

UNITED STATES BANKRUPTCY COURT	District of Delaware	PROOF OF CLAIM
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Name of Debtor: Graceway Pharmaceuticals, LLC	Case Number: 11-13036
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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): Texas Health and Human Services Commission	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Kevin Raymond 4900 North Lamar Blvd, 4th Floor, Austin, Texas 78751	
Telephone number: (512) 487-3356	

Name and address where payment should be sent (if different from above): Health & Human Services Commission PO Box 149055 Austin, TX 78714-9055	<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>795,854.30</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 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: \$ _____ *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.
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2. Basis for Claim: Texas CHIP rebates NSF
(See instruction #2 on reverse side.)

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.)

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 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: 03/20/2012	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. Antoine Nelson, Rebate Accounting Manager	FOR COURT USE ONLY  00234
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**Texas CHIP- National & State Funded Program
Graceway Pharmaceuticals**

Invoice Number	Quarter	Invoice Date	Original Invoice Amount	Current Invoice Amount (after rate and unit changes)	Principal Paid	Principal Due
17267	20113	11/20/2011	\$17,672.31	\$17,399.80	\$100.48	\$17,299.32
14022	20112	8/29/2011	\$17,784.69	\$26,324.93	\$0.00	\$26,324.93
3996	20111	5/27/2011	\$12,734.18	\$15,783.02	\$3,697.36	\$12,085.66
1292	20104	2/28/2011	\$7,662.50	\$12,056.45	\$7,914.72	\$4,141.73
99962933620103	20103	11/16/2010	\$184,779.13	\$184,779.13	\$137,201.43	\$47,577.70
99962933620102	20102	8/23/2010	\$174,611.98	\$171,190.35	\$114,060.85	\$57,129.50
99962933620101	20101	5/24/2010	\$128,470.53	\$125,677.14	\$29,111.50	\$96,565.64
99962933620094	20094	2/19/2010	\$140,827.12	\$138,775.37	\$20,995.03	\$117,780.34
99962933620093	20093	12/2/2009	\$0.00	\$41,776.75	\$27,791.02	\$13,985.73
99962933620092	20092	8/25/2009	\$133,867.60	\$132,061.66	\$26,893.40	\$105,168.26
99962933620091	20091	5/26/2009	\$132,243.60	\$132,118.32	\$23,684.95	\$108,433.37
99962933620084	20084	2/20/2009	\$124,595.99	\$121,760.60	\$21,909.94	\$99,850.66
99962933620083	20083	11/19/2008	\$101,510.07	\$99,168.67	\$33,042.29	\$66,126.38
99962933620082	20082	8/27/2008	\$36,155.43	\$34,985.99	\$11,600.91	\$23,385.08
Total			\$1,212,915.13	\$1,253,858.18	\$458,003.88	\$795,854.30



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*
FedEx
Tracking
Number
8758 4771 5274



Recipients Copy

1 From
Date 03/20/12
Sender's Name Kevin Raymond Phone 712 487-3356
Company
Address 4900 Millman Rd Milledgeville, GA 30601
City Auston State TX ZIP 78801
Day/Floor/Suite/Room

4 Express Package Service * To most locations
NOTE: Service order has changed. Please select carefully.
Next Business Day
FedEx First Overnight
FedEx Priority Overnight
FedEx Standard Overnight
Saturday Delivery NOT available

2 Your Internal Billing Reference
3 To
Recipient's Name BMC Group Phone
Company BMC GROUP
Address 16750 Gateway Center Drive East
City Leander State TN ZIP 37057
Day/Floor/Suite/Room

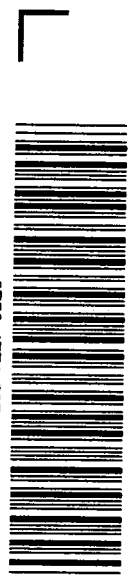
5 Packaging * Declared value limit \$500
FedEx Envelope*
FedEx Pak*
FedEx Box
FedEx Tube
Other

Address We cannot deliver to PO boxes or P.O. ZIP codes
Address We cannot deliver to P.O. boxes or P.O. ZIP codes
City Leander State TN ZIP 37057

6 Special Handling and Delivery Signature Options
SATURDAY Delivery
No Signature Required
Direct Signature
Indirect Signature
Does this shipment contain dangerous goods?
One box must be checked.
Sender's Declaration
Shipper's Declaration
Dry Ice
Cargo Aircraft Only

Address We cannot deliver to P.O. boxes or P.O. ZIP codes
Address We cannot deliver to P.O. boxes or P.O. ZIP codes
City Leander State TN ZIP 37057

7 Payment: Bill to:
Sender's Account No. or Credit Card No. below:
Recipient
Third Party
Credit Card
Cash/Check
Obtain recip. Acct. No.



8758 4771 5274

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