

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE


PROOF OF CLAIM

1. Name of Debtor (YOU MUST SELECT ONE AND MAY ONLY SELECT ONE DEBTOR):

- 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)

This form should not be used to assert a claim for an administrative expense arising after the commencement of the case, which should be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to assert a claim under 11 U.S.C. § 503(b)(9), which should be filed pursuant to the 503(b)(9) Administration Order, entered on October 17, 2011 [Docket No. 122].

2. Name of Creditor (the person or other entity to whom the Debtor owes money or property):

Name and address where notices should be sent:
 28445960900047
 MEDIMPACT
 ATTN: RICHARD JAY, VP-INDUSTRY RELAT.
 10680 TREENA STREET 5TH FLOOR
 SAN DIEGO, CA 92131

Check this box to indicate that this claim amends a previously filed claim.

 Court Claim Number: _____
 (If known)

 Filed on: _____

Name and address where payment should be sent (if different from above):

MedImpact
 Attn: Jamie Blorieux
 10680 Treena St., Stop 5
 San Diego, CA 92131
 Telephone number: _____

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 or trustee in this case.

If an amount is identified above, you have a 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 form.

THIS SPACE IS FOR COURT USE ONLY

3. Amount of Claim as of Date Case Filed: \$ 9,814.44

If all or part of your claim is secured, complete item 6 below; however, if all of your claim is unsecured, do not complete item 6.
 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 amount of claim. Attach itemized statement of interest or charges.

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.

- Specify the priority of the claim.
- Domestic support obligations under 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 business, whichever is earlier – 11 U.S.C. § 507(a)(4).
 - Contributions to an employee benefit 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).
 - Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).
 - Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

4. Basis for Claim: goods sold, services performed
 (See instruction #4 on reverse side.)

5. Last four digits of any number by which creditor identifies Debtor: _____
 5a. Debtor may have scheduled account as: _____
 (See instruction #5a on reverse side.)

6. Secured Claim (See instruction #6 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: Real Estate Motor Vehicle Equipment 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: \$ _____

RECEIVED
 DEC 14 2011
 BMC GROUP


8. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.


9. Documents: 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 instruction 9 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 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, 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.

Date: 12-13-11 Signature:  Printed Name: Jacqueline E. Artinger
Staff Attorney

FOR COURT USE ONLY
 Graceway Pharmaceuticals LLC

 00102

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 EAST CHANHASSEN, MN 55317. **ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR E-MAIL WILL NOT BE ACCEPTED.**

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.

Commercial Reimbursement Agreement

This Reimbursement Agreement ("Agreement") is by and between **Graceway Pharmaceuticals, LLC**, a Delaware limited liability company, having a business address of 222 Valley Creek Blvd. Ste 300 Exton, PA 19341 ("Manufacturer") and **MedImpact Healthcare Systems, Inc.**, a California corporation, having a mailing address of 10680 Treena Street, 5th Floor, San Diego, California 92131 ("MedImpact"), and is effective as of the first day of July, 2009 (the "Effective Date").

WHEREAS, subject to the terms and conditions of this Agreement, MedImpact and its clients are willing to make available certain Manufacturer products listed on Exhibit A ("**Products**") under the Client Plans (as defined below) and Manufacturer is willing to provide Rebates to MedImpact and its clients for the benefit of such Client Plans.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the parties hereto, each intending to be legally bound, agree as follows:

1. Definitions

(a) "**Client Plan**" means each group or individual plan, policy, agreement or other arrangement set forth in Exhibit C (as such Exhibit may be updated from time to time by the parties in accordance with this Agreement), which includes pharmacy services or benefits, which has implemented a formulary in accordance with MedImpact's guidelines and in regard to which MedImpact has directly or indirectly agreed to provide services, including formulary management services. Client Plan shall not include any group or individual plan, policy, agreement or other arrangement that provides reimbursement for pharmacy services or benefits under a contract or otherwise from (A) Medicare (including Medicare Part D), (B) a Medicaid state plan, or (C) any other federal or state pharmaceutical assistance program, unless such reimbursement is provided pursuant to a risk contract under Section 1903(m) of the Social Security Act or pursuant to a qualified retiree prescription drug plan that meets the requirements of 42 C.F.R. § 423.882 ("Qualified Retiree Prescription Drug Plan").

