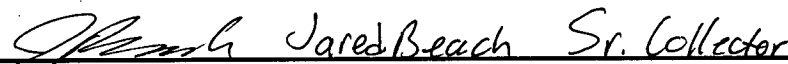


<b>UNITED STATES BANKRUPTCY COURT</b> District of Delaware		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Graceway Pharmaceuticals, LLC</b>		Case Number: <b>11-13036</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for 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): <b>Uline Shipping Supplies</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: Uline 2200 S. Lakeside Dr. Waukegan, IL 60085  Telephone number: (888) 884-6910		
Name and address where payment should be sent (if different from above):   Telephone number: _____		<input type="checkbox"/> 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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:      \$ <u>1,247.19</u>  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 priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		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.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>Goods Sold</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>CUS# 3404167</u>  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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>1,247.19</u>		
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 instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain: _____		
Date: <b>10/18/2011</b>	Signature: The person filing this claim must sign it. Sign and print 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.  	

**FOR COURT USE ONLY**

RECEIVED  
 NOV 03 2011  
 BMC GROUP

OCT 24 AM 11  
 11-13036

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Graceway Pharmaceuticals LLC



00009

BMC



SHIPPING SUPPLY SPECIALISTS

1-800-295-5510

uline.com

2200 S. Lakeside Drive Waukegan, IL 60085

INVOICE NO.

DUPLICATE  
39687996

**INVOICE**

ULINE FED ID#: 36-3684738

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2007

YOUR ORDER # 42906726

**SOLD TO:**

GRACEWAY PHARMACEUTICALS LLC  
881 MOUNTAIN VIEW DR  
PINEY FLATS TN 37686-4913

**SHIP TO:**

GRACEWAY PHARMACEUTICALS LLC  
881 MOUNTAIN VIEW DR  
PINEY FLATS TN 37686-4913

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
3464167	4500010731	AVERITT EXP	8/18/11	8/29/11	NET 30 DAYS	8/29/11

QUANTITY			ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
ORDERED	U/M	BACK ORDERED				
360	EA		S-4906	24X18X14 BOX 15/120	2.10	756.00
36	EA		S-3888	24X12X10 HD STORAGE FILE BOX	4.40	158.40
120	EA		S-4729	18X18X14 BOX 20/240	1.71	205.20
6	EA		H-1113	1" CORE DESKTOP TAPE DISPENSER	3.15	18.90
1	EA		S-16099X	FIGHT LIKE A GIRL HOODIE - XL THIS ITEM AT NO CHARGE	.00	.00
1	EA		S-2594NYY	BASEBALL HAT-YANKEES THIS ITEM AT NO CHARGE	.00	.00
1	BX		S-9678	ULINE GOLF BALLS 6/BX THIS ITEM AT NO CHARGE	.00	.00

<b>SUB-TOTAL</b> 1138.50	<b>SALES TAX</b> .00	<b>FRT/HNDLNG</b> 108.69	<b>AMOUNT DUE</b> 1247.19
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ORDER PLACED BY: PAM BARB  
DCOSBY PRO#0419213525

MAKE CHECK PAYABLE AND MAIL TO:

**ULINE**  
Attn: Accounts Receivable  
2200 S. Lakeside Drive  
Waukegan, IL 60085

DATE: 10/18/11  
TO: J  
FROM: J