

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor GRACEWAY PHARMACEUTICALS, LLC

Case Number: 11-13036

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 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Sprint Nextel

Check this box to indicate that this claim amends a previously filed claim

Name and address where notices should be sent:

Sprint Nextel - Correspondence
Attn: Bankruptcy Dept
P.O. Box 7949
Overland Park, KS 66207-0949

RECEIVED

OCT 31 2011

BMC GROUP

Court Claim Number: (If known)

Filed on:

Telephone Number: 866-393-5230

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

Sprint Nextel - Distributions
Attn: Bankruptcy Dept
PO Box 3326
Englewood CO 80155-3326

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

Check box if you are the debtor or trustee in this case

Telephone Number: 866-393-5230

1. Amount of Claim as of Date Case Filed: \$14,619.59

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to proprietary, complete item 5.

Check box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)

Wages, salaries, or commissions (up to \$10,950\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4)

Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).

Up to \$2,425\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).

Other-Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

Amount entitled to priority:

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

2. Basis for Claim Services Performed (See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: See Attached

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side)

4. Secured Claim (See instruction #4 on reverse side)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest rate: %

Amount of arrearage and other charges at time case filed including in secured claim,

if any: \$ Basis of perfection: \$

Amount of secured claim: \$ Amount unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of redacted on reverse side)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

If documents are not available, please explain:

Date 10/25/2011

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

/s/ Aaron Booton - Bankruptcy Analyst

[Handwritten signature]

FOR COURT USE ONLY

Graceway Pharmaceuticals LLC



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NOPR0003

10/08/11 ICDI  
05102112036804

GRACEWAY PHARMACEUTICALS  
MANAGEMENT BILLING ADVANTAGE

IMPORTANT NEWS FROM SPRINT:

\*\* Attention! Past due balances jeopardize service. \*\*

GRACEWAY PHARMACEUTICALS  
PENNI KYTE  
340 EDMONT AVE  
BRISTOL, TN 37620-2313

GRACEWAY PHARMACEUTICALS  
340 EDMONT AVE  
BRISTOL, TN 37620

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10/08/11  
10/09/11

TOTAL USAGE CHARGES	\$ .00
NON-USAGE CHARGES	
SERVICE FEE	\$4,965.00
TOTAL NON-USAGE CHARGES	\$4,965.00
TOTAL DISCOUNTS	\$ .00
GOVERNMENT TAXES & FEES	
Taxes and fees Sprint is required to collect from customers on behalf of the government.	
STATE SALES TAX	\$95.79
STATE SALES TAX	241.02
TOTAL GOVERNMENT TAXES & FEES	\$336.81
SPRINT SURCHARGES	

Sprint Surcharges are rates we choose to collect from you to help defray costs imposed on us. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include: Federal USF, regulatory charges, administrative charges, gross receipts charges, and other charges incurred to recover costs associated with government programs and certain taxes imposed on Sprint. The amounts and the components used to calculate surcharge amounts, are subject to change.

PROP TAX SCHG/FED REG FEE	\$221.88
STATE GROSS RECPTS SURCHG	76.27
TOTAL SPRINT SURCHARGES	\$298.15
TOTAL CURRENT CHARGES	\$5,599.96
BALANCE FROM LAST STATEMENT	\$10,699.62
TOTAL AMOUNT DUE - PAYABLE UPON RECEIPT	\$16,299.58

TOTAL AMOUNT DUE:	877 877-8748
TOTAL AMOUNT DUE - PAYABLE UPON RECEIPT	\$16,299.58
AMOUNT ENCLOSED \$	

10/09/11

GRACEWAY PHARMACEUTICALS  
340 EDMONT AVE  
BRISTOL, TN 37620

MAKE CHECK OR MONEY ORDER PAYABLE TO SPRINT IN U.S. DOLLARS  
DO NOT SEND CASH  
PLEASE DETACH AND RETURN TO ENSURE PROPER PAYMENT  
Thank You For Using Sprint.

051021120368042

GRACEWAY PHARMACEUTICALS  
340 EDMONT AVE  
BRISTOL, TN 37620

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10/08/11

ACTIVE ACCOUNT. PRO-RATED AMOUNT.

PRE-PETITION = \$ 14,619.59

POST-PETITION = \$ 1,679.99

# Bankruptcy Calculator

Date Calculated:

Account Number:

Previous Balance:

Past Due Balance:

New Charges:

	Amount	Date
Payments/		
Adjustments:		

	Amount	Date
Charges/		
Returned Payments:		

Bankruptcy Filed Date:

Invoice Start Date:

Invoice Close Date:

Days in the Billing Cycle:

Days to Adjust:

Amount to Adjust:

v2.0