USE ONLY FOR ADMINISTRATIVE EXPENSE REQUESTS THAT AROSE ON OR AFTER OCT. 25, 2013 AND FOR 503(b)(9) CLAIMS

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

ADMINISTRATIVE EXPENSE REQUEST FORM

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: This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of these cases pursuant to 11 U.S.C. § 503, including Section 503(b)(9).

THIS SPACE IS FOR COURT USE ONLY

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

Name and address where notices should be sent:
Memorial Medical Cent Dept. Lab Services
Att. Sarah Coats
701 North 1ST St.
Springfield, IL 62781

RECEIVED
JAN 31 2014
BMC GROUP

Creditor Telephone Number (217) 757-7653 email: coats.sarah@mhsil.com

☐ Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number (if known): _____
Filed on: _____

☐ 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.

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

☒ Check this box if you are the debtor or trustee in this case.

Payment Telephone Number ( ) email:

Important: Please list the name and address of any property related to your claim (if applicable).

Property Name: _____

Property Address: _____

1. BASIS FOR CLAIM: Lab Services performed.
(See instruction #1 on reverse side.)

Value of Goods (if applicable): 15,776.03

2. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 4580

3. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:

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

$ 15,776.03
(Total)

4. BRIEF DESCRIPTION OF CLAIM (attach any additional information). For Section 503(b)(9) Claims, include the date and place of receipt of the goods by the debtor and the method of delivery of the goods to the debtor:
Lab services performed between April 2012 through October 2013 at Memorial Medical Center Lab in Springfield, IL. Lab results delivered back to Medlab, Ohio, Inc.

5. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

6. Supporting Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

7. Ordinary Course Certifications: By signing this request for a Section 503(b)(9) Claim, if any, you are certifying that the goods, for which payment is sought hereby, were sold to the debtor in the ordinary course of business as required by 11 U.S.C. § 503(b)(9).

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 administrative expense proof of claim, enclose envelope and copy of this administrative expense proof of claim, or you may view your claim information by visiting the website (www.bmcgroup.com/LaboratoryPartners).

Laboratory Partners
00436

The original of this completed administrative expense request 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.

THIS SPACE FOR COURT USE ONLY

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

DATE
1-30-2014

SIGNATURE:
The person filing this claim must sign it. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above.

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 ADMINISTRATIVE EXPENSE REQUEST

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

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, District of Delaware), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

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. Basis for Claim:
State the type of debt for which the administrative expense proof of claim is being filed. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note and credit card. For goods sold within 20 days prior to the commencement of the case, fill in the value of goods sold.

2. 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.

3. Total Amount of Administrative Expense Claim:
Fill in the applicable amounts of the entire administrative expense proof of claim. If interest or other charges in addition to the principal amount of the administrative expense proof of claim are included, check the appropriate place on the form and attach an itemization of interest and charges.

4. Brief Description of Claim:
Describe the Administrative Expense Claim including, but not limited to, the actual and necessary costs and expenses of operating one or more of the Debtors' estates or any actual and necessary costs and expenses of operating one or more of the Debtors' businesses. For Section 503(b)(9) Claims and Goods, describe the Section 503(b)(9) Claim and limited to, the date and place of receipt of the goods method of delivery of the goods to the debtor .

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

6. Supporting Documents:
Attach to this administrative expense proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

7. Ordinary Course Certification:
By signing this request for a Section 503(b)(9) Claim, you are certifying that the goods, for which payment is sought hereby, were sold to the Debtor(s) in the ordinary course of business as required by 11 U.S.C. § 503(b)(9).

Date and Signature:
The person filing this administrative expense 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. Print the name and title, if any, of the creditor or other person authorized to file this administrative expense proof of 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. Criminal penalties apply for making a false statement on an administrative expense proof of claim.

DEFINITIONS

Name of Debtor and Case Number:
A complete list of Debtors with corresponding case numbers is listed above. You MUST fill in the specific Debtor against which your claim is being asserted and the case number of the Debtor's bankruptcy case. If you are asserting claims against more than one Debtor, you MUST file a separate administrative expense proof of claim for each Debtor.

Creditor
A creditor is the person, corporation, or other entity owed a debt by the Debtor on the date of the bankruptcy filing.

Administrative Expense Claim
Any right to payment constituting a cost or expense of administration of any of the Reorganized Cases allowed under sections 503(b) and 507(a)(1) of the Bankruptcy Code, including, without limitation, any actual and necessary costs and expenses of operating one or more of the Debtors' Estates, any actual and necessary costs and expenses of operating one or more of the Debtors' businesses, and any fees or charges assessed against one or more of the Debtors' Estates, any actual and necessary costs and expenses of operating one or more of the Debtors' businesses, and any fees or charges assessed against one or more of the Estates of the Debtors under section 1930 of chapter 123 of title 28 of the United States Code.

Administrative Expense Creditor
An Administrative Expense Creditor is any person, corporation, or other entity to whom the Debtor owes a debt for an administrative expense.

Administrative Expense Proof of Claim
A form telling the Bankruptcy Court how much the Debtor owes a creditor for administrative expenses.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtors. These entities do not represent the bankruptcy court or the Debtors. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Date-Stamped Copy
Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the first page of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/LaboratoryPartners

FedEx Express Package US Airbill

FedEx Tracking Number 8041 2877 0822

Form ID No. 0215

Recipient's Copy

1 From

Date 1-30-2014

Sender's Name Sarah Coate Phone 217 757-1653

Company MEMORIAL MEDICAL CENTER

Address 701 N 1ST ST

Dept./Floor/Suite/Room

City SPRINGFIELD State IL ZIP 62781-0002

2 Your Internal Billing Reference

3 To

Recipient's Name BMC Group Inc. Phone

Company Att: Laboratory Partners Claim Processing

Address 18675 Lake DRive East

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

HOLD Weekday
FedEx location address REQUIRED. NOT available for FedEx First Overnight.

HOLD Saturday
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City Chanhassen State MN ZIP 55317

0110411176

8041 2877 0822

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

☐ FedEx Envelope* ☒ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☒ No Signature Required — Package may be left without obtaining a signature for delivery.
☐ Direct Signature — Someone at recipient's address may sign for delivery. *Fee applies.*
☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?

One box must be checked.

☒ No ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

☒ Sender Acct. No. in Section 1 will be billed. ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages ____ Total Weight ____ lbs. Credit Card Auth. ____

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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TRK# 0215 8041 2877 0822

FRI – 31 JAN 10:30A
PRIORITY OVERNIGHT

55317
MN-US MSP

CHANHASSEN MN 55317
(855) 529-6819
INV:
PO:
REF:
DEPT:

J13201306280126

FedEx Express

TO ATTN: LABORATORY PARTNERS
BMC GROUP INC
18675 LAKE DR E

ORIGIN ID:SPIA
MEMORIAL MEDICAL CENTER
(217) 788-3090
701 N 1ST ST
SPRINGFIELD, IL 62781
UNITED STATES US

SHIP DATE: 30JAN14
ACTWGT: 0.8 LB
CAD: /POS1424
DIMS: 0x0x0 IN
BILL SENDER

BMC GROUP

RECEIVED
JAN 31 2014

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Part # 156297-435 Rev 12/13

#147939 01/30 5226178FCC/F220