B10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: (YOU MUST SELECT ONE AND MAY ONLY SELECT ONE DEBTOR).

☒ **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)**

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)

Name of Creditor (the person or other entity to whom the debtor owes money or property):
STATE OF WISCONSIN – DEPARTMENT OF HEALTH SERVICES

COURT USE ONLY

Name and address where notices should be sent:
F. MARK BROMLEY
DEPARTMENT OF JUSTICE
P. O. BOX 7857
MADISON, WI 53707-7857
Telephone number: 608-264-6201 email: bromleyfm@doj.state.wi.us

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☐ Check this box if 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: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $49,640.40

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Drug Rebates owed by Graceway Pharmaceuticals, LLC
(See instruction #2)

3. Last four digits of any number by which creditor identified debtor:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
___ ___ ___ ___	___________ (See instruction #3a)	___________ (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $___________

Annual Interest Rate_____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$___________

Basis for perfection: ___________

Amount of Secured Claim: $___________

Amount Unsecured: $49,690.40

Graceway Pharmaceuticals LLC
00210

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categ[ories, check the box specifying] the priority and state the amount.

☐ 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 the case was filed or the debtor's business ceased, 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.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6).

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, and itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8).

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: F. Mark Bromley
Title: Assistant Attorney General
Company: Wisconsin Department of Justice
Address and telephone number (if different from notice address above):

F. Mark Bromley 1/23/12
(Signature) (Date)

Telephone number: email:

Penalty for presenting fraudulent claim. Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

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. 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).

1. 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 4 and 5. Check the box if interest or other charges are included in the claim.

2. 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 delivering 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 an interested party objects to the claim.

3. 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.

