


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): 3M Company		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Eric A. Komorowski, Financial Risk Analyst 3M Center, 224-5N-41 St. Paul, MN 55144-1000 Telephone number: (651) 733-8325		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): Eric A. Komorowski, Financial Risk Analyst 3M Center, 224-5N-41 St. Paul, MN 55144-1000 Telephone number: (651) 733-8325		<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>5,568,098.06</u>		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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(2). Amount entitled to priority: \$ <u>930,644.54</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.		
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>8050</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: \$ _____		
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:		*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.
Date: 11/09/2011	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.	
Alan E. Brown, Esq., Special Counsel to 3M		Graceway Pharmaceuticals LLC  00026

Customer Name	Customer ID	Item	Accounting Date	Due	Orig Item Amt	Item Balance	PO	Bill of Lading
PRODUCT INVOICES								
GRACEWAY PHARMACEUTICALS	GCI8050	KG21747	8/31/2011	9/30/2011	\$267,632.64	\$267,632.64	4500009525	7N 472905
GRACEWAY PHARMACEUTICALS	GCI8050	KG22234	9/2/2011	10/3/2011	\$20,974.39	\$20,974.39	R&D HELIOS - PUMPS	
GRACEWAY PHARMACEUTICALS	GCI8050	KG22235	9/2/2011	10/3/2011	\$10,236.68	\$10,236.68	R&D HELIOS - SACHET	
GRACEWAY PHARMACEUTICALS	GCI8050	KG22236	9/2/2011	10/3/2011	\$751.10	\$751.10	R&D HELIOS - TUBES	
GRACEWAY PHARMACEUTICALS	GCI8050	KG21833	9/19/2011	10/19/2011	\$136,673.28	\$136,673.28	4500009524	7N 473056
GRACEWAY PHARMACEUTICALS	GCI8050	KG21505	9/27/2011	10/27/2011	\$140,400.00	\$140,400.00	4500008853	7N 473141
GRACEWAY PHARMACEUTICALS	GCI8050	KG21748	9/27/2011	10/27/2011	\$180,835.20	\$180,835.20	4500009565	7N 473141
GRACEWAY PHARMACEUTICALS	GCI8050	KG21749	9/27/2011	10/27/2011	\$161,697.60	\$161,697.60	4500010096	7N 473141
SUPPLY AGREEMENT MINIMUM ORDER REQUIREMENTS					SUBTOTAL	\$919,200.89		
GRACEWAY PHARMACEUTICALS	GCI8050	NT17387	9/28/2011	10/28/2011	\$4,297,738.00	\$4,297,738.00	2011 MAP	
					SUBTOTAL	\$4,297,738.00		

3M SINGAPORE (invoiced in GBP, converted US\$1.60/GBP)

PRODUCT INVOICES								
GRACEWAY PHARMACEUTICALS		TZ10002183		8/30/2011	£25,075.44	\$40,120.70		
GRACEWAY PHARMACEUTICALS		TZ10002283		9/16/2011	£39,869.28	\$63,790.85		
GRACEWAY PHARMACEUTICALS		TZ10002352		9/27/2011	£89,897.76	\$143,836.42		
GRACEWAY PHARMACEUTICALS		TZ10002358		9/28/2011	£15,606.00	\$24,969.60		
GRACEWAY PHARMACEUTICALS		TZ10002361		9/28/2011	£15,762.00	\$25,219.20		
GRACEWAY PHARMACEUTICALS		TZ10002363		9/28/2011	£33,264.00	\$53,222.40		
					SUBTOTAL	\$351,159.17		
					TOTAL	\$5,568,098.06		

Case No.: 11-13036
District: District of Delaware

Petition Date: 9/29/2011
Administrative Claim Date: 9/9/2011

Total Proof of Claim: \$5,568,098.06
\$503(b)(9) Admin Claim: \$930,644.54

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
CUSTOMER SERVICE DEPT.
375-3E-10
ST PAUL MN

55144-1000

PURCHASE ORDER..4500009525
** ELECTRONIC EIPP INVOICE **
ORDER DATE 04/01/2011
SHIP DATE.....08/31/2011

INVOICE NO..... KG21747
TYPE..... ORIGINAL
DATE..... 08/31/2011
TERMS OF SALE
NET 30 DAYS
TERMS DATE.....08/31/2011
SALES REP..... V4H20-6

