1. Name of Debtor (YOU MUST SELECT ONE AND MAY ONLY SELECT ONE DEB	STOR):			
MGraceway Pharmaceuticals, LLC (11-13036) [] Graceway Pharma Holding Corp. (11-13037) [] Graceway Holdings, LLC (11-13038) □□[] Graceway Holdings, LLC (11-13039)	ster Valley Pharmaceuticals, LLC (11-1304′ seway Canada Holdings, Inc. (11-13042) seway International, Inc. (11-13043)□			
This form should not be used to assert a claim for an administrative expense arising after the commence 503. Additionally, this form should not be used to assert a claim under 11 U.S.C. § 503(b)(9), which should not complete the commence of the commence	ment of the case, which should be filed pursuant to 11 U.S.C. § uld be filed pursuant to the 503(b)(9) Administration Order,	Your Claim is Scheduled As Follows:		
2. Name of Creditor (the person or other entity to whom the Debtor owes money or property):	Check this box to indicate that this claim amends a previously filed	Schedule/Claim ID: S2019008201 CaseNbr/Name: 11-13036		
Name and address where notices should be sent: SimplexGrinnell RE	claim. CEIVED	Graceway Pharmaceuticals, LLC AMOUNT/CLASSIFICATION: \$900.00 UNSECURED		
Attn: Bankruptcy 50 Technology Drive Westminster, MA 01441	Court Claim Number:	\$300.00 GN3EGGNED		
BMO	C GRÖÜ₽	If an amount is identified above, you have a		
Name and address where payment should be sent (if different from above): - Same -	[] 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 this box if you are the Debtor	claim scheduled by one of the Debtors as shown. Please review the bar date notice to determine whether you must file a proof of claim to preserve your rights. The bar date notice is available online at www.bmcgroup.com/graceway or upon request at the address on the back of this		
Telephone number: 978-731-7265	[] Check this box if you are the Debtor or trustee in this case.	form. THIS SPACE IS FOR COURT USE ONLY		
3. Amount of Claim as of Date Case Filed: If all or part of your claim is secured, complete item 6 below; however, if all of your claim if all or part of your claim is entitled to priority, complete item 7. [] Check this box if claim includes interest or other charges in addition to the principal content of the princ		7. 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.		
4. Basis for Claim: Services performed (See instruction #4 on reverse side.)		Specify the priority of the claim.		
5. Last four digits of any number by which creditor identifies Debtor: 1847 5a. Debtor may have scheduled account as: (See instruction #5a on reverse side.) 6. Secured Claim (See instruction #6 on reverse side.)	495	11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). [] Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		
Check the appropriate box if your claim is secured by a lien on property or a right of s information.		business, whichever is earlier – 11 U.S.C. § 507(a)(4). [] Contributions to an employee benefit		
Nature of property or right of setoff: [] Real Estate [] Motor Vehicle [] Describe: Value of Property: \$ Annual Interest Rate% Amount of arrearage and other charges as of time case filed included in secure	Equipment [] Other	plan – 11 U.S.C. § 507(a)(5). [] 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).		
if any: \$ Basis for perfection: Amount of Secured Claim: \$ Amount Unsecured: \$	100.00	[] Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).		
8. Credits: The amount of all payments on this claim has been credited for the purpos	se of making this proof of claim.	[] Other – Specify applicable paragraph of 11 U.S.C. § 507(a)().		
9. Documents: Attach redacted copies of any documents that support the claim, such orders, invoices, itemized statements or running accounts, contracts, judgments, monoyou may also attach a summary. Attach redacted copies of documents providing evaluation as security interest. You may also attach a summary. (See instruction 9 and definition)	ortgages, and security agreements.	Amount entitled to priority:		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS N If the documents are not available, please explain in an attachment.		*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.		
10. Signature: The person filing this claim must sign it. Sign and print name and title file this claim and state address and telephone number if different from the notice a	, if any, of the creditor or other person authorized to ddress above. Attach copy of power of attorney, if an	FOR COURT USE ONLY Graceway Pharmaceuticals		
Date: 12-5-11 Signature: Mark Buslew	Printed Name: Mark Busher AIR Sp.	ecialist 00086		

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, there may be exceptions to these general rules. The attorneys for the Debtors and their court-appointed claims agent are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: BMC GROUP, INC., ATTN: GRACEWAY PHARMACEUTICALS CLAIMS PROCESSING, P.O. BOX 3020, CHANHASSEN, MN 55317-3020. IF BY HAND DELIVERY OR OVERNIGHT COURIER: BMC GROUP, INC., ATTN: GRACEWAY PHARMACEUTICALS CLAIMS PROCESSING, 18750 LAKE DRIVE EASTCHANHASSEN, MN 55317. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE A CCEPTED.