3a. Debtor May Have a Scheduled Account As:
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.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions). If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) 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.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001 (c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. 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. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Labeler	Labeler	Invoice	Invoice	Mail	Total Rebate	Total Rebate	Total	Rebate Amt	Total	Total Interest	Total Interest	Interest Amt	Interest	Total	
2	Code	Name	Period	Type	Date	Amt Claimed	Amt Paid	Writeoff Amt	Balance Due	Dispute Amt	Amt Billed	Amt Paid	Written Off	Amt Due	Balance Due	
3	15456	ESPRIT PHARMA, INC.	3Q10	Medicaid	12/6/2010	$603.45	$594.41	$0.00	$9.04	$0.00	$0.02	$0.02	$0.00	$0.00	$9.04	
4	15456	ESPRIT PHARMA, INC.	3Q10	SeniorCare Medicaid	12/6/2010	$1,138.47	$1,138.47	$0.00	$0.00	$0.00	$0.04	$0.04	$0.00	$0.00	$0.00	
5	15456	ESPRIT PHARMA, INC.	2Q10	Medicaid	9/2/2010	$1,208.84	$1,188.96	$0.00	$19.88	$0.00	$0.00	$0.00	$0.00	$0.00	$19.88	
6	15456	ESPRIT PHARMA, INC.	2Q10	SeniorCare Medicaid	9/2/2010	$1,275.23	$1,275.23	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
7	15456	ESPRIT PHARMA, INC.	1Q10	SeniorCare	6/9/2010	$867.47	$867.47	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
8	15456	ESPRIT PHARMA, INC.	1Q10	Medicaid	6/9/2010	$3,358.94	$3,344.60	$0.00	$14.34	$0.00	$0.00	$0.00	$0.00	$0.00	$14.34	
9	15456	ESPRIT PHARMA, INC.	1Q10	SeniorCare Medicaid	6/9/2010	$3,661.78	$3,661.78	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
10	15456	ESPRIT PHARMA, INC.	4Q09	SeniorCare	3/4/2010	$539.22	$539.22	$0.00	$0.00	$0.00	$0.08	$0.00	$0.00	$0.08	($0.08)	
11	15456	ESPRIT PHARMA, INC.	4Q09	Medicaid	3/4/2010	$5,625.33	$5,625.33	$0.00	$0.00	$0.00	$1.04	$0.00	$0.00	$1.04	($1.04)	
12	15456	ESPRIT PHARMA, INC.	4Q09	SeniorCare Medicaid	3/4/2010	$6,480.87	$6,480.88	($0.01)	$0.00	$0.00	$1.27	$0.00	$0.00	$1.27	($1.27)	
13	15456	ESPRIT PHARMA, INC.	3Q09	SeniorCare	12/4/2009	$1,095.01	$1,095.01	$0.00	$0.00	$0.00	$0.18	$0.00	$0.00	$0.18	($0.18)	
14	15456	ESPRIT PHARMA, INC.	3Q09	Medicaid	12/4/2009	$4,993.85	$4,977.48	$0.00	$16.37	$0.00	$0.56	$0.00	$0.00	$0.56	$15.81	
15	15456	ESPRIT PHARMA, INC.	3Q09	SeniorCare Medicaid	12/4/2009	$6,229.40	$6,229.40	$0.00	$0.00	$0.00	$1.30	$0.00	$0.00	$1.30	($1.30)	
16	15456	ESPRIT PHARMA, INC.	2Q09	SeniorCare	9/8/2009	$1,644.82	$1,644.82	$0.00	$0.00	$0.00	$0.27	$0.00	$0.00	$0.27	($0.27)	
17	15456	ESPRIT PHARMA, INC.	2Q09	Medicaid	9/8/2009	$5,467.14	$5,341.58	$0.00	$125.56	$0.00	$2.54	$0.00	$0.00	$2.54	$123.02	
18	15456	ESPRIT PHARMA, INC.	2Q09	SeniorCare Medicaid	9/8/2009	$6,863.66	$6,863.66	$0.00	$0.00	$0.00	$0.92	$0.00	$0.00	$0.92	($0.92)	
19	15456	ESPRIT PHARMA, INC.	1Q09	SeniorCare	6/4/2009	$2,965.14	$2,965.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
20	15456	ESPRIT PHARMA, INC.	1Q09	Medicaid	6/4/2009	$10,434.28	$10,434.28	$0.00	$0.00	$0.00	$0.31	$0.00	$0.00	$0.31	($0.31)	
21	15456	ESPRIT PHARMA, INC.	1Q09	Medicaid Suppl.	6/4/2009	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
22	15456	ESPRIT PHARMA, INC.	1Q09	SeniorCare Medicaid	6/4/2009	$13,674.53	$13,674.53	$0.00	$0.00	$0.00	$0.42	$0.00	$0.00	$0.42	($0.42)	
23	15456	ESPRIT PHARMA, INC.	1Q09	SeniorCare Medicaid Suppl.	6/4/2009	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
