


B10 (Official Form 10)  
(Rev. 7/95)

<b>United States Bankruptcy Court</b>		<b>PROOF OF CLAIM</b>					
District of <u>DELAWARE</u>		Case Number	Chapter				
In re (Name of Debtor) <b>GRACEWAY PHARMACEUTICALS, LLC.</b>		11-13036	11				
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.							
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property)		<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.					
Name and Address Where Notices Should be Sent  <b>Tennessee Department of Revenue</b> C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207							
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 14-1965385/000		Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____					
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <b>BMC GROUP</b>							
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:					
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.							
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier —11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units —11 U.S.C. §507(a)(8) <input type="checkbox"/> Other— Specify applicable paragraph of 11 U.S.C. §507(a) _____ Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <b>\$804,615.23</b> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.							
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <b>\$5,430,102.64</b> Specify the priority of the claim.							
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="width: 25%;"><b>\$804,615.23</b> (Unsecured)</td> <td style="width: 25%; text-align: center;">\$ _____ (Secured)</td> <td style="width: 25%; text-align: center;"><b>\$5,430,102.64</b> (Priority)</td> <td style="width: 25%; text-align: center;"><b>\$6,234,717.87</b> (Total)</td> </tr> </table>				<b>\$804,615.23</b> (Unsecured)	\$ _____ (Secured)	<b>\$5,430,102.64</b> (Priority)	<b>\$6,234,717.87</b> (Total)
<b>\$804,615.23</b> (Unsecured)	\$ _____ (Secured)	<b>\$5,430,102.64</b> (Priority)	<b>\$6,234,717.87</b> (Total)				
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.							
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			THIS SPACE IS FOR COURT USE ONLY				
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.							
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.							
DATE <u>March 12, 2012</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		Graceway Pharmaceuticals LLC  00238				
<u>3076031120312 MD</u>	Print Name: <u>Wilbure Hooks</u> Signature: <u>Wilbure E. Hooks</u>						

... of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

ALL INQUIRIES CONTACT:

**Michelle Denney**  
**(615) 532-6324**

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Debtor: GRACEWAY PHARMACEUTICALS, LLC.

D/B/A: GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL, TN 37620-3996

ACCT NO. 166862679  
ACCT TYPE BUS COUNTY  
ENTITY ID 14-1965385/000

D/B/A: GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL, TN 37620-3996

ACCT NO. 501299974  
ACCT TYPE BUS CITY  
ENTITY ID 14-1965385/000

D/B/A: GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL, TN 37620-3996

ACCT NO. 320042959  
ACCT TYPE FRAN/EXCS2  
ENTITY ID 14-1965385/000

D/B/A: GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL, TN 37620-3996

ACCT NO. 105995775  
ACCT TYPE SALES&USE  
ENTITY ID 14-1965385/000



# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL TN 37620-3996

824 MARKET STREET  
WILMINGTON DE 19801

Docket No.: 11-13036

Chapter: 11  
Date Petition Filed: September 29, 2011

14-1965385/000  
166862679  
BUS COUNTY

First Creditors Meeting:  
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	BKDT	04-01-09	\$2,178.00	\$0.00	\$0.00	\$165.00	\$2,343.00
1	BKDT	04-01-11	\$2,478.84	\$0.00	\$0.00	\$0.00	\$2,478.84
TOTALS			\$4,656.84	\$0.00	\$0.00	\$165.00	\$4,821.84

**RECAP**

Audit Balance: \$4,821.84  
 Payment Agreement Balance: \$0.00  
 No Remittance Balance: \$0.00  
 Estimated Assessments: \$0.00  
 Underpaid Balance: \$0.00  
 Returned Checks: \$0.00  
**GRAND TOTAL: \$4,821.84**

Penalty and interest calculated through 09-29-11

*Michelle Doney*  
Preparer's Signature

March 12, 2012  
Date



# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL TN 37620-3996

824 MARKET STREET  
WILMINGTON DE 19801

14-1965385/000  
501299974  
BUS CITY

Docket No.: 11-13036  
Chapter: 11  
Date Petition Filed: September 29, 2011  
First Creditors Meeting:  
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	BKDT	04-01-09	\$940.06	\$0.00	\$0.00	\$305.00	\$1,245.06
1	BKDT	04-01-11	\$2,478.84	\$0.00	\$0.00	\$0.00	\$2,478.84
TOTALS			\$3,418.90	\$0.00	\$0.00	\$305.00	\$3,723.90

**RECAP**

Audit Balance: \$3,723.90  
 Payment Agreement Balance: \$0.00  
 No Remittance Balance: \$0.00  
 Estimated Assessments: \$0.00  
 Underpaid Balance: \$0.00  
 Returned Checks: \$0.00  
**GRAND TOTAL: \$3,723.90**

