



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		ADMINISTRATIVE EXPENSE REQUEST FORM
<p>Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)</p> <p><input type="checkbox"/> Laboratory Partners, Inc. (Case No. 13-12769) <input type="checkbox"/> Biological Technology Laboratory, Inc. (Case No. 13-12774)</p> <p><input type="checkbox"/> Kilbourne Medical Laboratories, Inc. (Case No. 13-12771) <input checked="" type="checkbox"/> Terre Haute Medical Laboratory, Inc. (Case No. 13-12775)</p> <p><input type="checkbox"/> MedLab Ohio, Inc. (Case No. 13-12772) <input type="checkbox"/> Pathology Associates of Terre Haute, Inc. (Case No. 13-12776)</p> <p><input type="checkbox"/> Suburban Medical Laboratory, Inc. (Case No. 13-12773)</p>		<p>THIS SPACE IS FOR COURT USE ONLY</p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number (if known): _____</p> <p>Filed on: _____</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>
<p>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).</p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Fair Harbor Capital LLC, as assignee of</i></p> <p>Name and address where notices should be sent: <i>Jiffy mini Mart</i> PO Box 237037 New York NY 10023 2129674035 <i>uknox@</i></p> <p>Creditor Telephone Number () email: <i>Fairharborcapital.com</i></p>		<p>RECEIVED</p> <p>FEB 03 2014</p> <p>BMC GROUP</p>
<p>Name and address where payment should be sent (if different from above):</p> <p>Payment Telephone Number () email:</p>		
<p>Important: Please list the name and address of any property related to your claim (if applicable).</p> <p>Property Name: _____</p> <p>Property Address: _____</p>		
<p>1. BASIS FOR CLAIM: <i>Goods Sold</i> Value of Goods (if applicable): <i>\$ 3,055.67</i></p> <p>(See instruction #1 on reverse side.)</p>		
<p>2. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____</p>		
<p>3. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:</p> <p><input type="checkbox"/> 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.</p>		<p>\$ 3,055.67 (Total)</p>
<p>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:</p> <p><i>Gasoline taken possession of at pump -</i></p>		
<p>5. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p>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.)</p> <p>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:</p>		
<p>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 webs (www.bmcgroup.com/LaboratoryPartners).</p>		<p>Laboratory Partners</p>  <p>00473</p>
<p>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.</p> <p>BY MAIL TO: BMC Group, Inc. Attn: Laboratory Partners Claims Processing PO Box 3020 Chanhassen, MN 55317-3020</p> <p>BY MESSENGER OR OVERNIGHT DELIVERY TO: BMC Group, Inc. Attn: Laboratory Partners Claims Processing 18675 Lake Drive East Chanhassen, MN 55317</p>		<p>THIS SPACE FOR COURT USE ONLY</p>
<p>DATE <i>1/31/14</i></p>	<p>SIGNATURE:  <i>Victor Knox</i> member</p> <p>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.</p>	

FAIR HARBOR CAPITAL, LLC
1841 Broadway, Suite 1007
New York, NY 10023

Tel.: (212) 967-4035
Fax: (212) 967-4148



ATTACHMENT TO PROOF OF CLAIM OF FAIR HARBOR CAPITAL, LLC
As Assignee Of Jiffy Mini Marts

A. BASIS FOR CLAIM

1. The claim of Fair Harbor Capital, LLC ("FHC" or "Claimant") as assignee of Jiffy Mini Marts pursuant to an **PARTIAL** Assignment of Claim agreement (see docket #292) is based on those amounts owing Jiffy Mini Marts by **Terre Haute Medical Laboratory, Inc.** (the "Debtor") for goods sold to the Debtor prior to the Petition Date (the "Claim"), for goods Claimant is advised were received by the Debtor in the ordinary course of its business during the twenty days preceding commencement of the Debtor's chapter 11 case pursuant to 11 U.S.C. §503(b)(9).

