

# United States Bankruptcy Court

District Of Delaware

In re Graceway Pharmaceuticals, LLC,  
Debtor

Case No. 11-13036 (PJW)Chapter 11

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                      | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS                                        | LIABILITIES                                    | OTHER  |
|---------------------------------------------------------------------------------------|----------------------|---------------|-----------------------------------------------|------------------------------------------------|--------|
| A - Real Property                                                                     |                      | 1             | \$ 2,004,205.10                               |                                                |        |
| B - Personal Property                                                                 |                      | 74            | \$ 35,437,599.45<br>+ UNDETERMINED<br>AMOUNTS |                                                |        |
| C - Property Claimed<br>as Exempt                                                     |                      |               |                                               |                                                |        |
| D - Creditors Holding<br>Secured Claims                                               |                      | 2             |                                               | \$ 760,348,397.58<br>+ UNDETERMINED<br>AMOUNTS |        |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) |                      | 29            |                                               | \$ 276,193.53<br>+ UNDETERMINED<br>AMOUNTS     |        |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 |                      | 92            |                                               | \$ 98,838,367.75<br>+ UNDETERMINED<br>AMOUNTS  |        |
| G - Executory Contracts and<br>Unexpired Leases                                       |                      | 70            |                                               |                                                |        |
| H - Codebtors                                                                         |                      | 3             |                                               |                                                |        |
| I - Current Income of<br>Individual Debtor(s)                                         | No                   |               |                                               |                                                | \$ N/A |
| J - Current Expenditures of Individual<br>Debtors(s)                                  | No                   |               |                                               |                                                | \$ N/A |
| <b>TOTAL</b>                                                                          |                      | 271           | \$ 37,441,804.55<br>+ UNDETERMINED<br>AMOUNTS | \$ 859,462,958.86<br>+ UNDETERMINED<br>AMOUNTS |        |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(If known)**SCHEDULE A – REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY                             | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE<br>OF DEBTOR'S<br>INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|
| DISTRIBUTION CENTER<br>881 MOUNTAIN VIEW ROAD<br>PINEY FLATS, TN 37686 | WARRANTY DEED                              |                                       | \$1,964,749.65                                                                                                     | NONE                          |
| 5 ACRES ADJACENT TO DISTRIBUTION<br>CENTER<br>PINEY FLATS, TN          | WARRANTY DEED                              |                                       | \$39,455.45                                                                                                        | NONE                          |
| Total ►                                                                |                                            |                                       | \$ 2,004,205.10                                                                                                    |                               |

(Report also on Summary of Schedules.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(If known)**SCHEDULE B – PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY                                                                                                                                                                                                             | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. Cash on hand.                                                                                                                                                                                                             | X                |                                         |                                       |                                                                                                                   |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | SEE ATTACHED SCHEDULE B.2 RIDER         |                                       | \$3,850,100.33                                                                                                    |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.                                                                                                                                      |                  | SEE ATTACHED SCHEDULE B.3 RIDER         |                                       | \$715,931.32                                                                                                      |
| 4. Household goods and furnishings, including audio, video, and computer equipment.                                                                                                                                          | X                |                                         |                                       |                                                                                                                   |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.                                                                                          | X                |                                         |                                       |                                                                                                                   |
| 6. Wearing apparel.                                                                                                                                                                                                          | X                |                                         |                                       |                                                                                                                   |
| 7. Furs and jewelry.                                                                                                                                                                                                         | X                |                                         |                                       |                                                                                                                   |
| 8. Firearms and sports, photographic, and other hobby equipment.                                                                                                                                                             | X                |                                         |                                       |                                                                                                                   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.                                                                                                     |                  | SEE ATTACHED SCHEDULE B.9 RIDER         |                                       | UNDETERMINED                                                                                                      |
| 10. Annuities. Itemize and name each issuer.                                                                                                                                                                                 | X                |                                         |                                       |                                                                                                                   |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(If known)**SCHEDULE B – PERSONAL PROPERTY**  
(Continuation Sheet)