Penalty and interest calculated through 09-29-11

*Michelle Denny*  
Preparer's Signature

March 12, 2012  
Date



# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL TN 37620-3996

824 MARKET STREET  
WILMINGTON DE 19801

14-1965385/000  
320042959  
FRAN/EXCS2

Docket No.: 11-13036  
Chapter: 11  
Date Petition Filed: September 29, 2011  
First Creditors Meeting:  
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
3	FLD	01-01-07	\$1,849.95	\$0.00	\$0.00	\$329.38	\$2,179.33
2	FLD	01-01-09	\$24,455.11	\$0.00	\$0.00	\$2,582.43	\$27,037.54
2	FLD	01-01-10	\$1,345.03	\$0.00	\$0.00	\$68.61	\$1,413.64
1	DLNQ	09-30-10	\$2,736,062.65	\$714,676.60	\$0.00	\$94,761.91	\$3,545,501.16
1	DLNQ	01-01-11	\$2,130,323.04	\$0.00	\$0.00	\$0.00	\$2,130,323.04
TOTALS			\$4,894,035.78	\$714,676.60	\$0.00	\$97,742.33	\$5,706,454.71

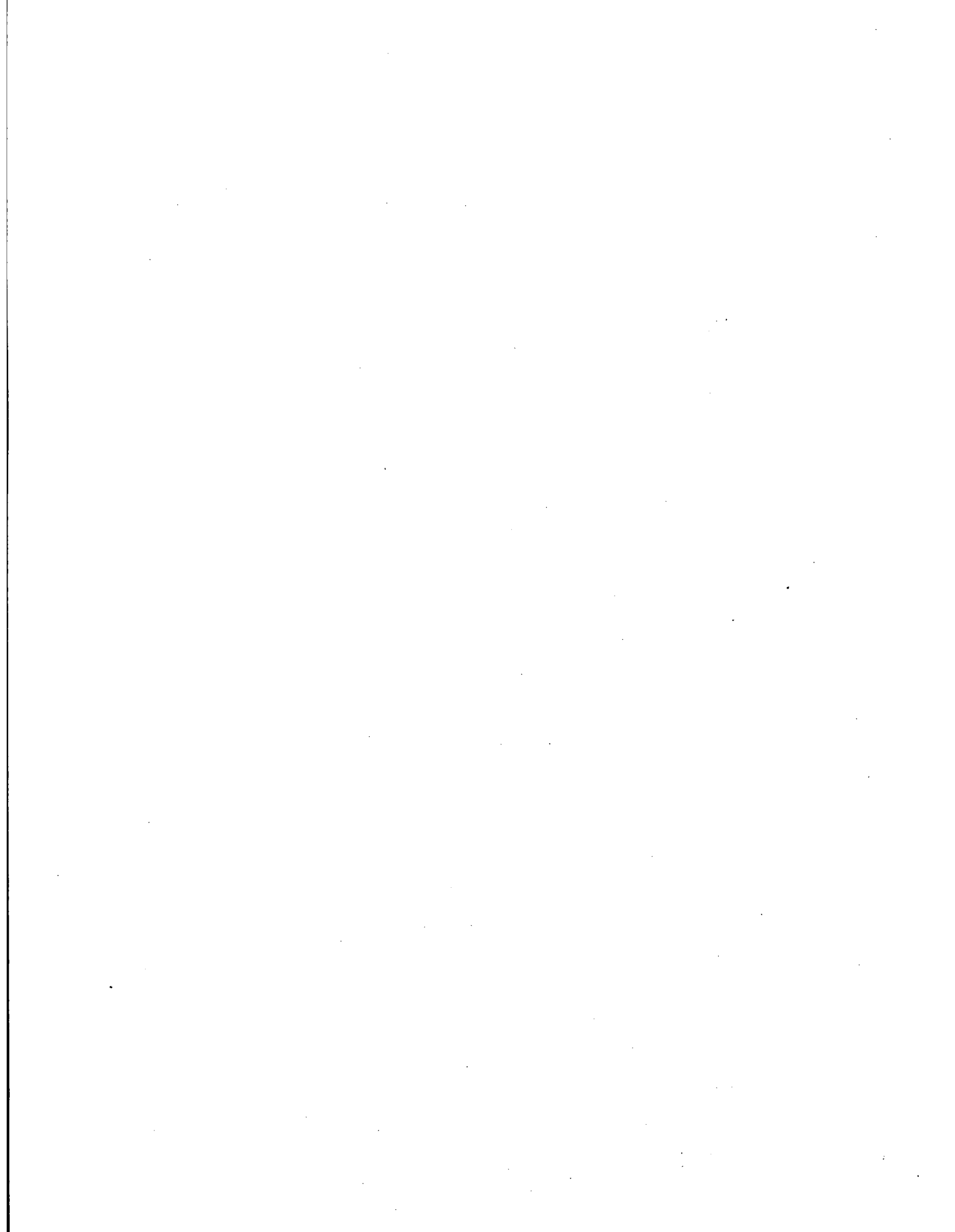
**RECAP**

Audit Balance: \$30,630.51  
 Payment Agreement Balance: \$0.00  
 No Remittance Balance: \$0.00  
 Estimated Assessments: \$5,675,824.20  
 Underpaid Balance: \$0.00  
 Returned Checks: \$0.00  
 GRAND TOTAL: \$5,706,454.71

