B 10 (Official Form 10) (12/11) UNITED STATES BANKRUPTCY COURT Eastern District of Virginia PROOF OF CLAIM Name of Debtor: Case Number: RECEIVED Health Disgnaostic Labratory, Inc. 15-32919-KRH JUN 24 2015 NOTE: Do not use this form to make a claim for an administrative expense that a uses after the bankruptcy films. 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): Entec Systems, Inc. In re: HEALTH DIAGNOSTIC Name and address where notices should be sent: D Check this box if this claim amends a LABORATORY - HDL INC previously filed claim. Entec Systems, Inc. Case No: 15-32919 c/o Robert A. Canfield, Esq., Canfield, Baer & Heller, LLP 2201 Libbio Avenue, Suite 200, Richmond, Virginia 23230 COURT FILED CLAIM 1005 Court Claim Number: (If known) Telephone number: (804) 673-6800 email: bcanfield@canfieldbaer.com Filed on:_ Name and address where payment should be sent (if different from above): Check this box if you are aware that anyone else has filed a proof of claim Entec Systems, Inc. c/o Chris Smith relating to this claim. Attach copy of P.O. Box 2380 statement giving particulars. Mechanicsville, VA 23116 Telephone number: (804) 306-1447 email. 1. Amount of Claim as of Date Case Filed: 24,181.03 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. Theek 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: Invoice for May 2015 and Prepetition Invoice for June 2015 (See instruction #2) 3b. Uniform Claim Identifier (optional): 3. Last four digits of any number 3a. Debtor may have scheduled account as: by which creditor identifies debtor: (See instruction #3b) (See instruction #3a) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: 4. Secured Claim (See instruction ha) Check the appropriate box if the claim is secured by a lien on property or a right of set of?, attach require i reducted documents, and provide the requested information. S_____ Basis for perfection: Nature of property or right of setoff: TReal Estate TMotor Vehicle TOther Describer Amount of Secured Claim; S______S Value of Property; \$_____ Amount Unsecured: \$____ Annual Interest Rate_____ %

F.xed or
Variable (when case was filed) 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 Mages, salaries, or commissions (up to \$11.725*) Contributions to an earned within 180 days before the case was filed or the employee benefit plan -U.S.C. § 507 (a)(1)(A) or (a)(1)(B). debtor's business ceased, whichever is earlier --11 U.S.C. § 507 (a)(5). Amount entitled to priority: 11 U.S.C. § 507 (a)(4) Taxes or penalties owed to governmental units -☐ Other - Specify □ Up to \$2.600* of deposits toward applicable paragraph of 11 U.S.C. § 507 (a)(8). purchase, lease, or rental of property or services for personal, family, or household 11 U.S.C. § 507 (a)(__). use - 11 U.S.C. § 507 (a)(7). Amounts are subject to adjustment in 4.7/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 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)

Case 15-32919-KRH Claim 4 Filed 06/24/15 Desc Main Document Page 2 of 5

B 10 (Official Form 10) (12/11)				
running accounts, cont		ements. If the claim is secured, box 4	notes, purchase orders, invoices, itemized statements of has been completed, and reducted copies of documents for educted of the control of t		
DO NOT SEND ORIG	INAL DOCUMENTS. ATTACHED DOCUM	MENTS MAY BE DESTROYED AFT	ER SCANNING.		
If the documents are no	If the documents are not available, please explain:				
8. Signature: (See in	struction #8)	and success and a success of the suc			
Check the appropriate	•	*			
Circle the appropriate	BOX.				
D I am the creditor.	✓ I am the creditor's authorized agent. (Attack copy of power of attorney, if any.)	☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptey Rule 3004.)	C) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptey Rule 3005.)		
I declare under penalty	of perjury that the information provided in th	is claim is true and correct to the best of	of my knowledge, information, and reasonable belief.		
Print Name Rober	l A. Canfield, Esq.	. //			
ritte: Couns	el for Entec Systems, Inc.		1.100/15		
British and the second second second	ld, Bacr & Hellor, LLP	/s/Robert A. Can	field (0/dd/)		
Address and telephone	number (if different from notice address above	e): (Signature)	(Date)		

2201 Libbie Avenue, Stc. 200

-Richmond, Virginia 23230 ___

Felephone number: (804) 673-6600 email: bcanfield@canfieldbaer.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

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 Fifed:

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. Cheek 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.

Ja. 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 hen 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 entegories. 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. 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 reusonable 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, attach a complete copy of any power of attorney, and 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.

Debtor

A debtor is the person, corporation, or other entity that has tiled a bankruptcy case.

Creditor

A vicilitor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. \$101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §104 (5). A claim may be secured or insecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptey court in which the bankruptey case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a bea on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of riens on property include a mortpage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

A document has been reducted 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

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system

(www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

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 debtor. These entities do not represent the bankruptcy court or the debtor. 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.



Entec Systems, Inc. P.O. Box 2380 Mechanicsville, VA 23116 United States (800) 716-2544

BIII To:
Health Diagnostic Laboratory Inc
Attn: Accounts Payable
737 North 5th Street
Suite 103
Richmond, VA 23219

Date	Invoice
06/01/2015	23384
Account	
Health Diagnosti	Laboratory Inc

Terms	Due Date	PO Number	Reference	
Net 30 days	07/01/2015		Monthly Billing for June	
PO101173				

Managed Services Details	Quantity	Price	Amount
Agreement: HDL Services			
Labtech Remote Monitoring and Management	1500.00	\$2.50	\$3,750.00
MX Logic Anti Spam and Virus Filtering	865.00	\$5.50	\$4,757.50
Alert Logic Security Intrusion Detection Service- HDL	1.00	\$4,085.89	\$4,085.89
Alert Logic Security Log Management and Review- HDL	1.00	\$6,463.41	\$6,463.41
Rackspace Hosling- G3 Exchange 2010 and Exchange Archiving	1.00	\$558.32	\$558.32
	Total M	Total Managed Services Detalls:	
	Invoic	e Subtotal:	\$19,615.12
Make checks payable to Entec Systems, Inc.		Sales Tax 070113:	\$0.00
	lnv	olce Total:	\$19,615.12

Ask us about our Brilliantly Simple IP phone systems from ShoreTell



Entec Systems, Inc. P.O. Box 2380 Mechanicsville, VA 23116 United States (800) 716-2544

BIII To:
Health Diagnostic Laboratory Inc
Attn: Accounts Payable
737 North 5th Street
Suite 103
Richmond, VA 23219

Date	Invoice
05/01/2015	23229
Account	
Health Diagnostic	Laboratory Inc

Terms	Due Date	PO Number	Reference	
Net 30 days	05/31/2015		Monthly Billing for May	
PO101173				

Managed Services Details	Quantity	Price	Amount
Agreement: HDL Services			393200,4,1411
Lablech Remote Monitoring and Management	1500.00	\$2.50	\$3,750.00
Alert Logic Security Intrusion Detection Service- HDL	1.00	\$4,085.89	\$4,085.89
Alert Logic Security Log Management and Review- HDL	1.00	\$6,463.41	\$6,463.41
MX Logic Anti Spam and Virus Filtering	865.00	\$5.50	\$4,757.50
Rackspace Hosting- G3 Exchange 2010 and Exchange Archiving	1.00	\$547.37	\$547.37
	Total Managed Services Details:		\$19,604.17
	Invoice 5	Subtotal:	\$19,604.17
Make checks payable to Entec Systems, Inc.	VA State S	ales Tax 070113:	\$0.00
	Invol	ce Total:	\$19,604.17

Ask us about our Brilllantly Simple IP phone systems from ShoreTell