



UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE
PROOF OF CLAIM

In the matter of:
Chester Valley Pharmaceuticals, LLC

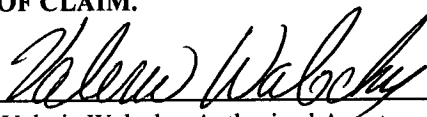
Docket No: **11-13041 (PJW)**
In Chapter: **11** proceedings

Debtor(s)

1. This proof is made for the claimant named below by the undersigned individual who is duly authorized to make this claim on behalf of the claimant, which is:

**State of New Jersey
Department of Treasury
Division of Taxation
PO BOX 245
Trenton, New Jersey 08695-0245**

2. The debtor was, **AT** the time of the filing of the petition initiating this case, and still indebted (or liable) to this claimant by reason of failure to pay New Jersey State taxes due, as shown in the itemized schedule attached hereto.
3. This claim, in the amount of **\$6,000.00** does **NOT** include penalties accrued under applicable law, and no part of the foregoing amount has been paid, and the entries amount is due and payable.
4. This claim is not subject to any set-off or counterclaim, and no note has been received for said debt, and no security other than that provided by statute is held therefor.
5. This is filed as a(n) **PRIORITY PROOF OF CLAIM.**

Date: 12-21-11 Signed: 
Valerie Walachy, Authorized Agent
for the New Jersey Division of Taxation

United States Bankruptcy Court
District of Delaware
Marine Midland Plaza
824 Market Street, 5th Floor
Wilmington, DE 19801

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RESPOND TO:

Paula T. Dow
Attorney General
R.J. Hughes Justice Complex
PO Box 106
Trenton, NJ 08625

Enclosure: Schedule of Liabilities

ID No: **B ***-***-713/000**
js

Graceway Pharmaceuticals LLC



00196



State of New Jersey
 DEPARTMENT OF THE TREASURY
 DIVISION OF TAXATION
 PO BOX 245
 TRENTON, NEW JERSEY 08695-0245
 December 21, 2011

IN THE MATTER OF:

DEBTOR(S): **Chester Valley Pharmaceuticals, LLC**
 PETITION NO: **11-13041-PJW**
 TAX IDENTIFICATION NO: **B ***-***-713/000 Case #002**

PRE-PETITION TAXPAYER SCHEDULE

| TYPE OF TAX | RETURN PERIOD | ITEM TYPE | TAX LIABILITY | INTEREST | AMOUNTS CREDITED | BALANCE DUE |
|----------------------|---------------|-----------|-----------------|-------------|------------------|-----------------|
| CBT | 01/08-12/08 | DEL | 2,000.00 | 0.00 | 0.00 | 2,000.00 |
| CBT | 01/09-12/09 | DEL | 2,000.00 | 0.00 | 0.00 | 2,000.00 |
| CBT | 01/10-12/10 | DEL | 2,000.00 | 0.00 | 0.00 | 2,000.00 |
| GRAND TOTALS: | | | 6,000.00 | 0.00 | 0.00 | 6,000.00 |

DEL: Delinquent/No Return; Estimated Tax Liability
 DEF: Deficient/Underpayment
 S&U: Sales and Use Tax
 CBT: Corporate Business Tax
 GIT-ER: Gross Income Tax – Employer Withholding
 TGI-EE: Gross Income Tax – Individual
 COSTS: Costs of Collection Fee

IN REPLY REFER TO:
 JAMIE SECLA
 BANKRUPTCY SECTION
 PO BOX 245
 TRENTON, NJ 08695-0245
 (609) 292-0025
Jamie.Secula@treas.state.nj.us

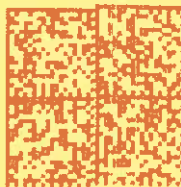
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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
PO BOX 269
TRENTON, NJ 08695-0269

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BMC GROUP, Inc.
Attn: Gateway Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020



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