| TYPE OF PROPERTY                                                                                                                                                                                                                                  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                         |                                       |                                                                                                                   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                                                                                                   | X                |                                         |                                       |                                                                                                                   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                                   |                  | SEE ATTACHED SCHEDULE B.13 RIDER        |                                       | UNDETERMINED                                                                                                      |
| 14. Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                         | X                |                                         |                                       |                                                                                                                   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.                                                                                                                                                            | X                |                                         |                                       |                                                                                                                   |
| 16. Accounts receivable.                                                                                                                                                                                                                          |                  | SEE ATTACHED SCHEDULE B.16 RIDER        |                                       | \$18,391,477.51                                                                                                   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                                                                                          | X                |                                         |                                       |                                                                                                                   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                                                                                                | X                |                                         |                                       |                                                                                                                   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.                                                                            | X                |                                         |                                       |                                                                                                                   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                          | X                |                                         |                                       |                                                                                                                   |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(If known)**SCHEDULE B – PERSONAL PROPERTY**  
(Continuation Sheet)

| TYPE OF PROPERTY                                                                                                                                                                                                                                                                            | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.                                                                                                                |                  | SEE ATTACHED SCHEDULE B.21 RIDER        |                                       | UNDETERMINED                                                                                                      |
| 22. Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                                                                                                 |                  | SEE ATTACHED SCHEDULE B.22 RIDER        |                                       | UNDETERMINED                                                                                                      |
| 23. Licenses, franchises, and other general intangibles. Give particulars.                                                                                                                                                                                                                  |                  | SEE ATTACHED SCHEDULE B.23 RIDER        |                                       | UNDETERMINED                                                                                                      |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                         |                                       |                                                                                                                   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                                                                                                                                      | X                |                                         |                                       |                                                                                                                   |
| 26. Boats, motors, and accessories.                                                                                                                                                                                                                                                         | X                |                                         |                                       |                                                                                                                   |
| 27. Aircraft and accessories.                                                                                                                                                                                                                                                               | X                |                                         |                                       |                                                                                                                   |
| 28. Office equipment, furnishings, and supplies.                                                                                                                                                                                                                                            |                  | SEE ATTACHED SCHEDULE B.28 RIDER        |                                       | \$2,567,944.16                                                                                                    |
| 29. Machinery, fixtures, equipment, and supplies used in business.                                                                                                                                                                                                                          |                  | SEE ATTACHED SCHEDULE B.29 RIDER        |                                       | \$723,625.73                                                                                                      |
| 30. Inventory.                                                                                                                                                                                                                                                                              |                  | SEE ATTACHED SCHEDULE B.30 RIDER        |                                       | \$3,234,146.16                                                                                                    |
| 31. Animals.                                                                                                                                                                                                                                                                                | X                |                                         |                                       |                                                                                                                   |
| 32. Crops - growing or harvested. Give particulars.                                                                                                                                                                                                                                         | X                |                                         |                                       |                                                                                                                   |
| 33. Farming equipment and implements.                                                                                                                                                                                                                                                       | X                |                                         |                                       |                                                                                                                   |
| 34. Farm supplies, chemicals, and feed.                                                                                                                                                                                                                                                     | X                |                                         |                                       |                                                                                                                   |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(If known)**SCHEDULE B – PERSONAL PROPERTY**  
(Continuation Sheet)

| TYPE OF PROPERTY                                                                                                                                              | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 35. Other personal property of any kind not<br>already listed. Itemize.                                                                                       |                  | SEE ATTACHED SCHEDULE B.35 RIDER        |                                       | \$5,954,374.24                                                                                                    |
| <u>3</u> continuation sheets attached    Total ►<br>(Include amounts from any continuation<br>sheets attached. Report total also on<br>Summary of Schedules.) |                  |                                         |                                       | \$ 35,437,599.45<br>+ UNDETERMINED<br>AMOUNTS                                                                     |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.2 - BANK ACCOUNTS