(b) "**Competitive Product**" means each pharmaceutical product that competes with a Product, as set forth in the applicable "Market Definition" on Exhibit B.

(c) "**Medicare Part D**" means the Medicare Prescription Drug, Improvement and Modernization Act of 2003 as codified in Section 1860D-1 through 1860D-41 of the Social Security Act, and the Part D regulations, including without limitation 42 C.F.R. Parts 400, 403, 411, 417, 422, and 423, as they may be amended or supplemented from time to time.

(d) "**Participant**" means a person who is enrolled in a Client Plan. The term "Participant" shall not include any person whose prescription is paid in whole or in part under (i) Medicare (including Medicare Part D), (ii) a Medicaid state plan or (iii) any other federal or state

Second Amendment to Commercial Reimbursement Agreement

This Second Amendment (“**Amendment**”) by and between MedImpact Healthcare Systems, Inc. (“**Customer**”) and Graceway Pharmaceuticals, LLC (“**Graceway**”) is effective as of July 1, 2011 (“**Amendment Effective Date**”).

WHEREAS, Customer and Graceway are parties to that certain Commercial Reimbursement Agreement, effective July 1, 2009, providing rebates for utilization of Aldara, Atopiclair, and Maxair (the “**Rebate Agreement**”); and

WHEREAS, the parties desire to amend the Rebate Agreement as further set forth herein.

NOW THEREFORE, in consideration of the premises and agreements set forth in this Amendment and intending to be legally bound, Customer and Graceway hereby agree as follows:

- 1 All capitalized terms used herein and not defined when used shall have the meaning set forth in the Rebate Agreement.
2. The terms of this agreement shall be extended from July 1, 2011 through June 30, 2012.
- 3 Exhibit A is deleted in its entirety and replaced with the new Exhibit A attached hereto
- 4 Except as provided herein, all other terms and conditions of the Rebate Agreement shall remain in full force and effect. In the event that any provision of this Amendment is inconsistent with any provision of the Rebate Agreement, this Amendment shall control.

IN WITNESS WHEREOF, the undersigned duly authorized representatives have executed this Amendment as of the Amendment Effective Date.

MedImpact Healthcare Systems, Inc.

By _____

Name: Richard Lieblich

Title: Vice President, Industry Relations

Date: June 20, 2011

Graceway Pharmaceuticals, LLC

By _____

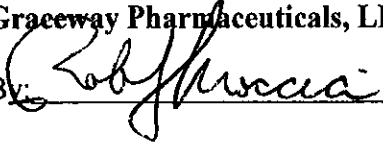
Name: Robert Mccia

Title: President & COO

Date: 6/27/11

IN WITNESS WHEREOF, this Agreement has been executed and delivered by the parties through their duly authorized representatives as of the Effective Date.

Graceway Pharmaceuticals, LLC

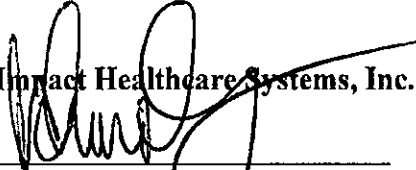
By: 

Name: Robert Moccia

Title: President & COO

Date: 7-14-09

MedImpact Healthcare Systems, Inc.

By: 

Name: RICHARD JAY

Title: CHIEF PHARMACY OFFICER

Date: 7/9/09

.H+
MedImpact Data Services
11/07/11

946consum

Contract Summary

Report Date:

.H-
.F+

Contains proprietary, privileged, or individually identifiable health information protected by the Health Insurance Portability and Accountability Act (HIPAA) and other statutes, or confidential commercial or financial data not subject to disclosure under the Freedom of Information Act.