THE GENERAL BAR DATE FOR CLAIMS IN THESE CHAPTER 11 CASES IS DECEMBER 30, 2011 4:00 P.M. (PREVAILING EASTERN TIME). THE GOVERNMENTAL BAR DATE FOR CLAIMS OF GOVERNMENTAL ENTITIES IN THESE CHAPTER 11 CASES IS MARCH 27, 2012 AT 4:00 P.M. (PREVAILING EASTERN TIME).

1. Court, Name of Debtor, and Case Number:

These Chapter 11 cases were commenced in the United States Bankruptcy Court for the District of Delaware. You must select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

2. Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

3. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 6 and 7. Check the box if interest or other charges are included in the claim.

4. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

5. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

5a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

6. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

7. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

8. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

9. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 4. Do not send original documents, as attachments may be destroyed after scanning.

10. Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.

The Debtors in these Chapter 11 cases are:

Graceway Pharmaceuticals, LLC (11-13036) Graceway Pharma Holding Corp. (11-13037) Graceway Holdings, LLC (11-13038) Chester Valley Holdings, LLC (11-13039) Chester Valley Pharmaceuticals, LLC (11-13041) Graceway Canada Holdings, Inc. (11-13042) Graceway International, Inc. (11-13043)

Certain of the Debtors were known by other names within the past six years; such former names are identified in the notice of commencement.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the Debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt owed by the Debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with The Garden City Group, Inc. as described in the instructions above.

Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim can-not exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).

Section 503(b)(9) Claim

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, please provide a stamped self-addressed envelope and a copy of this proof of claim when you file the original claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

D-U-N-S 09-4738007 FED. ID 58-2608861

SimplexGrinnell BE SAFE.

73597974

INVOICE NO.

INVOICE DATE 05-06-10

CUSTOMER PO

ATyco International Company

District # 290 11042 TERRAPIN STATION LA KNOXVILLE, TN 37932-0000 865-675-9945

CONTRACT# 914681

PAYMENT TERMS NET 30

Bill To: 290-01847495

GRACEWAY PHARMACEUTICAL 340 EDGEMONT AVENUE BRISTOL TN 37620

Ship To: 290-01847495 GRACEWAY PHARMACEUTICAL 340 EDGEMONT AVENUE BRISTOL TN 37620

Requestors Name:

Swetnam Jr., Thomas G.

GRACEWAY PHARMACEUTICAL

01-DEC-08 30-NOV-13

Wr ACCEP ROPUTCARDS

Total Contract Amount

\$3,000.00

Amount Of Current Invoice -

Sales Tax

\$300.00

REMITTANCE COPY

ELGASE TEAR OFF AND RETURN THIS FORTION WITH YOUR PAYMENT. HRITE INVOICE NO SON YOUR CHECK!

\$0.00

TOTAL AMOUNT DUE

Total Amount Included Payment Received

\$300.00 \$0.00

300.00

Total Amount Due

\$300.00

Simplex Grinnell BE SAFE.

A Tyco International Company

BILL TO GRACEWAY PHARMACEUTICAL

290-01847495

SHIP TO GRACEWAY PHARMACEUTICAL 290-01847495

INVOICE NUMBER 73597974

INVOICE DATE

05-06-10

CUSTOMER P.O.

REMIT TO SimplexGrinnell Dept. CH 10320

Palatine

, IL 60055-0320

9000030000373597974

Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at www.simplexgrinnell.com

SimplexGrinnell BE SAFE.

