

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s2193

Debtor: Kilbourne Medical Laboratories, Inc.

Amount/Classification

Unknown Unsecured Contingent, Disputed, Unliquidated

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.

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

Name and address where notices should be sent:



33654712002258

POLK, SHANITA LASHAWN  
3411 SUMAC ROAD  
LOUISVILLE, KY 40216

RECEIVED

JAN 31 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 (502) 572-0258 email: SLPOLK101009@gmail.com

THIS SPACE IS FOR COURT USE ONLY

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.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF OCTOBER 25, 2013: \$ unknown EEOC charge filed in June 2013 in Louis, Ky

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: LAW SUIT EEOC CHARGE

(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 7325

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 N/A

Value of Property: \$ N/A

Annual Interest Rate: N/A%  Fixed or  Variable (when case was filed)

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ N/A

Basis for Perfection: N/A

Amount of Secured Claim: \$ N/A

Amount Unsecured: \$ N/A

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: \$ unknown

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 adjustment.

Laboratory Partners



00464

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: Shanita Polk  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_

Shanita Polk  
 (Signature)

1/30/14  
 (Date)

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

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

Shanta Folk  
3411 Sumac Rd  
Louis, Ky 40216

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

U.S. POSTAGE  
PAID  
LOUISVILLE, KY  
40216  
JAN 30 2014  
AMOUNT  
**\$19.99**  
00047451-03



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PRESS FIRMLY TO SEAL

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JAN 31 2014

BMC GROUP



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DEL HERE

PRIORITY  
MAIL  
EXPRESS™



Post Office To Addressee

CUSTOMER USE ONLY  
FROM: (PLEASE PRINT) PHONE (502) 572-5658

*Shirley Polk*  
*3411 Sumac Rd*  
*Louisville Ky 40216*

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED

The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)

*BMC Group Inc*  
*Attn: Lib Buttreis Claims Processing*  
*18675 Lake Drive East*  
*Chanhassen, MN 55317*

ZIP + 4® (U.S. ADDRESSES ONLY)

*55317*

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
<i>40216</i>	<i>1-31-14</i>	\$ <i>19.99</i>	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
<i>1-30-14</i>	<i>3:00</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	\$	\$
Time Accepted	<input type="checkbox"/> Less Guarantee Only	Return Receipt Fee	
<i>2:18</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$	
Weight	<input type="checkbox"/> Live Shipment	Total Postage & Fees	
<i>lbs 2.30</i>		\$ <i>19.99</i>	
<input type="checkbox"/> Flat Rate	<input type="checkbox"/> Sunday/Holiday Premium	Acceptance Employee Initials	<i>ALB</i>

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, JULY 2013

PSN 7690-02-000-9996

3-ADDRESSEE COPY

WRITE FIF TO MAKE ALL CHARACTERS LEGIBLE

VISIT

POSTAL SERVICE