

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

<b>United States Bankruptcy Court</b>	<b>PROOF OF CLAIM</b>
District of <u>DELAWARE</u>	

In re (Name of Debtor) <b>GRACEWAY INTERNATIONAL, INC.</b>	Case Number 11-13043	Chapter 11
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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.

In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property)  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	<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.
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THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
26-0212399/000

Check box if this claim  replaces a previously filed claim, dated: December 9, 2011  
 amends 3781957111209

1. BASIS FOR CLAIM  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other (Describe briefly)

**RECEIVED  
MAR 26 2012  
BMC GROUP**

Retiree benefits as defined in 11 U.S.C. §1114(a)  
 Wages, salaries, and compensation (Fill out below)  
 Your social security number \_\_\_\_\_  
 Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

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.

SECURED CLAIM \$ \_\_\_\_\_  
 Attach evidence of perfection of security interest  
 Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Describe briefly)  
 Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ \_\_\_\_\_

UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_  
 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.

UNSECURED PRIORITY CLAIM \$54,621.07  
 Specify the priority of the claim.

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)  
 Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4)  
 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)  
 Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7)  
 Taxes or penalties of governmental units — 11 U.S.C. §507(a)(8)  
 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.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:    \$ \_\_\_\_\_ (Unsecured)    \$ \_\_\_\_\_ (Secured)    \$ 54,621.07 (Priority)


\$ <u>54,621.07</u> (Total)
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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.  
  
 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.

THIS SPACE IS FOR COURT USE ONLY

Graceway Pharmaceuticals LLC



00244

DATE March 9, 2012  
  
4027798120309

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)  
 Print Name: Wilbur E. Hooks    Signature: Wilbur E. Hooks  
3/19/12

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

Debtor: GRACEWAY INTERNATIONAL, INC.

D/B/A: GRACEWAY INTERNATIONAL, INC.  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL, TN 37620-3996

ACCT NO. 320580805  
ACCT TYPE FRAN/EXCS2  
ENTITY ID 26-0212399/000



# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY INTERNATIONAL, INC.

BANKRUPTCY

GRACEWAY INTERNATIONAL, INC.  
340 MARTIN LUTHER KING JR BLVD  
BRISTOL TN 37620-3996

824 MARKET STREET  
WILMINGTON DE 19801

Docket No.: 11-13043

Chapter: 11

Date Petition Filed: September 29, 2011

First Creditors Meeting:

Business Closure Date:

26-0212399/000  
320580805  
FRAN/EXCS2

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
2	FLD	01-01-09	\$754.13	\$0.00	\$0.00	\$38.47	\$792.60
1	DLNQ	01-01-11	\$53,828.47	\$0.00	\$0.00	\$0.00	\$53,828.47
TOTALS			\$54,582.60	\$0.00	\$0.00	\$38.47	\$54,621.07

RECAP

Audit Balance: \$792.60  
 Payment Agreement Balance: \$0.00  
 No Remittance Balance: \$0.00  
 Estimated Assessments: \$53,828.47  
 Underpaid Balance: \$0.00  
 Returned Checks: \$0.00  
 GRAND TOTAL: \$54,621.07

Penalty and interest calculated through 09-29-11

Michael D. Dorney  
Preparer's Signature

March 9, 2012  
Date

00042

00200

fedex.com 1.800.GoFedEx 1.800.463.3339

**FedEx** *NEW Package*  
*Express* **US Airbill** Tracking Number **8770 7561 6121**

**RECIPIENT: PEEL HERE**

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

Sender's Name **EDDIE WHITE** Phone **615 741-7074**

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

Address **500 BEADERICK ST**

City **NASHVILLE**

State **TN** ZIP **37242-0001**

2 Your Internal Billing Reference

**RECEIVED**

3 To Recipient's Name \_\_\_\_\_ Phone **MAR 26 2012**

Company **BNVE Group, Inc. BMC GROUP**

Address **1111 Broadway, 11th Floor, New York, NY 10018**

Address **18150 Lake Dr East**

City **Arundelsson** State **VA** ZIP **55137**



8770 7561 6121

0440961042

**Recipient's Copy**

4 Express Package Service

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

FedEx Envelope\*

FedEx Pak\*

FedEx Box

FedEx Tube

Other

5 Packaging

6 Special Handling and Delivery Signature Options

No Signature Required

Direct Signature

Indirect Signature

No Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

Signature Required

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7 Payment Bill to:

Sender's Acct. No. \_\_\_\_\_

Recipient's Acct. No. \_\_\_\_\_

Third Party Acct. No. \_\_\_\_\_

Credit Card \_\_\_\_\_

Cash/Check \_\_\_\_\_

Credit Card Acct. No. \_\_\_\_\_

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