| BANK                   | ADDRESS                                                                  | ACCOUNT TYPE                     | ACCOUNT NUMBER | BALANCE        |
|------------------------|--------------------------------------------------------------------------|----------------------------------|----------------|----------------|
| WELLS FARGO BANK, N.A. | 201 SOUTH JEFFERSON ST<br>VA7440<br>2ND FLOOR<br>ROANOKE, VA 24011       | CONTROLLED<br>DISBURSEMENT       | XXXXXXXXXX9153 | \$0.00         |
| WELLS FARGO BANK, N.A. | 201 SOUTH JEFFERSON ST<br>VA7440<br>2ND FLOOR<br>ROANOKE, VA 24011       | PAYROLL<br>ACCOUNT               | XXXXXXXXXX3816 | \$0.00         |
| WELLS FARGO BANK, N.A. | GRACEWAY<br>PHARMACEUTICALS, LLC<br>BOX 933799<br>ATLANTA, GA 31193-3799 | LOCKBOX<br>ACCOUNT               | XXX799         | \$0.00         |
| WELLS FARGO BANK, N.A. | 201 SOUTH JEFFERSON ST<br>VA7440<br>2ND FLOOR<br>ROANOKE, VA 24011       | GENERAL<br>DEPOSITORY<br>ACCOUNT | XXXXXXXXXX6558 | \$3,850,100.33 |

TOTAL \$ 3,850,100.33

**SCHEDULE B - PERSONAL PROPERTY  
RIDER B.3 - SECURITY DEPOSITS**

| DEPOSIT                                                                                                       | AMOUNT                      |
|---------------------------------------------------------------------------------------------------------------|-----------------------------|
| BTES( VENDOR CODE 301355)<br>(LOC # 2000085 ELECTRICITY SERVICE DEPOSIT)                                      | \$ 4,000.00                 |
| ATMOS ENERGY(VENDOR CODE 301356)<br>(#50-004869127-003-8144-1 GAS SERVICE DEPOSIT)                            | \$ 3,000.00                 |
| AMERICAN EXPRESS (VENDOR CODE 300003)<br>(COMPANY TRAVEL CARD PREPAID DEPOSIT)                                | \$ 500,000.00               |
| SJ STRATEGIC INVESTMENTS (VENDOR CODE 300369)<br>(LEASED OFFICE SPACE SECURITY DEPOSIT - BRISTOL, TN)         | \$ 10,000.00                |
| TRC VALLEY CREEK ASSOCIATES-C, L.P.(VENDOR CODE 300804)<br>(LEASED OFFICE SPACE SECURITY DEPOSIT - EXTON, PA) | \$ 198,931.32               |
| <b>TOTAL</b>                                                                                                  | <b>\$ <u>715,931.32</u></b> |



**SCHEDULE B - PERSONAL PROPERTY**  
**RIDER B.9 - INTERESTS IN INSURANCE POLICIES**

| INSURANCE COMPANY                                        | TYPE OF POLICY                                                   | POLICY NUMBER    | SURRENDER OR REFUND VALUE |
|----------------------------------------------------------|------------------------------------------------------------------|------------------|---------------------------|
| ACE AMERICAN                                             | EXCESS D&O                                                       | DOXG24576644-002 | UNDETERMINED              |
| COLUMBIA CASUALTY<br>(CNA )                              | EXCESS PRODUCTS LIABILITY                                        | ADE2088049084-4  | UNDETERMINED              |
| CONTINENTAL INSURANCE CO. (CNA)                          | OCEAN CARGO                                                      | OC7300011        | UNDETERMINED              |
| FEDERAL INSURANCE COMPANY<br>(CHUBB)                     | FIDUCIARY, CRIME, K&R                                            | 8207-8184        | UNDETERMINED              |
| HARTFORD CASUALTY INSURANCE<br>COMPANY                   | UMBRELLA                                                         | 20 RHU TA9564    | UNDETERMINED              |
| HARTFORD FIRE INSURANCE<br>COMPANY                       | PACKAGE - GL/PROPERTY                                            | 20 UUN TA9885    | UNDETERMINED              |
| HARTFORD FIRE INSURANCE<br>COMPANY                       | AUTOMOBILE LIABILITY                                             | 20 UEN II6177    | UNDETERMINED              |
| HARTFORD FIRE INSURANCE<br>COMPANY                       | AUTOMOBILE LIABILITY                                             | 20 MCP IY3911    | UNDETERMINED              |
| ILLINOIS UNION<br>(ACE)                                  | EXCESS PRODUCTS LIABILITY                                        | G21818690-002    | UNDETERMINED              |
| IRONSHORE SPECIALTY                                      | EXCESS PRODUCTS LIABILITY                                        | 000170601        | UNDETERMINED              |
| THE HARTFORD                                             | WORKERS' COMPENSATION (ALL STATES<br>EXCEPT MONOPOLISTIC STATES) | 20 WE RT7552     | UNDETERMINED              |
| NATIONAL UNION FIRE INSURANCE<br>OF PITTSBURGH (CHARTIS) | D&O/EPL                                                          | 01-686-03-49     | UNDETERMINED              |
| SELF-INSURED RETENTION                                   | PRODUCTS LIABILITY (500K SIR)                                    | N/A              | UNDETERMINED              |