A Tyco International Company

District # 290 11042 TERRAPIN STATION LA KNOXVILLE, TN 37932-0000 865-675-9945



INVOICE CONTRACT DETAIL

Systems Test &	Billing Start Date 01-DEC-09	Billing End Date 31-MAY-10	Ship To Address 340 EDGEMONT	Covered Product	0.EV	Description	Amount \$300.00
Systems Test & Inspect			AVENUE, , BRISTOL,	The state of the s		THIS OF STATES	\$300.00
						7	

SimplexGrinnell BE SAFE.

REPORT OF SPECIAL HAZARDS INSPECTION

A Tyco International Company

				_							Page 1 of 2
Task #	SR #	_ Semi-Aŋı	ıyal 🚅	Anr	nual 🗆					Date:	050510
CUSTOMER	GRACEWA	49 DI	MEM	AC	zeutical			****	INSPECTOR NAME	LAK	Ry Kinslek
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i	ALIUN	49010	2	<u> </u>	v.,				SIMPLEXGRINNEL	L OFFICE _	MA SUDIO
STREET	13/4	500/	N.	_2	7620						
CITY / ST/PROV ,	/ZIP/PC										
ATTN:	FM-200	545Tea	n						_PHONE #4	23-3	49-6109
PHONE #									LICENSE #		035
SYSTEM TY	PE 002 21	M200 [Sapphire		□ Inergen	□Halon	Othe	r (indicate):		Renovation	s Recharge
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YES NO	11-19	12	YES	NO	YES NO	YES NA NO					
1. Pre-Inspection			ا بيا ا	_	S NA NO	<u> </u>	- 1				
tob Site Contact No.	me T- Sweers	M. Name	Matified								
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Fire Marshal/AHJ Na		Name i	Votified								
Menitoring Compan	y Name:	Name I	Votified	12							
Proper Signage	The second secon										
	nswered by customer)	<u> </u>					lvi	SINA INO	Additional Comments:		
Have there been any	changes in the occupanc	y classificatio	n, machin	ery or	operations since th	he last inspect	tion?		•		
	changes or repairs to the										
If a fire has occurred 3. Control Panel Sta	d since the last inspection,						[
Panel monitored	aws (Fre-rest)	I YE	SINAIN	_	 a. Control Panel S ent switch operable 				8. Notification Device		YES NA NO
Power light operatio	nal	ا ا			tive zones indicated				Notification devices op- Notification devices tes		
Panel indicator on n		į.			ctive zones indicat				Quantity of notification		4
Indicator lights oper				Bat	ttery back-up prese	ent			9. Auxillary Controls		YES NA NO
Trouble light operation		2			-				Dampers installed		olato
 Piping/Distribution Hazard area clean/or 		YE	S NA NO		a. Piping/Distribut	ion System	YE	S NA NO	Dampers operable		
nazaru area clean/or As-Built drawings or	-				ar of debris ing secure				HVAC shutdown install		
Date of last hose tes			1 1		ses tested normal				Type of HVAC shutdow Type of damper	"	-
5. Control Panel Sta		YE	S NA NO		a. Control Panel Si	tatus		S NA NO	Typo or damper		YES NA NO
Input alarm circuits t	tested normal			Bat	tery back-up voltag	je normal			Computer shutdown in	stalled	
Output alarm circuits					arge circuit tested r		1		Pressure switches insta	alled	
Supervisory circuits		2			tery load tested no				Alarms reported to mo	-	
Fime delay tested no Fime delay in second				1	cord battery voltage	9	4	200d	Pressure switch installe		
5. Detection	18.		<i>7U</i>		tery amp hours Manual Pull Statio			1.0	Function of pressure sv		
Ity. of Photo Detecto	ors (P)	1 3			e of pull station		Tecn	2:2	Type of computer shute 10. Releasing Controls		
ity, of ion Detectors		1		_	of pull stations		1001		Qty. of releasing contro		/
Oty. of Thermal Dete		Ď			of pull stations tes	sted normal	-	/	Type of releasing contro	` '	eron c
Type		Р	II		addi. special layou		zone etc	.) below:	2		YES NA NO
	ed at last inspection	3	00						Solenoids tested norma		
	normal at this inspection			_					Release devices operab	le	
	conducted at this inspection	on		1	·						<u> </u>
Date of last sensitivity	y test	Toe	Nie Le		of abort switches				11. Post Inspection		YES NA NO
Detectors cleaned		YE	S MA NO		ak rods intact				System reset for norma	operation	
Date of last detector	cleaning		<u> </u>	⊣	ar roos mace ort switches tested (normal			System tagged System tagged (Red/Gr	Other)	and
	ınd/or pneumatic, etc.)			1		-	1_1		12. Cylinder Inspection		eted on page 2