MedDividend(tm) Rebate System

.F-
.NR
.BI+S

GRACEWAY PHARMACEUTICALS 3Q2011

Contract Number: 946

Code: GRACE

07/01/11 to 09/30/11

Plan
Fee

Rebate Amount

Service

.BI-	0.00	
ABI12	0.00	
ABI13	0.00	
ABI14	0.00	
ABI27	0.00	
ADCO4	0.00	
ADOA1	41.89	
ADOA2	0.00	

0.00	
ADDA3	664.28
94.90	0.00
ADDA4	0.00
0.00	
AHCO1	41.89
0.00	
ATA01	2,684.04
5.98	
ALA01	0.00
383.43	
AME01	0.00
0.00	
AME02	0.00
0.00	
AME03	0.00
0.00	
AME04	0.00
0.00	
AME05	83.78
11.97	
AME06	0.00
0.00	
AOP01	0.00
0.00	
AOP02	0.00
0.00	
AUR01	0.00
0.00	
BCC01	0.00
0.00	
BGR01	0.00
0.00	
BOE01	0.00
0.00	
BRI01	0.00
0.00	
BRI02	0.00
0.00	
BRN01	0.00
0.00	
CB319	0.00
0.00	
CCD01	0.00
0.00	
CCD02	0.00
0.00	
CCD03	0.00

0.00	
CCD04	0.00
0.00	0.00
CCD05	0.00
0.00	0.00
CCD06	0.00
0.00	0.00
CCD07	0.00
0.00	0.00
CCD08	0.00
0.00	0.00
CCD09	0.00
0.00	0.00
CCD10	0.00
0.00	0.00
CCD11	0.00
0.00	0.00
CCD12	0.00
0.00	0.00
CCD13	0.00
0.00	0.00
CCD14	0.00
0.00	0.00
CCD15	0.00
0.00	0.00
CCD16	0.00
0.00	0.00
CCD17	0.00
0.00	0.00
CCD18	0.00
0.00	0.00
CCD19	0.00
0.00	0.00
CCD20	0.00
0.00	0.00
CCD21	14.96
2.14	0.00
CCH01	0.00
0.00	167.57
CGN01	0.00
23.94	0.00
CMH01	0.00
0.00	0.00
CMN01	0.00
0.00	0.00
CPB01	0.00
0.00	83.78
CSH01	

11.97	0.00
CTI01	0.00
0.00	0.00
CTT01	0.00
0.00	0.00
DGCPR	0.00
0.00	0.00
DGCPS	0.00
0.00	0.00
DGCPT	0.00
0.00	0.00
DGCPX	0.00
0.00	0.00
DST01	0.00
0.00	0.00
ECN01	0.00
0.00	0.00
EVR12	0.00
0.00	0.00
EVR17	0.00
0.00	0.00
EVR18	0.00
0.00	0.00
EVR19	0.00
0.00	0.00
FCH02	0.00
0.00	0.00
FCH03	0.00
0.00	0.00
FCH06	0.00
0.00	0.00
FCH08	0.00
0.00	0.00
FCH09	0.00
0.00	0.00
FCH12	0.00
0.00	0.00
FCH13	0.00
0.00	0.00
FCH15	0.00
0.00	0.00
FCH16	0.00
0.00	0.00
FCH17	0.00
0.00	0.00
FCH18	0.00
0.00	0.00
FCH19	0.00

