

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

*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):** SUPERVALU INC.

**Name and address where notices should be sent:**

SUPERVALU INC.  
 Legal Department  
 11840 Valley View Road  
 Eden Prairie, MN 55344-3691

**RECEIVED**  
**DEC 29 2011**  
**BMC GROUP**

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):**

Telephone number: 952.828.4393

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](http://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:**

\$ Not less than \$142,371.12, plus accrued interest, fees, costs and attorneys fees to the extent applicable

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)(\_\_\_\_\_).

**Amount entitled to priority:**

\$ \_\_\_\_\_

*\*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.*

**4. Basis for Claim:** SEE attached Exhibit A

(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: SUPERVALU purchased product through McKesson  
 (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: \$ \_\_\_\_\_

**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.

**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: 12-28-11 Signature: [Signature] Printed Name: Kim J. Myrdahl

**FOR COURT USE ONLY**

Graceway Pharmaceuticals LLC



00165

## 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.

## **EXHIBIT A**

### **Proof of Claim of SUPERVALU Inc.**

***In re Graceway Pharmaceuticals, LLC et al., Case No. 11-13036 (PJW)***

1. This Claim (the “Claim”) is filed by SUPERVALU Inc. (“Supervalu”), and arises from Supervalu’s purchase of certain products manufactured by the Debtors.
2. The Debtors supply/manufacture certain pharmaceutical products that are distributed to Supervalu for sale to the public.
3. Supervalu has returned certain pharmaceutical products to the Debtors in an amount totaling \$46,006.79, and seeks a full refund of said amount from the Debtors. See attached **Exhibit 1**.
4. Supervalu currently holds approximately \$94,294.49 in store inventory and \$2,069.84 in warehouse inventory (collectively, the “Inventory”) which was manufactured by the Debtors and distributed to Supervalu that may become “unsaleable” in the near future. See attached **Exhibit 2**.
5. Accordingly, Supervalu may in the future return the Inventory for a refund from the Debtors and hereby asserts a claim for the amount of the Inventory.
6. As such, Supervalu files this Claim to preserve its rights and assert its claim in an amount no less than \$142,371.12 (\$46,006.49 + \$94,294.49 + \$2,069.84), plus accrued and accruing interest, fees, costs and attorneys’ fees to the extent applicable.
7. Supervalu expressly reserves the right to amend and/or supplement its Claim, to the extent necessary, as additional information is discovered and the record is developed including, without limitation, the right to amend the nature and classification of its claim, or any portion thereof (including whether the amount asserted herein is held in trust or otherwise for the account or benefit of Supervalu).

# Exhibit 1

Debit Memo	Comments	VENDOR	Date	Amount	Payment	W/off	TOTAL	PCT.	Day	Aging
SVM1103027888	McKesson vendor zero credit	GRACEWAY PHARMACEUTICALS	6/13/11	\$ 15,766.41	\$ (0.01)	\$ -	\$ 15,766.40	0.00%	168	121-180
SVM1106030171	McKesson vendor zero credit	GRACEWAY PHARMACEUTICALS	9/6/11	\$ 15,239.98	\$ (0.01)	\$ -	\$ 15,239.97	0.00%	85	61-90
SVM1107030893	Open	GRACEWAY PHARMACEUTICALS	10/3/11	\$ 9,508.31	\$ -	\$ -	\$ 9,508.31	0.00%	58	46-60
SVM1108031638	Open	GRACEWAY PHARMACEUTICALS	10/31/11	\$ 2,781.61	\$ -	\$ -	\$ 2,781.61	0.00%	31	31-45
SVM1109032347	Open	GRACEWAY PHARMACEUTICALS	11/28/11	\$ 2,710.48	\$ -	\$ -	\$ 2,710.48	0.00%	3	CURRENT
				<b>\$ 46,006.79</b>						

PHARMACEUTICAL RETURNS DEBIT INVOICE

INVOICE #	SVM1103027888	REMIT TO:	MCKESSON DRUG C/O SUPERVALU
INVOICE DATE:	06/13/2011		C/O MCKESSON FINANCIAL CENTER
PAYMENT DUE BY:	07/13/2011		PO BOX 4017
PRODUCT HELD UNTIL:	08/12/2011		DANVILLE IL 61834
VENDOR #	NCV	DEA #:	RM0328408
A/P #	19030		

BILL TO: GRACEWAY PHARMACEUTICALS  
 ATTN: RETURNS DEPT.  
 881 MT. VIEW ROAD  
 PINEY FLATS TN 37686

SHIP TO: GRACEWAY PHARMACEUTICALS  
 881 MOUNTAIN VIEW ROAD  
 PINEY FLATS TN 37686

To insure proper posting of credit please reference invoice number above.  
 To expedite return, send authorization forms to the MedTurn Inc, an Inmar Co. address below.