TASK #	SR	#	DATE:		INSPECTOR NAME				
CUSTOMER					BU	ILDING/LOCATI	ON		·
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linder Inspection Com	ments:	-							
. List Changes in Occu	ipancy, Hazard, or Fire Pr	otection System in Section 2	:		-				
Deficiencies and Rec	commendations:	pone four	ed on	this.	NSfea	jou.			
Deficiencles and Rec	ommendations were disc	ussed with Customer/Custom	ner Representative:					VE	S NA NO
lf No, explain below:									
Nomer advantadas and		IMPOR	TANT NOTICE TO CU	STOMER					
n completed to Customer's tem may have been bypes NDITIONS ATTHE REVE lais à la demande et ave	s satisfaction and that the systems of the systems	Service Agreement between the p n is in good working order and repa ntil service pan be completed. CUS IRT his Agreement has been drav	aries, services hereunde air, unless services perfori TOMER'S ATTENTION II vn up and executed in En	r are performed pumed were of a tem S DIRECTED TO " glish at the reques	ursuant to the terms sporary nature, in w THE LIMITATION O t of and with the ful	and conditions of hich case Custom F LIABILITY, WAF I concurrence of C	f this Report, ag er acknowledge RRANTY, INDER Justomer. Ce co	rees that the s es that part of c MNITY AND O' ntrat a été rédi	ervices have customer's THER igė en
	100								
OMER:	Und I	DATE: L	05/05/18	INSPECTOR N	AME (PRINT): _	LARRY	Mik	Skel	

FORM SG112408 (Rev. 1/09)

DISTRICT COPY

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D-U-N-S 09-4738007 FED. ID \$8-2608861

SimplexGrinnell BE SAFE.

INVOICE NO 74352790

M.

INVOICE DATE 05-06-11

A Tyco International Company

District # 209 664 Eastern Star Rd KINGSPORT, TN 37663-3268 423-349-6109

CONTRACT# 914681

PAYMENT TERMS

NET 30

Ship To: 209-01847495 GRACEWAY PHARMACEUTICAL 340 EDGEMONT AVENUE BRISTOL TN 37620

Bill To: 209-01847495

GRACEWAY PHARMACEUTICAL 340 EDGEMONT AVENUE BRISTOL TN 37620

Requestors Name:

Swetnam Jr., Thomas G.

GRACEWAY PHARMACEUTICAL 01-DEC-08 30-NOV-13

NVOICE NOTES

WE ACCEPTALL MAJOR ORDIT CARDS

REMITTANCE COPY

PLEASE TRANSFER AND RETURN THIS PORTION WITH YOUR HAYMENT, WRITE INVOICE NO ON YOUR CHROK

Total Contract Amount

\$3,000.00

Amount Of Current Invoice -

Sales Tax Total Amount Included \$300.00 \$0.00 \$300.00

Payment Received

\$0.00

Total Amount Due

\$300.00

TOTAL AMOUNT DUE

300.00

SimplexGrinnell BE SAFE. A Tyco International Company

BILL TO GRACEWAY PHARMACEUTICAL

209-01847495

SHIP TO GRACEWAY PHARMACEUTICAL 209-01847495

INVOICE NUMBER 74352790

INVOICE DATE 05-06-11

CUSTOMER P.O.

REMIT TO SimplexGrinnell Dept. CH 10320

Palatine

60055-0320

, IL

9000030000774352790

Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at www.simplexgrinnell.com 366-SL-Contract-M997

SimplexGrinnell BE SAFE.

