

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM


YOUR CLAIM IS SCHEDULED AS:

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)

Schedule/Claim ID: s1882

Debtor: MedLab Ohio, Inc.

Amount/Classification

\$12.84 Unsecured

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):
Monoprice

Name and address where notices should be sent:
 33654712003086
 MONOPRICE, INC.
 11701 6TH STREET
 RANCHO CUCAMONGA, CA 91730

RECEIVED
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.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (909) 989-0887 email: cr.ac.team@monoprice.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.

Payment Telephone Number () email:

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: \$ 12.84

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: goods sold
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
2465

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 adjust.

Laboratory Partners

00211

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

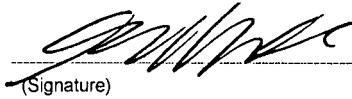
8. SIGNATURE: (See instruction #8)

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. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
 (See Bankruptcy Rule 3004.)

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: Sung Chung
 Title: VP of Finance
 Company: Monoprice



Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: email:

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

Monoprice, Inc.

11701 6th Street
 Rancho Cucamonga, CA 91730, USA
 TEL. (877)271-2592 / FAX. (909)989-0078

INVOICE

Invoice Number : 8634931
Online Store: <http://www.monoprice.com>

Invoice Number

8634931

Customer ID

2512465

scarr@themedlab.com**Billing Information**

Accounts Payable
 Medlab
 PO Box 240
 Bethel, OH 45106
 UNITED STATES

Shipping Information

Stacy Burneson
 Medlab IT Department
 671 Ohio Pike
 Suite F / PO IT-07262013-1DET
 Cincinnati, OH 45245
 UNITED STATES

Order Date 7/26/2013 7:40:08 AM**Shipping Date** 7/29/2013**Due Date** 7/26/2013**PO Number** IT-07262013-1DET**Shipping Method** USPS Priority: 2-3 business days

PID	Product	Qty.	Unit Price	Line Total
3622	15ft Super VGA M/M CL2 Rated (For In-Wall Installation) Cable w/ Ferrites (Gold Plated)	1	\$5.11	\$5.11

Subtotal : \$5.11
 Shipping & Handling Cost : \$7.73
 Order Total : \$12.84
Balance Due : \$12.84

TRACKING NUMBER: 9405510200881846226634

Please make the payments by 7/26/2013 to:

Monoprice, Inc.
11701 6th Street
Rancho Cucamonga, CA 91730
USA



2012
CAPITAL EXPENDITURE REQUEST FORM

REQUESTOR (Name): Theresa Mwimbwa
BUSINESS UNIT: Coral- North
DEPARTMENT: Equipment- Office

CER NUMBER: IT-07242013-10ET
TO BE ASSIGNED BY ACCOUNTING DEPT

IT TICKET NUMBER: 30868
TO BE ASSIGNED BY IT

DATE NEEDED: ASAP

CAPITAL AMOUNT: \$12.84
COST PER UNIT: \$5.11
OF UNITS: 1

NEW/REPLACEMENT: New
WHAT HAPPENS TO OLD? N/A
(trade, scrap, sale, ect.)

PROJECT / ITEM DESCRIPTION:
Farmington training room tv does not have a long enough VGA cable to do training properly. They are requesting a longer one in order to not have to stand right next to the tv.

MONOPRICE QUOTE #: C9521783

15R Super VGA M/M CL2

Cost
\$5.11

Subtotal \$5.11
Shipping \$7.73
Tax \$0.00
Total \$12.84

Note: Detail of programming capitalized is attached

PROJECT / ITEM BENEFITS:
Farmington training room tv does not have a long enough VGA cable to do training properly. They are requesting a longer one in order to not have to stand right next to the tv.

FINANCIAL RETURN (FOR ITEMS OVER \$5,000 - SEE ATTACHED)

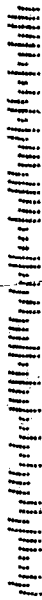
PAYBACK PERIOD: _____
INTERNAL RATE OF RETURN: _____
NET PRESENT VALUE: _____

APPROVALS: (Indicate Title & Signature or Indicate Approval Electronically)

[Signature]

DATE

7/26/13

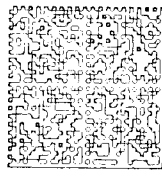


0508 020632 1035

Monoprice, Inc.
11701 6th Street
Rancho Cucamonga, CA 91730



02 1P
0000020461 JAN 15 2014
\$ 000.460
MAILED FROM ZIP CODE 91730



RECEIVED
JAN 21 2014
BMC GROUPE

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