

UNITED STATES BANKRUPTCY COURT District of Delaware PROOF OF CLAIM

Name of Debtor: Laboratory Partners, Inc. Case Number: 13-12769 (PJW)

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): Cellco Partnership d/b/a Verizon Wireless

Name and address where notices should be sent: Stinson Leonard Street LLP 1775 Pennsylvania Ave. NW, Suite 800 Attn. Darrell W. Clark, Esq. Washington, DC 20006 Telephone number: (202) 785-9100 email: darrell.clark@stinsonleonard.com

Name and address where payment should be sent (if different from above): Verizon William M. Vermette, Asst. General Counsel 22001 Loudoun County Pkwy, Suite E1-3-115 Ashburn, VA 20147 Telephone number: (703) 886-6616 email: william.vermette@verizon.com

COURT USE ONLY
Check this box if this claim amends a previously filed claim.
Court Claim Number:
Filed on:
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.

1. Amount of Claim as of Date Case Filed: \$ 200,284.66
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.
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: Telecommunications services (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:
3a. Debtor may have scheduled account as:
3b. Uniform Claim Identifier (optional):

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.
Nature of property or right of setoff:
Value of Property:
Annual Interest Rate:
Amount of arrearage and other charges, as of the time case was 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.
Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).
Wages, salaries, or commissions (up to \$12,475*) 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).
Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
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).
Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).
Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)().
Amount entitled to priority: \$

*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 adj...
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)

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JAN 30 2014
BMC GROUP



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

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

If the documents are not available, please explain:

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: Darrell W. Clark, Esq.
 Title: Attorney in Fact, Cellco Partnership d/b/a Verizon Wireless
 Company: Stinson Leonard Street LLP
 Address and telephone number (if different from notice address above): _____

 Telephone number: _____ email: _____



 (Signature)

1/29/14

 (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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
 Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
 Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
 Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
 If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
 An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
 Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Attachment to Proof of Claim
Cellco Partnership d/b/a Verizon Wireless

Laboratory Partners, Inc.
Bankr. D. Del., Case No. 13-12769
Filed: 10/25/2013

Name of Service Provider	Type of Service	Account #	Pre-Petition Balance
Verizon Wireless	Wireless	0286955428-00001	\$966.79
Verizon Wireless	Wireless	0480767951-00001	\$199,317.87
			\$200,284.66



Tracey M. Ohm
202.728.3008 DIRECT
202.572.9948 DIRECT FAX
tracey.ohm@stinsonleonard.com

January 29, 2014

Federal Express

BMC Group, Inc.
18675 Lake Drive East
Chanhassen, MN 55317
(Attn. Laboratory Partners Claims Processing)

Re: Proofs of Claim for Verizon Communications Inc. and Cellco Partnership d/b/a Verizon Wireless, *In re Laboratory Partners, Inc.*, et al., Bankr. D. Del.

Dear BMC Group:

Enclosed please find a proof of claim for Verizon Communication Inc. and its subsidiaries against debtor Suburban Medical Laboratory, Inc., Case No. 13-12773 (PJW) and a proof of claim for Cellco Partnership d/b/a Verizon Wireless against debtor Laboratory Partners, Inc., Case No. 13-12769 (PJW). We have enclosed an extra copy of each proof of claim. Please date stamp the copies and return them to us in the enclosed self-addressed stamped envelope.

Sincerely,

Stinson Leonard Street LLP

A handwritten signature in black ink that reads "Tracey M. Ohm". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Tracey M. Ohm

TMO

Enclosures

FedEx® USA Airbill

Express 835352655439

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Form I.D. No.

FedEx Retrieval Copy

1 From Sender's FedEx Account Number

Sender's Name Phone

Company

Address

City State ZIP

2 Your Internal Billing Reference

3 To Recipient's Name Phone

Company

Address

City State ZIP



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JAN 30 2014

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4a Express Package Service
 1 FedEx Priority Overnight
 5 FedEx Standard Overnight
 6 FedEx First Overnight

3 FedEx 2Day
 20 FedEx Express Saver

4b Express Freight Service
 7 FedEx 1Day Freight*
 8 FedEx 2Day Freight
 83 FedEx 3Day Freight

5 Packaging
 6 FedEx Envelope*
 2 FedEx Pak*
 1 Other

6 Special Handling
 1 SAT/IRDAY Delivery
 31 HOLD Saturday

No Yes Yes No Yes No

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

8 Release Signature

Total Packages Total Weight Total Charges

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

FedEx
 TRK# 8353 5265 5439
 0200
THU - 30 JAN AA
STANDARD OVERNIGHT

XH FBLA
 55317
 MN-US
MSP

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