24	15456	ESPRIT PHARMA, INC.	4Q08	SeniorCare	3/5/2009	$1,414.29	$1,414.29	$0.00	$0.00	$0.00	$0.15	$0.00	$0.00	$0.15	($0.15)	
25	15456	ESPRIT PHARMA, INC.	4Q08	Medicaid	3/5/2009	$6,880.61	$6,880.61	$0.00	$0.00	$0.00	$0.47	$0.00	$0.00	$0.47	($0.47)	
26	15456	ESPRIT PHARMA, INC.	4Q08	Medicaid Suppl.	3/5/2009	$0.00	$0.00	$0.00	$0.00	$0.00	$0.01	$0.01	$0.00	$0.00	$0.00	
27	15456	ESPRIT PHARMA, INC.	4Q08	SeniorCare Medicaid	3/5/2009	$12,080.33	$12,080.33	$0.00	$0.00	$0.00	$1.92	$0.00	$0.00	$1.92	($1.92)	
28	15456	ESPRIT PHARMA, INC.	4Q08	SeniorCare Medicaid Suppl.	3/5/2009	$0.00	$2.31	$0.00	($2.31)	$0.00	$0.00	$0.00	$0.00	$0.00	($2.31)	
29	15456	ESPRIT PHARMA, INC.	3Q08	SeniorCare	12/10/2008	$1,541.66	$1,541.66	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
30	15456	ESPRIT PHARMA, INC.	3Q08	Medicaid	12/10/2008	$8,114.60	$8,090.28	$0.00	$24.32	$0.00	$0.94	$0.00	$0.00	$0.94	$23.38	
31	15456	ESPRIT PHARMA, INC.	3Q08	Medicaid Suppl.	12/10/2008	$0.00	$0.00	$0.00	$0.00	$0.00	$0.06	$0.06	$0.00	$0.00	$0.00	
32	15456	ESPRIT PHARMA, INC.	3Q08	SeniorCare Medicaid	12/10/2008	$14,647.20	$14,647.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
33	15456	ESPRIT PHARMA, INC.	3Q08	SeniorCare Medicaid Suppl.	12/10/2008	$911.28	$740.88	$0.00	$170.40	$0.00	$0.00	$0.00	$0.00	$0.00	$170.40	
34	15456	ESPRIT PHARMA, INC.	2Q08	SeniorCare	8/28/2008	$317.65	$323.20	$0.00	($5.55)	$0.00	$0.02	$0.00	$0.00	$0.02	($5.57)	
35	15456	ESPRIT PHARMA, INC.	2Q08	Medicaid Suppl.	9/4/2008	$6,131.55	$6,131.55	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
36	15456	ESPRIT PHARMA, INC.	2Q08	SeniorCare Medicaid	8/28/2008	$2,059.67	$2,059.67	$0.00	$0.00	$0.00	$0.36	$0.00	$0.00	$0.36	($0.36)	
37	15456	ESPRIT PHARMA, INC.	2Q08	Medicaid	8/28/2008	$1,181.33	$1,199.99	$0.00	($18.66)	($2.01)	$0.01	$0.00	$0.00	$0.01	($16.66)	
38	15456	ESPRIT PHARMA, INC.	2Q08	SeniorCare Medicaid Suppl.	9/4/2008	$10,973.65	$10,971.34	$0.00	$2.31	$0.00	$0.00	$0.00	$0.00	$0.00	$2.31	
39	15456	ESPRIT PHARMA, INC.	1Q08	Medicaid	5/29/2008	$8,068.72	$8,068.72	$0.00	$0.00	$0.00	$4.68	$3.83	$0.00	$0.85	($0.85)	
40	15456	ESPRIT PHARMA, INC.	1Q08	Medicaid Suppl.	5/29/2008	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
41	15456	ESPRIT PHARMA, INC.	1Q08	SeniorCare Medicaid	5/29/2008	$14,822.83	$14,822.83	$0.00	$0.00	$0.00	$0.25	$0.00	$0.00	$0.25	($0.25)	
42	15456	ESPRIT PHARMA, INC.	1Q08	SeniorCare Medicaid Suppl.	5/29/2008	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
43	15456	ESPRIT PHARMA, INC.	1Q08	SeniorCare	5/29/2008	$2,875.31	$2,875.31	$0.00	$0.00	$0.00	$0.73	$0.00	$0.00	$0.73	($0.73)	
44	15456	ESPRIT PHARMA, INC.	4Q07	Medicaid	2/28/2008	$5,526.91	$5,526.91	$0.00	$0.00	$0.00	$3.13	$0.00	$0.00	$3.13	($3.13)	
45	15456	ESPRIT PHARMA, INC.	4Q07	Medicaid Suppl.	3/6/2008	$1,157.22	$1,157.22	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
46	15456	ESPRIT PHARMA, INC.	4Q07	SeniorCare Medicaid	2/28/2008	$11,627.18	$11,627.18	$0.00	$0.00	$0.00	$1.14	$0.00	$0.00	$1.14	($1.14)	
47	15456	ESPRIT PHARMA, INC.	4Q07	SeniorCare Medicaid Suppl.	3/6/2008	$2,462.75	$2,462.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
48	15456	ESPRIT PHARMA, INC.	4Q07	SeniorCare	2/28/2008	$1,463.48	$1,463.48	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
49	15456	ESPRIT PHARMA, INC.	3Q07	Medicaid	11/29/2007	$5,435.56	$5,435.56	$0.00	$0.00	$0.00	$5.31	$0.00	$0.00	$5.31	($5.31)	
50	15456	ESPRIT PHARMA, INC.	3Q07	Medicaid Suppl.	11/29/2007	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
