

**UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA**

**PROOF OF ADMINISTRATIVE CLAIM**

Indicate Debtor against which you assert a claim by checking the appropriate box below (if your claim is against multiple Debtors, complete a separate form for each Debtor):

- Health Diagnostic Laboratory, Inc. (Case No. 15-32919)
- Central Medical Laboratory, LLC (Case No. 15-32920)
- Integrated Health Leaders, LLC (Case No. 15-32921)

Name and address of Creditor : (and name and address where notices should be sent if different from Creditor)

Check box if you are aware that anyone else has filed a proof of claim relating to your administrative claim. Attach copy of statement giving particulars.

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE: This form should only be used by claimants asserting a claim for an administrative expense arising after the commencement the case. This form SHOULD NOT be used for any claims that are not of a kind entitled to priority in accordance with 11 U.S.C. § 503.**

If you have already filed a proof of administrative claim with American Legal Claims Services, LLC, you do not need to file again.  
**COURT USE ONLY**

Account or other number by which creditor identifies debtor:

**1. Total Amount of Administrative Claim:**

**2. Basis for Claim:**

- Goods sold       Services performed       Personal injury/wrongful death       Other
  - Money loaned       Taxes       Retiree benefits as defined in 11 U.S.C. § 1114(a)       Wages, salaries, and compensation (fill out below)
  - Goods delivered during the twenty (20) days prior to the "Petition Date" pursuant to 11 U.S.C. § 503(b)(9)
- Last four digits of SS #: \_\_\_\_\_  
Unpaid compensation for services performed :  
From \_\_\_\_\_ to \_\_\_\_\_

**3. Date debt was incurred:**

**4. Description of claim (attach any additional information):**

- 5. Credits and setoffs:** The amount of all payments on this claim has been credited and deducted for purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
- 6. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
- 7. Date-Stamped Copy:** To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

This completed proof of claim form must be sent by mail or hand delivered so that it is **actually received on or before 4:00 p.m., prevailing Eastern Standard Time, on December 11, 2015** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

**BY MAIL TO:**  
**HDL Claims Center**  
c/o American Legal Claims Services, LLC  
P.O. Box 23650  
Jacksonville, FL 32241-3650

**BY HAND OR OVERNIGHT MAIL TO:**  
**HDL Claims Center**  
c/o American Legal Claims Services, LLC  
5985 Richard St., STE 3  
Jacksonville, FL 32216

**FOR MORE INFORMATION, VISIT:**  
[www.americanlegalclaims.com/HDL](http://www.americanlegalclaims.com/HDL)

**Date:**

**Signature:** The person filing this claim must sign it. Sign and print 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. Attach copy of the power of attorney, if any.

*Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571*