Specifically, Claimant claims administrative priority status pursuant to 11 U.S.C. §§ 507(a)(2) and 503(b)(9) with respect to **\$3,055.67** of the Claim. The statements relating to the basis for the Claim set forth herein are based both on the books and records of Jiffy Mini Marts and representations made by employees and representatives of such entities, as provided to Claimant and **the attached statement of gasoline sold and taken possession of from 10/6 through 10/28.** Also attached is a sample ticket #42148, the other tickets are available upon request, if required.

For clarity the balance of the claim of the original claimant was not transferred to Fair Harbor Capital, LLC and remains the property of Jiffy Mini Marts

B. RESERVATION OF RIGHTS

2. Claimant reserves the right to (i) amend, update and/or supplement this proof of claim at any time and in any respect, (ii) file additional proofs of claim for additional claims which may be based on the same or additional documents, and/or (iii) file a request for payment of administrative expenses in accordance with 11 U.S.C. §§ 503 and 507 including, without limitation, for expenses included in the total amount of this proof of claim.

3. This proof of claim is filed without prejudice to the filing by Claimant of additional proofs of claim with respect to any other liability or indebtedness of the Debtor or any of its subsidiaries or affiliates.

4. The filing of this proof of claim is not: (a) a waiver or release of Claimant's rights against any person, entity or property, (b) a consent by Claimant to the jurisdiction of this Court with respect to the subject matter of this claim, any objection hereto, or any other proceeding commenced in these cases against or otherwise involving Claimant, (c) a waiver of the right to move to withdraw the reference, or otherwise to challenge the jurisdiction of this Court, with respect to the subject matter of this claim, any objection hereto, or any other proceeding commenced in these cases against or otherwise involving Claimant, or to assert that the reference has already been withdrawn with respect to the subject matter of this claim, any objection hereto, or any other proceeding commenced in these cases against or otherwise involving Claimant, (d) an election of remedy, or (e) a waiver of any past, present or future defaults or events of defaults.

5. Claimant specifically preserves all of its procedural and substantive defenses and rights with respect to any claim that may be asserted against Claimant entities by the Debtors, any debtor or non-debtor affiliate or other entity related thereto, any trustee for the Debtors' estates, any other party in interest in these bankruptcy cases, or any other person or entity whatsoever.

jacksonred1joyner@aol.com

Jiffy Marts
215 POPLAR ST
TERRE HAUTE, IN 47807

jacksonred1joyner@aol.com

Invoice

Date	Invoice No.
11/05/2013	1291
Terms	Due Date
Net 15	11/20/2013

Bill To
TERRE HAUTE MED. LAB P. O. Box 9359 Terre Haute, IN 47808-9359

Amount Due	Enclosed
\$3,826.01	

Please detach this portion and return with your payment.

Activity	Amount
October 1, 2013	
• 77392	18.00
• 77396	19.00
• 77401	28.50
• 77400	16.00
• 77398	20.50
• 77402	21.45
• 77397	16.00
• 42127	19.00
• 42130	30.24
• 42129	31.83
October 2, 2013	
• 77384	16.00
• 77390	17.75
• 77389	27.00
• 77388	34.00
• 77386	14.00
• 77385	20.03
• 77381	29.29
• 77378	11.00
October 3, 2013	
• 77424	14.01
• 77429	16.30
• 77426	15.00
• 77421	15.01
• 42138	30.01
• 42139	34.86

This \$770.34 is not included in this proof of claim (see calculation "A")