KATHY KAREL
PHONE NO...651-736-6021
FAX NO....651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
CHARGE TO: GC18050
SHIP TO: GC17854

KG21747

GRACEWAY PHARMACEUTICALS
C/O LEITNER PHARMACEUTIC
881 MOUNTAIN VW DR
PINEY FLATS TN 37686-4913

GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 52272	EACH	PART NUMBER 110005 30089030202 MINITRAN .2MG/HR. GW 30'S B33203	P 5.12	267,632.64
		LOT NUMBER(S) 110376		

*** SHPD 08/31 FROM-PHARM; NRTHRID VIA-XXXX
*** B/L-7N 472905
*** 6,796-LBS 1,089-PCS

TOTAL MUST BE RECEIVED BY: 09/30/2011 INVOICE TOTAL 267,632.64

Please see reverse side for terms and conditions of sale and address change form.

10089175 708 21 490/00 / 08/31/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
54 6098

DETACH AND RETURN WITH PAYMENT

GC18050 GRACEWAY PHARMACEUTICALS INC ATTN ACCOUNT PAYABLE 340 MLK BLVD BRISTOL TN 37620-4081	REMIT PAYMENT TO 3M 2807 PAYSHERE CIR CHICAGO IL 60674-0000	INVOICE NO..... KG21747 INVOICE DATE.... 08/31/2011 TERMS DATE..... 08/31/2011
--	--	--

TOTAL MUST BE RECEIVED BY: 09/30/2011
INVOICE TOTAL 267,632.64

AMOUNT ENCLOSED
KG21747

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

```

a|PURCHASE ORDER..R&D HELIOS - PUMPS|INVOICE NO..... KG22234|
a|** ELECTRONIC EIPP INVOICE **|TYPE..... ORIGINAL|
|DATE..... 09/02/2011|
|ORDER DATE 09/02/2011|TERMS OF SALE|
|SHIP DATE.....09/02/2011|NET 30 DAYS|
|TERMS DATE.....09/02/2011|
|SALES REP..... V4H20-6|
a|
  
```

KATHY KAREL
 PHONE NO...651-736-6021 PARTIAL ORDER..... NO
 FAX NO....651-737-5265

ACCOUNT NO. KG22234
 CHARGE TO: GC18050

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

```

a|QUANTITY UNIT DESCRIPTION UNIT PRICE TOTAL AMOUNT|
a|SEE LETTER DATED 9/2/11 RE PUMP|
a|S EFFORTS|
V|1 EACH Imiquimod Programs P 20974.39 20,974.39|
|*** SHPD 09/02 FROM-MISC ;MAPLEWOOD VIA-|
|*** B/L-|
|*** -LBS -PCS|
  
```

```

a|TOTAL MUST BE RECEIVED BY: 10/03/2011|INVOICE TOTAL 20,974.39|
a|
  
```

Please see reverse side for terms and conditions of sale and address change form.

10164663 709 21 1 / / 09/02/11 CrBr:CM OrdWr:KG InvBr:ZZL AdmCd:KG
 54 6098

```

a|DETACH AND RETURN WITH PAYMENT|
a|REMIT PAYMENT TO|INVOICE NO..... KG22234|
|3M|INVOICE DATE.... 09/02/2011|
|2807 PAYSHERE CIR|TERMS DATE..... 09/02/2011|
|CHICAGO IL 60674-0000|
a|
  
```

GC18050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/03/2011
 INVOICE TOTAL 20,974.39

```

a|AMOUNT ENCLOSED|
a|
  
```

KG22234

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO: CUSTOMER SERVICE DEPT.
 375-3E-10 ST PAUL MN 55144-1000
 PURCHASE ORDER: R&D HELIOS - SACHET INVOICE NO. KG22235
 ** ELECTRONIC EIPP INVOICE ** TYPE: ORIGINAL
 DATE: 09/02/2011
 ORDER DATE: 09/02/2011 TERMS OF SALE
 SHIP DATE: 09/02/2011 NET 30 DAYS
 TERMS DATE: 09/02/2011
 SALES REP: V4H20-6

KATHY KAREL
 PHONE NO. 651-736-6021 PARTIAL ORDER: NO
 FAX NO. 651-737-5265

ACCOUNT NO. KG22235
 CHARGE TO: GC18050

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 1	EACH	Imiquimod Programs	P 10236.68	10,236.68
SEE LETTER DATED 9/2/11 RE SACHET EFFORTS				
*** SHPD 09/02 FROM-MISC ;MAPLEWOOD VIA- B/L-LBS -PCS ***				

TOTAL MUST BE RECEIVED BY: 10/03/2011 INVOICE TOTAL 10,236.68

Please see reverse side for terms and conditions of sale and address change form.