TOTAL

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 UNDETERMINED
 

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**SCHEDULE B - PERSONAL PROPERTY**  
**RIDER B.13 - STOCKS AND INTERESTS IN INCORPORATED BUSINESSES**

| NAME OF BUSINESS               | OWNERSHIP INTEREST | NET BOOK VALUE             |
|--------------------------------|--------------------|----------------------------|
| CHESTER VALLEY HOLDINGS, LLC   | 100%               | UNDETERMINED               |
| GRACEWAY CANADA HOLDINGS, INC. | 100%               | UNDETERMINED               |
| GRACEWAY COSTA RICA SA         | 100%               | UNDETERMINED               |
| GRACEWAY GUATEMALA SA          | 99.9%              | UNDETERMINED               |
| GRACEWAY HONDURAS SA           | 99.9%              | UNDETERMINED               |
| GRACEWAY INTERNATIONAL, INC.   | 100%               | UNDETERMINED               |
| <b>TOTAL</b>                   |                    | <b><u>UNDETERMINED</u></b> |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.16 - ACCOUNTS RECEIVABLE

| DESCRIPTION                                               | VALUE                   |
|-----------------------------------------------------------|-------------------------|
| ACCOUNTS RECEIVABLE (121000)                              | \$ 16,259,180.59        |
| ALLOWANCE FOR DOUBTFUL ACCOUNTS (124000)                  | \$ (7,700.22)           |
| PROVISION FOR PROMPT PAYMENT (124500)                     | \$ (271,225.50)         |
| MISC ACCOUNTS RECEIVABLE (125400)                         | \$ 587.60               |
| MISCELLANEOUS ACCOUNTS RECEIVABLE (125410)                | \$ (22,341.20)          |
| ROYALTIES RECEIVABLE (125510)                             | \$ 1,419,219.17         |
| INTERCOMPANY RECEIVABLE FROM GRACEWAY INTERNATIONAL, INC. | \$ 1,013,757.07         |
| <b>TOTAL</b>                                              | <b>\$ 18,391,477.51</b> |

## SCHEDULE B - PERSONAL PROPERTY

## RIDER B.21 - OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE

| DESCRIPTION                                                                                                                              | VALUE        |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| GRACEWAY PHARMACEUTICALS, LLC AND 3M<br>INNOVATIVE PROPERTIES COMPANY<br>V.<br>NYCOMED US INC<br>2:10CV937<br>PATENT INFRINGEMENT ACTION | UNDETERMINED |
| PETITION FOR REFUND OF PDUFA<br>APPLICATION FEE PAID FOR EGW<br>APPLICATION, NDA 201-153                                                 | UNDETERMINED |
| STATE OF TENNESSEE EXCISE TAX REFUND                                                                                                     | UNDETERMINED |

|       |              |
|-------|--------------|
| TOTAL | UNDETERMINED |
|-------|--------------|

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

PATENTS

| CASE NUMBER | APPLICATION TITLE                                                | COUNTRY | STATUS  | APPLICATION #    | FILING DATE | PUBLICATION #      | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
|-------------|------------------------------------------------------------------|---------|---------|------------------|-------------|--------------------|------------------|------------|------------|--------------|
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | CA      | GRANTED | 2104782          | 2/20/1992   |                    |                  | 2104782    | 8/7/2001   | UNDETERMINED |
|             | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES AND ANTIVIRAL USE            | US      |         | 4689338          |             |                    |                  | 4689338    |            | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | CA      | GRANTED | 2289219          | 2/20/1992   |                    |                  | 2289219    | 5/20/2003  | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | MX      | GRANTED | 962710           | 7/1/1992    |                    |                  | 204526     | 10/5/2001  | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | MX      | GRANTED | 962711           | 7/1/1992    |                    |                  | 208160     | 6/5/2002   | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | MX      | GRANTED | 962712           | 7/1/1992    |                    |                  | 208161     | 6/5/2002   | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | MX      | GRANTED | 962713           | 7/1/1992    |                    |                  | 208162     | 6/5/2002   | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | MX      | GRANTED | PA/A/2001/012037 | 7/1/1992    |                    |                  | 270048     | 9/11/2009  | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | MX      | GRANTED | 923887           | 7/1/1992    |                    |                  | 182563     | 9/5/1996   | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED | US      | GRANTED | 10/238,661       | 9/10/2002   | US 2003-0119861 A1 | 6/26/2003        | 6608201    | 8/19/2003  | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