Dated 10/1 → 10/15

Continue to the next page

Activity	Amount
• October 4, 2013	
• 77420	17.00
• 77419	29.26
• 77417	20.00
• 77443	23.47
• 77445	19.01
• 77447	30.50
• 77418	23.79
• 77438	22.00
• 77434	19.44
• 77437	21.70
• 42146	32.39
• October 6, 2013	
• 42148	20.00
• October 7, 2013	
• 77455	11.02
• 77457	22.00
• 77462	25.35
• 77463	30.00
• 77432	17.25
• 42152	17.00
• October 8, 2013	
• 77472	16.01
• 77454	17.05
• 77453	32.00
• 77452	16.00
• 77449	20.00
• 42165	21.32
• 42164	20.00
• 42163	19.00
• October 9, 2013	
• 77471	21.30
• 77470	16.05
• 77468	14.00
• 77465	19.06
• 77411	21.01
• 77410	25.01
• 77408	21.01
• 42169	18.02
• 42166	18.00
• October 10, 2013	
• 77004	20.00
• 77473	48.24
• 77405	15.00
• 77407	16.00
• 42173	33.10
• 42172	20.00
• October 11, 2013	
• 76999	19.01
• 76998	27.01



Fuel for
Drivers -
Deliver taken
on date
Listed.

Example:
\$ 20.00 of
Fuel delivered
out of pump
on 10/6/13
on ticket
42148

Sample attached.
Additional tickets
to be provided
upon request.

Continue to the next page

Activity	Amount
• 77000	35.00
• 76997	25.00
• 76995	26.00
• 76993	34.01
• 76991	60.15
• 42182	21.00
• October 12, 2013	
• 47193	37.34
• October 13, 2013	
• 42189	32.00
• October 14, 2013	
• 77031	20.00
• 76978	23.00
• 76982	24.20
• 76985	17.00
• 76988	19.00
• 42170	19.00
• 42196	20.00
• October 15, 2013	
• 77019	14.01
• 77022	15.00
• 77024	40.50
• 77026	31.15
• 77028	17.00
• 77029	16.01
• 77030	26.25
• 42198	21.00
• October 16, 2013	
• 77012	13.01
• 77013	34.08
• 77017	18.00
• 77018	36.00
• 77015	16.00
• 41605	21.00
• 41606	21.00
• October 17, 2013	
• 77010	18.00
• 77011	90.02
• 77076	30.45
• 77006	17.00
• 77075	19.01
• 77069	15.02
• 41612	33.61
• 41609	21.00
• October 18, 2013	
• 77066	50.25
• 77067	18.02
• 77065	21.00
• 77061	16.22
• 77060	16.01

Continue to the next page

Activity	Amount
• 77064	28.65
• 47197	37.67
• 41614	21.00
• October 19, 2013	
• 77054	22.38
• October 20, 2013	
• 77052	12.00
• October 21, 2013	
• 77050	36.00
• 77049	18.00
• 77046	16.00
• 77043	26.39
• 77041	28.15
• 77040	20.01
• 77038	34.36
• 77036	16.01
• 41618	30.00
• October 22, 2013	
• 22616	18.05
• 77032	16.94
• 77033	34.73
• 77035	19.00
• 41630	21.00
• October 23, 2013	
• 22604	18.01
• 22611	15.88
• 22610	34.01
• 22613	78.50
• 22614	14.01
• 41633	20.00
• 41634	20.00
• October 24, 2013	
• 41637	21.00
• 22633	15.01
• 22631	33.47
• 22628	18.00
• 22618	33.00
• 22619	18.00
• 22620	58.79
• 22621	28.00
• 22622	17.16
• 22623	30.00
• 22617	31.00
• October 25, 2013	
• 22637	17.00
• 22640	24.00
• 22639	16.32
• 41644	27.28
• 41642	20.00
• October 27, 2013	

Continue to the next page

Activity	Amount
• 22646	61.77
• 22648	18.01
• 41647	28.00
• October 28, 2013	
• 22649	25.51
• 22654	17.00
• 22652	29.01
• 22650	33.00
• 22651	24.00
• 41649	18.00
<p>503 (6)(9)</p> <p>= \$ 3826.01</p> <p>- 770.34</p> <hr/> <p>\$ 3055.67</p>	
Total	\$3,826.01

"Calculation A"