51	15456	ESPRIT PHARMA, INC.	3Q07	SeniorCare Medicaid	11/29/2007	$13,543.40	$13,543.40	$0.00	$0.00	$0.00	$13.24	$0.00	$0.00	$13.24	($13.24)	
52	15456	ESPRIT PHARMA, INC.	3Q07	SeniorCare Medicaid Suppl.	11/29/2007	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
53	15456	ESPRIT PHARMA, INC.	3Q07	SeniorCare	11/29/2007	$1,617.00	$1,617.00	$0.00	$0.00	$0.00	$0.58	$0.00	$0.00	$0.58	($0.58)	
54	15456	ESPRIT PHARMA, INC.	2Q07	Medicaid	9/6/2007	$5,508.81	$5,508.81	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
55	15456	ESPRIT PHARMA, INC.	2Q07	Medicaid Suppl.	9/6/2007	$487.56	$487.56	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
56	15456	ESPRIT PHARMA, INC.	2Q07	SeniorCare Medicaid	9/6/2007	$10,859.29	$10,859.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
57	15456	ESPRIT PHARMA, INC.	2Q07	SeniorCare Medicaid Suppl.	9/6/2007	$958.04	$958.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
58	15456	ESPRIT PHARMA, INC.	2Q07	SeniorCare	9/6/2007	$1,166.46	$1,166.46	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Labeler	Labeler	Invoice	Invoice	Mail	Total Rebate	Total Rebate	Total	Rebate Amt	Total	Total Interest	Total Interest	Interest Amt	Interest	Total
2	Code	Name	Period	Type	Date	Amt Claimed	Amt Paid	Writeoff Amt	Balance Due	Dispute Amt	Amt Billed	Amt Paid	Written Off	Amt Due	Balance Due
3															
4	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q11	SeniorCare	11/23/2011	$663.19	$0.00	$0.00	$663.19	$0.00	$0.00	$0.00	$0.00	$0.00	$663.19
5	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q11	Medicaid	11/23/2011	$23,599.20	$0.00	$0.00	$23,599.20	$0.00	$0.00	$0.00	$0.00	$0.00	$23,599.20
6	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q11	Medicaid Suppl.	11/23/2011	$2,010.34	$0.00	$0.00	$2,010.34	$0.00	$0.00	$0.00	$0.00	$0.00	$2,010.34
7	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q11	SeniorCare Medicaid	11/23/2011	$2,019.35	$0.00	$0.00	$2,019.35	$0.00	$0.00	$0.00	$0.00	$0.00	$2,019.35
8	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q11	SeniorCare Medicaid Suppl.	11/23/2011	$175.45	$0.00	$0.00	$175.45	$0.00	$0.00	$0.00	$0.00	$0.00	$175.45
9	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q11	SeniorCare	8/26/2011	$661.25	$0.00	$0.00	$661.25	$0.00	$0.02	$0.00	$0.00	$0.02	$661.23
10	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q11	Medicaid	8/26/2011	$17,293.65	$0.00	$0.00	$17,293.65	$0.00	$0.49	$0.00	$0.00	$0.49	$17,293.16
11	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q11	Medicaid Suppl.	8/26/2011	$1,322.72	$0.00	$0.00	$1,322.72	$0.00	$0.00	$0.00	$0.00	$0.00	$1,322.72
12	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q11	SeniorCare Medicaid	8/26/2011	$2,318.26	$0.00	$0.00	$2,318.26	$0.00	$0.07	$0.00	$0.00	$0.07	$2,318.19
13	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q11	SeniorCare Medicaid Suppl.	8/26/2011	$185.00	$0.00	$0.00	$185.00	$0.00	$0.00	$0.00	$0.00	$0.00	$185.00
14	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q11	SeniorCare	5/26/2011	$733.59	$733.59	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
15	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q11	Medicaid	5/26/2011	$20,253.17	$20,458.33	$0.00	($205.16)	$0.00	$0.00	$0.00	$0.00	$0.00	($205.16)
16	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q11	Medicaid Suppl.	5/26/2011	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
17	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q11	SeniorCare Medicaid	5/26/2011	$2,376.33	$2,376.33	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