10164671 709 21 1 / / 09/02/11 CrBr:CM OrdWr:KG InvBr:ZZL AdmCd:KG
 54 6098

DETACH AND RETURN WITH PAYMENT
 REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000
 INVOICE NO. KG22235
 INVOICE DATE: 09/02/2011
 TERMS DATE: 09/02/2011

TOTAL MUST BE RECEIVED BY: 10/03/2011
 INVOICE TOTAL 10,236.68

AMOUNT ENCLOSED
 KG22235

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
CUSTOMER SERVICE DEPT.
375-3E-10
ST PAUL MN

55144-1000

á PURCHASE ORDER..R&D HELIOS - TUBES á INVOICE NO..... KG22236 á
á ** ELECTRONIC EIPP INVOICE ** á TYPE..... ORIGINAL á
á DATE..... 09/02/2011 á
á ORDER DATE 09/02/2011 á TERMS OF SALE á
á SHIP DATE.....09/02/2011 á NET 30 DAYS á
á TERMS DATE.....09/02/2011 á
á SALES REP..... V4H20-6 á
á á

KATHY KAREL
PHONE NO...651-736-6021
FAX NO....651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
CHARGE TO: GC18050 fff

KG22236

GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

á QUANTITY UNIT DESCRIPTION UNIT PRICE TOTAL AMOUNT á
á SEE LETTER DATED 9/2/11 RE TUBE á
á S EFFORTS á
V 1 EACH Imiquimod Programs P 751.10 751.10
á *** SHPD 09/02 FROM-MISC ;MAPLEWOOD VIA- á
á *** B/L- á
á *** -LBS -PCS á

á TOTAL MUST BE RECEIVED BY: 10/03/2011 á INVOICE TOTAL 751.10 á
á á

Please see reverse side for terms and conditions of sale and address change form.

10164689 709 21 1 / / 09/02/11 CrBr:CM OrdWr:KG InvBr:ZZL AdmCd:KG
6098

á DETACH AND RETURN WITH PAYMENT á
á á
GC18050 á INVOICE NO..... KG22236 á
GRACEWAY PHARMACEUTICALS á REMIT PAYMENT TO á INVOICE DATE.... 09/02/2011 á
INC ATTN ACCOUNT PAYABLE á 3M á TERMS DATE..... 09/02/2011 á
340 MLK BLVD á 2807 PAYSHERE CIR á
BRISTOL TN 37620-4081 á CHICAGO IL 60674-0000 á
á á

TOTAL MUST BE RECEIVED BY: 10/03/2011
INVOICE TOTAL 751.10

á AMOUNT ENCLOSED á
á KG22236 á

3M Invoice

PAGE 1 OF 1
 PURCHASE ORDER .4500009524 INVOICE NO..... KG21833
 ** ELECTRONIC EIPP INVOICE ** TYPE..... ORIGINAL
 DATE..... 09/19/2011
 ORDER DATE 04/01/2011 TERMS OF SALE
 SHIP DATE.....09/19/2011 NET 30 DAYS
 TERMS DATE.....09/19/2011
 SALES REP..... V4H20-6

KATHY KAREL
 PHONE NO...651-736-6021 PARTIAL ORDER..... YES
 FAX NO....651-737-5265

ACCOUNT NO. KG21833
 CHARGE TO: GC18050
 SHIP TO: GC17854

GRACEWAY PHARMACEUTICALS GRACEWAY PHARMACEUTICALS
 C/O LEITNER PHARMACEUTIC INC ATTN ACCOUNT PAYABLE
 881 MOUNTAIN VW DR 340 MLK BLVD
 PINEY FLATS TN 37686-4913 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 9216	EACH	PART NUMBER 110002 MAXAIR A/H 400 TRD, GW US LOT NUMBER(S) 110391	P 14.83	136,673.28
*** SHPD 09/19 FROM-PHARM; NRTHRID VIA-XXXX				
*** B/L-7N 473056				
*** 1,574-LBS 192-PCS				

TOTAL MUST BE RECEIVED BY: 10/19/2011 INVOICE TOTAL 136,673.28

Please see reverse side for terms and conditions of sale and address change form.

