


824 MARKET ST, 3RD FLR, WILMINGTON DE 19801

FORM B10 (Official Form 10) (4/01)

104

UNITED STATES BANKRUPTCY COURT		DISTRICT OF <u>DELAWARE</u>	PROOF OF CLAIM
Name of Debtor GATEWAY PHARMACEUTICALS		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):	<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 checked="" 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.		JUL 10 AM 10:15 CLERK BANKRUPTCY COURT DISTRICT OF DELAWARE THIS SPACE IS FOR COURT USE ONLY
Name and address SCHENKER, INC. 965 NORFOLK SQUARE NORFOLK, VA 23502	Telephone number: 757 455 8900		
Account or other number by which creditor identifies debtor: 95805	Check here 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 checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____			
RECEIVED JUL 20 2012 BMC GROUP <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 SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: May 2011		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ 11,271.31 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 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 \$2,100* 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 type="checkbox"/> Taxes or penalties owed to 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		Graceway Pharmaceuticals LLC  00268	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7/5/12	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): Donna H. Hanson		
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.			

DONNA HANSON, VP FINANCE + ACCTG

BMC

Customer 955805
Company Code 0011

Name GRACEWAY PHARMACEUTICALS LLC
City BRISTOL

Reference	Assignment	BusA Ref. key 1	Tty	DocumentNo	Typ	Doc. Date	Amount in DC	Text	Customer	CoCd
<input type="checkbox"/> 2470085073	BHX-00022598	1471 7147120014		2470085073	YT	05/13/2011	8,130.43	+82670008472129 7147120014	955805	0011
<input type="checkbox"/> 2470085076	BHX-00023373	1471 7147120104		2470085076	YT	05/13/2011	345.57	+82670008577862 7147120104	955805	0011
<input type="checkbox"/> 2470085109	BHX-00022600	1471 7147120105		2470085109	YT	05/13/2011	2,795.31	+82670008472204 7147120105	955805	0011
*							11,271.31			

Express

RT 66 1 B
FZ 65 4220
07.20

RETURNS MON - FRI
STANDARD OVERNIGHT
55317
MN - US

FedEx
TRACK
0221 5113 0600 4220

The XH FBLA

FRI - 20 JUL AT
STANDARD OVERNIGHT
55317
MN-US
MSP



Emp# 238898 19JUL12 ILGA 515C1/E8E2/AM4

Company: BMC GROUP Date: 07Mar12 Ref: Graceway Claims
Name: Weight: 1 LBS
Address: 18675 East Lake Drive MN
City: CHANHASSEN Zip: 55317
S/N: STANDARD OVERNIGHT Master 5113 0600 4209
TRCK: 5113 0600 4220

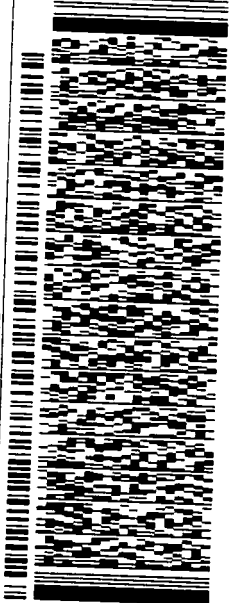
ORIGIN ID: LGBA (302) 252-2900
RENEE KUESSEL
DISTRICT OF DELAWARE
824 NORTH MARKET STREET
3RD FLOOR
WILMINGTON, DE 19801
UNITED STATES US

SHIP DATE: 07MAR12
ACTWGT: 1.0 LB MAX
CAD: 462272/CAFE2511

BILL SENDER

RECEIVED
BMC GROUP
18675 EAST LAKE DRIVE
CHANHASSEN MN 55317BMC GROUP
(310) 321-5656
REF: GRACEWAY CLAIMS

JUL 20 2012



FedEx
Express
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