October 1 - 5

- \$ 18.00
- \$ 19.00
- \$ 25.50
- \$ 16.00
- \$ 20.50
- \$ 21.45
- \$ 16.00
- \$ 19.00
- \$ 30.24
- \$ 31.83
- \$ 16.00
- \$ 17.75
- \$ 27.00
- \$ 34.00
- \$ 14.00
- \$ 20.03
- \$ 29.29
- \$ 11.00
- \$ 14.01
- \$ 16.30
- \$ 15.00
- \$ 15.01
- \$ 30.01
- \$ 34.86
- \$ 17.00
- \$ 29.26
- \$ 20.00
- \$ 23.47
- \$ 19.01
- \$ 30.50
- \$ 23.79
- \$ 22.00
- \$ 19.44
- \$ 21.70
- \$ 32.39

\$ 770.34

Not included
in this proof
of claim

Example Ticket

Copy of Charges
Sent to T.H Med
LAB

Jiffy
MINI-MARTS

Jiffy Mini-Marts, Inc.
STORE #574

CHARGE SALE
42148

DATE 10-6-2013

CASHIER [Signature]

	GAL	PRICE	TOTAL
GAS	6.45	3.09	20.00
OTHER			
TAX			
TOTAL			20.00

CUSTOMER Med Lab

LICENSE/ID 15

SIGN HERE X [Signature]

Thanks

FAIR HARBOR CAPITAL, LLC
1841 Broadway Suite 1007
New York, NY 10023

Tel.: (212) 967-4035
Fax: (212) 967-4148



January 31, 2014

BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
18675 Lake Drive E
Chanhassen, MN 55317

Subject: Laboratory Partners
Administrative Proof of Claim

Dear Claims Agent:

Attached please find an administrative proof of claim in regards to the above referenced case.

Please docket and send a stamped copy back in the attached envelope.

Sincerely,

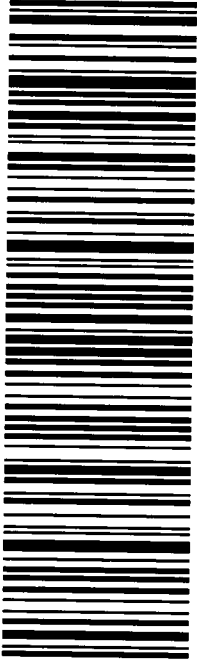
Fredric Glass
A Member of Fair Harbor Capital, LLC

MON - 03 FEB 10:30A
PRIORITY OVERNIGHT

FedEx
TRK# 8037 1052 1389
0200

XH FBLA

55317
MN-US
MSP



Form ID No. 02 FLD 892496 31JAN14 ADWA 51AC1/D6EC/65DD

RT 65 1 A
1389
02.03 F

FedEx NEW Package
Express US Airbill

1 From
Date 1/31/14
Sender's Name U. Knox
Company Fair Harbor Capital
Address 1841 Broadway #1002
City New York State NY ZIP 10023
Phone 212 967 4035
Dept./Floor/Suite/Room

2 Your Internal Billing Reference
3 To Recipient's Name
Company BMC Group
Address 18625 Lake Drive E
City Chanhassen State MN ZIP 55317
Phone
Attn: Leboratory Ref. Claims
HOLD Weekday
HOLD Saturday
We cannot deliver to P.O. boxes or APO ZIP codes.
Use this line for the HOLD location address or for continuation of your shipping address.

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully.
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.

5 Packaging * Declared value limit \$500.
FedEx Envelope* FedEx Pak* FedEx Box Other

6 Special Handling and Delivery Signatures
SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
No Signature Required
Packages 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 traditional deliveries only. *Fee applies.*

7 Payment Bill to:
Sender Recipient Third Party Credit Card Cash/Check
Enter FedEx Acct. No. or Credit Card No. below.
Obtain recip. Acct. No.
Total Packages Total Weight lbs.
Credit Card Auth.

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