

B10 (Official Form 10)
(Rev. 7/95)

United States Bankruptcy Court	PROOF OF CLAIM	
District of <u>DELAWARE</u>		
In re (Name of Debtor) GRACEWAY PHARMA HOLDING CORP.	Case Number 11-13037	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 11 U.S.C. §503.

In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property) Name and Address Where Notices Should be Sent Tennessee Department of Revenue C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 27-3569175/000	Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____
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1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
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3MC GROUP

2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. 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.	
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____	<input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other— Specify applicable paragraph of 11 U.S.C. §507(a) _____ Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$2,643.77 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.	
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$49,164.10 Specify the priority of the claim.	

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$2,643.77 (Unsecured)	\$ (Secured)	\$49,164.10 (Priority)	\$51,807.87 (Total)
<input type="checkbox"/> 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 copy of this proof of claim.

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Graceway Pharmaceuticals LLC



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DATE <u>December 8, 2011</u>	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)
3779915111208 MD	Print Name: <u>Wilbur E. Hooks</u> Signature: <u>Wilbur E. Hooks</u>

of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

ALL INQUIRIES CONTACT:
Michelle Denney
(615) 532-6324

Debtor: GRACEWAY PHARMA HOLDING CORP.

D/B/A: GRACEWAY PHARMA HOLDING CORP.
340 MARTIN LUTHER KING JR BLVD
BRISTOL, TN 37620-4082

ACCT NO. 321346629
ACCT TYPE FRAN/EXCS2
ENTITY ID 27-3569175/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMA HOLDING CORP.

BANKRUPTCY

GRACEWAY PHARMA HOLDING CORP.
340 MARTIN LUTHER KING JR BLVD
BRISTOL TN 37620-4082

824 MARKET STREET
WILMINGTON DE 19801

Docket No.: 11-13037

Chapter: 11

Date Petition Filed: September 29, 2011

First Creditors Meeting:

Business Closure Date:

27-3569175/000
321346629
FRAN/EXCS2

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	09-30-10	\$10,575.07	\$2,643.77	\$0.00	\$350.55	\$13,569.39
1	DLNQ	01-30-11	\$38,238.48	\$0.00	\$0.00	\$0.00	\$38,238.48
TOTALS			\$48,813.55	\$2,643.77	\$0.00	\$350.55	\$51,807.87

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$13,569.39
 Estimated Assessments: \$38,238.48
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00
 GRAND TOTAL: \$51,807.87

Penalty and interest calculated through 09-29-11

Michelle Denny
Preparer's Signature

December 8, 2011
Date