Penalty and interest calculated through 09-29-11

*Michelle Deuney*  
Preparer's Signature

March 12, 2012  
Date





# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL TN 37620-3996

824 MARKET STREET  
WILMINGTON DE 19801

14-1965385/000  
105995775  
SALES&USE

Docket No.: 11-13036  
Chapter: 11  
Date Petition Filed: September 29, 2011  
First Creditors Meeting:  
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	BKDT	01-01-08	\$361,486.26	\$89,938.63	\$0.00	\$68,292.53	\$519,717.42
		TOTALS	\$361,486.26	\$89,938.63	\$0.00	\$68,292.53	\$519,717.42

**RECAP**

Audit Balance: \$519,717.42  
Payment Agreement Balance: \$0.00  
No Remittance Balance: \$0.00  
Estimated Assessments: \$0.00  
Underpaid Balance: \$0.00  
Returned Checks: \$0.00

Penalty and interest calculated through 09-29-11

GRAND TOTAL: \$519,717.42

Michelle Dorney  
Preparer's Signature

March 12, 2012  
Date

00042

00200

fedex.com 1.800.GoFedEx 1.800.463.3339

RECIPIENT: PEEL HERE

**FedEx** NEW Package  
Express US Airbill

FedEx Tracking Number 8770 7561 6121

1 From This portion can be removed for Recipient's records.  
Date: \_\_\_\_\_ FedEx Tracking Number: 877075616121

Sender's Name: **EDDIE WHITE** Phone: 615 741-7071

Company: **TEMM DEPT OF REVENUE/TAX ENFOR**

Address: **500 DEADERICK ST**

City: **NASHVILLE** State: **TN** ZIP: **37243-0001**

2 Your Internal Billing Reference

**RECEIVED**

3 To

Recipients Name: \_\_\_\_\_ Phone: **MAR 26 2012**

Company: **BNVA Group, Inc. BMC GROUP**

Address: **4441 Governors Crossings**

Address: **18150 Love Dr. East.**

City: **Channahon** State: **IL** ZIP: **61531**



8770 7561 6121

0440961042

**0215**

Recipient's Copy

4 Express Package Service

NOTE: Service order has changed. Please select carefully.

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

Next Business Day

2 or 3 Business Days

FedEx First Overnight

NEW FedEx 2Day AM

FedEx Priority Overnight

FedEx 2Day

FedEx Standard Overnight

FedEx Express Saver

5 Packaging

FedEx Envelope\*

FedEx Pak\*

FedEx Box

FedEx Tube

Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery

No Signature Required

No Signature Required

Direct Signature

Indirect Signature

Does this shipment contain dangerous goods?

No

Yes

Yes

Yes

No

No

Dry Ice

Cargo Aircraft Only

No

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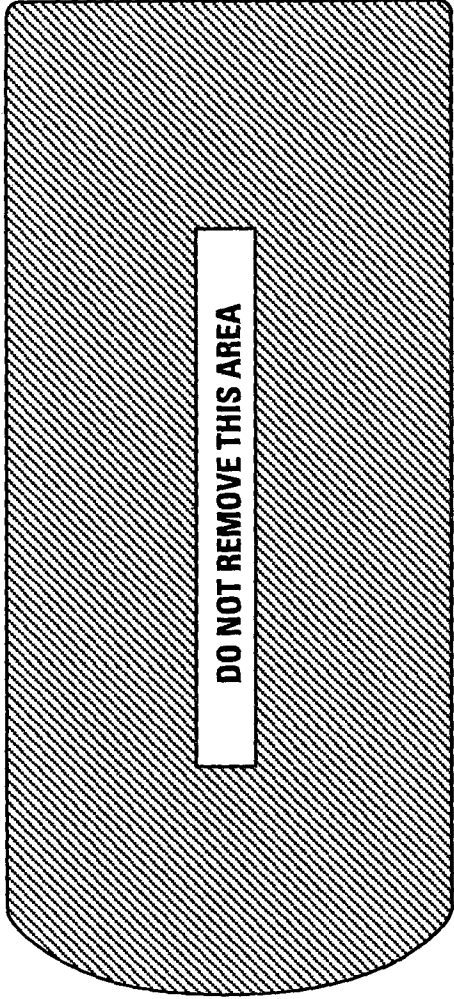
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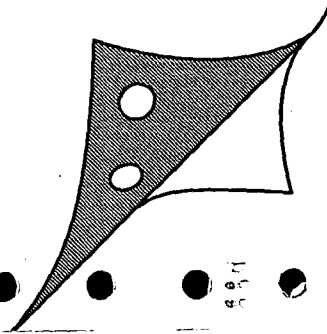
DO NOT REMOVE THIS AREA

### Peel and Stick FedEx Express Package US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.

Please DO NOT remove "FedEx Copy."

PEEL FROM THIS CORNER.



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