


United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>DELAWARE</u>			
In re (Name of Debtor) GRACEWAY PHARMACEUTICALS, LLC		Case Number 11-13036 CH 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) <i>(The person or other entity to whom the debtor owes money or property)</i> Name and Address Where Notices Should be Sent Tennessee Department of Revenue 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.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 14-1965385		Check box if this claim <input checked="" type="checkbox"/> replaces a previously filed claim, dated: <u>03-12-12</u> <input checked="" type="checkbox"/> amends <u>3076031120312</u>	
		THIS SPACE IS FOR COURT USE ONLY	
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) _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (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.			
<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 \$ <u>300,770.78</u> 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 \$ <u>227,492.38</u> Specify the priority of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ <u>300,770.78</u> (Unsecured) \$ <u>227,492.38</u> (Priority) \$ <u>528,263.16</u> (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: <u>Attach copies of supporting documents</u> , 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>05/21/2012</u> <u>3316790120521 (MD)</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) <u>Wilbur E. Hooks Wilbur E. Hooks</u> <u>6/7/12</u>		

Graceway Pharmaceuticals LLC

 00262

ALL INQUIRIES CONTACT:
Michelle Denney
(615) 532-6324

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

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. 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

14-1965385/000
166862679
BUS COUNTY

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	\$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 Denny
Preparer's Signature

May 21, 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 Doney
Preparer's Signature

May 21, 2012
Date

LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC
 TAXPAYER'S NAME

GRACEWAY PHARMACEUTICALS, LLC
 BUSINESS NAME

340 MARTIN LUTHER KING JR BLVD
 BUSINESS ADDRESS

BRISTOL, TN 37620-3996
 CITY STATE ZIP

14-1965385 / S&U 105995775
 ACCOUNT NUMBER

Bankruptcy - DELAWARE
 TYPE & LOCATION OF COURT

11-13036 11
 CASE NUMBER CHAPTER #

9/29/11
 DATE PETITION FILED

1ST CREDITORS MEETING

BUSINESS CLOSURE DATE

TYPE	PERIOD BEGIN	PERIOD END	TAX	PENALTY		INTEREST	TOTAL
				Late Charge	Ret. Ck		
AB	01-01-08	08-31-08	167,600.33	41,900.07		43,231.82	252,732.22
AB	09-01-08	09-29-11	193,885.93	48,038.56		25,060.71	266,985.20
TOTALS			361,486.26	89,938.63		68,282.53	519,717.42

Non-claimable Liability

TOTAL LIABILITY* 519,717.42

P & I Figured to: 09/29/11

RECAP:

(AB) Audit Balance 519,717.42

(PP) Partial Pay Balance _____

(NR) No Remit Returns _____

(E) Estimated Assessments _____

(DM) Debit Memos _____

(RC) Return Checks _____

GRAND TOTAL \$519,717.42

Michelle Danney
 Signature

5/21/2012
 Date

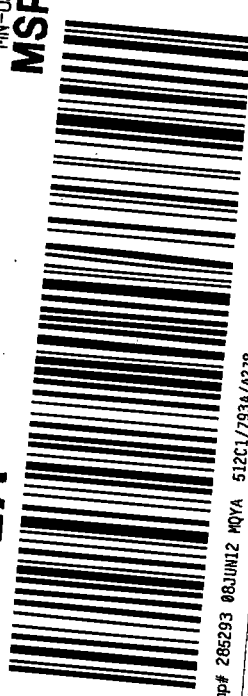
Pull to open

FedEx
 RTK# 8770 7561-6886
 0215

SATURDAY ### A1
PRIORITY OVERNIGHT

55317
 MN-US
MSP

X0 FBLA



Emp# 285293 08JUN12 MOYA 512C1/793A/A278

1/9/12

RT **66** 1 **B**
 6886
 06.11
 FZ
 06.09

FedEx

FedEx NEW Package
 Express US Airbill

1 From This portion can be removed for Recipient's records.

Date 6-8-12 FedEx Tracking Number 877075616886

Sender's Name EDDIE WHITE Phone 615 741-7071

Company TENN DEPT OF REVENUE/TAX ENFOR

Address 500 DEADERICK ST

City NASHVILLE State TN ZIP 37203

2 Your Internal Billing Reference

3 To Recipient's Name BMC GROUP Phone 16075

Company BMC Group, Inc.

Address Attn: Grocery Claims Processing
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Room

Address 1850 Lake Dr E.
 Use this line for the HOLD location address for continuation of your shipping address.

City Chattanooga State TN ZIP 35137

0440961082

Recipients Copy

4 Express Package Service *To most locations. For packages over 150 lbs. FedEx Express Freight US Adult. NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight
 Business morning delivery to select locations. Friday delivery to select Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
 Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
 Second business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

NEW FedEx 2Day A.M.
 Second business morning. Saturday Delivery NOT available.

FedEx 2Day
 Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
 Third business day. Saturday Delivery NOT available.

5 Packaging *Declared value limit \$200.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
 Package may be left without obtaining a signature or delivery.

Direct Signature
 Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature
 No one is available at recipient's address may sign for delivery for residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
 One box must be checked.

No Yes
 Yes: As per attached Shipper's Declaration. Shipper's Declaration not required. Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Stop Box.

Dry Ice
 Dry Ice 3.0N 1845 Cargo Aircraft Only

7 Payment Bill to:

Sender Recipient Third Party Credit Card Cash/Check

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No.

Total Packages Total Weight lbs.

Credit Card Auth.

fedex.com 1800.GoFedEx 1.800.463.3339

FedEx Saturday Delivery

151966 10/04 MWI

FedEx Saturday Delivery

151966 10/04 MWI

day Delivery