0.00	
FCH20	0.00
0.00	0.00
FCH21	0.00
0.00	0.00
FCH22	0.00
0.00	0.00
FCH23	0.00
0.00	0.00
FCH24	0.00
0.00	0.00
GSL01	0.00
0.00	0.00
GVH01	0.00
0.00	0.00
HAI01	2,429.70
347.10	0.00
HAI03	0.00
0.00	0.00
HCH01	0.00
0.00	0.00
HCH02	0.00
0.00	0.00
HEC01	0.00
0.00	0.00
HMA01	0.00
0.00	0.00
HMS01	0.00
0.00	0.00
HNY01	0.00
0.00	0.00
HPL02	0.00
0.00	0.00
HPL03	0.00
0.00	0.00
HPL04	0.00
0.00	0.00
HPL05	0.00
0.00	0.00
HPL06	83.78
11.97	0.00
HPL07	0.00
0.00	0.00
HPL08	0.00
0.00	0.00
HPL09	0.00
0.00	0.00
HPL10	0.00

0.00	
HPL12	0.00
0.00	
HPL13	41.89
5.98	
HPL15	0.00
0.00	
HPL17	0.00
0.00	
HSF01	0.00
0.00	
HTN01	0.00
0.00	
HTN03	0.00
0.00	
ICW03	0.00
0.00	
IDC01	0.00
0.00	
IHR01	0.00
0.00	
IHR02	0.00
0.00	
IHR03	0.00
0.00	
IHR04	0.00
0.00	
IHR05	0.00
0.00	
IHR06	0.00
0.00	
IHR07	0.00
0.00	
IHR08	0.00
0.00	
IHR09	0.00
0.00	
IHR10	0.00
0.00	
IHR11	41.89
5.98	
IHR12	0.00
0.00	
IHR13	0.00
0.00	
IHR14	0.00
0.00	
IHR15	0.00

0.00	IHR16	0.00
0.00	IHR17	0.00
0.00	JPF01	0.00
0.00	JPF10	0.00
0.00	JPF17	0.00
0.00	JPF24	0.00
0.00	JPF27	0.00
0.00	JPF30	0.00
0.00	JPF35	0.00
0.00	JPF36	0.00
0.00	JPF41	0.00
0.00	JPF42	0.00
0.00	JPF43	0.00
0.00	JPF44	0.00
0.00	JPF46	0.00
0.00	JPF47	0.00
0.00	JPF48	0.00
0.00	KP08M	0.00
0.00	LAC02	0.00
0.00	LAC03	0.00
0.00	LAC04	0.00
0.00	LCS04	0.00
0.00	LCS05	0.00
0.00	LFH01	0.00

0.00	
LGCO1	0.00
0.00	
LMH01	104.73
14.96	0.00
LMH02	0.00
0.00	
LMH03	0.00
0.00	
LMH04	0.00
0.00	
LMH05	41.89
5.98	0.00
LMH07	0.00
0.00	
LMH08	41.89
5.98	0.00
LMH09	0.00
0.00	
LMH11	0.00
0.00	
LMH12	0.00
0.00	
LMH13	0.00
0.00	
LMH14	0.00
0.00	
LMH15	0.00
0.00	
LMH16	0.00
0.00	
LMH17	0.00
0.00	
LMH18	0.00
0.00	
LMH19	0.00
0.00	
LMH20	0.00
0.00	
MAG01	0.00
0.00	
MAG02	0.00
0.00	
MAG03	0.00
0.00	
MAG04	0.00
0.00	
MAG05	0.00

0.00	
MAG06	0.00
0.00	
MAG07	0.00
0.00	
MCH01	83.78
11.97	
MCR01	0.00
0.00	
MCR02	0.00
0.00	
MCR03	0.00
0.00	
MHC02	0.00
0.00	
MHIC1	125.67
17.95	
MHL01	0.00
0.00	
MHL02	0.00
0.00	
MRI02	0.00
0.00	
MTN01	269.30
38.47	
MTN02	125.67
17.95	
MTN03	0.00
0.00	
MTN04	0.00
0.00	
MTN06	0.00
0.00	
MWC01	0.00
0.00	
MWG01	0.00
0.00	
NEO01	0.00
0.00	
NEU01	0.00
0.00	
NEU02	0.00
0.00	
NHI01	0.00
0.00	
NPS08	0.00
0.00	
NWA01	0.00