A Tyco International Company

District # 209 664 Eastern Star Rd KINGSPORT, TN 37663-3268 423-349-6109

74352790

DATE OF INVOICE

05-06-11

INVOICE CONTRACT DETAIL

Service Plan Name Suppression Gas Systems Test & Inspect	Billing Start Date 01-DEC-10	Billing Brd Date 31-MAY-11	Ship To Addres 340 EDGEMONT AVENUE, , BRISTOL, TN	S Covered Pro	oduce Qey	PM200 SYSTEM	*300.00
		1000					
35			ryfeld (Million Million Millio			TOTAL	
	-						
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			·				
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plexGrinnell Be SAFE.

REPORT OF SPECIAL HAZARDS INSPECTION

A Tyco International Company

		/				Page 1 of 2
Task # SR #	_ Semi-Annual 🖃	Annual 🗆			Date	1950511
CUSTOMER SPREW	Ag DAR.	MACEUNO	A15		INSPECTOR NAME	ARPE BOSS
BUILDING / LOCATION	1				1	- Dispilar
STREET 340	FAQ. Aug	- A			SIMPLEXGRINNELL OFFI	St_1-11-47-110-C1
1/-/	007C11019	3000				
CITY / ST/PROV / ZIP/PC	STOL 110.	3/620	7			
ATTN:	2 50SH4	05500 5	457cm		PHONE # 349-	6109
PHONE #_	- //		1		100	2)2
10 age 10 d	M200 Sapphire	□ Inergen	Unlos	Other (indicate):	LICENSE #	
SYSTEM TYPE	WZ00 Gappiare	□ mergen	□ Halon	Other (indicate):	☐ Inspection ☐ Renov	ations
Manufacturer Model	Voltage Serial #	Ceiling Type	Normal Ambient Temp.	Nozzle Nozzle Oty. Type	Area of Haza	urd (LxW)
GROCKEN PCR-100	24 M	2 HART	14	7- 3/	el" 14' V	75
Room integrity	Number of	11000	Main	<u> </u>		- « »
Tested Date Last Tested:	Exits Subfloo	r Deck to Deck	& Reserve		Volume of Hazard (LxWxH)	Altitude
YES NO 2000	7 YES N	O YES NO	YES NA NO	/		
1. Pre-Inspection		VEOLUL IVO				
		YES NA NO		-		
Job Site Contact Name: T. Swetnish	Name Notified				•	
Fire Marshal/AHJ Name:	Name Notified					
Monitoring Company Name:	Name Notified	200				
Proper Signage						· · · · · · · · · · · · · · · · · · ·
2. General (To be answered by customer)		<u> </u>		YES NA NO	Additional Comments:	
Have there been any changes in the occupancy	classification, machiner	y or operations since th	ne last inspection	?		
Have there been any changes or repairs to the	fire protection systems s	since the last inspection	?			
If a fire has occurred since the last inspection,						
3. Control Panel Status (Pre-Test) Panel monitored		3. a. Control Panel S			8. Notification Devices	YES NA NO
Power light operational		Silent switch operable Active zones indicated			Notification devices operable	
Panel indicator on normal		Inactive zones indicate			Notification devices tested norr	nal 💆 🗆
ndicator lights operational		Battery back-up prese			Quantity of notification devices 9. Auxillary Controls	V70 NA 1410
Trouble light operational					Dampers installed	YES NA NO
4. Piping/Distribution System	YES MA NO	4. a. Piping/Distribut	ion System		Dampers operable	
Hazard area clean/orderly		Sear of debris			HVAC shutdown installed	
As-Built drawings on site		Piping secure			Type of HVAC shutdown	
Date of last hose test: i. Control Panel Status		Hoses tested normal			Type of damper	
nput afarm circuits tested normal		5. a. Control Panel St		YES NA NO		YES NA NO
Output alarm circuits tested normal		Battery back-up voltag			Computer shutdown installed	
Supervisory circuits tested normal		Charge circuit tested n Battery load tested nor			Pressure switches installed	
Time delay tested normal		Record battery voltage			Alarms reported to monitoring of Pressure switch installed	
ime delay in seconds:	30	Battery amp hours	•		Fressure switch instance Function of pressure switch:	
. Detection		7. Manual Pull Statlor	ns		Type of computer shutdown:	
ity, of Photo Detectors (P)	3	Type of pull station	E		10. Releasing Controls	
ity, of Ion Detectors (I)	- ()	Qty. of pull stations			Oty. of releasing control(s)	1
ity. of Thermal Detectors (T)	U	Oty. of pull stations tes			Type of releasing control	ELECTRIC
ype ity, of detectors tested at last inspection	P T	List addl. special layou	t into: (cross-zon		~	YES NA NO
Ity. Detectors tested normal at this inspection				1	Solenoids tested normal	
ity. Sensitivity test conducted at this inspection	,				Release devices operable	
rate of last sensitivity test	·	Qty. of abort switches		, 	11 Doct Inconstina	
,	YES NA NO	ary. or about switches			 Post Inspection System reset for normal operation 	YES NA NO
etectors cleaned		Break rods intact			System reset for normal operation System tagged	
ate of last detector cleaning		Abort switches tested r	normal		System tagged (Red/Green/Othe	u) = -
ther: (fusible links and/or pneumatic, etc.)					12. Cylinder Inspection to be co	, , , , , , , , , , , , , , , , , , ,