18	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q11	SeniorCare Medicaid Suppl.	5/26/2011	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
19	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q10	SeniorCare	2/25/2011	$858.76	$858.76	$0.00	$0.00	$0.00	$0.06	$0.06	$0.00	$0.00	$0.00
20	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q10	Medicaid	2/25/2011	$27,654.62	$27,864.96	($0.01)	($210.33)	$0.00	$1.88	$1.88	$0.00	$0.00	($210.33)
21	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q10	Medicaid Suppl.	2/25/2011	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
22	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q10	SeniorCare Medicaid	2/25/2011	$2,765.06	$2,765.06	$0.00	$0.00	$0.00	$0.18	$0.18	$0.00	$0.00	$0.00
23	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q10	SeniorCare Medicaid Suppl.	2/25/2011	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
24	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q10	SeniorCare	12/6/2010	$727.48	$727.48	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q10	Medicaid	12/6/2010	$49,037.24	$49,069.34	$0.00	($32.10)	$0.00	$0.00	$0.00	$0.00	$0.00	($32.10)
26	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q10	SeniorCare Medicaid	12/6/2010	$2,016.92	$2,016.92	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
27	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q10	SeniorCare	9/2/2010	$507.74	$507.74	$0.00	$0.00	$0.00	$0.01	$0.01	$0.00	$0.00	$0.00
28	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q10	Medicaid	9/2/2010	$214,335.69	$214,335.69	$0.00	$0.00	$0.00	$3.80	$3.80	$0.00	$0.00	$0.00
29	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q10	SeniorCare Medicaid	9/2/2010	$5,833.31	$5,833.30	$0.01	$0.00	$0.00	$0.10	$0.10	$0.00	$0.00	$0.00
30	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q10	SeniorCare	6/9/2010	$737.64	$737.64	$0.00	$0.00	$0.00	$0.00	$0.02	$0.00	($0.02)	$0.02
31	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q10	Medicaid	6/9/2010	$169,304.82	$169,304.82	$0.00	$0.00	$0.00	$0.00	$3.61	$0.00	($3.61)	$3.61
32	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q10	SeniorCare Medicaid	6/9/2010	$5,385.72	$5,385.72	$0.00	$0.00	$0.00	$0.00	$0.11	$0.00	($0.11)	$0.11
33	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q09	SeniorCare	3/4/2010	$1,295.48	$1,295.48	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
34	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q09	Medicaid	3/4/2010	$148,567.14	$148,919.96	$0.00	($352.82)	$0.00	$0.00	$0.00	$0.00	$0.00	($352.82)
35	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q09	SeniorCare Medicaid	3/4/2010	$5,306.45	$5,306.45	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
36	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q09	SeniorCare	12/4/2009	$1,209.57	$1,209.57	$0.00	$0.00	$0.00	$0.01	$0.00	$0.00	$0.01	($0.01)
37	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q09	Medicaid	12/4/2009	$161,660.80	$161,660.80	$0.00	$0.00	$0.00	$1.80	$0.00	$0.00	$1.80	($1.80)
38	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q09	Medicaid Suppl.	12/4/2009	$3,672.05	$3,672.05	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
39	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q09	SeniorCare Medicaid	12/4/2009	$5,924.43	$5,924.43	$0.00	$0.00	$0.00	$0.06	$0.00	$0.00	$0.06	($0.06)
40	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q09	SeniorCare Medicaid Suppl.	12/4/2009	$307.07	$307.07	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
