

UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: LABORATORY PARTNERS INC aka MEDLAB		Case Number: 13-12769	COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <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.
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): CINCINNATI BELL LONG DISTANCE			
Name and address where notices should be sent: CINCINNATI BELL LONG DISTANCE 221 E 4TH STREET ML 121-1095 CINCINNATI, OH 45202		RECEIVED JAN 21 2014 BMC GROUP	
Telephone number: (513) 397-9900 email:			
Name and address where payment should be sent (if different from above):			
Telephone number: email:			
1. Amount of Claim as of Date Case Filed: \$ <u>23,260.72</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>TELEPHONE SERVICE</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 3 4 6 1		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.		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"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
			Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/13 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)			



FINAL BILL

Cincinnati Bell™

01/06/14

Account #:

0363461

KILBOURNE MEDICAL
PO BOX 157
MT WASHINGTON, KY 40047

Total Amount Due: \$23,260.72

CINCINNATI BELL LONG DISTANCE
ATTN: BANKRUPTCY SPECIALIST
221 E 4th Street (121-1095)
CINCINNATI OH 45202



P.O. Box 2301
Cincinnati, Ohio 45201-2301

Initials <i>UC</i>	Bldg. #/Rm. # <i>121-1095</i>
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Address Service Requested

Master
01/16/2014
US POSTAGE
\$01.37
ZIP 45212
011D1163385

RECEIVED

JAN 21 2014

BMC GROUP

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