TASK #	į į	S	R #	DATE:		IN	ISPECTOR NAME				
CUSTO						Bl	JILDING/LOCA	TION			
/*	CHINA	Children Mr.	Serial number Leaf Teat Trate	Statuted Wit.	M. B. Chinter	M AB CHINE	THE COUNTY	an Lingi	d Level	Britistative Hack	
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yıınaer	Inspection Com	ments:					·				
3. List (Changes in Occu	pancy, Hazard, or Fire I	Protection System in Section 2:								
4. Defic	lencies and Rec	ommendations: $\mathcal{N}_{\mathcal{E}}$	The tound c	on The	5 12	5 Jecn	00.				
						<i>,</i>					
E Defie	landar d B										
o. Denc If No,	encies and Rec explain below:	ommendations were dis	cussed with Customer/Custom	er Representative:						YES NA NO	
-											
										1	
			IMPORT	TANT NOTICE TO CU	ISTOMER			· · · · · · · · · · · · · · · · · · ·			
een comp system ma CONDITIO	pleted to Customer's by have been by passions AT THE REVER	agrees that, in the absence of statisfaction and that the system of the	a Service Agreement between the puter is in good working order and repair until service can be completed. CUS	arties, services hereunde air, unless services perfor TOMER'S ATTENTION I	er are performed per med were of a tent S DIRECTED TO	ursuant to the term nporary nature, in THE LIMITATION	ns and conditions which case Cust OF LIABILITY, W	s of this Report, omer acknowle /ARRANTY, ING	agrees that t dges that par DEMNITY AN	the services have t of customer's ID OTHER	
inglais à la	eternands et aved			an ap and executed in En	yusn at the reques	or and with the	uil concurrence o	of Customer. Ce	contrat a été	rédigé en	
STOWE			etNer IV	05 fos bi) 1	INSPECTOR N	AME (PRINT):	- AM	Ry 1	TRUS	kd_	
INT NAN	AE: X/ hd	mas 6 n Dur	etNer 31	•	INSPECTOR S	IGNATURE:	Jan.	_10	und C		
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DIOTRIAT AARV

FORM SG112408 (Rev. 1/09)

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D-U-N-S 09-4738007 FED. ID 58-2608861

SimplexGrinnell BE SAFE.

INVOICENO 73970019

INVOICE DATE 11-05-10

A Tyco International Company

District # 209 11042 Terrapin Station Ln KNOXVILLE, TN 37932-3071 865-675-9945

CONTRACT 914681

PAYMENT TERMS NET 30

Ship To: 290-01847495 GRACEWAY PHARMACEUTICAL 340 EDGEMONT AVENUE BRISTOL TN 37620

Bill To: 209-01847495

GRACEWAY PHARMACEUTICAL 340 EDGEMONT AVENUE BRISTOL TN 37620

Requestors Name:

Swetnam Jr., Thomas G.

GRACEWAY PHARMACEUTICAL

01-DEC-08 30-NOV-13

JAJOR CREDIT CARDS

Total Contract Amount

\$3,000.00

Amount Of Current Invoice Sales Tax

\$300.00 \$0.00

Total Amount Included Payment Received

REMITTANCE COPY

\$300.00 \$0.00

Total Amount Due

\$300.00

SimplexGrinnell BE SAFE.

