

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s1513

Debtor: Terre Haute Medical Laboratory, Inc.

Amount/Classification

\$8,147.00 Unsecured

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):

Sycamore Engineering, Inc.

Name and address where notices should be sent:



33654712011514

SYCAMORE ENGINEERING  
1010 CHESTNUT STREET  
PO BOX 1056  
TERRE HAUTE, IN 47808

RECEIVED

FEB 03 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 812 232-0968 email: ereedysyceng.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.

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: \$ \$8,147.00

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: Services provided  
(See instruction #2)

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

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 adjustment.

Laboratory Partners



00514

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)

0.00

**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

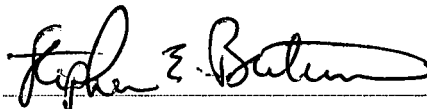
**8. SIGNATURE:** (See instruction #8)

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: Stephen E. Butwin  
 Title: Vice-President, Operations  
 Company: Sycamore Engineering, Inc.  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

  
 (Signature)

1/31/14  
 (Date)

Telephone number: 812-232-0968      email: sbutwin@syceng.com

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



1010 Chestnut Street  
P.O. Box 1056  
Terre Haute, IN 47808  
812-232-0968  
Fax 812-232-5894  
www.sycamoreengineering.com

J091284

MED LAB  
1945 N. 4TH STREET  
  
TERRE HAUTE, IN  
47804

Terms NET 15  
Tax Extra Yes

Sep 25/13

Reference #2 E

Job Number 130487  
MED LAB POWER/DATA DXH800 SYS.

Attn: BETH

Description	Amount
NETWORK AND POWER OUTLETS FOR NEW DXH800 SYSTEM	
LABOR	5,760.00
MATERIAL	1,798.00

Subtotal	7,558.00
PST	125.86
Total	7,683.86



1010 Chestnut Street  
 P.O. Box 1056  
 Terre Haute, IN 47808  
 812-232-0968  
 Fax 812-232-5894  
 www.sycamoreengineering.com

INVOICE

No/ W47181  
 Inv. Date Oct 17/13

SERVICE  
 W/O No. 041858  
 Cust Code THMED

To MED LAB  
 634 BEECH STREET  
 PO BOX 9359  
 TERRE HAUTE, IN 47808-9359

Called by BETH  
 Terms NET 15  
 Reference # REACH-IN REFR

Job Location 634 BEECH STREET  
 PO BOX 9359  
 TERRE HAUTE, IN

Start Date Oct 9/13  
 End Date Oct 16/13

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 LOWER LEVEL UNION HSP: REACH-IN REFRIGERATOR DOUBLE DOORS IS  
 RUNNING WARM.

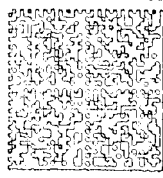
MATERIALS	Qty	Price	Total
EQUIP CHARGE	1.00	52.00 E	52.00
Total Materials			52.00
Thu Oct10- N. WALKER	1.00 Hrs		81.50
Fri Oct11- N. WALKER	4.00 Hrs		326.00

Subtotal	459.50
Tax on 52.00	3.64
Total Billing	463.14

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIVED**  
**FEB 03 2014**  
**BMC GROUP**

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



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