PATENTS

| CASE NUMBER | APPLICATION TITLE                                                                                       | COUNTRY | STATUS  | APPLICATION #    | FILING DATE | PUBLICATION #     | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
|-------------|---------------------------------------------------------------------------------------------------------|---------|---------|------------------|-------------|-------------------|------------------|------------|------------|--------------|
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED                                        | US      | GRANTED | 10/436,905       | 5/13/2003   | US2003-0212270 A1 | 11/13/2003       | 6686472    | 2/3/2004   | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED                                        | US      | GRANTED | 10/731,826       | 12/9/2003   | US2004-0122231 A1 | 6/24/2004        | 6790961    | 9/14/2004  | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED                                        | US      | GRANTED | 07/938,295       | 8/28/1992   |                   |                  | 5389640    | 2/14/1995  | UNDETERMINED |
| 67023       | 1-H-IMIDAZO(4,5-C)QUINOLIN-4-AMINES 1-SUBSTITUTED, 2-SUBSTITUTED                                        | US      | GRANTED | 08/353,802       | 12/12/1994  |                   |                  | 5605899    | 2/25/1997  | UNDETERMINED |
|             | 1-SUBSTITUTED, 2-SUBSTITUTED 1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINES                                         | US      |         | 5741909          |             |                   |                  | 5741909    |            | UNDETERMINED |
|             | 1-SUBSTITUTED, 2-SUBSTITUTED 1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINES                                         | US      |         | 5977366          |             |                   |                  | 5977366    |            | UNDETERMINED |
|             | 1-SUBSTITUTED, 2-SUBSTITUTED 1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINES                                         | US      |         | 6348462          |             |                   |                  | 6348462    |            | UNDETERMINED |
|             | 3-AMINO OR 3-NITRO QUINOLINE COMPOUNDS WHICH ARE INTERMEDIATES IN PREPARING 1H-IMIDAZO[4,5-C]QUINOLINES | US      |         | 4988815          |             |                   |                  | 4988815    |            | UNDETERMINED |
| 67020       | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                     | MX      | GRANTED | PA/A/2001/012598 | 12/6/2001   |                   |                  | 245369     | 4/25/2007  | UNDETERMINED |
| 67020       | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                     | US      | GRANTED | 09/589,236       | 6/7/2000    |                   |                  | 6541485    | 4/1/2003   | UNDETERMINED |

