



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): <input type="checkbox"/> Graceway Pharmaceuticals, LLC (11-13036) <input type="checkbox"/> Chester Valley Pharmaceuticals, LLC (11-13041) <input type="checkbox"/> Graceway Pharma Holding Corp. (11-13037) <input type="checkbox"/> Graceway Canada Holdings, Inc. (11-13042) <input type="checkbox"/> Graceway Holdings, LLC (11-13038) <input type="checkbox"/> Graceway International, Inc. (11-13043) <input type="checkbox"/> Chester Valley Holdings, LLC (11-13039)		
<small>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].</small>		
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:  28445961001160 CONTEMPORARY FORUMS ATTN: PAM JENKINS-WALLACE 11900 SILVERGATE DRIVE DUBLIN, CA 94568-2213 <i>6377 Clark Ave #200</i>		<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 payment should be sent (if different from above): Telephone number: <i>925-361-4817</i>		<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.
3. Amount of Claim as of Date Case Filed: <i>\$3000.00</i> <small>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.</small> <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.		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. <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: \$ _____ <small>*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.</small>
4. Basis for Claim: <i>educational grant for health care CE program contraceptive technology</i> (See instruction #4 on reverse side.) 5. Last four digits of any number by which creditor identifies Debtor: <i>N/A</i> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <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: \$ _____		<div>RECEIVED JAN 03 2012 BMC GROUP</div>
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.		FOR COURT USE ONLY Graceway Pharmaceuticals LLC  00195
Date: <i>12/28/11</i> Signature: <i>Pam Jenkins-Wallace</i> Printed Name: <i>Pam Jenkins-Wallace</i>		

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.

Jenkins-Wallace, Pamela (RX)

From: Kent Taylor [kent.taylor@gracewaypharma.com]
Sent: Monday, January 24, 2011 5:32 PM
To: Jenkins-Wallace, Pamela (RX)
Subject: Re: CT grant request

Thanks!!!

Kent Taylor
Medical Education Manager
Department of Medical Affairs
Graceway Pharmaceuticals, LLC

Office 651-340-7132
Cellular 651-398-2581

On Jan 24, 2011, at 6:36 PM, "Jenkins-Wallace, Pamela (RX)" <pamjw@cforums.com> wrote:

> Hi Kent- It was so good to see you in SF. Thank you for coming by. I am attaching the revised grant request for the CT conferences which includes the CT Atlanta meeting. Please let me know if there is any additional documentation you need for this grant request.

>

> I will be interested to talk to you about the Preconference idea for
> CT Atlanta. Please let me know next steps on that. Many thanks! Best,

> Pam

>

> Pam Jenkins-Wallace, MS, NP
> Vice President, Program Development
> Contemporary Forums
> A Reed Elsevier Company

>

> New Address as of December 20, 2010

> Contemporary Forums

> 6377 Clark Ave. Suite 200

> Dublin, CA 94568

> Direct: 925-361-4817 (note: new number) Main Number: 925-828-7100

> Fax: 925-828-2121

> Email: pamjw@cforums.com<<mailto:pamjw@cforums.com>>

> www.contemporaryforums.com<<http://www.contemporaryforums.com>>

> www.onlinecelibrary.com<<http://www.onlinecelibrary.com>>

>

>

> <Graceway Educational Grant Application 12 21 10.doc>



Graceway Pharmaceuticals, LLC Educational Grant Application Form

Please complete the following. Attach additional sheets as necessary.

1. Please list the grant requestor's contact information as follows:

- a. Contact Name: Pam Jenkins-Wallace, MS, NP
- b. Meeting/Program Title: Contraceptive Technology
- c. Requesting Organization: Contemporary Forums
- d. Street Address: 6377 Clark St. Suite 200
- e. City, State, Zip: Dublin, CA 94568
- f. Phone Number: 925-361-4817
- g. Fax Number: 925-828-2121
- h. Email Address: pamjw@cforums.com
- i. Tax ID #: 33-0102035

2. Please select the type of organization requesting the grant from the list below:

<Click to Select from Drop-Down>

3. Please provide the following information regarding the intended size and use of the grant:

- a. What is the total amount of the grant requested from Graceway? \$ 10,000.00
- b. If Graceway awards an educational grant, please identify, as specifically as possible, the intended use of the grant proceeds.

