

U.S. Bankruptcy Court	PROOF OF CLAIM
District of DE	
In re (Name of Debtor) Landauer Healthcare Holding Inc	Case Number 13-12098 Chapter 11

epi
Filed: USBC - District of Delaware
Landauer Healthcare Holdings, Inc., Et Al.
13-12098 (CSS) 0000000010



NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. § 503.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (The Person or other entity to whom the debtor owes money or property) Pitney Bowes Global Financial Services LLC	<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.
Name and Address Where Notices Should be Sent Pitney Bowes Inc. Attn: Recovery Dept. 27 Waterview Drive Shelton, CT 06484-4361	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 4574753-005 & 4574753-006	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
	Check here if this claim <input type="checkbox"/> replaces a previously filed claim <input type="checkbox"/> amends claim dated

1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Lease(s)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed From _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED 9/30/2009	3. IF COURT JUDGMENT, DATE OBTAINED
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3. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

4. <input type="checkbox"/> SECURED CLAIM \$ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any

<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$2,172.58 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.
<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$
<input type="checkbox"/> Arrears

Specify the priority of the claim.

<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),*earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan–11 U.S.C. §507 (a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use–11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child–11 U.S.C. §507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units–11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C 507 (a) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.
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5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	Secured Claim	Unsecured Non Priority	Unsecured Priority	\$2,172.58 (Total)
		\$2,172.58		

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. TIME 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 SPACE IS FOR COURT USE ONLY

Date 9/6/13	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Eva Milanowski, Bankruptcy Administrator
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*If legal or collection fees are incurred, they may be added to this total.

US BANKRUPTCY COURT
DISTRICT OF DELAWARE

SEP 10 AM 10:51



Bankruptcy Department

PRE-PETITION CLAIM

DATE September 6, 2013

STATEMENT OF ACCOUNT

LEASE NO. 4574753

SCHEDULE NO. 005

CUSTOMER NAME American Homecare

*PAYMENT NOT RECEIVED 1

PAYMENTS @ \$790.28

(INCLUDES SALES TAX WHERE APPLICABLE)

LATE CHARGE - 0 -

TOTAL CLAIM \$790.28

INVOICE DATE

AMOUNT

PERIOD COVERING

6/13/13

\$790.28

6/30/13 - 8/16/13

PREPARED BY:

A handwritten signature in cursive script, appearing to read "Eva Milanowski", written over a horizontal line.

Eva Milanowski, Bankruptcy Administrator



Bankruptcy Department

PRE-PETITION CLAIM

DATE September 6, 2013

STATEMENT OF ACCOUNT

LEASE NO. 4574753

SCHEDULE NO. 006

CUSTOMER NAME American Homecare

*PAYMENT NOT RECEIVED 1

PAYMENTS @ \$1,382.30

(INCLUDES SALES TAX WHERE APPLICABLE)

LATE CHARGE - 0 -

TOTAL CLAIM \$1,382.30

INVOICE DATE

AMOUNT


PERIOD COVERING

6/13/13

\$1,382.30

6/30/13 - 8/16/13

PREPARED BY:


Eva Milanowski, Bankruptcy Administrator



Leasing invoice# 4574753-JN13

June 13, 2013

Account name

American Homecare Supply LLC
Youngs Medical Landauer

Lease acct number
4574753

Invoice number
4574753-JN13

Payment Options

Online Account Management



Register for *MyAccount* @
www.pb.com/myaccount. Click
View and Pay Bills for online
payments.



Pay by Phone
1-800-732-7222

For Questions?



ask
Sophie
Pitney Bowes Virtual Agent

Ask

Go to: www.pb.com/support or call:
1-800-732-7222 8 a.m to 8 p.m. EST

Invoice Summary

Leasing charges	\$3,909.00
Sales tax	\$342.04
Total due July 6, 2013	\$4,251.04

Please see reverse side for invoice details.

If you have any questions regarding your account, please call the telephone number listed on this invoice.

Any payments received after Jun 6, 2013 may not be reflected on this invoice.

Make check payable to **Pitney Bowes Global Financial Services LLC**.

Questions about your Leasing Statement? Why not ask Sophie, our new On-Line Virtual Agent? You can visit Sophie 24 hours a day or choose to Chat with an agent from 8:00 AM – 8:00 PM EST. GO TO: www.pb.com/support

Thank you for choosing Pitney Bowes.

Avoid late charges - Mail your payment with the coupon below and allow up to 7-10 days for mail and processing time.

Page 1 of 4

TAX ID 20-1344287

Tear off here

032371

X

PitneyBowes
2225 American Drive
Neenah, WI 54956-1005

Leasing payment coupon
Please make your check payable to
Pitney Bowes Global Financial Services LLC

Lease acct number: **4574753** Amount you owe: **\$4,251.04**
Invoice number: **4574753-JN13**
Invoice date: **Jun 13, 2013** Due date: **Jul 6, 2013**
Amount paid \$

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10 4574753 000 540 00425104 2 00000 0 0

PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
PO BOX 371887
PITTSBURGH PA 15250-7887

METROPOLITAN INC
AMERICAN HOMECARE SUPPLY LLC
YOUNGS MEDICAL LANDAUER
1 BRADFORD RD
MOUNT VERNON NY 10553-1217

☐ **Change of contact information?**
Check here and fill in the information on the back.



