

UNITED STATES BANKRUPTCY COURT

District of Delaware

PROOF OF CLAIM

Name of Debtor: Graceway Pharmaceuticals, LLC

Case Number: 11-13036

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

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: Kevin Raymond, 4900 North Lamar Blvd, 4th Floor, Austin, Texas 78751

RECEIVED MAR 22 2012 BMC GROUP

Court Claim Number: (If known)

Telephone number: (512) 487-3356

Filed on:

Name and address where payment should be sent (if different from above): Health & Human Services Commission PO Box 149055 Austin, TX 78714-9055

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 5,126.72

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Texas CHIP rebates SF (See instruction #2 on reverse side.)

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:

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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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.

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).

Nature of property or right of setoff: Real Estate Motor Vehicle Other

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:

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.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

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.)

Amount entitled to priority:

\$

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*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.

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 Graceway Pharmaceuticals LLC address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Antoine Nelson, Rebate Accounting Manager

Antoine Nelson



00235

Texas CHIP - Invoice Summary - State Funded Program

Invoice Number	Quarter	Invoice Date	Original Invoice Amount	Current Invoice Amount (after rate and unit changes)	Principal Paid	Principal Due
17073	20113	11/22/2011	\$438.63	\$438.63	\$2.42	\$436.21
13828	20112	8/29/2011	\$1,242.64	\$1,583.16	\$0.00	\$1,583.16
3800	20111	5/26/2011	\$478.71	\$833.97	\$0.00	\$833.97
1096	20104	2/28/2011	\$600.48	\$918.61	\$536.44	\$382.17
99972933620102	20102	8/23/2010	\$692.29	\$692.29	\$472.85	\$219.44
99972933620093	20093	12/2/2009	\$0.00	\$466.90	\$309.71	\$157.19
99972933620092	20092	8/25/2009	\$757.94	\$757.94	\$155.71	\$602.23
99972933620091	20091	5/26/2009	\$244.96	\$244.96	\$44.21	\$200.75
99972933620084	20084	2/20/2009	\$482.62	\$482.62	\$83.62	\$399.00
99972933620083	20083	11/20/2008	\$468.28	\$468.28	\$155.68	\$312.60
Totals			\$5,406.55	\$6,887.36	\$1,760.64	\$5,126.72



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 477J 5274



Recipients Copy

1 From

Date 03/21/12

Sender's Name Kevin Raymond Phone 712 447-3396

Company The Home Depot

Address 4900 N. Lamar Rd. Mableton, GA 30149

City Atlanta State GA ZIP 30149

2 Your Internal Billing Reference

RECEIVED

3 To

Recipient's Name BMC Group Phone

Company BMC GROUP

Address 18750 Greenway Lane Drive East

City Greenwood State MN ZIP 55127

MAR 22 2012

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

FedEx Envelope*

FedEx Pak*

FedEx Box

FedEx Tube

Other

2 or 3 Business Days

NEW FedEx 2Day/AM

FedEx 2Day

FedEx Express Saver

FedEx Standard Overnight

FedEx Priority Overnight

FedEx First Overnight

Packages up to 150 lbs. For packages over 150 lbs., see the new FedEx Express freight US Airbill.

6 Special Handling and Delivery Signature Options

SATURDAY Delivery

No Signature Required

Direct Signature

Indirect Signature

Signature Required

Signature Required - Restricted

Signature Required - Restricted (Signature Only)

Signature Required - Restricted (Signature Only)

Signature Required - Restricted (Signature Only)

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Signature Required - Restricted (Signature Only)



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