UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

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. 13-12769)
- ☐ 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.

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s1539
Debtor: Terre Haute Medical Laboratory, Inc.
Amount/Classification
$658.17 Unsecured

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:
33654712011536
LABEL ARTS
20159 TEXAS 274
KEMP, TX 75143

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JAN 21 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.

Creditor Telephone Number 903 498 6041 email: labels@labelarts.com

THIS SPACE IS FOR COURT USE ONLY

Name and address where **payment** should be sent (if different from above):
Label Arts, LLC
6554 Solution Center
Chicago, IL 60677-6005

Payment Telephone Number ( ) email:

☐ 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:

1. AMOUNT OF CLAIM AS OF OCTOBER 25, 2013: $ 658.17

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: (See instruction #2) Goods Sold ($658.17 - Inv. # 39599)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 1039

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).

☐ 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).

☐ 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).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ 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 adjustme*

Laboratory Partners
00204

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 providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: William Fleegle
Title: President
Company: Label Arts, LLC

Address and telephone number (if different from notice address above):
Label Arts, LLC
P.O. Box 727
Kemp, TX 75143

Telephone number: 903-498-6041 email: labels@labelarts.com

(Signature) 1-15-14 (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

LABELARTS

Telephone (800) 634-9943
Fax (903) 498-8169
Email: labels@labelarts.com
www.labelarts.com

INVOICE

DATE	INVOICE NO
9/18/2013	39599

PO Box 727
Kemp, TX 75143

Bill To:

Terre Haute Medical Lab
Attn: Accts. Payable
PO Box 9359
Terre Haute, IN 47808-3959

Ship To:

Terre Haute Medical Lab
521 County Line Road, Suite B
Greenwood, IN 46143

Customer P.O. Number	Terms	Due Date	Ship Date	Ship Via	FOB
057597	Net 30	10/18/2013	9/18/2013	UPS	Kemp, TX

Quantity Ordered	Quantity Shipped	Back Ordered	Item	Description	Unit Price	Total
10	10	0	CX-43F	Xylene resistant numbered labels; Series = CY-0000001-0010000 (2014) (1A) ; Quantities stated in thousands of labels	25.00	250.00
30	30	0	SL-73	Die cut custom numbered labels; Series=CY14- 00001-10000 (3A) (3A) .Quantities stated in units of 1,000 labels	13.00	390.00
			Freight	Shipped On: 09/18/2013 Tracking #: 1Z5296790378809278	18.17	18.17

Remittance address:
PO Box 790379
St. Louis, MO 63179-0379

Total $658.17

Go paperless! You can receive this invoice by email or fax. Simply send a message to labels@labelarts.com

LABELARTS

BILL FLEEGLE
PRESIDENT
bill.fleegle@labelarts.com

O 903-498-6041 **C** 903-288-8673
TF 800-634-9943 **F** 903-498-8169

PO Box 727
Kemp, TX 75143

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1Z5296790378809278
Service:	UPS Ground
Weight:	9.00 lbs
Shipped/Billed On:	09/18/2013
Delivered On:	09/23/2013 2:32 P.M.
Delivered To:	GREENWOOD, IN, US
Signed By:	CAMPBELL
Left At:	Front Desk

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 01/15/2014 1:03 P.M. ET

Print This Page Close Window

PURCHASE ORDER

DATE _____

HOW SHIP _____

DATE REQUIRED _____

LABELARTS

PO Box 727
Kemp, TX 75143

BILL TO _____

ATTN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP TO Terre Haute Medical Lab

ATTN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME Tracy Gaunt

CONTACT PHONE _____

CONTACT E-MAIL _____

PURCHASE NUMBER 057597

CC _____

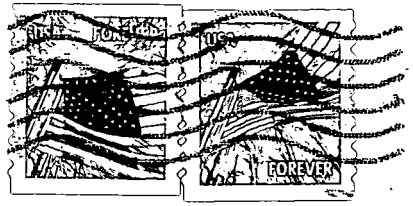
_____

Exp 1

	STOCK NO.	QUANTITY ORDERED	UOM	PRICE	DESCRIPTION
1.	CX-43F	10	m	25	CY14-00001-10000
2.	SL-73	30	m	13	CY14-00001-10000
3.					
4.					9/17 SL-73 CY14-0000170 10000x3
5.					30m
6.					CX-43F CY14-0000170
7.					10m 00/10000(2014) x1
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Label Arts, LLC
P.O. Box 727
Kemp, TX 75143

NORTH TEXAS TX P&DC
DALLAS TX 750
16 JAN 2014 PM 7 L



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

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JAN 21 2014
BMC GROUP

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