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| 67020          | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                        | US      | GRANTED | 10/028,255        | 12/21/2001  |                    |                  | 6573273    | 6/3/2003   | UNDETERMINED |
| 67020          | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                        | US      | GRANTED | 10/352,604        | 1/28/2003   | US 2004-0014754 A1 | 1/22/2004        | 6780873    | 8/24/2004  | UNDETERMINED |
| 67020          | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                        | US      | GRANTED | 10/370,800        | 2/20/2003   | US 2004-0019048 A1 | 1/29/2004        | 6784188    | 8/31/2004  | UNDETERMINED |
| 67020          | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                        | US      | GRANTED | 10/780,379        | 2/17/2004   | US 2004-0167154 A1 | 8/26/2004        | 6897221    | 5/24/2005  | UNDETERMINED |
| 67020          | AMIDE SUBSTITUTED IMIDAZOQUINOLINES                                                                        | US      | GRANTED | 11/038,434        | 1/20/2005   | US 2005-0131009 A1 | 6/16/2005        | 7157453    | 1/2/2007   | UNDETERMINED |
| 86750 [I]      | COMBINATION THERAPY WITH CRYOSURGERY AND LOW DOSAGE STRENGTH IMIQUIMOD TO TREAT ACTINIC KERATOSIS          | GC      | PENDING | 2011/18673        | 6/25/2011   |                    |                  |            |            | UNDETERMINED |
| 86750          | COMBINATION THERAPY WITH CRYOSURGERY AND LOW DOSAGE STRENGTH IMIQUIMOD TO TREAT ACTINIC KERATOSIS          | US      | PENDING | 13/168,796        | 6/24/2011   |                    |                  |            |            | UNDETERMINED |
| 86750 [I] [II] | COMBINATION THERAPY WITH CRYOSURGERY AND LOW DOSAGE STRENGTH IMIQUIMOD TO TREAT ACTINIC KERATOSIS          | WO      | PENDING | PCT/US2011/041876 | 6/24/2011   |                    |                  |            |            | UNDETERMINED |
| 89232          | COMBINATION THERAPY WITH LOW DOSAGE STRENGTH IMIQUIMOD AND PHOTODYNAMIC THERAPY TO TREAT ACTINIC KERATOSIS | US      | PENDING | 61/534,876        | 9/14/2011   |                    |                  |            |            | UNDETERMINED |
| 89232          | COMBINATION THERAPY WITH LOW DOSAGE STRENGTH IMIQUIMOD AND PHOTODYNAMIC THERAPY TO TREAT ACTINIC KERATOSIS | US      | PENDING | 61/535,276        | 9/15/2011   |                    |                  |            |            | UNDETERMINED |

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| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | CA      | GRANTED                     | 2157142              | 8/29/1995   | 2157142       | 3/1/1996         | 2157142    | 6/9/1998   | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | DK      | ABANDONED;<br>ANNUITY GRACE | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | FR      | GRANTED                     | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | DE      | GRANTED                     | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 69512589   | 10/6/1999  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | IE      | ABANDONED;<br>ANNUITY GRACE | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018<br>[III] | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | IT      | ABANDONED;<br>ANNUITY GRACE | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | JP      | GRANTED                     | 1995-242297          | 8/29/1995   | 1996-503960   | 4/30/1996        | 3266473    | 1/11/2002  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | MX      | GRANTED                     | PA/A/1995/00368<br>1 | 8/25/1995   |               |                  | 211892     | 12/9/2002  | UNDETERMINED |
| 081521-0018<br>[III] | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | NL      | ABANDONED;<br>ANNUITY GRACE | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | ES      | GRANTED                     | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018          | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | SE      | ABANDONED;<br>ANNUITY GRACE | 95305594.4           | 8/10/1995   | 699439        | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |



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| 081521-0018       | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | CH      | ABANDONED;<br>ANNUITY GRACE | 95305594.4      | 8/10/1995   | 699439          | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018       | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | GB      | GRANTED                     | 95305594.4      | 8/10/1995   | 699439          | 3/6/1996         | 699439     | 10/6/1999  | UNDETERMINED |
| 081521-0018       | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | USA     | GRANTED                     | 08/298,735      | 8/31/1994   |                 |                  | 6133326    | 10/17/2000 | UNDETERMINED |
| 081521-0018       | COMPOSITIONS AND METHODS FOR DECREASING SEBUM PRODUCTION | USA     | GRANTED                     | 09/536,480      | 3/27/2000   |                 |                  | 6271268    | 8/7/2001   | UNDETERMINED |
|                   | CONTROLLED RELEASE FLECAINIDE ACETATE FORMULATION        | US      |                             | 4938966         |             |                 |                  | 4938966    |            | UNDETERMINED |
| 081521-0073 [III] | CRYSTALLINE ACAT INHIBITOR                               | AR      | PUBLISHED                   | P060100660      | 2/23/2006   | AR052920        | 4/11/2007        |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | AU      | PENDING                     | 2006217529      | 2/14/2006   |                 |                  |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | BR      | PUBLISHED                   | PI06140289      | 2/14/2006   | PI06140289      | 3/1/2011         |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | CA      | PENDING                     | 2598962         | 2/14/2006   |                 |                  |            |            | UNDETERMINED |
| 081521-0073 [III] | CRYSTALLINE ACAT INHIBITOR                               | CN      | ABANDONED [I]<br>[VI]       | 2.0068E+11      | 2/14/2006   | 101111470A      | 1/23/2008        |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | EPC     | PUBLISHED                   | 6710501.5       | 2/14/2006   | 1856029         | 11/21/2007       |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | IN      | PUBLISHED                   | 5509/DELNP/2007 | 2/14/2006   | 5509/DELNP/2007 | 8/17/2007        |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | JP      | PUBLISHED                   | 2006-46629      | 2/23/2006   | 2006-232835     | 9/7/2006         |            |            | UNDETERMINED |
| 081521-0073       | CRYSTALLINE ACAT INHIBITOR                               | KR      | GRANTED                     | 2007-7019267    | 2/14/2006   |                 |                  | 10-0906288 | 6/29/2009  | UNDETERMINED |

