

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

**PROOF OF CLAIM**



**YOUR CLAIM IS SCHEDULED AS:**

Schedule/Claim ID: s1803

Debtor: Laboratory Partners, Inc.

Amount/Classification

\$620.10 Unsecured

Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)

- Laboratory Partners, Inc. (Case No. 13-12789)
- Biological Technology Laboratory, Inc. (Case No. 13-12774)
- Kilbourne Medical Laboratories, Inc. (Case No. 13-12771)
- Terre Haute Medical Laboratory, Inc. (Case No. 13-12775)
- MedLab Ohio, Inc. (Case No. 13-12772)
- Pathology Associates of Terre Haute, Inc. (Case No. 13-12776)
- Suburban Medical Laboratory, Inc. (Case No. 13-12773)

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):

Sebaly Shillito + Dyer

Name and address where notices should be sent:

SEBALY SHILLITO & DYER  
1900 KETTERING TOWER  
DAYTON, OH 45423

33654712003089

RECEIVED

JAN 17 2014

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number 937-222-2500 email: KUlrich@ssdlaw.com

Name and address where payment should be sent (if different from above):

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

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF OCTOBER 25, 2013: \$ 621.30

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.

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

2. BASIS FOR CLAIM: professional services, unpaid invoices  
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
09131

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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:

Describe:

Real Estate  Motor Vehicle  Other

Value of Property: \$

Annual Interest Rate: %  Fixed or  Variable  
(when case was filed)

Amount of arrearage and other charges, as of time case 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

Amount entitled to priority: \$

You MUST specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- 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).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Wages, salaries, or commissions (up to \$12,475\*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ).

\* 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.

Laboratory Partners  
00146

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

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

If the documents are not available, please explain:

**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, Central Standard Time on February 3, 2014 for Non-Governmental Claimants OR on or before April 23, 2014 for Governmental Units.

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

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**  
 BMC Group, Inc.  
 Attn: Laboratory Partners Claims Processing  
 18675 Lake Drive East  
 Chanhassen, MN 55317

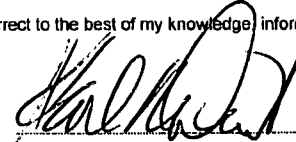
**8. SIGNATURE:** (See instruction #8)

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: Karl R. Ulrich  
 Title: Attorney & Agent  
 Company: Sebaly-Shillito + Dyer LPA  
 Address and telephone number (if different from notice address above):  
1900 Kettering Tower  
Dayton, OH 45423  
 Telephone number: 937-222-2500      email: KUlrich@ssdlaw.com

  
 (Signature)

1-15-2014  
 (Date)

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.

**LIST OF DEBTORS:**

Debtor Name	Case Nbr
Laboratory Partners, Inc.	13-12769-PJW
Kilbourne Medical Laboratories, Inc.	13-12771-PJW
MedLab Ohio, Inc.	13-12772-PJW
Suburban Medical Laboratory, Inc.	13-12773-PJW
Biological Technology Laboratory, Inc.	13-12774-PJW
Terre Haute Medical Laboratory, Inc.	13-12775-PJW
Pathology Associates of Terre Haute, Inc.	13-12776-PJW

Sebaly Shillito + Dyer  
A Legal Professional Association  
1900 Kettering Tower  
Dayton, OH 45423

Statement of Account

Client: MEDLAB

<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Invoice Total</b>
248828	9/30/2013	\$344.95
249419	10/22/2013	\$276.35
	<b>Total Due:</b>	<b>\$621.30</b>

# SEBALY SHILLITO + DYER

A LEGAL PROFESSIONAL ASSOCIATION

1900 KETTERING TOWER  
40 N. MAIN STREET  
DAYTON, OHIO 45423-1013  
PH: 937-222-2500  
FX: 937-222-6554

KARL R. ULRICH PH: 937-222-2052  
KULRICH@SSDLAW.COM

January 16, 2014

## FEDERAL EXPRESS

BMC Group, Inc.  
Attn: Laboratory Partners Claim Processing  
18675 Lake Drive East  
Chanhasen, MN 55317  
877-565-8220

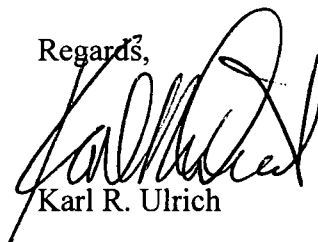
Re: Laboratory Partners, Inc., et al., U.S. Bankruptcy Court, District of Delaware,  
Case No. 13-12769

Ladies & Gentlemen:

Enclosed is an original and one copy of a Proof of Claim filing on behalf of Sebaly Shillito + Dyer. Kindly file this claim in your office and return a time-stamped copy to me in the self-addressed return envelope.

If you have any questions, please do not hesitate to contact this office.

Regards,



Karl R. Ulrich

1965850.1

IRS Circular 230 Disclosure: IRS regulations require us to notify you that this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code.



From: (937) 222-2500  
Kim Thomas  
Sebaly Shillito + Dyer  
40 N. Main St.  
1900 Kettering Tower  
Dayton, OH 45402

Origin ID: DAYA



J13201306280326

Ship Date: 16JAN14  
ActWgt: 0.3 LB  
CAD: 104815688/INET3430

Delivery Address Bar Code



Ref # 99888-1; ssd proof of claim  
Invoice #  
PO #  
Dept #

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SHIP TO: (952) 404-5700

BILL SENDER

Attn: Laboratory Partners Claims  
BMC Group.  
18750 LAKE DR E  
EAST  
CHANHASSEN, MN 55317

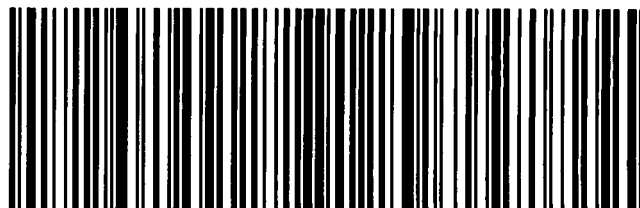
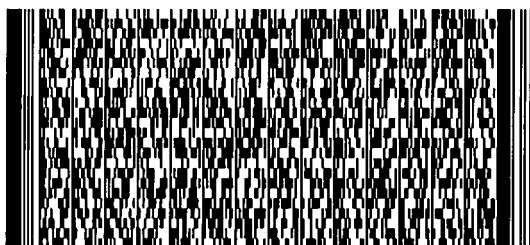
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EXPRESS SAVER

BMC GROUP

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**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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