

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: Graceway Pharmaceuticals, LLC

Case Number: 11-13036 (PJW)

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): Mississippi Division of Medicaid

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

Name and address where notices should be sent: 550 High Street, Suite 1000 Jackson, MS 39201

Check box if you have never received any notices from the bankruptcy court in this case.

Telephone number: (601) 359-5552

Check box if the address differs from the address on the envelope sent to you by the court.

Last four digits of account or other number by which creditor identifies debtor: 29336

Check here if this claim replaces or amends a previously filed claim, dated:

1. Basis for Claim

- Goods sold, Services performed, Money loaned, Personal injury/wrongful death, Taxes, Retiree benefits as defined in 11 U.S.C. § 1114(a), Wages, salaries, and compensation (fill out below), Last four digits of your SS #, Unpaid compensation for services performed, Drug Rebate Pmts

2. Date debt was incurred: 01/01/2011

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 7,129.78

Secured Claim

- Check this box if your claim is secured by collateral (including a right of setoff), Brief Description of Collateral: Real Estate, Motor Vehicle, Other, Value of Collateral, Amount of arrearage and other charges at time case filed included in secured claim, if any

Unsecured Priority Claim

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$

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)()

5. Total Amount of Claim at Time Case Filed: \$ 7,129.78 (unsecured) 7,129.78 (total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Graceway Pharmaceuticals LLC



Date: [Signature]

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Current Account Standing
 Graceway Pharmaceuticals
 Labeler 29336
 February 22, 2012

Graceway Pharmaceuticals

| Invoice Number | Quarter | Invoice Date | Principal Due | Current Invoice Amount | Principal Paid | Interest Paid | Disputed Amount | Unpaid Amount | Interest Due |
|----------------|---------|---------------------|---------------|------------------------|----------------|---------------|-----------------|---------------|--------------|
| 29094 | 20114 | 2/15/2012 00:00:00 | \$ 3,660.25 | \$ 3,660.25 | | | \$ - | \$ 3,660.25 | 0 |
| 28448 | 20113 | 11/1/2011 00:00:00 | \$ 4,613.79 | \$ 4,613.79 | | | \$ - | \$ 4,613.79 | 0.24 |
| 22134 | 20112 | 8/17/2011 00:00:00 | \$ 2,518.70 | \$ 2,518.70 | | | \$ - | \$ 2,518.70 | 0.24 |
| 21483 | 20111 | 5/18/2011 00:00:00 | \$ - | \$ 2,786.56 | 2,786.56 | | \$ - | \$ - | 0 |
| 20736 | 20104 | 2/17/2011 00:00:00 | \$ - | \$ 3,667.94 | 3,667.94 | | \$ - | \$ - | 0 |
| 19999 | 20103 | 11/17/2010 00:00:00 | \$ - | \$ 3,949.25 | 3,949.25 | | \$ - | \$ - | 0 |
| 19380 | 20102 | 8/17/2010 00:00:00 | \$ - | \$ 3,680.79 | 3,680.79 | | \$ - | \$ - | 0 |
| 18759 | 20101 | 5/14/2010 00:00:00 | \$ - | \$ 97,392.77 | 97,392.77 | | \$ - | \$ - | 0 |
| 18143 | 20094 | 2/16/2010 00:00:00 | \$ - | \$ 91,398.17 | 91,398.17 | | \$ - | \$ - | 0 |
| 17526 | 20093 | 11/24/2009 00:00:00 | \$ - | \$ 125,966.86 | 125,966.86 | | \$ - | \$ - | 0 |
| 16905 | 20092 | 8/13/2009 00:00:00 | \$ (2.71) | \$ 94,341.02 | 94,341.73 | | \$ - | \$ - | 0 |
| 16289 | 20091 | 5/14/2009 00:00:00 | \$ - | \$ 103,143.91 | 103,143.91 | | \$ - | \$ - | 0 |
| 15669 | 20084 | 2/16/2009 00:00:00 | \$ - | \$ 81,130.76 | 81,130.76 | | \$ - | \$ - | 0 |
| 14964 | 20083 | 11/21/2008 00:00:00 | \$ - | \$ 83,862.21 | 83,862.21 | | \$ - | \$ - | 0 |
| 14336 | 20082 | 8/21/2008 00:00:00 | \$ - | \$ 35,585.46 | 35,585.46 | | \$ - | \$ - | 0 |
| | | | Total | \$ 10,790.03 | | | | | |

STATE OF MISSISSIPPI



JIM HOOD
ATTORNEY GENERAL

FILED

2012 MAR 12 AM 9:16

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

March 7, 2012

David D. Bird
United State Bankruptcy Court Clerk
District of Delaware
824 North Market Street, 3rd Floor
Wilmington, Delaware 19801

RE: Graceway Pharmaceuticals, LLC
Case No.: 11-13036 (PJW)

Dear Mr. Bird:

Enclosed for filing in the above referenced matter, please find the original and (1) copy of the Mississippi Division of Medicaid's Proof of Claim. Please file the original and return the copy to me stamped "Filed" in the enclosed self-addressed, postage paid envelope.

Should you have any questions or need anything further, please contact my assistant, Saranne Smith, at (601) 359-5747.

Sincerely,

Tara S. Pattie
Special Assistant Attorney General
Counsel for the Division of Medicaid

Enclosures

FedEx Express US Airbill

FedEx Tracking Number

8726 8134 8953

Form ID No

FedEx Retrieval Copy

From Date 3/14/12 Sender's FedEx Account Number 8726198780

Sender's Name Johnson Dept Phone _____

Company BMC

Address 18750 Lake Drive East

City Shonkheimen State MN ZIP 55317

2 Your Internal Billing Reference **RECEIVED**

3 To Recipient's Name Johnson Dept Phone MAR 15 2012

Company BMC **BMC GROUP**

Address 18750 Lake Drive East Dept./Floor/Suite/Room _____

City Shonkheimen State MN ZIP 55317



8726 8134 8953

4a Express Package Service **0200** Packages up to 150 lbs.

01 FedEx Priority Overnight **05** FedEx Standard Overnight **06** FedEx First Overnight

03 FedEx 2Day **20** FedEx Express Saver

4b Express Freight Service **70** FedEx 1Day Freight **80** FedEx 2Day Freight **83** FedEx 3Day Freight

5 Packaging **02** FedEx Pak* **03** FedEx Box **04** FedEx Tube **01** Other

6 Special Handling and Delivery Signature Options **03** SATURDAY DELIVERY

10 No Signature Required **10** Direct Signature **34** Indirect Signature

Does this shipment contain dangerous goods? **06** Dry Ice **06** Cargo Aircraft Only

7 Payment Bill to: **2** Recipient **3** Third Party **4** Credit Card **5** Cash/Check

Total Packages _____ Total Weight _____ lbs.

606

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