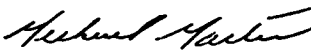



UNITED STATES BANKRUPTCY COURT <u>DELAWARE</u> DISTRICT OF <u>DE</u>		<b>PROOF OF CLAIM</b>
Name of Debtor: <u>GRACEWAY PHARMA HOLDING CORP</u>		Case Number <u>1113037</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request 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): <u>Pennsylvania Department of Revenue</u>		<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: <u>Bankruptcy Division PO Box 280946</u> <u>Harrisburg, PA 17128-0946</u>  Telephone number: <u>(717) 783-8989</u>		
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.
<b>1. Amount of Claim as of Date Case Filed:</b> <u>\$ 745.66</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.		<b>5 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> 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 checked="" 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)(____).  <b>Amount entitled to priority:</b>  <u>\$ 711.66</u>  *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.
<b>2. Basis for Claim:</b> <u>Taxes</u> (See instruction #2 on reverse side.)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____  <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)		
<b>4. Secured Claim</b> (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  Value of Property: \$ <u>Unknown</u> Annual Interest Rate <u>8</u> %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ <u>0.00</u> Basis for perfection: _____  Amount of Secured Claim: \$ <u>0.00</u> Amount Unsecured: \$ <u>34.00</u>		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  <b>7. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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 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: <u>12/6/2011</u>	<b>Signature:</b> 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.  /s/ Michael Martin, Chief 	
		FOR COURT USE ONLY Graceway Pharmaceuticals LLC  00098

UNITED STATES BANKRUPTCY COURT <u>DELAWARE</u> DISTRICT OF <u>DE</u>		<b>PROOF OF CLAIM</b>
Name of Debtor: <u>GRACEWAY PHARMA HOLDING CORP</u>		Case Number <u>1113037</u>
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.		
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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.
<b>1. Amount of Claim as of Date Case Filed:</b> <u>\$ 745.66</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.		<b>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.</b>  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 checked="" 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)(____).  <b>Amount entitled to priority:</b>  <u>\$ 711.66</u>  *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.
<b>2. Basis for Claim:</b> <u>Taxes</u> (See instruction #2 on reverse side.)		
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Date: <u>12/6/2011</u>	<b>Signature:</b> 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.  <p style="text-align: center;">/s/ Michael Martin, Chief</p>	
		FOR COURT USE ONLY



Ethel Powell

**SUPPORTING DOCUMENTATION FOR  
TAXES DUE THE  
COMMONWEALTH OF  
PENNSYLVANIA  
DEPARTMENT OF REVENUE**

Original Claim  
 Amended Claim

This claim supercedes all  
Previous claims filed.

Date Amended:

GRACEWAY PHARMA HOLDING CORP  
GRACEWAY PHARMA HOLDING CORP

UNITED STATES BANKRUPTCY COURT  
DELAWARE DISTRICT OF DELAWARE

Petition Filing Date: 09/29/2011  
Case Number: 1113037 DE  
Chapter: 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth. At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM OF \$745.66 for the following:

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other

**SECURED CLAIMS (Tax lien(s) filed before petition date)**

See attached statement of account detailing the liability.

Total secured claim: \_\_\_\_\_

Pursuant to Section 506(b) of the Bankruptcy Code, post petition Interest may be payable.

**ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code**

See attached statement of account detailing the liability.

Total administrative \_\_\_\_\_

**UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority  
Liabilities existing before petition date.**

See attached statement of account detailing the liability.

Total unsecured priority: \$711.66

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the  
petition filing date.**

See attached statement of account detailing the liability.

Total unsecured non-priority claim: \$34.00

All payments of this claim have been credited and deducted for the purpose of making this proof of claim.

\_\_\_\_\_  
(Representative, Bureau of Compliance)



**BANKRUPTCY  
STATEMENT OF ACCOUNT**

Pet Date: 9/29/2011  
Cause Number: 1113037 DE  
Chapter: 11

Ethel Powell

GRACEWAY PHARMA HOLDING CORP  
340 MARTIN LUTHER KING JR. BLVD.  
SUITE 500

BRISTOL PA 37620

**Primary Tax Numbers**

Emp Identification Number:  
Sales Tax License Number:  
Social Security Number:  
Corp Tax Number: 6016318  
Other Number:

Additional Debtors and/or Names      SSN      EIN

**Note:**

TYPE OF CLAIM		UNSECURED NON-PRIORITY	Tax Number: 6016318				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	✓	12/ 2010 (02)	\$0.00	\$0.00	\$0.00	\$20.00	\$20.00
CT	✓	12/ 2010 (03)	\$0.00	\$0.00	\$0.00	\$4.00	\$4.00
CT	✓	12/ 2010 (04)	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
Lien Filing Date:      County Lien Filed:      Lien Docket Number:							
<b>TOTAL</b>			\$0.00	\$0.00	\$0.00	\$34.00	\$34.00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 6016318				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	✓	12/ 2010 (02)	\$200.00	\$3.00	\$0.00	\$0.00	\$203.00
CT	✓	12/ 2010 (03)	\$40.00	\$1.00	\$0.00	\$0.00	\$41.00
CT	✓	12/ 2010 (04)	\$100.00	\$1.00	\$0.00	\$0.00	\$101.00
CT	✓	01/01/11 to 09/29/ 2011 (02)	\$226.66	\$0.00	\$0.00	\$0.00	\$226.66
CT	✓	01/01/11 to 09/29/ 2011 (03)	\$40.00	\$0.00	\$0.00	\$0.00	\$40.00
CT	✓	01/01/11 to 09/29/ 2011 (04)	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Lien Filing Date:      County Lien Filed:      Lien Docket Number:							
<b>TOTAL</b>			\$706.66	\$5.00	\$0.00	\$0.00	\$711.66

**LEGEND:**

ST = Sales, Use and Hotel Occupancy Tax  
CT = Corporation Tax  
EMP = Employer Withholding  
AN = Individual Income Tax  
MT = Mass Transit  
MC = Motor Carrier

LF = Liquid Fuels  
OF = Oil Franchise  
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates: Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040. Information can be mailed to debtor or debtor's counsel upon written request, without the need for filing a formal objection. An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return.

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED.

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE.

BUREAU OF COMPLIANCE  
PO Box 280946  
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE



December 6, 2011

BMC Group Inc  
Attn: Graceway Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

Case No: 11-13037 DE  
GRACEWAY PHARMA HOLDING CORP

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

**\$ 745.66**

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

Pennsylvania Department of Revenue  
Bureau of Compliance  
(717) 346-1488  
TDD# (717) 772-2252 (Hearing Impaired Only)  
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

BUREAU OF COMPLIANCE  
PO Box 280946  
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA  
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Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE



December 06, 2011

MICHAEL R. NESTOR  
THE BRANDYWINE BUILDING  
1000 WEST STREET, 17TH FLOOR  
PO BOX 391  
WILMINGTON DE 19899

Dear MICHAEL R. NESTOR,

Re: GRACEWAY PHARMA HOLDING CORP

Case Number: 1113037

Enclosed is a copy of the proof of claim filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance, Bankruptcy Division. This represents a claim in the sum of:

**\$ 745.66**

Sincerely,

Ethel Powell  
Bankruptcy Review Sect  
Bankruptcy Division  
Telephone: (717) 346-1488  
Fax: (717) 783-4331

Enclosures