Grant will be used to support honoraria, travel, hotel and per diem for the STD Clinical Update Preconference and Main Conference faculty for the spring conferences and for faculty expense support for CT Atlanta

received +7,000
total for CT SF +
Boston - not
have not
received
+3,000 for
CT
Atlanta

4. Please provide the following information regarding the Program:

- a. What is the type of the Program: ***CME Program***
- b. What is the date(s) of the Program? **3/9-12, 4/13-16, 11/3-5/ 2011**
- c. Where will the Program be held? **San Francisco, Boston and Atlanta**
- d. Who is the target audience for the program? **OB/GYN**
- e. What is the estimated number of attendees? **1500 total**
- f. Please provide a detailed description of the Program, including a statement of educational objectives and a description of Program deliverables.

☐ Discuss current research as well as recent and future developments in contraceptive technology.

☐ Recognize early signs and symptoms and discuss clinical management of common and complex challenges in women's health and primary care, including vulvar disease, HPV, vaginitis, STDs, menopause symptom management, chronic pelvic pain, abnormal pap management and others.

Identify dermatologic/genital manifestations of STDs.

☐ Fine-tune your contraceptive management skills, appropriately incorporating new options and prescribing regimens.

Contraceptive Technology, now in its 23rd year, is presented by nationally known experts in women's health, STDs and contraception management and research. The target audience is MDs, NPs, CNMs, PAs and RNs from women's health and family practice settings. The hottest topics are presented in a variety of teaching formats, including didactic lecture, faculty panels, interactive case sessions, hands-on trainings and smaller group discussion. Needs assessment is derived from a variety

- g. Will the Program be accredited? ☒ Yes ☐ No
- h. If so, by whom? **ACCME, ANCC, AAFP, ACOG**



Requesting Organization: **Contemporary Forums**

By: (print name and title): **Pam Jenkins-Wallace, MS, NP**
Vice President, Program Development


Signature: *Pam Jenkins-Wallace*

Date: **12-21-10**

Vendor #		300782	Check Date	03/31/2011	Check #	019824
Invoice Number	Invoice Date	Text	Gross Amount		Discount	Net Amount
MARCH 2011	03/31/2011	Grant March 2011, Conf Start 3/10/2011	3,500.00		0.00	3,500.00
Check Total.....						\$ 3,500.00
428150-12961-11-0709-3 <u>Live MTV</u>						

PRODUCT # LMP115

DETACH FROM CHECK AND KEEP FOR YOUR RECORDS

GRACEWAY PHARMACEUTICALS, LLC 840 MARTIN LUTHER KING JR. BLVD BRISTOL, IN 47620 (219) 274-2100		Wachovia Bank a division of Wells Fargo Bank, N.A. 68-7270/2560	19824
		DATE 03/31/2011	AMOUNT
			\$ 3,500.00
PAY TO THE ORDER OF THREE THOUSAND FIVE HUNDRED DOLLARS AND 00/100			
Contemporary Forums Attn: Pam Jenkins-Wallace 6377 Clark St Suite 200 Dublin, GA 94568			
		 AUTHORIZED SIGNATURE	
⑈019824⑈ ⑆256072701⑆2079900519153⑈			

CT SF

pr CT
SF

070911
Graceway Pharmaceuticals, LLC
222 Valley Creek Boulevard, Suite 300
Exton, Pennsylvania 19341
Phone: 267.948.0400
Fax: 267.948.0599

Corporate Headquarters
Bristol, Tennessee

March 22, 2011

Graceway Pharmaceuticals Letter Agreement Educational Grant

Dear Ms. Jenkins-Wallace:

We are pleased to advise you that the Graceway Pharmaceuticals, LLC. Grant Committee has approved your request for an Educational Grant. Graceway Pharmaceuticals will provide the Contemporary Forums, ("Educational Provider") *Meeting/Program: Contraceptive Technology*, with an Educational Grant in the amount \$3,500.00 ("Grant Funds"), subject to the return of a signed copy of this letter within sixty (60) days of receipt. *In the event that the Educational Provider fails to return the Letter of Agreement within sixty (60) days, Graceway reserves the right to right to deny grant payment.*

This Educational Grant is to be used exclusively to fund expenses directly related to the educational program ("Program") described in your request. Upon request, the Educational Provider will furnish Graceway with records of the manner in which the Grant Funds were expended. In the events that the Program does not go forward as set forth in the request, or a portion of the Grant Funds remain unused as set forth in the request, then Educational Provider agrees to return the unused Grant Funds to Graceway as applicable.

