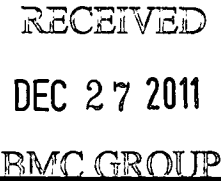
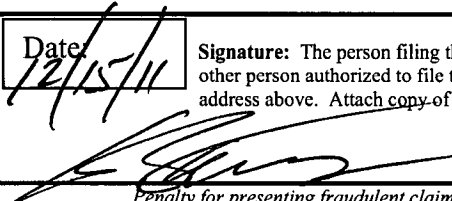



UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: GRACEWAY PHARMACEUTICALS LLC		Case Number: 11-13036	
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative 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): Fisher Clinical Services Inc		<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: Fisher Scientific Co Attn: Gary Barnes 300 Industry Dr Pittsburgh, PA 15275 Telephone number: _____			
Name and address where payment should be sent (if different from above):		<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.	
Telephone number: _____			
1. Amount of Claim as of Date Case Filed: \$ <u> 3,785.00</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.		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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <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)(____). Amount entitled to priority: \$ _____	
2. Basis for Claim: <u>Goods Sold</u> (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: <u>c17438</u> (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. If the documents are not available, please explain:		*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.	
Date: <u>12/15/11</u>  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. Gary Barnes Credit Manager		FOR COURT USE ONLY Graceway Pharmaceuticals LLC  00162	

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269660

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 20908	Customer PO:	Protocol: GW01-0701
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Ambient Decking	50.00	50.00

US Dollars Total: \$ 50.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269661

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 21512	Customer PO:	Protocol: GW01-0702
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	2.00	Location(s)	Ambient Pallet	85.00	170.00

US Dollars **Total:** \$ 170.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269662

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 21575	Customer PO:	Protocol: GW01-0801
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	2.00	Location(s)	Return Ambient Pallet	65.00	130.00
				US Dollars Total:	\$ 130.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269663

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 21581	Customer PO:	Protocol: GW01-0805
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	2.00	Location(s)	Return Ambient Pallet	65.00	130.00

US Dollars Total: \$ 130.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

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Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269664

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Ken Balaji
Graceway Pharmaceuticals, Inc.
222 Valley Creek Blvd.,
Suite 300
Exton, PA 19341
USA

REPRINT

Job Number: 21946	Customer PO:	Protocol: GW01-0705
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	3.00	Location(s)	Ambient Pallet	85.00	255.00

US Dollars **Total:** \$ 255.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

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Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269665

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 22584	Customer PO:	Protocol: GW01-0706
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Return Ambient Pallet	65.00	65.00

US Dollars Total: \$ 65.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269666

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 24270	Customer PO:	Protocol: GW01-0702/GW01-0704
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	7.00	Location(s)	Return Ambient Pallet	65.00	455.00

US Dollars Total: \$ 455.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

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Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269667

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 24363	Customer PO:	Protocol: GW01-0804
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Return Ambient Pallet	65.00	65.00

US Dollars **Total:** \$ 65.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269668

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 25786	Customer PO:	Protocol: GW01-0901
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Return Ambient Pallet	65.00	65.00
2	1.00	Location(s)	Ambient Pallet	85.00	85.00

US Dollars **Total:** \$ 150.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
Billing Cycle: 7/13/2011 - 8/12/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 8/17/2011

Invoice Number: 269669

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 28440	Customer PO:	Protocol: GW05-0904
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	3.00	Location(s)	Ambient Pallet	95.00	285.00
2	1.00	Location(s)	Return Ambient Pallet	95.00	95.00

US Dollars Total: \$ 380.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 9/16/2011

INVOICE

Page: 1 of 1
 Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
 13741 Collections Center Drive
 Chicago, IL 60693
 Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271698

Please show our Invoice Number on your remittance.

Bill To:

Accounts Payable
 Graceway Pharmaceuticals, Inc.
 340 Martin Luther King Jr. Blvd., Suite 400
 Bristol, TN 37620
 USA

Ship To:

Accounts Payable
 Graceway Pharmaceuticals, Inc.
 340 Martin Luther King Jr. Blvd., Suite 400
 Bristol, TN 37620
 USA

REPRINT

Job Number: 20908	Customer PO:	Protocol: GW01-0701
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Ambient Decking	50.00	50.00
US Dollars				Total:	\$ 50.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

Page: 1 of 1
Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271699

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 21512	Customer PO:	Protocol: GW01-0702
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	3.00	Location(s)	Ambient Pallet	85.00	255.00

US Dollars **Total:** \$ 255.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

Page: 1 of 1
Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271700

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 21575	Customer PO:	Protocol: GW01-0801
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	2.00	Location(s)	Return Ambient Pallet	65.00	130.00

US Dollars **Total:** \$ 130.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

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Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271701

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 21581	Customer PO:	Protocol: GW01-0805
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	2.00	Location(s)	Return Ambient Pallet	65.00	130.00

US Dollars Total: \$ 130.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

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Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271702

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Ken Balaji
Graceway Pharmaceuticals, Inc.
222 Valley Creek Blvd.,
Suite 300
Exton, PA 19341
USA

REPRINT

Job Number: 21946	Customer PO:	Protocol: GW01-0705
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	3.00	Location(s)	Ambient Pallet	85.00	255.00

US Dollars **Total:** \$ 255.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

Page: 1 of 1
Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271703

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 22584	Customer PO:	Protocol: GW01-0706
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Return Ambient Pallet	65.00	65.00

US Dollars Total: \$ 65.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

Page: 1 of 1
Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271704

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 24270	Customer PO:	Protocol: GW01-0702/GW01-0704
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	7.00	Location(s)	Return Ambient Pallet	65.00	455.00

US Dollars **Total:** \$ 455.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

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Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271705

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 24363	Customer PO:	Protocol: GW01-0804
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Return Ambient Pallet	65.00	65.00

US Dollars Total: \$ 65.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

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Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271706

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 25786	Customer PO:	Protocol: GW01-0901
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	1.00	Location(s)	Return Ambient Pallet	65.00	65.00
2	1.00	Location(s)	Ambient Pallet	85.00	85.00

US Dollars **Total:** \$ 150.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011

INVOICE

Page: 1 of 1
Billing Cycle: 8/10/2011 - 9/9/2011

Fisher Clinical Services
13741 Collections Center Drive
Chicago, IL 60693
Phone (610)391-0800 Fax (610)391-0801 Tax ID: 23-2544260

Invoice Date: 9/13/2011

Invoice Number: 271707

Please show our Invoice
Number on your remittance.

Bill To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

Ship To:

Accounts Payable
Graceway Pharmaceuticals, Inc.
340 Martin Luther King Jr. Blvd., Suite 400
Bristol, TN 37620
USA

REPRINT

Job Number: 28440	Customer PO:	Protocol: GW05-0904
Description: Storage and/or Monthly Services Invoice		

Line Item	Quantity	Units	Description	Price	Extended
1	3.00	Location(s)	Ambient Pallet	95.00	285.00
2	1.00	Location(s)	Return Ambient Pallet	95.00	95.00

US Dollars Total: \$ 380.00

TERMS: Net 30 days from Invoice Date

DUE DATE: 10/13/2011