10138899 715 21 720/00 / 09/19/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098

DETACH AND RETURN WITH PAYMENT
 INVOICE NO..... KG21833
 REMIT PAYMENT TO INVOICE DATE.... 09/19/2011
 3M TERMS DATE..... 09/19/2011
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000

TOTAL MUST BE RECEIVED BY: 10/19/2011
 INVOICE TOTAL 136,673.28

AMOUNT ENCLOSED
 KG21833

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
CUSTOMER SERVICE DEPT.
375-3E-10
ST PAUL MN

55144-1000

```

a|PURCHASE ORDER..450008853|INVOICE NO.....KG21505|
a|** ELECTRONIC EIPP INVOICE **|TYPE.....ORIGINAL|
|DATE.....09/27/2011|
|ORDER DATE 02/02/2011|TERMS OF SALE|
|SHIP DATE.....09/27/2011|NET 30 DAYS|
|TERMS DATE.....09/27/2011|
|SALES REP.....V4H20-6|
a|
    
```

KATHY KAREL
PHONE NO...651-736-6021
FAX NO....651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
CHARGE TO: GC18050
SHIP TO: QES2476

KG21505

ALVOGEN INC
% DDN PHARMA LOGISTICS
4850 S MENDENHALL
MEMPHIS TN 38141-8211

GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

```

a|QUANTITY UNIT DESCRIPTION|UNIT PRICE TOTAL AMOUNT|
a|NDC 4778129603|
|PO NUMBER AOLVOGEN #4500032345|
|PART NUMBER 110040|
V 18720 EACH NITROGLYCERIN 0.1 GW US 30'S P 7.50 140,400.00
|LOT NUMBER(S)|
|110353 / EXP: JUL 14|
|*** SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX|
|*** B/L-7N 473141|
|*** 2,234-LBS 390-PCS
    
```

```

a|TOTAL MUST BE RECEIVED BY: 10/27/2011|INVOICE TOTAL 140,400.00|
a|
    
```

Please see reverse side for terms and conditions of sale and address change form.

10116879 713 21 210/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
54 6098

```

a|DETACH AND RETURN WITH PAYMENT|
a|GRACEWAY PHARMACEUTICALS|INVOICE NO.....KG21505|
|INC ATTN ACCOUNT PAYABLE|INVOICE DATE....09/27/2011|
|340 MLK BLVD|TERMS DATE.....09/27/2011|
|BRISTOL TN 37620-4081|3M|
|2807 PAYSHERE CIR|
|CHICAGO IL 60674-0000|
a|
    
```

TOTAL MUST BE RECEIVED BY: 10/27/2011
INVOICE TOTAL 140,400.00

```

a|AMOUNT ENCLOSED|
a|
    
```

KG21505

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN
 55144-1000

PURCHASE ORDER..4500009565
 ** ELECTRONIC EIPP INVOICE **
 ORDER DATE 04/01/2011
 SHIP DATE.....09/27/2011

INVOICE NO..... KG21748
 TYPE..... ORIGINAL
 DATE..... 09/27/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE.....09/27/2011
 SALES REP..... V4H20-6

KATHY KAREL
 PHONE NO...651-736-6021
 FAX NO....651-737-5265
 PARTIAL ORDER..... NO

ACCOUNT NO. KG21748
 CHARGE TO: GC18050
 SHIP TO: QES2476

ALVOGEN INC GRACEWAY PHARMACEUTICALS
 % DDN PHARMA LOGISTICS INC ATTN ACCOUNT PAYABLE
 4850 S MENDENHALL 340 MLK BLVD
 MEMPHIS TN 38141-8211 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 46368	EACH	NITROGLYCERIN 0.2 GW US 30'S LOT NUMBER(S) 110377 / JUL 14	P 3.90	180,835.20
*** SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX				
*** B/L-7N 473141				
*** 6,002-LBS 966-PCS				

TOTAL MUST BE RECEIVED BY: 10/27/2011 INVOICE TOTAL 180,835.20

Please see reverse side for terms and conditions of sale and address change form.