RX PRODUCT

NDC/UPC	DESCRIPTION	LOT#	EXP. DATE	F/P/E	QTY	PARTIAL %	UNIT COST	EXTENDED COST
29336020025	METROGEL-VAGINAL 0.75% GEL	ADCK	03/31/2011	F	3		30.00	81.00
29336021018	BENZIQ 5.25% WASH	241200	05/31/2011	F	3		66.74	180.21
29336061024	ALDARA 5% CREAM	KC068A	03/31/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KD012A	04/30/2011	F	3		737.91	1992.36
29336061024	ALDARA 5% CREAM	KD042A	04/30/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KD056A	04/30/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KE027A	05/31/2011	F	6		737.91	3984.72
29336061024	ALDARA 5% CREAM	KE048A	05/31/2011	F	8		737.91	5312.96
29336061024	ALDARA 5% CREAM	KF026A	06/30/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KF027A	05/31/2011	F	1		737.91	664.12
29336081521	MAXAIR AUTOHALER 0.2 MG AERO	090163	05/31/2011	F	8		124.24	894.56

Sub-Total Rx Piece Processed Value	\$15766.41
Total Rx Pieces Processed	36
Piece Processing Fee @ \$.00/piece	\$ .00
Sub-Total Processing Fees	\$ .00
Sub-Total	\$15766.41
Total Due	\$15766.41

F/P/E => F - Full, P - Partial, E - Exact count

INVOICE #: SVM1103027888

PHARMACEUTICAL RETURNS DEBIT INVOICE

INVOICE #	SVM1106030171	REMIT TO:	MCKESSON DRUG C/O SUPERVALU
INVOICE DATE:	09/06/2011		C/O MCKESSON FINANCIAL CENTER
PAYMENT DUE BY:	10/06/2011		PO BOX 4017
PRODUCT HELD UNTIL:	11/05/2011		DANVILLE IL 61834
VENDOR #	NCV	DEA #:	RM0328408
A/P #	19030		

BILL TO: GRACEWAY PHARMACEUTICALS  
 ATTN: RETURNS DEPT.  
 881 MT. VIEW ROAD  
 PINEY FLATS TN 37686

SHIP TO: GRACEWAY PHARMACEUTICALS  
 881 MOUNTAIN VIEW ROAD  
 PINEY FLATS TN 37686

To insure proper posting of credit please reference invoice number above.  
 To expedite return, send authorization forms to the MedTurn Inc, an Inmar Co. address below.

RX PRODUCT

NDC/UPC	DESCRIPTION	LOT#	EXP. DATE	F/P/E	QTY	PARTIAL %	UNIT COST	EXTENDED COST
29336010011	ATOPICLAIR CREAM	24092A	08/31/2011	F	4		98.11	353.20
29336010011	ATOPICLAIR CREAM	24092B	08/31/2011	F	10		98.11	883.00
29336010011	ATOPICLAIR CREAM	24092C	08/31/2011	F	5		98.11	441.50
29336020025	METROGEL-VAGINAL 0.75% GEL	AGCE	06/30/2011	F	1		30.00	27.00
29336020025	METROGEL-VAGINAL 0.75% GEL	AIDA	08/31/2011	F	6		30.00	162.00
29336020025	METROGEL-VAGINAL 0.75% GEL	AIDD	08/31/2011	F	1		30.00	27.00
29336030710	TAMBOCOR 100 MG TABLET	080389	08/31/2011	F	5		341.40	1536.30
29336061024	ALDARA 5% CREAM	KD042A	04/30/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KF026A	06/30/2011	F	6		737.91	3984.72
29336061024	ALDARA 5% CREAM	KF050A	06/30/2011	F	5		737.91	3320.60
29336061024	ALDARA 5% CREAM	KF066A	06/30/2011	F	4		737.91	2656.48
29336061024	ALDARA 5% CREAM	KF077A	06/30/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KF077A	06/30/2011	P	1	25%	737.91	184.48
29336081521	MAXAIR AUTOHALER 0.2 MG AERO	090265	07/31/2011	F	3		124.24	335.46

Sub-Total Rx Piece Processed Value	\$15239.98
Total Rx Pieces Processed	53
Piece Processing Fee @ \$.00/piece	\$.00
Sub-Total Processing Fees	\$.00
Sub-Total	\$15239.98
Total Due	\$15239.98

