B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware

Chapter 11
PROOF OF CLAIM

Name of Debtor: Chester Valley Pharmaceuticals LLC

Case Number: 11-13041 PJW (Jointly Administered)

NOTE: *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.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Connecticut Department of Revenue Services

Name and address where notices should be sent:
Department of Revenue Services
C&E Division, Bankruptcy Section
25 Sigourney Street
Hartford, CT 06106-5032
Telephone number:
(860) 297-5903

RECEIVED
JAN 27 2012
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:

☐ 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.

1. Amount of Claim as of Date Case Filed: $ 900.00

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.

☑ 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.

2. Basis for Claim: Taxes- See attached
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 6991-000

3a. Debtor may have scheduled account as: _____
(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: ☐ Real Estate ☐ Motor Vehicle ☐ 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 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 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:

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $10,950*) 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 $2,425* 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 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Date: 01/23/2012

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.

Pamela D. Calachan, Revenue Services Tax Supervisor

FOR COURT USE ONLY

Graceway Pharmaceuticals LLC

00211

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.

Form 10
Attachment

State of Connecticut - Department of Revenue Services
Proof of Claim for
Department of Revenue Services Taxes

Case Number
11-13041 PJW

Type of Bankruptcy Case
Jointly Administered

Chapter 11

Date of Petition
9/29/2011

In The Matter of: Chester Valley Pharmaceuticals LLC

Note: This claim includes estimated tax liabilities as our records indicate tax return(s) have not been filed. This claim may be amended upon filing of the unfiled tax return(s).

Unsecured Nonpriority Claims

Tax Reg #	Tax Type	Tax Period	Tax Due	Penalty to Petition	Interest to Petition	Total
xxx6991-000	Business Entity	12/05 *Estimated Period	$250.00	$50.00	$165.00	$465.00
xxx6991-000	Business Entity	12/06 *Estimated Period	$250.00	$50.00	$135.00	$435.00

Total Amount of Unsecured Nonpriority Claims $900.00

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

January 23, 2012

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

Re: Chester Valley Pharmaceuticals LLC
Bankruptcy Case Number: 11-13041 PJW (Jointly Administered)

Dear Clerk:

Enclosed is a pre-petition proof-of-claim of the State of Connecticut, Department of Revenue Services (DRS) for Business Entity taxes. The total amount of the claim is $900.00.

We ask that you acknowledge receipt of this claim by returning a stamped copy of the proof-of claim to the Department of Revenue Services. Enclosed is a self-addressed, stamped envelope.

We appreciate your cooperation and prompt attention to this matter. If you have any questions, please contact Revenue Agent **Ana Box** at **860-297-5903**.

Sincerely,

Pamela D. Calachan
Revenue Services Tax Supervisor
Department of Revenue Services
Collection & Enforcement Division
Fax: 860-297-5916

cc: Department of Labor

C & E 206 (Rev. 05/03)

DEPARTMENT OF REVENUE SERVICES
STATE OF CONNECTICUT
25 SIGOURNEY ST • HARTFORD CT 06106-5032

C&E/BANKRUPTCY

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FIRST CLASS

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JAN 27 2012
BMC GROUP

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

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