


UNITED STATES BANKRUPTCY COURT District of Delaware (Wilmington)		PROOF OF CLAIM
Name of Debtor: Graceway Pharmaceuticals, LLC (Graceway Pharmaceuticals LLC)		Case Number: 11-13036
NOTE: <i>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 a administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): United Parcel Service		<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: United Parcel Service c/o Receivable Management Services ("RMS") P.O. Box 4396 Timonium, MD 21094 Telephone number: (410) 773-4089		
Name and address where payment should be sent (SEE ATTACHED POWER OF ATTORNEY): United Parcel Service c/o Receivable Management Services ("RMS") P.O. Box 4396 Timonium, MD 21094 Telephone number: (410) 773-4089		<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: \$38.87 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 \$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 type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().
2. Basis for Claim: <input type="checkbox"/> GOODS SOLD <input checked="" type="checkbox"/> SERVICES RENDERED (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: X5002X (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.		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.
Date: November 22, 2011 Signature: <i>Phyllis A. Hayes</i> 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. Power of Attorney attached. November 22, 2011 <i>Phyllis A. Hayes</i> Phyllis A. Hayes, RMS, Agent for Creditor		FOR COURT USE ONLY Graceway Pharmaceuticals LLC  00073
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.		

**UNITED PARCEL SERVICE
STATEMENT OF ACCOUNT**

Shipper Name	Shipper No.	Invoice Date	Amount Owed
Graceway Pharmaceuticals LLC	X5002X	07/16/11	\$ 38.87
		Total	\$ 38.87

United States Bankruptcy Court
District of Delaware (Wilmington)

In re: Graceway Pharmaceuticals, LLC, Debtor(s)

Case No.: 11-13036
Chapter: 11

General Power of Attorney

The undersigned claimant hereby authorizes *The Receivable Management Services Corporation* ("*RMS*"), or any one of you, as attorney in fact for the undersigned and with full power of substitution, to vote on any question that may be lawfully submitted to creditors of the debtor in the above-entitled case; to vote for a trustee of the estate of the debtor and for a committee of creditors; to receive dividends and in general to perform any act not constituting the practice of law for the undersigned in all matters arising in this case.

Dated: 11/02/11

Creditor Name: *United Parcel Service General Services Company*

By: _____

Tom ARS

Title: _____

CONTROLLER

Address: *55 Glenlake Parkway, NE*

Atlanta, GA 30328