10116887 713 21 490/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098 6683

DETACH AND RETURN WITH PAYMENT
 REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000

INVOICE NO..... KG21748
 INVOICE DATE.... 09/27/2011
 TERMS DATE..... 09/27/2011

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 180,835.20

AMOUNT ENCLOSED
 KG21748

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN
 55144-1000

PURCHASE ORDER..4500010096
 ** ELECTRONIC EIPP INVOICE **
 ORDER DATE 04/01/2011
 SHIP DATE.....09/27/2011

INVOICE NO..... KG21749
 TYPE..... ORIGINAL
 DATE..... 09/27/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE.....09/27/2011
 SALES REP..... V4H20-6

KATHY KAREL
 PHONE NO...651-736-6021
 FAX NO....651-737-5265
 PARTIAL ORDER..... NO

ACCOUNT NO. KG21749
 CHARGE TO: GC18050
 SHIP TO: QES2476

ALVOGEN INC GRACEWAY PHARMACEUTICALS
 % DDN PHARMA LOGISTICS INC ATTN ACCOUNT PAYABLE
 4850 S MENDENHALL 340 MLK BLVD
 MEMPHIS TN 38141-8211 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 28368	EACH	NITROGLYCERIN 0.4 GW US 30'S	P 5.70	161,697.60
NDC # 4778129803 PO NUMBER ALVOGEN # 4500033040 PART NUMBER 110042 LOT NUMBER(S) 110378 / EXP: AUG 14 *** SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX *** B/L-7N 473141 *** 4,517-LBS 591-PCS				

TOTAL MUST BE RECEIVED BY: 10/27/2011 INVOICE TOTAL 161,697.60

Please see reverse side for terms and conditions of sale and address change form.

10116895 713 21 270/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098 6683

DETACH AND RETURN WITH PAYMENT
 REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000

INVOICE NO..... KG21749
 INVOICE DATE.... 09/27/2011
 TERMS DATE..... 09/27/2011

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 161,697.60

AMOUNT ENCLOSED
 KG21749

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

ORDER DATE 09/15/2011
 SHIP DATE 09/15/2011

INVOICE NO. NT17387
 TYPE ORIGINAL
 DATE 09/28/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE 09/28/2011
 SALES REP V0001-7

** ELECTRONIC EIPP INVOICE **

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

PARTIAL ORDER NO. NO

ACCOUNT NO. NT17387
 CHARGE TO: GC18050

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	EACH	Misc Charges	4297738.00	4297,738.00

PURSUANT TO SECTION 5.5 OF THE SUPPLY AGREEMENT
 3M IS REQUESTING PAYMENT FOR AN AMOUNT EQUAL TO
 60% OF THE DIFFERENCE BETWEEN THE MINIMUM ANNUAL
 PURCHASE FOR PRODUCT (\$20,000,000) AND THE
 AMOUNT OF PRODUCT ACTUALLY ORDERED FOR
 DELIVERY (\$12,837,103)

*** SHPD 09/15 FROM-MISC ;MAPLEWOOD VIA-UPS
 *** B/L-
 *** -LBS -PCS

Cntrl: 5 Acct: 009750 Proj: 0014130000 Amt: 4297,738.00

TOTAL MUST BE RECEIVED BY: 10/28/2011 INVOICE TOTAL 4,297,738.00

Please see reverse side for terms and conditions of sale and address change form.

