(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification MC GROUF and to the IRS.

MAR 18 2016 Give Form to the requester. Do not

	Name (as shown on your income tax return). Name is required on this line; do n	nt leave this line blank									
	STATE OF ALABAMA, DEPT OF FINANCE, STATE COMPTROLLER'S OFFICE										
e 2:	2 Business name/disregarded entity name, if different from above										
	ALABAMA MEDICAID AGENCY										
page											
Print or type Specific Instructions on p				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						to 10	
	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶				Exempt payee code (if any)						
ic th	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line				Exen	nption fro	m FA	TCA rep	orting		
str	the tax classification of the single-member owner.					(if any)		·	-		
Pri	✓ Other (see instructions) ➤ GOVERMENT ENTITY					(Applies to accounts maintained outside the U.S.)					
ciffe	5 Address (number, street, and apt. or suite no.)	Re	Requester's name and address (optional)								
See Spe	501 DEXTER AVE PO BOX 5624										
	6 City, state, and ZiP code										
	MONTGOMERY AL 36103-5624										
	7 List account number(s) here (optional)										
	•										
Par	Taxpayer Identification Number (TIN)										
Enter	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avoid	So	cial se	curity	number					
	up withholding. For individuals, this is generally your social security number (SSN). However, for a						1				
	nt alien, sole proprietor, or disregarded entity, see the Part I instructions s, it is your employer identification number (EIN). If you do not have a nu		ł		-	1 1	-				
	s, it is your employer identification flumber (Eliv). If you do not have a flui I page 3.	mber, see now to get a	or				J				
	If the account is in more than one name, see the instructions for line 1 at	nd the chart on page 4 f		ploye	r ident	ification	numt	er			
	ines on whose number to enter.	and the charton page 1 to			Γ				T		
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Par	Certification	**************************************					-				
_	penalties of perjury, I certify that:										
1. The											
	e number shown on this form is my correct taxpayer identification number	er (or I am waiting for a n	umber t	o be is	ssued	to me);	and				
2 la		· ·				••		mal Re	ven u	_	
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Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- . Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 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, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Form W-9 (Rev. 12-2014)

IRS CIRCULAR 230 DISCLOSURE: TO ENSURE COMPLIANCE WITH REQUIREMENTS IMPOSED BY THE IRS, WE INFORM YOU THAT ANY U.S. FEDERAL TAX ADVICE CONTAINED IN THIS COMMUNICATION (INCLUDING ANY ATTACHMENT) IS NOT INTENDED OR WRITTEN BY US TO BE USED, AND CANNOT BE USED, (I) BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING TAX PENALTIES UNDER THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR (II) FOR PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY TRANSACTION OR MATTER ADDRESSED HEREIN.

March 4, 2016

To The Creditors of Graceway Pharmaceuticals, LLC., et al.

RE: In re Graceway Pharmaceuticals, LLC, et al. (Case No. 11-13036 (KJC)): <u>Tax</u> Identification Number

Dear Creditor:

I am the Liquidating Trustee of the Graceway Liquidating Trust (the "<u>Liquidating Trust</u>"), a trust established for the benefit of the creditors of Graceway Pharmaceuticals, LLC and its affiliated debtors. This letter follows my letter dated December 31, 2016, in which I informed you that, as authorized by the United States Bankruptcy Court for the District of Delaware, the Liquidating Trust will soon make certain distributions to holders of allowed claims.

Before a distribution can be made, however, the Liquidating Trust requires that you complete, sign and return the enclosed Form W-9, providing a valid Taxpayer Identification Number ("TIN"). The Liquidating Trust must obtain your TIN before it will make any distribution to you and failure to respond may result in the loss of your entitlement to a distribution. Please complete and sign/date the enclosed Form W-9 (or Form W-8BEN¹ for foreign claimholders) and return it by mail by no later than March 18, 2016 to:²

If by regular mail:	If by overnight mail:
BMC Group, Inc.	BMC Group, Inc.
Attn: Graceway Pharmaceuticals Claims Processing	Attn: Graceway Pharmaceuticals Claims Processing
PO Box 90100	300 N Continental Blvd #570
Los Angeles, CA 90009	El Segundo, CA 90245

If the Liquidating Trust does not receive your W-9, we will consider your share of the funds available for distribution abandoned and exercise rights with respect to your share in accordance with the plan of liquidation confirmed in these bankruptcy cases.

If you have any questions regarding the claims reconciliation process, the anticipated distributions or the status of your claim(s), please contact my counsel, Stuart Brown, Esquire or Daniel Brogan, Esquire, at DLA Piper LLP (US) (302.468.5700).

Sincerely,

Kip Horton

Liquidating Trustee, Graceway Liquidating Trust

Foreign claimholders who require either a Form W-8ECI or W-8EXP should go to www.irs.gov and download, complete, sign/date and return the applicable form.

Domestic creditors are being provided with a self-addressed stamped envelope. EAST\122086588.1