Leasing invoice
June 13, 2013
Lease acct number 4574753 Invoice number 4574753-JN13

Details of leasing charges

Charges for schedule 005

Equipment description:	Charges for the period: Jun 30, 2013 to Sep 30, 2013	
Mailing system	Equipment Location: 2170 Union Rd, West Seneca NY	
Product Code (PCN):	Leasing charges	\$1,422.00
SVAA	Sales tax	\$124.43
Product Code (PCN):	Total for schedule 005	\$1,546.43
1FW4		
Product Code (PCN): Serial number:		
1R00 2098959		

Charges for schedule 006

Equipment description:	Charges for the period: Jun 30, 2013 to Sep 30, 2013	
Mailing system	Equipment Location: 2170 Union Rd, West Seneca NY	
Product Code (PCN):	Leasing charges	\$2,487.00
DIPS	Sales tax	\$217.61
Product Code (PCN):	Total for schedule 006	\$2,704.61
DITA		
	Total charges	\$4,251.04

continued next page

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You can pay your bill:

- Online at www.pb.com/myaccount
Click on *View and Pay Bills*
- By check, over the phone,
at 1-800-732-7222
- By check, made payable to **Pitney Bowes
Global Financial Services LLC** and sent with
this *payment coupon* to:
**Pitney Bowes Global Financial Services LLC
PO Box 371887
Pittsburgh PA 15250-7887**

Change of contact information?

Please give us the new information below or update at www.pb.com/support/addresschange.

Company name		Lease acct number 4574753	
Address (number and street)		Suite No.	
City	State	Zip code	
Business telephone ()	Extension ()	Business fax ()	
E-mail address			
Contact name (first last)			



Leasing invoice
June 13, 2013

Lease acct number Invoice number
4574753 4574753-JN13

Important information

Need Help with this Bill or ValueMAX® ?

Call 800-732-7222 from 8 AM to 8 PM EST
Enter 4574753 as your account number
Enter 005 as your schedule number
Web: Go to www.pb.com/contact-us

Need Service or Help with PB Products?

Call 800-522-0020 from 8 AM to 8 PM EST
Web: Go to www.pb.com/contact-us

Need Help with adding postage to your meter?

Call 800-243-7800 from 8 AM to 8 PM EST
Enter your 8 digit Postage By Phone account number

To order supplies visit www.pb.com/supplies or call 800-243-7824

This transaction is governed by the terms and conditions of the applicable Pitney Bowes Lease agreement, current as of the date of this invoice unless otherwise agreed to in writing by the parties.

This invoice represents the amount you currently owe Pitney Bowes Global Financial Services LLC for the equipment and services covered under your lease agreement.

ValueMAX® program fees are the fees you pay for your participation in our ValueMAX® program, more fully described in your lease contract, which repairs or replaces the leased equipment in the event of loss, damage or theft. For more information visit our website - www.pb.com/valuemax.

Overnight checks should be mailed to:

Pitney Bowes Global Financial Services LLC
Attn: Box 371887
500 Ross Street Suite 154-0470
Pittsburgh, PA 15262-0001

Returns

Check your agreement with us for our return policy on equipment, postage meters and software that you have purchased, licensed, leased or rented from Pitney Bowes.



Pitney Bowes Inc
27 Waterview Drive
Shelton, CT 06484
1-800-243-9506 x4582
Fax: (203) 617-6307
E-mail: Eva.Milanowski@pb.com

September 6, 2013

Michael R Nestor, Esq
Young Conaway Stargatt & Taylor
1000 North King St
Wilmington, DE 19801

RE: Landauer Healthcare Holding Inc
Pitney Bowes Global Financial Services LLC Lease #4574753-005 & 4574753-006

Dear Michael R Nestor, Esq:

Pitney Bowes Global Financial Services LLC is a creditor with an unsecured claim of Lease payments in the above referenced bankruptcy proceeding.

Would you please advise us at your earliest convenience, of intended treatment of our claim? If treatment is unknown at this time, could you advise us of expected time frame in which this should be determined?

Your prompt response would be greatly appreciated.

Very truly yours,

A handwritten signature in black ink, appearing to read "Eva Milanowski", written over a horizontal line.

Eva Milanowski
Bankruptcy Administrator



Pitney Bowes Inc
27 Waterview Drive
Shelton, CT 06484
1-800-243-9506 x4582
Fax: (203) 617-6307
E-mail: Eva.Milanowski@pb.com

September 6, 2013

American Homecare
1 Bradford Rd
Mount Vernon, NY 10553

RE: Landauer Healthcare Holding Inc 13-12098
Pitney Bowes Global Financial Services LLC Lease# 4574753-005 & 4574753-006

Dear American Homecare:

Pitney Bowes Global Financial Services LLC is a creditor with an unsecured claim of Lease payments in the above referenced bankruptcy proceeding.

Would you please advise us at your earliest convenience, of intended treatment of our claim? If treatment is unknown at this time, could you advise us of expected time frame in which this should be determined?

Your prompt response would be greatly appreciated.

Very truly yours,

A handwritten signature in black ink, appearing to read "Eva Milanowski", written over a horizontal line.

Eva Milanowski
Bankruptcy Administrator