10093722 718 21 1 / / 09/28/11 CrBr:CM OrdWr:SP InvBr:ZZL AdmCd:NT
 54 65

DETACH AND RETURN WITH PAYMENT

GC18050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000

INVOICE NO. NT17387
 INVOICE DATE 09/28/2011
 TERMS DATE 09/28/2011

TOTAL MUST BE RECEIVED BY: 10/28/2011
 INVOICE TOTAL 4,297,738.00

AMOUNT ENCLOSED
 NT17387

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN:200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER	ORDER DATE	PAYMENT TERMS	B/ORDER CODE	ORDER TYPE	RESP. CSR	CSR CONTACT #	SALESPERSON	WAREHOUSE	PAGE	QUOTE THIS NUMBER WHEN CORRESPONDING
4500010415	20/07/11	45	0	O	KAITLYN	65-6450-7254	Genetic Salesman	DC	Page 1 of 1	INVOICE #
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620. UNITED STATES OF A (US) ACCOUNT NO : 83621										
SHIP TO: MONTALVO & MONTALVO EDIFICIO AGENTES ADJANALES LOCALES 3, 4 Y 5 MEXICO										
COFS # 437511 TZ 10002183 DATE : 30/08/11 TIME : 19:02:05 CURRENCY : GBP										
ORDER NOTES :										
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT	
001	1	GH620417580	HIPREX TABLET 1G 20 MEXICO Harmonized Code : 30049000 VAT % .0000 410000	DC	EA	10152	10152	2.4700	25075.44	
Lot Details ***** --- GMF072D 360 --- GMF124C 6984 --- GMH022A 2808										
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date (Exchange Rate GBP 1 to SGD @ 1.9642) Order Total S\$ 49253.18 VAT @ 0% S\$.00 Order Total with VAT S\$ 49253.18										
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED. PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE.										
TERMS AND CONDITIONS OF SALE: The following is made in lieu of all warranties, express or implied. Seller's only obligation shall be to replace such quantity of the product proved to be defective. Seller shall not be liable for any injury, loss or damages, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for the intended use and shall be responsible for any damage or injury to himself or others. The foregoing shall not constitute an agreement by an officer or seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.										
ACCOUNTS COPY										

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN:200802267C
 VAT # : GB 975055791

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT	
001	1	GH620400206	ALDARA CREAM 12'S SALE USA Harmonized Code: 30049099 VAT % .0000	DC	EA	27576	27576	3.2600	89897.76	
			110000	MH064A						
						Lot Details *****				
								27576		
			(Exchange Rate GBP 1 to SGD @ 1.9693)			Order Total		177042.85	89897.76	
			VAT exempted export - art 146 Council Directive 2006/112/EC			VAT @ 0%		.00	.00	
			Payment Terms : 45 days from invoice date			Order Total with VAT		177042.85	89897.76	
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED.				RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED						PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE
TERMS AND CONDITIONS OF SALE:				The following is made in lieu of all warranties, express or implied. Sellers only sign this invoice as a receipt for the product provided to the purchaser. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall read the instructions and safety information and the conditions of sale and user assumes all risk and liability whatsoever in connection therewith. The foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.						
ACCOUNTS COPY										

CUSTOMER PURCHASE ORDER NUMBER 4500009804
 ORDER DATE 12/05/11
 PAYMENT TERMS 45
 BORDR CODE 0
 ORDER TYPE O
 ORDER NO : 83621
 ACCOUNT NO : 83621
 UNITED STATES OF A (US)

RESP. CSR KAITLYN
 SHIP TO : GRACEWAY PHARMACEUTICALS C/O
 LEITNER PHARMACEUTICALS
 881 MT VIEW ROAD PINEY FLATS
 TN 37686 U.S.A.
 CSR CONTACT # 65-6450-7254
 SALES PERSON Generic Salesman
 WAREHOUSE DC
 PAGE 1 of 1
 COFS # 418341
 QUOTE THIS NUMBER WHEN CORRESPONDING
 INVOICE # TZ 10002352
 DATE : 27/09/11
 TIME : 18:06:46
 CURRENCY : GBP

CHARGE TO : GRACEWAY PHARMACEUTICALS LLC
 ATTN ACCOUNTS PAYABLE
 340 MARTIN LUTHER KING JR.BLVD
 BRISTOL, TN, 37620.

CUSTOMER NOTES :
 ORDER NOTES :

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN:200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER	ORDER DATE	PAYMENT TERMS	B/ORDER CODE	ORDER TYPE	RESP. CSR	CSR CONTACT #	SALESPERSON	WAREHOUSE	PAGE	QUOTE THIS NUMBER WHEN CORRESPONDING
4500010412	21/07/11	45	0	O	KAITLYN	65-6450-7254	Genetic Salesman	DC	Page 1 of 1	INVOICE #
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620, UNITED STATES OF A (US) ACCOUNT NO : 83621										
SHIP TO: EGALA S.A. APARTADO POSTAL 0302-00388 LOCAL 7-B.EDIFICIO #4 CALLE 13 ZONA LIBRE DE COLON COLON, PANAMA										
ORDER NOTES: NDA NO: 20-723 MANUFACTURING LICENCE NUMBER: 011517 UK NATIONAL LABELER CODE: 0115170610 PHARMA PROD: CREAM FOR EXTERNAL GENITAL WARTS DOES NOT CONTAIN ANIMAL OR ANIMAL BY-PROD										
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT	
001	1	GH620400149	ALDARA CREAM 12 SALE VENEZUELA Harmonized Code: 30049000 VAT % .0000 400007	DC	EA	3060	3060	5.1000	15606.00	
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total S\$ 30734.14 VAT @ 0% S\$.00 Order Total with VAT S\$ 30734.14										
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED. PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE										
TERMS AND CONDITIONS OF SALE: The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use. The user assumes all risk and liability whatsoever in connection therewith. The foregoing may not be changed except by an agreement signed by an officer of Seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.										
ACCOUNTS COPY										