In consideration of applicable law and standards, the Educational Provider will agree to abide by applicable state and federal laws, regulations and policies, including the Food and Drug Administration's Guidance for Industry: Industry-Supported Scientific and Educational Activities (Nov. 1997), and the Office of Inspector General's Compliance Program Guidance for Pharmaceutical Manufacturers (2003). More over, as required by the Graceway Pharmaceuticals policy, the requirements outlined in Exhibit A (attached) govern this Educational Grant. This program has been planned in accordance with the Essential Areas and Polices of the Accreditation Council for Continuing Medical Education (ACCME) and complies with the ACCME's standards for commercial independence.

Your return of a signed copy of this letter will acknowledge that the obligations set out in Exhibit A are effective and binding. Once the signed document is received, our accounts payable department will complete the payment process.

Sincerely,



Gary A. Roosevelt
Vice President, Medical Education

AGREED

Grant Recipient Representative (type/print name): Rm Jenkins-Wallace

Signature: Rm Jenkins-Wallace

Date: 3/24/11

Vendor #		300782	Check Date	04/14/2011	Check #	020012
Invoice Number	Invoice Date	Text	Gross Amount	Discount	Net Amount	
APRIL 2011	04/14/2011	Grant April 2011, Conf Start 4/13/2011	3,500.00	0.00	3,500.00	
Check Total.....					\$ 3,500.00	
428100-12961-11-6718						
CT Boston						

PRODUCT # LMP115
DETACH FROM CHECK AND KEEP FOR YOUR RECORDS

GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING, JR. BLVD
BRISTOL, TN 37620
PH (423) 274-2100

Wachovia Bank
a division of Wells Fargo Bank, N.A.
68-72702560

20012

DATE 04/14/2011 AMOUNT \$3,500.00

PAY TO THE ORDER OF Contemporary Forums
Attn: Pam Jenkins-Wallace
6377 Clark St Suite 200
Dublin CA 94568

THREE THOUSAND FIVE HUNDRED DOLLARS AND 00/100

RBW

AUTHORIZED SIGNATURE

155191500970011012961116718



East?
Ct 2 West

Graceway Pharmaceuticals, LLC
222 Valley Creek Boulevard, Suite 300
Exton, Pennsylvania 19341
Phone: 267.948.0400
Fax: 267.948.0599

Corporate Headquarters
Bristol, Tennessee

April 8, 2011

Graceway Pharmaceuticals Letter Agreement Educational Grant

Dear Ms. Jenkins-Wallace

We are pleased to advise you that the Graceway Pharmaceuticals, LLC. Grant Committee has approved your request for an Educational Grant. Graceway Pharmaceuticals will provide the Contemporary Forums, ("Educational Provider") *Meeting/Program: Contraceptive Technology*, with an Educational Grant in the amount \$3,500.00 ("Grant Funds"), subject to the return of a signed copy of this letter within sixty (60) days of receipt. *In the event that the Educational Provider fails to return the Letter of Agreement within sixty (60) days, Graceway reserves the right to deny grant payment.*

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In consideration of applicable law and standards, the Educational Provider will agree to abide by applicable state and federal laws, regulations and policies, including the Food and Drug Administration's Guidance for Industry: Industry-Supported Scientific and Educational Activities (Nov. 1997), and the Office of Inspector General's Compliance Program Guidance for Pharmaceutical Manufacturers (2003). More over, as required by the Graceway Pharmaceuticals policy, the requirements outlined in Exhibit A (attached) govern this Educational Grant. This program has been planned in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) and complies with the ACCME's standards for commercial independence.

Your return of a signed copy of this letter will acknowledge that the obligations set out in Exhibit A are effective and binding. Once the signed document is received, our accounts payable department will complete the payment process.

Sincerely,

Gary A. Roosevelt
Vice President, Medical Education

AGREED

Grant Recipient Representative (type/print name):

Julie A. Elmquist

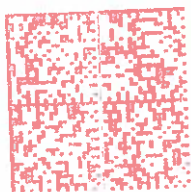
Signature:

Date: 4/12/11

Continuum Forums
6377 Elwood Ave #200
Oakton VA 94568

RECEIVED
JAN 03 2012
BMC GROUP

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



Häeler

016H26513745

\$00.640

12/26/2011

Mailed From 94568

US POSTAGE

5531733020 B050



RECEIVED
JAN 03 2012
BMC GROUP