


UNITED STATES BANKRUPTCY COURT Delaware Bankruptcy Court (Wilmington)		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): Colorado Department of Revenue		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: 4 _____ (If known) Filed on: <u>24-Oct-2011</u>
Name and address where notices should be sent: Colorado Department of Revenue 1375 Sherman St, Rm 504 Denver CO 80261-0004 Telephone number: 303-866-3711		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">MAR 19 2012</p> <p style="margin: 0;">BMC GROUP</p> </div>		
Name and address where notices should be sent (if different from above):		<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.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>0.00</u> 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. <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.		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. <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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input checked="" 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: \$ <u>0.00</u> *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.
2. Basis for Claim: <u>The grounds of liability is tax due under Colorado Statutes as Revised</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>5385</u>		
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <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: \$ <u>0.00</u> Amount Unsecured: \$ <u>0.00</u>		
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 of 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 7 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:		
Date: 03/13/2012	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.	
/s/ Anton Lunder Tax Compliance Agent 303-866-3711		FOR COURT USE ONLY Graceway Pharmaceuticals LLC  00227

STATE OF COLORADO



Colorado Department of Revenue
1375 Sherman St
Denver, CO 80261-0004



Mar 13, 2012

GRACEWAY PHARMACEUTICALS LLC
340 EDMONT AVE
BRISTOL TN 37620-2313

Account: 01556086
Letter: L1521462144
Source: TPC

UNITED STATES BANKRUPTCY COURT
FOR THE
Delaware Bankruptcy Court (Wilmington)

Case #: 11-13036-PJW
Chapter #: Chapter 11
Filing Date: 09/29/2011

IN THE MATTER OF: GRACEWAY PHARMACEUTICALS LLC

14-1965385

1. The undersigned, whose business address is 1375 Sherman Street, Denver, Colorado 80261, is an agent of the Department of Revenue, Tax Audit & Compliance Division, and is authorized to make this proof of claim on behalf of the State of Colorado, Department of Revenue.
2. The debtor is indebted to the State of Colorado in the amount of \$0.00, as stated below, as of the petition date.
3. The grounds of liability is tax due under Colorado Statutes as Revised.

ID	Tax Type	Filing	Assessed	Tax Amount	Penalty	Interest	Period Status	Comment
14-1965385	Withholding	12/31/2007	2/5/2008	\$0.00	\$0.00	\$0.00	Unsecured Priority Claim	

Total Secured: **\$0.00**

Total Priority: **\$0.00**

Total General: **\$0.00**

Total Claim: **\$0.00**

PLEASE SEND PAYMENT OR CORRESPONDENCE TO:

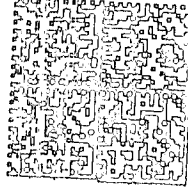
Colorado Department of Revenue
1375 Sherman Street, Room 504
Attention: Bankruptcy Unit
Denver, Colorado 80261

Phone (303)866-3711

Penalty for presenting fraudulent claim
Fine of not more than \$500,000 or imprisonment for not more than 5
Years or both, Title 18 USC 152 and 3571

DR 4701 (01/05)
STATE OF COLORADO
DEPARTMENT OF REVENUE
DENVER CO 80261

State of Colorado Official Mail – Penalty for Private Use



FIRST CLASS

Postnet

04982043432

\$00.450

03/14/2012

Mailed From 8020
US POSTAGE

BMC Group, Inc
ATTN: Gateway PHARMACEUTICALS
CLAIMS PROCESSING
PO Box 3020
CHANNHASSEN MN 55317-3020

RECEIVED
MAR 19 2012
BMC GROUP

5531733020