0.00		0.00
NWA02		
0.00	293.24	
NWA04		
41.89	35.91	
NWA05		
5.13	0.00	
ODS06		
0.00	17.95	
ODS11		
2.56	0.00	
ODS12		
0.00	0.00	
ODS13		
0.00	0.00	
ODS17		
0.00	0.00	
ODS20		
0.00	0.00	
PBS01		
0.00	0.00	
PBS02		
0.00	0.00	
PBS03		
0.00	0.00	
PBS04		
0.00	0.00	
PBS05		
0.00	0.00	
PBS06		
0.00	0.00	
PH001		
0.00	0.00	
PNL01		
0.00	0.00	
PP103		
0.00	0.00	
PPS99		
0.00	0.00	
PRM01		
0.00	0.00	
RXC02		
0.00	0.00	
RXC03		
0.00	0.00	
RXC04		
0.00	0.00	
RXC05		

0.00	SBH04	0.00
0.00	SCI00	0.00
0.00	SCI04	0.00
0.00	SCI07	0.00
0.00	SCI08	0.00
0.00	SCI10	0.00
0.00	SCI11	0.00
0.00	SCI14	0.00
0.00	SCI16	0.00
0.00	SCI26	0.00
0.00	SCI29	0.00
0.00	SCI31	0.00
0.00	SCI34	0.00
0.00	SCI35	0.00
0.00	SCI38	0.00
0.00	SCI39	0.00
0.00	SCI47	0.00
0.00	SCI49	0.00
0.00	SCI56	0.00
0.00	SCI61	0.00
0.00	SCI68	0.00
0.00	SCI78	0.00
0.00	SCI81	0.00
0.00	SCI85	0.00

5.98	TRR02	41.89
5.98	TRR03	0.00
0.00	TRR04	0.00
0.00	TRR05	0.00
0.00	TRR07	0.00
0.00	TRR14	0.00
0.00	TRR17	0.00
0.00	TRR18	0.00
0.00	TRR19	0.00
0.00	TRR20	0.00
0.00	TRR21	0.00
0.00	TRR22	0.00
0.00	TRR40	0.00
0.00	TRR41	0.00
0.00	TRR42	0.00
0.00	TRR43	0.00
0.00	TRR44	0.00
0.00	TRR45	0.00
0.00	TRR50	0.00
0.00	TRR52	0.00
0.00	TRR53	0.00
0.00	USH02	41.89
5.98	USH05	41.89
5.98	USH09	0.00

0.00	
WFH08	0.00
0.00	0.00
WSU01	0.00
0.00	0.00
Z0001	0.00
0.00	0.00
Z0003	0.00
0.00	0.00
Z0004	0.00
0.00	0.00
Z0005	0.00
0.00	0.00
Z0006	0.00
5.98	41.89
Z0007	0.00
0.00	0.00
Z0011	0.00
0.00	0.00
Z0014	0.00
0.00	0.00
Z0015	0.00
0.00	0.00
Z0016	0.00
0.00	0.00
Z0017	0.00
0.00	0.00
Z0019	0.00
0.00	0.00
Z0021	0.00
0.00	0.00
Z0023	0.00
0.00	0.00
Z0024	0.00
0.00	0.00
Z0025	0.00
0.00	0.00
Z0026	0.00
0.00	0.00
Z0028	0.00
0.00	0.00
Z0030	0.00
0.00	0.00
Z0031	0.00
0.00	0.00
Z0033	0.00
0.00	0.00
Z0034	0.00

0.00
Z0120
5.98
Z7715
0.00
ZEN01
0.00
.T1+

946consum

41.89
0.00
0.00

Contract Total :
1,226.74
.T1-

8,587.70
