

UNITED STATES BANKRUPTCY COURT District of Delaware		ADMINISTRATIVE PROOF OF CLAIM
Name of Debtor: Graceway Pharmaceuticals, Inc.		Case Number: 11-13036
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ohio Department of Job & Family Services		COURT USE ONLY
Name and address where notices should be sent: Donn D. Rosenblum, Assistant Attorney General of Ohio Office of the Attorney General of Ohio 150 East Gay Street, 21st Floor, Columbus, OH 43215 Telephone number: (614) 466-8459 email: Donn.Rosenblum@ohioattorneygeneral.gov		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		RECEIVED JUL 09 2012 BMC GROUP
1. Amount of Claim as of Date Case Filed: \$ <u>3,364.83</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Ohio Medicaid Rebates for 4th Qtr. 2011</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 9 3 3 6	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		Amount entitled to priority: \$ _____ Graceway Pharmaceuticals LLC
<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).		
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		Amount entitled to priority: \$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).		
<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).		Amount entitled to priority: \$ _____
<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(-).		
*Amounts are subject to adjustment on 4/1/13 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. (See instruction #6)		



7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Donn D. Rosenblum
Title: Principal Assistant Attorney General of Ohio
Company: Office of the Attorney General of Ohio
Address and telephone number (if different from notice address above):

/s/ Donn D. Rosenblum
(Signature)
07/02/2012
(Date)

Telephone number: email: Donn.Rosenblum@ohioattorneygeneral.gov

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed...
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim...
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor...
2. Basis for Claim: State the type of debt or how it was incurred...
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits...
3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name...
3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here...

4. Secured Claim: Check whether the claim is fully or partially secured...
5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a): If any portion of the claim falls into any category shown...
6. Credits: An authorized signature on this proof of claim serves as an acknowledgment...
7. Documents: Attach redacted copies of any documents that show the debt exists...
8. Date and Signature: The individual completing this proof of claim must sign and date it...

Manufacturer Accounts Receivable

Manufacturer ID: 29336 Manufacturer Name: GRACEWAY PHARMACEUTICALS, LLC
 Report Quarter Option: DRAMS Invoice Start QTR 1Q2006-1Q2012 Unallocated Balance: \$0.00 URA Used: Official

OHFD - Ohio Medicaid

Invoice Number	Invoice Quarter	Invoice Status	Invoice Handling	Invoice Date	Original Invoice Amount	Principal Due	Current Invoice Amount	Principal Paid	Interest Paid	Disputed Amount	Unpaid Amount	Interest Due	Family Planning Amount
19712	1Q2012	OP		05/22/2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18873	4Q2011	OP		02/22/2012	\$3,364.83	\$3,337.84	\$3,337.84	\$0.00	\$0.00	\$0.00	\$3,337.84	\$0.46	\$0.00
17500	3Q2011	OP		11/19/2011	\$6,757.67	\$6,511.37	\$6,662.19	\$150.82	\$0.00	\$0.00	(\$95.48)	\$2.38	\$0.00
16451	2Q2011	OP		08/18/2011	\$10,143.86	\$9,927.40	\$9,927.40	\$0.00	\$0.00	\$0.00	\$9,927.40	\$3.99	\$0.00
15662	1Q2011	OP		05/19/2011	\$15,221.65	(\$438.51)	\$14,893.26	\$15,331.77	\$0.00	\$0.00	(\$328.39)	\$0.00	\$0.00
14702	4Q2010	OP		02/22/2011	\$0.00	\$0.00	\$19,742.02	\$19,742.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14071	3Q2010	OP		11/30/2010	\$0.00	\$0.00	\$73,423.33	\$73,423.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13226	2Q2010	OP		08/24/2010	\$0.00	\$0.00	\$102,842.52	\$102,842.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12364	1Q2010	OP		05/26/2010	\$0.00	\$0.00	\$44,791.58	\$44,791.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11471	4Q2009	IO		02/23/2010	\$8,799.99	\$0.00	\$8,800.00	\$8,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10758	3Q2009	OP		11/24/2009	\$15,824.03	\$1,161.69	\$15,471.10	\$14,309.41	\$0.00	\$1,161.69	\$0.00	\$1.93	\$0.00
10013	2Q2009	OP		08/21/2009	\$14,450.74	(\$189.78)	\$14,075.63	\$14,265.41	\$0.00	\$0.00	(\$187.56)	\$0.00	\$0.00
9202	1Q2009	PIF		05/13/2009	\$14,709.77	\$0.00	\$14,536.23	\$14,536.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8557	4Q2008	PIF		02/19/2009	\$16,614.23	\$0.00	\$16,145.49	\$16,145.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7737	3Q2008	PIF		11/20/2008	\$10,905.09	\$0.00	\$10,713.46	\$10,713.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7042	2Q2008	PIF		08/18/2008	\$5,413.83	\$0.00	\$5,193.97	\$5,193.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total					\$122,205.69	\$20,310.01	\$360,556.02	\$340,246.01	\$0.00	\$1,161.69	\$12,653.81	\$8.76	\$0.00

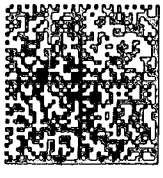
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OHIO ATTORNEY GENERAL MIKE DEWINE

Collections Enforcement
Section Code 475000
150 East Gay Street, 21st Floor
Columbus, OH 43215



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PRESORTED
FIRST CLASS

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BMC GROUP

BMC Group, Inc.

Attn: Graceway Claims Processing

18750 Lake Drive, East

Chanhassen, MN 55137

CORDH- 18675 LAKE DR E 55317

FDH-AGB 55317