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN:200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER 4500010327	ORDER DATE 7/07/11	PAYMENT TERMS 45	BORDER CODE 0	ORDER TYPE O	RESP. CSR KAITLYN	CSR CONTACT # 65-6450-7254	WAREHOUSE DC	PAGE Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE #
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620, UNITED STATES OF A (US) ACCOUNT NO : 83621				SHIP TO: EGALA S.A APARTADO POSTAL 0302-00388 LOCAL 7-B.EDIFICIO #4 CALLE 13 ZONA LIBRE DE COLON COLON, PANAMA		SALESPERSON Genetic Salesman		COFS # 433600	TZ 10002361 DATE : 28/09/11 TIME : 16:03:00 CURRENCY : GBP
CUSTOMER NOTES : ORDER NOTES :									

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620400099	TAMBOCOR TABLETS 25'S 100MG LA TIN AMERIC Harmonized Code: 30049000 VAT % : .0000 400012	DC	EA	8520	8520	1.8500	15762.00
				***** Lot Details *****					
				GMI059B				8520	
				(Exchange Rate GBP 1 to SGD @ 1.9693)					
VAT exempted export - art 146 Council Directive 2006/112/EC									
Payment Terms : 45 days from invoice date									
				Order Total				31041.37	15762.00
				VAT @ 0%				.00	.00
				Order Total with VAT				31041.37	15762.00
				PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE					

THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED.

RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED

TERMS AND CONDITIONS OF SALE:
 The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all risk of the inability to use the product. The foregoing may not be changed except by an agreement signed by an officer of seller.
 Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.

ACCOUNTS COPY

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN:200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER	ORDER DATE	PAYMENT TERMS	B/ORDER CODE	ORDER TYPE	RESP. CSR	CSR CONTACT #	SALESPERSON	WAREHOUSE	PAGE	QUOTE THIS NUMBER WHEN CORRESPONDING
4500009737	3/05/11	45	0	O	KAITLYN	65-6450-7254	Generic Salesman	DC	Page 1 of 1	INVOICE #
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620.					SHIP TO: GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.		COFS # 415703		TZ 10002363 DATE : 28/09/11 TIME : 16:33:17 CURRENCY : GBP	
CUSTOMER NOTES : UNITED STATES OF A (US) ACCOUNT NO : 83621										
ORDER NOTES :										
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT	
001	1	GH620412789	ZYCLARA SAMPLE 3.75% CREAM USA GRACEWAY Harmonized Code: 30049000 VAT % .0000	DC	EA	33600	33600	.9900	33264.00	
				***** Lot Details ***** MFO30C						
				200012 ZYCLARA CREAM 3.75% SAMPLE						
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date				(Exchange Rate GBP 1 to SGD @ 1.9693) Order Total				S\$ 65509.46	GBP 33264.00	
				VAT @ 0%				S\$.00	GBP .00	
				Order Total with VAT				S\$ 65509.46	GBP 33264.00	
				RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED				PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE		GBP 33264.00
TERMS AND CONDITIONS OF SALE: The following is made in lieu of all warranties, express or implied. Seller's only obligation shall be to replace such quantity of the product proved to be defective. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall read the instructions and warnings on the product. The foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.										
ACCOUNTS COPY										

Alan E. Brown, Esq.
Special Counsel to 3M Company

3M Legal Affairs
Office of General Counsel

P.O. Box 33428
St. Paul, MN 55133-3428 USA
Phone: (651) 736-6739
Fax: (651) 736-9469
Email: arbrown@mmm.com



November 9, 2011

VIA U.S. MAIL

BMC Group, Inc.
Attn: Graceway Pharmaceuticals Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

**Re: In re Graceway Pharmaceuticals, LLC
Bankr. D. Del. Case No. 11-13036
Proof of Claim for 3M Company**

Dear Sir or Madam:

Enclosed for filing, please find 3M's proof of claim, and 503(b)(9) proof of claim in the above-referenced matter.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink that reads 'Alan E. Brown'. The signature is written in a cursive style with a large, stylized 'A' and 'B'.

Alan E. Brown

Enc.