Energy Indiana

STATEMENT OF ACCOUNT

LABORATORY PARTNERS, INC	Account Number:	00000009-02
	Case No:	1312769
634 BEECH ST	Chapter:	11
TERRE HAUTE, IN 47804	Date Filed:	10/25/2013

Account Number:	00000009-02
Account Name:	TERRE HAUTE MEDICAL LAB
Service Address:	634 BEECH ST, TERRE HAUTE, IN 47804

ELECTRICITY PRE-PETITION

(Late Payment Charges added to bills past due prior to the Petition Date)

For service from regular meter reading dates of

10/11/2013 to 10/25/2013	\$443.81
09/12/2013 to 10/11/2013	\$932.00
08/13/2013 to 09/12/2013	\$1,074.18

Less: Credit	\$1,074.18
ELECTRICITY PRE-PETITION (UNSECURED)	\$1,375.81

Duke Energy Indiana

STATEMENT OF ACCOUNT

LABORATORY PARTNERS, INC	Account Number:	0000709-01
1945 4TH ST N	Case No:	1312769
TERRE HAUTE, IN 47804	Chapter:	11
	Date Filed:	10/25/2013

Account Number:	0000709-01
Account Name:	TERRE HAUTE MED LAB
Service Address:	1945 4TH ST N, TERRE HAUTE, IN 47804

ELECTRICITY PRE-PETITION

(Late Payment Charges added to bills past due prior to the Petition Date)

For service from regular meter reading dates of

10/11/2013 to 10/25/2013	\$11.20
09/11/2013 to 10/11/2013	\$23.22

ELECTRICITY PRE-PETITION (UNSECURED)	\$34.42
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Jennie M. Raine
Senior Paralegal
550 South Tryon Street
Charlotte, NC 28202

Mailing Address:
DEC 45A/PO Box 1321
Charlotte, NC 28201
704 382 0823 Direct
704 382 4439 Fax

Email jennie.raine@duke-energy.com

DEC 27 AM 8:27

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

December 23, 2013

U.S. BANKRUPTCY COURT
824 MARKET STREET 3rd FLOOR
WILMINGTON, DE 19801

Re: LABORATORY PARTNERS, INC

Case Number: 1312769
File Date: 10/25/2013
341 Date:

Dear Sir:

Enclosed herewith is the Proof of Claim for Duke Energy Indiana in the amount of \$2,007.77 for the purchase of Electricity to be filed in the above referenced case.

Please acknowledge receipt of this proof of claim. If you should have any questions, please contact me at 704-382-0823.

Very truly yours,



Jennie M. Raine
Duke Energy Indiana

Align top of FedEx Express® Shipping Label here.

Company: BMC GROUP Date : 10Jan13
Name: GAME TECH INTER Weight : 1 LBS
Add : 18675 LAKE DRI State : MN
City : CHANHASSEN Zip : 55317

Refs: GAME TECH CLAIM

SVC: STANDARD OVERNIGHT Master 4783 1439 9864
TRK: 4783 1439 9923

ORIGIN ID: LGBA (302) 252-3673
LISA M. CICONTE
USBC DISTRICT OF DELAWARE
824 NORTH MARKET STREET 3RD FLOOR

SHIP DATE: 10JAN13
ACTWGT: 1.0 LB MAN
CAD: 807436/CAFE2606

WILMINGTON, DE 19801
UNITED STATES US

BILL SENDER

TO GAME TECH INTERNATIONAL
BMC GROUP
18675 LAKE DRIVE EAST

RECEIVED

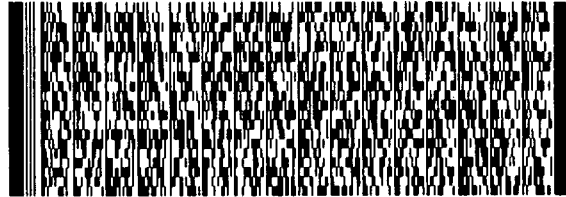
JAN 09 2014

CHANHASSEN MN 55317

BMC GROUP

(310) 321-6666

REF: GAME TECH CLAIMS



FedEx
Express



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TRK# 4783 1439 9923
0221

RETURNS MON-FRI
STANDARD OVERNIGHT

55317

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FedEx.
TRK# 4783 1439 9923
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STANDARD OVERNIGHT

55317
MN-US
MSP



