MAR 1 4 2016

Form W-9
(Rev. December 2011)
Department of the Treasury

Internal Revenue Service

## $\begin{array}{ccc} \textbf{Request for Taxpayer} & \text{BMC GROUP} \\ \textbf{Identification Number and Certification} \end{array}$

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

	Name (as shown on your income tax return)													
	· ·									01) 359-6111				
22	Business name/disregarded entity name, if different from above													
Print or type Specific Instructions on page	Check appropriate box for federal tax classification:  Individual/sole proprietor  Corporation  Solution  Partnership  Trust/estate													
	Individual/sole proprietor							1000						
	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶								Exempt payee					
Prir	✓ Other (see instructions) ► STATE GOVERNMENT													
See Specific	Address (number, street, and apt. or suite no.)	Reque	Requester's name and address (c						)					
	550 HIGH STREET, SUITE 1000													
	City, state, and ZIP code													
	JACKSON, MS 39201		and a plantage of											
	List account number(s) here (optional)													
Towns I do Not a New York (TIM)														
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   Social security number							her							
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 <i>How to get a</i> TIN on page 3.								L						
					Employer identification number									
number to enter.					6 4 - 0 4 7									
				4	- 0	4	7	6	3	9	3			
Par	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).														
interes gener instru	ication instructions. You must cross out item 2 above if you have been notified by the If se you have failed to report all interest and dividends on your tax return. For real estate to paid, acquisition or abandonment of secured property, cancellation of debt, contributionally, payments other than interest and dividends, you are not required to sign the certifications on page 4.	ransactions ons to an in	, item dividu	n 2 d ual re	oes no etireme	t ap	ply. For	or m	nortg	gage RA),	and			
Sign Here		Date ►	3/	11	/16									
General Instructions  Note. If a requester gives you a form other than Form W-9 to request														

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Graceway Pharm. W9

## STATE OF MISSISSIPPI



March 11, 2016

Mr. Kip Horton
Liquidating Trustee, Graceway Liquidating Trust
BMC Group, Inc.
Graceway Pharmaceuticals Claims Processing
c/o BMC Group, Inc.
Post Office Box 90100
Los Angeles, California 90009

Re: In re Graceway Pharmaceuticals, LLC, et al. (Case No. 11-13036(KJC)

Dear Mr. Horton:

Per your request, please find enclosed the completed W-9 for the Mississippi Division of Medicaid concerning the above referenced matter.

Should you have any questions or concerns, please feel free to contact me.

With best regards, I remain,

Sincerely,

Fran D. Ingram

Special Assistant Attorney General Counsel for the Division of Medicaid

Enclosure

Ms Division of Medicaid 550 High St. Suite 1000 Jackson MS 39201



BMC GEOND

DIOS & I A SO16

KECEINED

BMC Group, Inc.
Graceway Pharmaceuticals Claims Processing
c/o BMC Group, Inc.
PO Box 90100
Los Angeles, CA 90009