F/P/E => F - Full, P - Partial, E - Exact count

INVOICE #: SVM1106030171

PHARMACEUTICAL RETURNS DEBIT INVOICE

INVOICE #	SVM1109032347	REMIT TO:	MCKESSON DRUG C/O SUPERVALU
INVOICE DATE:	11/29/2011		C/O MCKESSON FINANCIAL CENTER
PAYMENT DUE BY:	12/29/2011		PO BOX 4017
PRODUCT HELD UNTIL:	01/28/2012		DANVILLE IL 61834
VENDOR #	NCV	DEA #:	RM0328408
A/P #	UNV		

BILL TO: GRACEWAY PHARMACEUTICALS  
 ATTN: RETURNS DEPT.  
 881 MT. VIEW ROAD  
 PINEY FLATS TN 37686

SHIP TO: GRACEWAY PHARMACEUTICALS  
 881 MOUNTAIN VIEW ROAD  
 PINEY FLATS TN 37686

To insure proper posting of credit please reference invoice number above.  
 To expedite return, send authorization forms to the MedTurn Inc, an Inmar Co. address below.

RX PRODUCT

NDC/UPC	DESCRIPTION	LOT#	EXP. DATE	F/P/E	QTY	PARTIAL %	UNIT COST	EXTENDED COST
29336020025	METROGEL-VAGINAL 0.75% GEL	AKBR	09/30/2011	F	2		30.00	54.00
29336061024	ALDARA 5% CREAM	KF026A	06/30/2011	F	1		737.91	664.12
29336061024	ALDARA 5% CREAM	KF067A	06/30/2011	F	2		737.91	1328.24
29336061024	ALDARA 5% CREAM	KF077A	06/30/2011	F	1		737.91	664.12

Sub-Total Rx Piece Processed Value	\$2710.48
Total Rx Pieces Processed	6
Piece Processing Fee @ \$.00/piece	\$.00

Sub-Total Processing Fees	\$.00
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Sub-Total	\$2710.48
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Total Due	=====	\$2710.48	=====
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F/P/E => F - Full, P - Partial, E - Exact count

INVOICE #: SVM1109032347

PHARMACEUTICAL RETURNS DEBIT INVOICE

INVOICE #	SVM1108031638	REMIT TO:	MCKESSON DRUG C/O SUPERVALU
INVOICE DATE:	10/31/2011		C/O MCKESSON FINANCIAL CENTER
PAYMENT DUE BY:	11/30/2011		PO BOX 4017
PRODUCT HELD UNTIL:	12/30/2011		DANVILLE IL 61834
VENDOR #	NCV	DEA #:	RM0328408
A/P #	UNV		

BILL TO: GRACEWAY PHARMACEUTICALS  
 ATTN: RETURNS DEPT.  
 881 MT. VIEW ROAD  
 PINEY FLATS TN 37686

SHIP TO: GRACEWAY PHARMACEUTICALS  
 881 MOUNTAIN VIEW ROAD  
 PINEY FLATS TN 37686

To insure proper posting of credit please reference invoice number above.  
 To expedite return, send authorization forms to the MedTurn Inc, an Inmar Co. address below.

RX PRODUCT

NDC/UPC	DESCRIPTION	LOT#	EXP. DATE	F/P/E	QTY	PARTIAL %	UNIT COST	EXTENDED COST
29336020025	METROGEL-VAGINAL 0.75% GEL	AKBR	09/30/2011	F	1		30.00	27.00
29336061024	ALDARA 5% CREAM	KF066A	06/30/2011	F	2		737.91	1328.24
29336061024	ALDARA 5% CREAM	KF077A	06/30/2011	F	1		737.91	664.12
29336071028	ZYCLARA 3.75% CREAM	KI052A	09/30/2011	F	1		598.45	538.61
29336081521	MAXAIR AUTOHALER 0.2 MG AERO	090330	09/30/2011	F	2		124.24	223.64
Sub-Total Rx Piece Processed Value								\$2781.61
Total Rx Pieces Processed								7
Piece Processing Fee @ \$.00/piece								\$.00
Sub-Total Processing Fees								\$.00
Sub-Total								\$2781.61
Total Due								=====
								\$2781.61
								=====

F/P/E => F - Full, P - Partial, E - Exact count

INVOICE #: SVM1108031638



PHARMACEUTICAL RETURNS DEBIT INVOICE

INVOICE #	SVM1107030893	REMIT TO:	MCKESSON DRUG C/O SUPERVALU
INVOICE DATE:	10/03/2011		C/O MCKESSON FINANCIAL CENTER
PAYMENT DUE BY:	11/02/2011		PO BOX 4017
PRODUCT HELD UNTIL:	12/02/2011		DANVILLE IL 61834
VENDOR #	NCV	DEA #:	RM0328408
A/P #	19030		

BILL TO: GRACEWAY PHARMACEUTICALS  
 ATTN: RETURNS DEPT.  
 881 MT. VIEW ROAD  
 PINEY FLATS TN 37686

SHIP TO: GRACEWAY PHARMACEUTICALS  
 881 MOUNTAIN VIEW ROAD  
 PINEY FLATS TN 37686

To insure proper posting of credit please reference invoice number above.  
 To expedite return, send authorization forms to the MedTurn Inc, an Inmar Co. address below.