BILL TO GRACEWAY PHARMACEUTICAL

PLEASE TRANSOFF AND RETURN THIS PORTION WITH YOUR RAYMENT WRITE INVOICE NO. ON YOUR CHECK

TOTAL AMOUNT DUE 300.00

209-01847495 SHIP TO GRACEWAY PHARMACEUTICAL 290-01847495

73970019

INVOICE DATE 11-05-10

CUSTOMER P.O.

INVOICE NUMBER

BEMIT TO SimplexGrinnell Dept. CH 10320

Palatine , IL

9000030000673970019

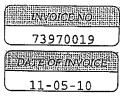
Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at www.simplexgrinnell.com

60055-0320

SimplexGrinnell BE SAFE.

A Tyco International Company

District # 290 11042 Terrapin Station Ln KNOXVILLE, TN 37932-3071 865-675-9945



INVOICE CONTRACT DETAIL

Service Plan Name	SINCE NO.	Billing	Shac Bowas	Cowered Product	Description	
Suppression Gas Systems Test & Inspect	01-JUN-10	30-NOV-10	340 EDGEMONT AVENUE, , BRISTOL, TN	SYSTEM-SG-FM200	1 FM200 SYSTEM	######################################
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					American American Control of the Co	
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SimplexGrinnell BE SAFE.

REPORT OF SPECIAL HAZARDS INSPECTION

A Tyco International Company

				/						Page 1 of 2	
Task #	SR #	Semi-Ani	nual 🗺	Annual 🗌					Da	te: 1/ 1)4 /	11)
CUSTOMER_	BRACEWA	PhA	BMAC	EUNCA	7/5				INSPECTOR NAME	APRL His	z la
BUILDING / LO	CATION			_						TO BARON	
1	340 F	da- un	+ A	<u></u>					SIMPLEXGRINNELL OFF	IGE / ///// // IGE	4
STREET	//01	sye run	7 //	70 cc							
CITY / ST/PRO	IV ZIP/PC DIGS	D [し,		20						
ATTN:	FM- 200	SUPPRES	Sia	5457	M.				PHONE # 423-	349-6109	
PHONE #		· / · · ·		70,					LICENSE #	10315	
SYSTEM	TYPE G02	M200 [] Sapphire	□Iner	gen	□Halon	Other (i	ndicate):		ovations Recharg	ge
The same of the sa			111011111111					is janisar.	The second secon		
Manufacturer	Model	Voltage	Serial	∉ . Ceili	ng Type	Normal Ambient Temp	Nozzie Oty	Nozzie Type	Area of Ha	zard (LxW)	
V. On A.m	PCR-100	115	al,	2 //0	2	20	7	7 / /	0 // 7	7)	2000
Room Integrity		27		UK	qo	(3 W)*	٨	300	T 10 K 3	<i>U</i>	.,,,,,,,
Tested	Date Last Tested	Number of Exits	Subfloo	r Deck	to Deck	Main & Reserve			Volume of Hazard (LxWxH)	Altituo	de.
YES NO	8		YES 1	VES	✓ NO	YES NA NO			And the second s	122 (Eq. 1) 10 to 100 t	
	05 10	12			1 1						j
1. Pre-Inspection	n			YES NA	NO						\neg
Job Site Contact	Name 7. Swarn	Name i	Votified								\neg
Fire Marshal/AHJ		1651									\dashv
THE INGISTER ATT	Mail Harris and the state of th	Name	Votified								
Monitoring Comp	pany Name	Name	Votified								-
Proper Signage	were the property of the prope										
	e answered by customer)	. 6.4					YES	NA NO	Additional Comments:		
Have there been a	any changes in the occupan	ncy classificatio	n, machine	ry or operation	ons since the	ast inspection	n? 🔲		Additional Comments.		1
Have there been a	any changes or repairs to th	ne fire protectio	n systems :	since the last	tinspection?	•					
	red since the last inspection						·				
3. Control Panel Panel monitored	Status (Pre-Test)					itus (Pre-Test)			8. Notification Devices	YES NA	NO
Power light opera	ational			Silent swite Active zone					Notification devices operable		
Panel indicator or					es maicatea nes indicatea	4			Notification devices tested no	, , ,	므
Indicator lights or				⊣ i	k-up presen				Quantity of notification device 9. Auxillary Controls		
Trouble light oper	rational				up p. 000	•		<u> </u>	Dampers installed	YES NA	NO.
4. Piping/Distribu		YE	S NA NO	4. a. Pipin	g/Distributio	n System	YES	NA NO	Dampers operable		H
Hazard area clean		2		Clear of del			9		HVAC shutdown installed		M
As-Built drawings				Piping secu					Type of HVAC shutdown		
Date of last hose to 5. Control Panel :		l) err	ol na Inio	Hoses teste	_				Type of damper		
Input alarm circuit			S NA NO		of Panel Sta			NA NO	•	YES NA	_
Output alarm circu		0	A		k-up voltage uit tested no				Computer shutdown installed Pressure switches installed		
Supervisory circui			岩片	4	d tested norr				Pressure switches installed Alarms reported to monitoring	100	_
Time delay tested	normal	7		4	tery voltage		60		Pressure switch installed		
Time delay in seco	onds:	3	0	Battery amp	-		-	_	Function of pressure switch:		4
6. Detection					Pull Stations				Type of computer shutdown:		\dashv
Oty. of Photo Dete	• •	3		Type of pull			econ	ic	10. Releasing Controls		一
Qty. of ion Detecto				Qty. of pull			1		Qty. of releasing control(s)	1	
Qty. of Thermal De Type	51001018(1)		1117		stations test			alau:	Type of releasing control	Elcents Yes na J	
	ested at last inspection	3	+	List auui. St	occiai iayuut	info: (cross-zo	ne etc.) b		Solonoide testad ne1	YES NA P	MO
	ted normal at this inspection	n 🔼	++-						Solenoids tested normal Release devices operable		붜
	st conducted at this inspect				٦				rologgo agaings obstants		ᆜ
Date of last sensiti				Qty. of abor	t switches		T^{-}	—— <u>+</u>	11. Post Inspection	YES NA N	NO
			NA NO	-			YES		System reset for normal opera	tion Fig. 1	픰
Detectors cleaned				Break rods i					System tagged		計
Date of last detecto	•			Abort switch	hes tested no	ormal	2		System tagged (Red/Green/Ott		
Julet. (Tusidle link	s and/or pneumatic, etc.)								12. Cylinder Inspection to be a	completed on page 2	