41	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q09	SeniorCare	9/8/2009	$1,527.07	$1,527.07	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
42	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q09	Medicaid	9/8/2009	$147,375.48	$147,375.47	$0.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
43	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q09	Medicaid Suppl.	9/8/2009	$2,698.28	$2,698.28	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
44	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q09	SeniorCare Medicaid	9/8/2009	$7,346.85	$7,348.64	($0.01)	($1.78)	$0.00	$0.00	$0.00	$0.00	$0.00	($1.78)
45	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q09	SeniorCare Medicaid Suppl.	9/8/2009	$244.37	$244.38	($0.01)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
46	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q09	SeniorCare	6/4/2009	$1,979.68	$1,979.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
47	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q09	Medicaid	6/4/2009	$151,120.01	$151,120.01	$0.00	$0.00	$0.00	$2.36	$0.00	$0.00	$2.36	($2.36)
48	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q09	Medicaid Suppl.	6/4/2009	$2,874.04	$2,874.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
49	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q09	SeniorCare Medicaid	6/4/2009	$7,241.07	$7,241.07	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
50	29336	GRACEWAY PHARMACEUTICALS, LLC	1Q09	SeniorCare Medicaid Suppl.	6/4/2009	$380.04	$380.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
51	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q08	SeniorCare	3/5/2009	$546.49	$546.49	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
52	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q08	Medicaid	3/5/2009	$123,635.50	$123,622.20	($0.01)	$13.31	$0.00	$0.00	$0.00	$0.00	$0.00	$13.31
53	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q08	Medicaid Suppl.	3/5/2009	$2,049.28	$2,062.59	$0.00	($13.31)	$0.00	$0.00	$0.00	$0.00	$0.00	($13.31)
54	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q08	SeniorCare Medicaid	3/5/2009	$8,506.12	$8,506.12	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
55	29336	GRACEWAY PHARMACEUTICALS, LLC	4Q08	SeniorCare Medicaid Suppl.	3/5/2009	$306.06	$306.06	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
56	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q08	SeniorCare	12/10/2008	$480.87	$480.86	$0.01	$0.00	$0.00	$0.01	$0.00	$0.00	$0.01	($0.01)
57	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q08	Medicaid	12/10/2008	$106,555.89	$106,555.88	$0.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
58	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q08	Medicaid Suppl.	12/10/2008	$172.77	$172.77	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
59	29336	GRACEWAY PHARMACEUTICALS, LLC	3Q08	SeniorCare Medicaid	12/10/2008	$6,144.03	$6,144.04	($0.01)	$0.00	$0.00	$0.08	$0.00	$0.00	$0.08	($0.08)
60	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q08	Medicaid	8/28/2008	$43,389.33	$43,389.35	($0.02)	$0.00	$0.00	$3.83	$0.00	$0.00	$3.83	($3.83)
61	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q08	SeniorCare Medicaid	8/28/2008	$2,627.93	$2,627.89	$0.00	$0.04	$0.00	$0.23	$0.00	$0.00	$0.23	($0.19)
62	29336	GRACEWAY PHARMACEUTICALS, LLC	2Q08	SeniorCare	8/28/2008	$193.97	$193.97	$0.00	$0.00	$0.00	$0.02	$0.00	$0.00	$0.02	($0.02)
63						$1,498,114.62	$1,448,668.39	($0.03)	$49,446.26	$0.00	$15.01	$9.77	$0.00	$5.24	$49,441.02

