

PROOF OF CLAIM

DE-Wilmington

In re (Name of Debtor)
Graceway Pharmaceuticals LLC

Case Number 11-13036
Chapter 11

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 U.S.C. § 503.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor
(The Person or other entity to whom the debtor owes money or property)
Pitney Bowes Incorporated

- Check 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 have never received any notices from the bankruptcy court in this case.
Check box if the address differs from the address on the envelope sent to you by the court.

Name and Address Where Notices Should be Sent

Pitney Bowes Incorporated
Attn: Bankruptcy Dept.
4901 Belfort Rd, Ste 120.
Jacksonville, FL 32256

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
8000-9090-0265-6770

Check here if this claim replaces a previously filed claim
amends claim dated

1. BASIS FOR CLAIM

RECEIVED

NOV 17 2011

BMC GROUP

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (Fill out below)
Your social security number
Unpaid compensation for services performed
From to
(date) (date)

Postage

2. DATE DEBT WAS INCURRED

9/18/2011

3. IF COURT JUDGMENT, DATE OBTAINED

3. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

4. SECURED CLAIM \$

Attach evidence of perfection of security interest

Brief Description of Collateral:

- Real Estate
Motor Vehicle
Other (Describe briefly)

Specify the priority of the claim.

- Wages, salaries, or commissions (up to \$4000),\*earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3)
Contributions to an employee benefit plan-11 U.S.C. § 507 (a)(4)
Up to \$1,800\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507 (a)(6)
Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. § 507 (a)(7)
Taxes or penalties of governmental units-11 U.S.C. § 507 (a)(8)
Other-Specify applicable paragraph of 11 U.S.C 507 (a)

Amount of arrearage and other charges at time case filed included in secured claim above, if any

UNSECURED NONPRIORITY CLAIM \$ 1057.31

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$

Arrears:

\*If legal or collection fees are uncured, they may be added to this total

\*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

Secured Claim

Unsecured Non-Priority

Unsecured Priority

\$1057.31

\$ 1057.31

(Total)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

Date
11/8/11

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Grisselle Betancourt, Bankruptcy Specialist

THIS SPACE IS FOR COURT USE ONLY

US BANKRUPTCY COURT
DISTRICT OF DELAWARE
NOV 14 PM 12:19

Graceway Pharmaceuticals LLC



00042

BMC



Purchase Power®

Statement for September 18, 2011

Account Name: KATHY BRANSON
Purchase Power Account Number: 8000-9090-0265-6770
Postage By Phone Number: 45617982
Customer Identification #: 21061740862

Credit Limit: \$3,400.00 Available Credit: \$2,342.69
Purchase Power Reward Points Available: 18,855

Questions about this statement:

Call: 1-800-243-7850

When prompted please enter your 16-digit account number located at the top.

Purchase Power Account Summary

Table with 2 columns: Description and Amount. Rows include Previous Balance (\$552.88), Postage (\$1,000.00), Payments (-\$500.00), Credits and Other Charges (\$0.00), Finance Charges (\$4.43), New Amount Due (\$1,057.31), and Minimum Amount Due By: 10/16/11 (\$53.00).

PURCHASEPOWER
PO BOX 5135
SHELTON, CT 06494-7135

PAYMENT COUPON

Purchase Power
Acct Number
8000-9090-0265-6770

Total Amount
Due
\$1,057.31

Minimum
Amount Due
\$53.00

Payment
Due Date
10/16/11

Amount of Payment Enclosed
\$

KATHY BRANSON
GRACEWAY PHARMACEUTICALS INC
340 MARTIN LUTHER KING JR BLVD
ACCOUNTS PAYABLE
BRISTOL TN 37620

00000000

MAKE CHECKS PAYABLE TO:

PURCHASE POWER
PO BOX 371874
PITTSBURGH PA 15250-7874

Check here and note changes to
address and phone number on back

When making payment please reference
your 16-digit account number.

99 8000 9090 0265 6770 00005300 00105731



Purchase Power Account Number: 8000-9090-0265-6770  
 Customer Identification #: 21061740862

*Purchase Power*

**Postage Detail**

**Meter Postage**

Tran Date	Post Date	Description	Amount
08/24	08/25	Postage Meter Refill - BRISTOL, TN 1M00/SN-4228574PBP #:	\$500.00
09/14	09/15	Postage Meter Refill - BRISTOL, TN 1M00/SN-4228574PBP #:	\$500.00
<b>Sub-Total Meter Postage:</b>			<b>\$1,000.00</b>
<b>Total Postage:</b>			<b>\$1,000.00</b>

**Payments**

Tran Date	Post Date	Description	Amount
08/29	08/29	PAYMENT RECEIVED --THANK YOU	-\$500.00
<b>Total Payments:</b>			<b>-\$500.00</b>

**Finance Charges**

	Average Daily Balance \$	Daily Periodic Rate	ANNUAL PERCENTAGE RATE	Periodic FINANCE CHARGE
Postage/Supplies	\$677.88	0.060%	22.00%	\$4.43
<b>Total Finance Charge:</b>				<b>\$4.43</b>

**Important Contact Information**

**Need Help with this bill?**  
 Call: 1-800-243-7808: 8:00 a.m. to 8:00 p.m. EST  
 Enter your 16-digit account number located at the top of this page.

**Need Help with your Meter?**  
 Call: 1-800-522-0020  
 8:00 a.m. to 8:00 p.m. EST

**Need Help with your Permit Mail?**  
 Visit [www.pbpermit.com](http://www.pbpermit.com)

Visit [www.pb.com/MyAccount](http://www.pb.com/MyAccount) to view your bills, detailed account history and much more  
 To order supplies visit [www.pb.com/supplies](http://www.pb.com/supplies) or call 1-800-243-7824

*Purchase Power*

**SEND OVERNIGHT CHECKS TO:**  
 PURCHASE POWER  
 ATTN: BOX 371874  
 500 ROSS STREET SUITE, 154-0470  
 PITTSBURGH PA 15262-0001

**Please complete for change of contact information.**

COMPANY NAME: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_