RX PRODUCT

NDC/UPC	DESCRIPTION	LOT#	EXP. DATE	F/P/E	QTY	PARTIAL %	UNIT COST	EXTENDED COST
29336010011	ATOPICLAIR CREAM	24092A	08/31/2011	F	2		98.11	176.60
29336010011	ATOPICLAIR CREAM	24092B	08/31/2011	F	3		98.11	264.90
29336010011	ATOPICLAIR CREAM	24092C	08/31/2011	F	1		98.11	88.30
29336020025	METROGEL-VAGINAL 0.75% GEL	AGCE	06/30/2011	F	1		30.00	27.00
29336020025	METROGEL-VAGINAL 0.75% GEL	AHEA	07/31/2011	F	2		30.00	54.00
29336020025	METROGEL-VAGINAL 0.75% GEL	AKBP	09/30/2011	F	1		30.00	27.00
29336020025	METROGEL-VAGINAL 0.75% GEL	AKBR	09/30/2011	F	1		30.00	27.00
29336061024	ALDARA 5% CREAM	KF026A	06/30/2011	F	2		737.91	1328.24
29336061024	ALDARA 5% CREAM	KF050A	06/30/2011	F	3		737.91	1992.36
29336061024	ALDARA 5% CREAM	KF066A	06/30/2011	F	4		737.91	2656.48
29336061024	ALDARA 5% CREAM	KF077A	06/30/2011	F	2		737.91	1328.24
29336061024	ALDARA 5% CREAM	KF078A	06/30/2011	F	1		737.91	664.12
29336071028	ZYCLARA 3.75% CREAM	KI052A	09/30/2011	F	1		598.45	538.61
29336081521	MAXAIR AUTOHALER 0.2 MG AERO	090330	09/30/2011	F	3		124.24	335.46

Sub-Total Rx Piece Processed Value	\$9508.31
Total Rx Pieces Processed	27
Piece Processing Fee @ \$.00/piece	\$ .00
Sub-Total Processing Fees	\$ .00
Sub-Total	\$9508.31
Total Due	=====
	\$9508.31
	=====

F/P/E => F - Full, P - Partial, E - Exact count

INVOICE #: SVM1107030893

## EXHIBIT 2

### Graceway Pharmaceuticals

#### Warehouse Inventory - Maxair Inhaler

NDC Number	29336081521
Current quantity on hand	17
Current WAC	\$ 124.24
Total Cost	\$ 2,112.08
Less prompt pay discount	2%
Net Cost	\$ 2,069.84

#### Store Inventory - Maxair Inhaler

NDC Number	29336081521
Current quantity on hand	311
Current WAC	\$ 124.24
Net Cost	\$ 38,638.64

#### Store Inventory - Zyclara Cream 3.75%

NDC Number	29336071028
Current quantity on hand	93
Current WAC	\$ 598.45
Net Cost	\$ 55,655.85

**Total Inventory** \$ **96,364.33**

Angela K. Lauder, RP®  
Litigation Case Manager  
Telephone: (952) 828-4393  
Facsimile: (952) 828-4403  
E-Mail: angela.k.lauder@supervalu.com

**VIA OVERNIGHT DELIVERY**

December 28, 2011

BMC Group, Inc.  
Attn: Graceway Pharmaceuticals Claims Processing  
P.O. Box 3020  
Chanhassen, MN 55317-3020

RE: Graceway Pharmaceuticals – Proof of Claim

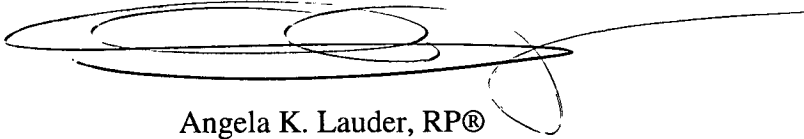
Dear Sir/Madam:

Enclosed please find a Proof of Claim from SUPERVALU INC. in connection with the above-referenced matter, with Exhibit A.

Please return an acknowledged copy of the Proof of Claim, which is located in the enclosed, self-addressed stamped envelope, and send all future notices regarding this matter to my attention at the address located above.

Do not hesitate to contact me at 952.828.4393 if you have any questions regarding the enclosed documents.

With kind regards,

**SUPERVALU INC.**

Angela K. Lauder, RP®  
Litigation Case Manager

Enclosures

