B 10 (Official Form 10) (12/08)

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):
Missouri Department of Social Services, MO HealthNet Division

☐ 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:

Jeff Klusmeier
Attorney General's Office
PO Box 899
Jefferson City, MO 65102

Telephone number: (573)751-4854
E-mail address: jeff.klusmeier@ago.mo.gov

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MAR 23 2012
BMC GROUP

Name and address where payment should be sent (if different from above):

Telephone number:

☐ 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.

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

1. Amount of Claim as of Date Case Filed: $ 24,796.96

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.

2. Basis for Claim: Drug rebates, see attached exhibits
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 9336

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:** $ _____

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.

☐ 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)(__).

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.*

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: 3-20-12

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.

Jacqueline K. Hickman, Unit Supervisor Jacqueline K. Hickman

FOR COURT USE ONLY
Graceway Pharmaceuticals LLC
00236

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Exhibit A

This proof of claim is filed for drug rebates owed by the Debtor to the Missouri Department of Social Services, MO HealthNet Division ("Division") for the 3rd and 4th quarters of 2010 and the 2nd and 3rd quarters of 2011, in the amount set forth in its proof of claim form and in more detail in the attached Exhibit B. The amount of this proof of claim does not presently include $13,145.55 in drug rebates owed for the 4th quarter of 2011, as the Division asserts those rebates arose and were incurred post-petition and are properly considered administrative expenses pursuant to 11 U.S.C. § 503. However, should this Court determine otherwise, or should the 4th quarter 2011 drug rebates not be paid in full for any other reason, the Division reserves the right to amend this proof of claim to include that amount and any future drug rebate amounts that become due.

02/22/12

STATE OF MISSOURI
MEDICAID MANAGEMENT INFORMATION SYSTEM
MEDICAID DRUG REBATE INVOICE

JOSEPH RICCHINI
GRACEWAY PHARMACEUTICALS, LLC
P.O. BOX 569
EXTON PA 19341

STATE CODE: MO INVOICE #: 114-29336
PERIOD COVERED: FOURTH QUARTER 2011

NDC NUMBER	JCODE IND	DRUG NAME	UNIT REBATE AMOUNT	TOTAL UNITS REIMB	TOTAL REBATE AMT CLAIMED	NO. OF SCRIPTS	MEDICAID AMT REIMBURSED	NON-MCAID AMT REIMBURSED	TOTAL REIMB AMOUNT	COR FLG
29336-0301-02		MINITRAN	0.160500	255.000	40.93	9	720.95	0.00	720.95	
29336-0302-02		MINITRAN	0.080000	450.000	36.00	15	505.08	0.00	505.08	
29336-0303-02		MINITRAN	0.067500	300.000	20.25	12	366.02	0.00	366.02	
29336-0304-02		MINITRAN	0.160000	60.000	9.60	2	87.30	0.00	87.30	
29336-0325-56		ESTRASORB	0.129200	1023.120	132.19	12	756.17	0.00	756.17	
29336-0610-12		ALDARA	8.353100	624.000	5212.33	49	11110.66	0.00	11110.66	
29336-0610-24		ALDARA	8.353100	69.000	576.36	4	2332.71	0.00	2332.71	
29336-0710-28		ZYCLARA	4.735600	56.000	265.19	2	1335.90	0.00	1335.90	
29336-0815-21		MAXAIR AUT	7.505700	913.000	6852.70	63	9381.97	107.74	9489.71	
NUMBER OF NDCS INVOICED:			9	3750.120	13145.55	168	26596.76	107.74	26704.50	

EXHIBIT B

FENGAD 800-631-6989

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

NDC NUMBER	JCODE IND	CURRENT UNITS	CURR REBATE PER UNIT	PREVIOUS INVOICED AMT	REBATE PAID	PRICE ADJS	CLAIM/MISC ADJUST AMT	CLAIM ADJUST UNITS	NEW BALANCE
29336-0301-02		90.000	0.158600	14.27	0.00	0.00	0.00	0.000	14.27
29336-0302-02		180.000	0.094300	16.97	0.00	0.00	0.00	0.000	16.97
29336-0303-02		330.000	0.058200	19.21	0.00	0.00	0.00	0.000	19.21
29336-0304-02		120.000	0.183300	22.00	0.00	0.00	0.00	0.000	22.00
29336-0325-56		876.960	0.133100	116.72	0.00	0.00	0.00	0.000	116.72
29336-0610-12		312.030	9.019200	2,814.26	0.00	0.00	0.00	0.000	2,814.26
29336-0610-24		255.000	9.019200	2,299.90	0.00	0.00	0.00	0.000	2,299.90
29336-0710-28		28.000	5.104000	142.91	0.00	0.00	0.00	0.000	142.91
29336-0815-21		868.000	7.713600	6,695.40	0.00	0.00	0.00	0.000	6,695.40

