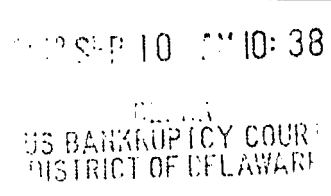



UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: Graceway Pharmaceuticals LLC		Case Number: 11-13036	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Wright Express FSC			COURT USE ONLY
Name and address where notices should be sent: Wright Express FSC PO Box 639 Portland ME 04104			<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: (888) 300-9040 email: bankruptcy@wrightexpress.com			
Name and address where payment should be sent (if different from above):			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed:		\$ 37,402.37	RECEIVED OCT 30 2012 BMC GROUP
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 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>fuel and other charge card purchases</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):	
_____	_____ (See instruction #3a)	_____ (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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:	
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)		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).		<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).		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
<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)(____).	
		Amount entitled to priority: \$ _____ Graceway Pharmaceuticals LLC	
 00271			
*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)			

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

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: Claire Clonan
Title: Director, Receivables & Recovery Mgmt
Company: Wright Express FSC
Address and telephone number (if different from notice address above):

Claire P. Clonan 9/5/12
(Signature) (Date)

Telephone number: _____ email: _____

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 (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

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, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



INVOICE/STATEMENT

INVOICE NUMBER: [REDACTED]
 ACCOUNT NAME: GRACEWAY PHARMACEUTICALS LLC

PAGE 1 OF 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE	AMOUNT DUE
[REDACTED] 759-3	74,200.00	30	09-30-2011	10-26-2011	38,610.36

DATE	ACTIVITY DESCRIPTION	CHARGES/DEBITS	PAYMENTS/CREDITS
09-02-2011	PAYMENT RECEIVED - THANK YOU		42,660.84
09-30-2011	RETAIL FUEL PURCHASES	38,462.38	
09-30-2011	DIRECT DEBIT DIS		58.02
09-30-2011	ONLINE FEE	5.00	
09-30-2011	MONTHLY CARD CHG	200.00	
09-30-2011	DIRECT DEBIT FAX	1.00	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>REMINDER YOUR ACCOUNT HAS BEEN SET UP ON ELECTRONIC DEBITING PROGRAM. THIS INVOICE REFLECTS YOUR PURCHASES AND SERVES ONLY AS A DOCUMENT FOR YOUR RECORDS.</p> </div>			

PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILLING DATE MAY NOT APPEAR UNTIL THE NEXT INVOICE/STATEMENT

PREVIOUS BALANCE	(-)PAYMENTS	(+)PURCHASES	(+)DEBITS	(-)CREDITS	(+)LATE FEE	(=)NEW BALANCE
42,660.84	42,660.84	38,462.38	206.00	58.02	0.00	38,610.36

\$10.00 MINIMUM LATE FEE
 PAY ONLINE AT: www.wexonline.com
 CALL CUSTOMER SERVICE TO PAY BY PHONE
 FEDERAL TAX ID: [REDACTED]

Payment 10/24/2011 --1,207.99

The Late Fee is determined by applying a monthly periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To the Balance subject to late fee for this period which is
0.00 %	0.00 %	0.00

SEE REVERSE SIDE FOR MORE INFORMATION AND TERMS.

----- TO ENSURE PROPER CREDIT, TEAR AT PERFORATION AND INCLUDE BOTTOM PORTION WITH YOUR PAYMENT

ACCOUNT NAME	GRACEWAY PHARMACEUTICALS LLC
ACCOUNT NUMBER	[REDACTED] 759-3
INVOICE NUMBER	[REDACTED]
BILL CLOSING DATE	09-30-2011
AMOUNT DUE	38,610.36
AMOUNT ENCLOSED	
PAYMENT DUE DATE	10-26-2011

PAYMENTS RECEIVED AFTER THIS DATE SUBJECT TO LATE FEES.

WRIGHT EXPRESS FLEET SERVICES

APRIL RYDER/PO 450008890
 GRACEWAY PHARMACEUTICALS LLC
 340 EDMONT AVE
 BRISTOL, TN 37620-2313

Fax change of address request to 1-800-395-0809.

Make check payable to:
FLEET SERVICES

Use enclosed envelope or send to:



FLEET SERVICES
 PO BOX 6293
 CAROL STREAM IL 60197-6293

From: (631) 470-5000
 Att: Renee Kuesel
 US Bankruptcy Court (DE)
 824 N MARKET ST FL 3
 3RD FL.
 WILMINGTON, DE 19801

Origin ID: ZWIA



J11201108050225

Ship Date: 05JAN12
 ActWgt: 10.0 LB
 CAD: 100098347/INET3210

Delivery Address Bar Code



Ref # CRX

RMA #:
 Return Reason:

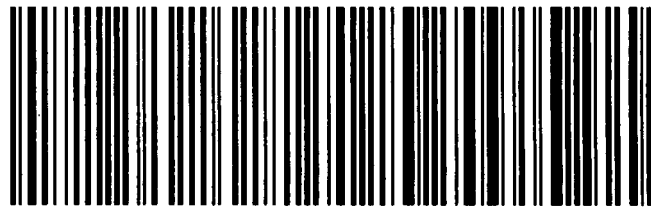
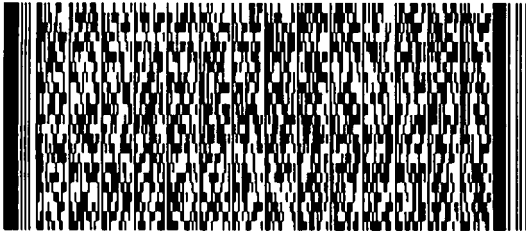
SHIP TO: (631) 470-5000 **BILL SENDER**
 co The Garden City Group, Inc.
Worldwide Digital
 5151 BLAZER PKWY STE A

 DUBLIN, OH 43017

**RETURNS MON-FRI
 STANDARD OVERNIGHT**

TRK# 7930 8598 4091
 0221

43017
 OH-US



50FG1/61C1/F5F4

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

From: (614) 289-5400
Shipping/Receiving
GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

Origin ID: CMHA



J12201209200325

Ship Date: 29OCT12
ActWgt: 1.0 LB
CAD: 100098357/NET3300

Delivery Address Bar Code



Ref # -CHL-
Invoice #
PO #
Dept #

SHIP TO: (614) 289-5400

BILL SENDER

Attn: Graceway Pharmaceuticals Clai
BMC Group, Inc.
18675 LAKE DR E

CHANHASSEN, MN 55317

TUE - 30 OCT A1
STANDARD OVERNIGHT
RECEIVED

TRK# 7939 5109 6292

0201

XH FBLA

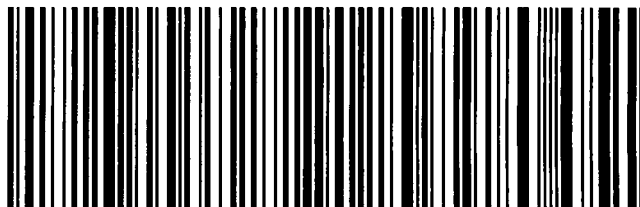
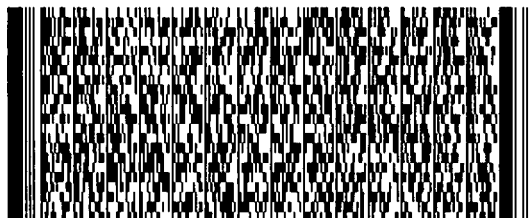
OCT 30 2012

BMC GROUP

55317

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MSP



515G19CCB/AA44

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