

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

RECEIVED  
 JAN 11 2016  
 BMC GROUP

Name (as shown on your income tax return)  
**STATE OF OHIO**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (G=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ **GOVERNMENT ENTITY**

Exemptions (see instructions):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**Attorney General, Coll. Enf., 150 E. Gay St., 21st Floor**

City, state, and ZIP code  
**Columbus, OH 43215**

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

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Employer identification number

3	1	-	1	3	3	4	8	2	0
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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here    Signature of U.S. person ▶ *[Handwritten Signature]*    Date ▶ *10-2-2013*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

withholding tax on foreign partners' share of effectively connected income, and  
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.  
**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Graceway Pharm. W9  
  
 00021



**Mike DeWine**  
Ohio Attorney General

Collections Enforcement  
Tel: 614.466.8360  
Fax: 614.752.9070  
150 East Gay Street, 21<sup>st</sup> Floor  
Columbus, OH 43215  
[www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)

January 7, 2016

Kip Horton, Liquidating Trustee  
Graceway Liquidating Trust  
BMC Group  
Attn: Graceway Pharmaceuticals Claims Processing  
PO Box 90100  
Los Angeles, CA 09990

Re: State of Ohio W-9 Form

Dear Mr. Horton:

Enclosed please find a completed Form W-9 on behalf of all State of Ohio agencies, including but not limited to the State of Ohio, Department of Taxation and State of Ohio, Department of Job and Family Services. The enclosed form relates to claim nos. 161, 257 and 267 as well as any other claims or listings on the Debtors' schedules that I have not specifically referenced.

If you have any questions concerning this matter, please contact me at your earliest convenience. Thank you.

Very truly yours,

Donn D. Rosenblum  
Principal Assistant Attorney General  
Direct (614) 728-5754

Encl. 3