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

*** QUARTER TOTALS ***

PREVIOUS INVOICED AMT	TOTAL REBATE PAID	PRICE ADJS	CLAIM ADJS	NEW BALANCE
12,141.64	0.00	0.00	0.00	12,141.64

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

NDC NUMBER	JCODE IND	CURRENT UNITS	CURR REBATE PER UNIT	PREVIOUS INVOICED AMT	REBATE PAID	PRICE ADJS	CLAIM/MISC ADJUST AMT	CLAIM ADJUST UNITS	NEW BALANCE
29336-0301-02		60.000	0.168500	10.11	0.00	0.00	0.00	0.000	10.11
29336-0302-02		330.000	0.082500	27.23	0.00	0.00	0.00	0.000	27.23
29336-0303-02		360.000	0.067800	24.41	0.00	0.00	0.00	0.000	24.41
29336-0304-02		120.000	0.183300	22.00	0.00	0.00	0.00	0.000	22.00
29336-0325-56		925.680	0.131600	121.82	0.00	0.00	0.00	0.000	121.82
29336-0610-12		600.000	7.956500	4,773.90	0.00	0.00	0.00	0.000	4,773.90
29336-0610-24		175.000	7.956500	1,392.39	0.00	0.00	0.00	0.000	1,392.39
29336-0710-28		56.000	4.803600	269.00	0.00	0.00	0.00	0.000	269.00
29336-0815-21		854.000	7.637100	6,522.08	292.93	0.00	0.00	0.000	6,229.15

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

*** QUARTER TOTALS ***

PREVIOUS INVOICED AMT	TOTAL REBATE PAID	PRICE ADJS	CLAIM ADJS	NEW BALANCE
13,162.94	292.93	0.00	0.00	12,870.01

*** PAYMENTS BELOW ARE REFLECTED IN ACCUMULATED PAYMENTS SHOWN ON PRECEDING PAGES:
PAYMENT OF $ 292.93 RECEIVED ON 12/19/11 - THANK YOU

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

*** LABELER SUMMARY ***

YEAR	QTR	QUARTERLY BALANCE
2011	2	$ 12,141.64
2011	3	$ 12,870.01
2011	4	$ 13,145.55
TOTAL DUE:		$ 38,157.20

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

NDC NUMBER	JCODE IND	CURRENT UNITS	CURR REBATE PER UNIT	PREVIOUS INVOICED AMT	REBATE PAID	PRICE ADJS	CLAIM/MISC ADJUST AMT	CLAIM ADJUST UNITS	NEW BALANCE
29336-0325-56		403.674	0.133800	66.49-	0.00	0.00	0.00	0.000	66.49-

GRACEWAY PHARMACEUTICALS, LLC

STATE CODE: MO INVOICE #: 114-29336

*** QUARTER TOTALS ***

PREVIOUS INVOICED AMT	TOTAL REBATE PAID	PRICE ADJS	CLAIM ADJS	NEW BALANCE
66.49-	0.00	0.00	0.00	66.49-

GRACEWAY PHARMACEUTICALS, LLC

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NDC NUMBER	JCODE IND	CURRENT UNITS	CURR REBATE PER UNIT	PREVIOUS INVOICED AMT	REBATE PAID	PRICE ADJS	CLAIM/MISC ADJUST AMT	CLAIM ADJUST UNITS	NEW BALANCE
29336-0325-56		904.788	0.133800	148.20-	0.00	0.00	0.00	0.000	148.20-

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

*** QUARTER TOTALS ***

PREVIOUS INVOICED AMT	TOTAL REBATE PAID	PRICE ADJS	CLAIM ADJS	NEW BALANCE
148.20-	0.00	0.00	0.00	148.20-

GRACEWAY PHARMACEUTICALS, LLC

STATE CODE: MO INVOICE #: 114-29336

*** LABELER SUMMARY ***

YEAR	QTR	QUARTERLY BALANCE
2010	3	$ 66.49-
2010	4	$ 148.20-
TOTAL DUE:		$ 214.69-

GRACEWAY PHARMACEUTICALS, LLC STATE CODE: MO INVOICE #: 114-29336

*** LABELER SUMMARY ***

YEAR	QTR	QUARTERLY BALANCE
2010	3	$ 66.49-
2010	4	$ 148.20-
2011	2	$ 12,141.64
2011	3	$ 12,870.01
2011	4	$ 13,145.55
TOTAL DUE:		$ 37,942.51 *

PLEASE REMIT TO THE ADDRESS BELOW.

MO HEALTHNET DIVISION
CASH CONTROL UNIT
P.O. BOX 6500
JEFFERSON CITY, MO. 65102

After printing this label:

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