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Labeler	Labeler	Invoice	Invoice	Mail	Total Rebate	Total Rebate	Total	Rebate Amt	Total	Total Interest	Total Interest	Interest Amt	Interest	Total	
2	Code	Name	Period	Type	Date	Amt Claimed	Amt Paid	Writeoff Amt	Balance Due	Dispute Amt	Amt Billed	Amt Paid	Written Off	Amt Due	Balance Due	
59	15456	ESPRIT PHARMA, INC.	1Q07	Medicaid	6/7/2007	$6,242.31	$6,296.37	$0.00	($54.06)	$0.00	$0.00	$0.00	$0.00	$0.00	($54.06)	
60	15456	ESPRIT PHARMA, INC.	1Q07	Medicaid Suppl.	6/7/2007	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
61	15456	ESPRIT PHARMA, INC.	1Q07	SeniorCare Medicaid	6/7/2007	$9,975.74	$9,975.74	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
62	15456	ESPRIT PHARMA, INC.	1Q07	SeniorCare Medicaid Suppl.	6/7/2007	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
63	15456	ESPRIT PHARMA, INC.	1Q07	SeniorCare	6/7/2007	$1,145.30	$1,145.30	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
64	15456	ESPRIT PHARMA, INC.	1Q07	SeniorCare Suppl.	6/7/2007	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
65	15456	ESPRIT PHARMA, INC.	4Q06	Medicaid	3/1/2007	$3,426.39	$3,426.39	$0.00	$0.00	$0.00	$4.85	$0.00	$0.00	$4.85	($4.85)	
66	15456	ESPRIT PHARMA, INC.	4Q06	Medicaid Suppl.	3/1/2007	$477.14	$477.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
67	15456	ESPRIT PHARMA, INC.	4Q06	SeniorCare Medicaid	3/1/2007	$7,176.82	$7,176.82	$0.00	$0.00	$0.00	$10.16	$0.00	$0.00	$10.16	($10.16)	
68	15456	ESPRIT PHARMA, INC.	4Q06	SeniorCare Medicaid Suppl.	3/1/2007	$1,012.94	$1,012.94	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
69	15456	ESPRIT PHARMA, INC.	4Q06	SeniorCare	3/1/2007	$899.77	$899.77	$0.00	$0.00	$0.00	$1.27	$0.00	$0.00	$1.27	($1.27)	
70	15456	ESPRIT PHARMA, INC.	4Q06	SeniorCare Suppl.	3/1/2007	$126.99	$126.99	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
71	15456	ESPRIT PHARMA, INC.	3Q06	Medicaid	12/5/2006	$2,867.74	$2,867.74	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
72	15456	ESPRIT PHARMA, INC.	3Q06	Medicaid Suppl.	12/14/2006	$332.38	$332.38	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
73	15456	ESPRIT PHARMA, INC.	3Q06	SeniorCare Medicaid	12/5/2006	$5,407.54	$5,407.54	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
74	15456	ESPRIT PHARMA, INC.	3Q06	SeniorCare Medicaid Suppl.	12/14/2006	$628.86	$628.86	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
75	15456	ESPRIT PHARMA, INC.	3Q06	SeniorCare	12/5/2006	$761.28	$761.28	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
76	15456	ESPRIT PHARMA, INC.	3Q06	SeniorCare Suppl.	12/14/2006	$88.75	$88.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
77	15456	ESPRIT PHARMA, INC.	2Q06	Medicaid	8/31/2006	$1,815.76	$1,815.76	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
78	15456	ESPRIT PHARMA, INC.	2Q06	Medicaid Suppl.	9/7/2006	$520.05	$520.05	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
79	15456	ESPRIT PHARMA, INC.	2Q06	SeniorCare Medicaid	8/31/2006	$3,251.71	$3,251.71	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
80	15456	ESPRIT PHARMA, INC.	2Q06	SeniorCare Medicaid Suppl.	9/7/2006	$931.31	$931.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
81	15456	ESPRIT PHARMA, INC.	2Q06	SeniorCare	8/31/2006	$601.29	$601.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
82	15456	ESPRIT PHARMA, INC.	2Q06	SeniorCare Suppl.	9/7/2006	$172.21	$172.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
83						$279,824.05	$279,522.42	($0.01)	$301.64	($2.01)	$58.23	$3.96	$0.00	$54.27	$249.38	

STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

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608/264-6201
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January 23, 2012

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

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

Dear Sir or Madam:

Enclosed for filing in the above-entitled action please find an original and one copy of the State of Wisconsin – Department of Health Services' proof of claim against Debtor, Graceway Pharmaceuticals, LLC, Case No. 11-13036. Please date stamp the copy and return it to me in the enclosed envelope.

Sincerely,

F. Mark Bromley

F. Mark Bromley
Assistant Attorney General
State Bar #1018353

FMB:ksg

Enclosures

STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

J.B. VAN HOLLEN
ATTORNEY GENERAL

P. O. Box 7857
Madison, WI 53707-7857

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JAN 26 2012
BMC GROUP

BMC GROUP INC
ATTN: GRACEWAY CLAIMS PROCESSING
P O BOX 3020
CHANHASSEN MN 55317-3020

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