TASK #			SR#			DATE:		11	ISPECTOR NAM	•		
CUSTOME	A								UILDING/LOCATI	ON		
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1/1	. NO.65	Manger Miller		2001			200	350	/)//	M	/ N	/ **
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rlinder Ins	pection Comn	nents:					^					
3. LIST GIIA	nges in Occu	pancy, Hazari	l, or Fire Protect	ion System in Si	ection 2:							
			1 181	50.1	_	ve fla	100		······································			
I. Deficien	cles and Rec	ommendation	s: Nove	POOR	1 av	MIS	INSTEL	nov.				
							ij					
. Deficien	cies and Reco	mmendation	s were discusse	l with Customer	Eustomer Re	nrecentative:		<u> </u>	<u></u>			(FOLMA INO
	plain below:		- 11010 010000		, outlier in	рисэстанче.						ES NA NO
ustomer eckr	nowledges and a	grees that, in the	absence of a Servi	co Agraamant hotel	non the section	NOTICE TO C		nursuant to the lea	me and conditions	of this Report is		
stem may he ONDITIONS	ive been bypass ATTHE REVER	ed or is otherwis	e inoperable until se DF THIS REPORT, T	good working orde rvice can be compl	r and repair, unit eted CUSTOME	ess services pert	ormed were of a te	mporary nature, ir	which case Custon	mer acknowledg	es that part of	customer's
STOMER: _	4/1	2//	25	DATE	× 11/	14/10	_ INSPECTOR I	NAME (PRINT):	LARRY	Hin	ske	
NT NAME:	KM	TEAH	PlyDV				INSPECTOR	SIGNATURE: _	Rug	-Bi	R	
₹M SG112	2408 (Rev. 1	/09)			DIST	RICT CO	PΥ		© 2009 Simp	lexGrinnell I	LP All right	ts reserved