


<b>UNITED STATES BANKRUPTCY COURT</b> <b>District of Delaware</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Graceway Pharmaceuticals, LLC</b>		Case Number: <b>11-13036</b>
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): <b>Texas Health and Human Services Commission</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>Kevin Raymond</b> <b>4900 North Lamar Blvd, 4th Floor, Austin, Texas 78751</b>  Telephone number: <b>(512) 487-3356</b>		Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above): <b>Health &amp; Human Services Commission PO Box 149055 Austin, TX 78714-9055</b>  Telephone number: _____		<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.
1. Amount of Claim as of Date Case Filed:      \$ <u>166,115.79</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.
2. Basis for Claim: <u>Texas Medicaid rebates</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<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).
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: \$ _____ Amount Unsecured: \$ _____		<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 type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
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:		<input type="checkbox"/> 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: <b>03/20/2012</b>	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.  <b>Antoine Nelson, Rebate Accounting Manager</b>	
		FOR COURT USE ONLY   00233

**Texas Medicaid - Invoice Summary - Graceway Pharmaceuticals**

Invoice Number	Invoice Date	Original Invoice Amount	Current Invoice Amount (after rate and unit changes)	Principal Paid	Principal Due
17548	11/21/2011	\$52,927.86	\$52,184.87	\$1,163.25	\$51,021.62
13101	8/28/2011	\$64,249.79	\$102,224.47	\$0.00	\$102,224.47
4930	5/27/2011	\$49,876.34	\$62,746.04	\$49,876.34	\$12,869.70
248	2/28/2011	\$0.00	\$123,708.80	\$123,708.81	-\$0.01
99912933620103	11/12/2010	\$0.00	\$1,342,246.18	\$1,342,246.18	\$0.00
99912933620102	8/19/2010	\$0.00	\$1,252,731.55	\$1,252,731.54	\$0.01
99912933620101	5/21/2010	\$0.00	\$688,545.42	\$688,545.42	\$0.00
99912933620094	2/17/2010	\$662,135.79	\$653,093.03	\$653,093.03	\$0.00
99912933620093	11/25/2009	\$772,440.02	\$766,255.02	\$766,255.02	\$0.00
99912933620092	8/21/2009	\$744,985.13	\$739,615.43	\$739,615.43	\$0.00
99912933620091	5/26/2009	\$583,450.11	\$577,943.17	\$577,943.17	\$0.00
99912933620084	2/18/2009	\$481,650.35	\$478,017.11	\$478,017.11	\$0.00
99912933620083	11/21/2008	\$503,361.42	\$498,666.48	\$498,666.48	\$0.00
99912933620082	8/19/2008	\$190,816.69	\$187,840.08	\$187,840.08	\$0.00
		\$4,105,893.50	\$7,525,817.65	\$7,359,701.86	\$166,115.79



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS  
EXECUTIVE COMMISSIONER

March 20, 2012

BMC Group, Inc.  
Attn: Graceway Claims Processing  
18750 Lake Drive East  
Chanhassen MN 55137  
Via FedEx, Tracking No. 8758 4771 5274

Re: Graceway Pharmaceuticals, LLC.  
USBC, Delaware District No. 11-13036 (PJW)

Dear Sir/Madam:

Enclosed please find an original and one copy of three (3) proofs of claim for filing on behalf of the Texas Health and Human Services Commission. Please file the original and return a file stamped copy of each proof of claim in the FedEx envelope provided.

Thank you for your service.

Sincerely,

A handwritten signature in cursive script that reads "Dianne Purcell".

Dianne H. Purcell  
Legal Assistant to  
KEVIN RAYMOND  
Assistant General Counsel  
Texas Health and Human Services Commission  
512.487.3356 (p)  
512.487.3421 (f)

:dhp

# FedEx NEW Package

Express US Airbill

Tracking Number **8758 477J 5274**

0200

Recipients Copy

**1 From**  
 Date \_\_\_\_\_

**Senders Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_  
 Dept./Room/Suite/Room \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**2 Your Internal Billing Reference**

**RECEIVED**

**MAR 22 2012**

**3 To Recipient's Name** **BMC GROUP** **Phone** \_\_\_\_\_

**Company** **BMC GROUP**

**Address** \_\_\_\_\_  
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Room/Suite/Room \_\_\_\_\_

**Address** \_\_\_\_\_  
 Use this line for the HQ/Location address or for confirmation of your shipping address.

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_



8758 4771 5274

**4 Express Package Service** \*To meet deadlines.  
 NOTE: Service under has changed. Please select carefully.

**Next Business Day**

**FedEx First Overnight**  
 FedEx First Overnight will deliver to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

**FedEx Priority Overnight**  
 FedEx Priority Overnight will be delivered on Monday unless SATURDAY Delivery is selected.

**FedEx Standard Overnight**  
 Standard Delivery NOT available.

**2 or 3 Business Days**

**NEW FedEx 2day A.M.**  
 FedEx 2day A.M. will be delivered on Monday unless SATURDAY Delivery is selected.

**FedEx 2Day**  
 FedEx 2Day will be delivered on Monday unless SATURDAY Delivery is selected.

**FedEx Express Saver**  
 Standard Delivery NOT available.

**5 Packaging** \* Declared value limit \$500.  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options**

**SATURDAY Delivery**  
 NOT available for FedEx Standard Overnight, FedEx 2day A.M. or FedEx Express Saver.

**No Signature Required**  
 No signature is required for delivery. (Not available for FedEx Standard Overnight, FedEx 2day A.M. or FedEx Express Saver.)

**Direct Signature**  
 Someone at recipient's address must sign for delivery. (Not available for FedEx Standard Overnight, FedEx 2day A.M. or FedEx Express Saver.)

**Indirect Signature**  
 There is someone at recipient's address who is not the recipient. (Not available for FedEx Standard Overnight, FedEx 2day A.M. or FedEx Express Saver.)

**Does this shipment contain dangerous goods?**  
 (Not available for FedEx Standard Overnight, FedEx 2day A.M. or FedEx Express Saver.)

**7 Payment Bill to:**  
 Sender  Recipient  Third Party  Credit Card  Cash/Check

**Total Packages** \_\_\_\_\_ **Total Weight** \_\_\_\_\_ lbs \$ \_\_\_\_\_  
**Total Declared Value\*** \_\_\_\_\_ Credit Card Acct. No. \_\_\_\_\_  
 \*Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Packages up to 150 lbs. For packages over 50 lbs, use the new FedEx Express Freight US Airbill.