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| 081521-0073 | CRYSTALLINE ACAT INHIBITOR                                                                           | MX      | PUBLISHED | MX/A/2007/010374 | 2/14/2006   | MX/A/2007/010374   | 2/15/2008        |             |            | UNDETERMINED |
| 081521-0073 | CRYSTALLINE ACAT INHIBITOR                                                                           | RU      | GRANTED   | 2007132010       | 2/14/2006   |                    |                  | 2394020     | 7/10/2010  | UNDETERMINED |
| 081521-0073 | CRYSTALLINE ACAT INHIBITOR                                                                           | RU      | PENDING   | 2010111337       | 2/14/2006   |                    |                  |             |            | UNDETERMINED |
| 081521-0073 | CRYSTALLINE ACAT INHIBITOR                                                                           | USA     | GRANTED   | 11/354,486       | 2/15/2006   | 06-0189697         | 8/24/2006        | 7622610     | 11/24/2009 | UNDETERMINED |
| 081521-0073 | CRYSTALLINE ACAT INHIBITOR                                                                           | USA     | GRANTED   | 12/577,993       | 10/13/2009  | US-2010-0324145-A1 | 12/23/2010       | 7981936     | 7/19/2011  | UNDETERMINED |
| 67188       | GEL FORMULATIONS FOR TOPICAL DRUG DELIVERY                                                           | BR      | GRANTED   | PI9713677-8      | 12/11/1997  |                    | 6/30/2009        | PI9713677-8 | 6/30/2009  | UNDETERMINED |
| 67188       | GEL FORMULATIONS FOR TOPICAL DRUG DELIVERY                                                           | CA      | GRANTED   | 2273094          | 12/11/1997  |                    |                  | 2273094     | 8/16/2005  | UNDETERMINED |
| 67188       | GEL FORMULATIONS FOR TOPICAL DRUG DELIVERY                                                           | MX      | GRANTED   | 995101           | 12/11/1997  |                    |                  | 204562      | 10/5/2001  | UNDETERMINED |
| 67188       | GEL FORMULATIONS FOR TOPICAL DRUG DELIVERY                                                           | US      | GRANTED   | 08/759,992       | 12/3/1996   |                    |                  | 5939090     | 8/17/1999  | UNDETERMINED |
| 67188       | GEL FORMULATIONS FOR TOPICAL DRUG DELIVERY                                                           | US      | GRANTED   | 09/325,369       | 6/4/1999    | US2002-0015715 A1  | 2/7/2002         | 6365166     | 4/2/2002   | UNDETERMINED |
| 88933       | HIGH DOSAGE STRENGTH METRONIDAZOLE GEL FORMULATIONS AND USE THEREOF FOR TREATING BACTERIAL VAGINOSIS | US      | PENDING   | 61/502,285       | 6/28/2011   |                    |                  |             |            | UNDETERMINED |
| 88933       | HIGH DOSAGE STRENGTH METRONIDAZOLE GEL FORMULATIONS AND USE THEREOF FOR TREATING BACTERIAL VAGINOSIS | US      | PENDING   | 61/508,058       | 7/14/2011   |                    |                  |             |            | UNDETERMINED |

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| 88824       | HIGH DOSAGE STRENGTH METRONIDAZOLE GEL FORMULATIONS AND USE THEREOF FOR TREATING ROSACEA | US      | PENDING | 61/502,288    | 6/28/2011   |                      |                  |            |            | UNDETERMINED |
| 88824       | HIGH DOSAGE STRENGTH METRONIDAZOLE GEL FORMULATIONS AND USE THEREOF FOR TREATING ROSACEA | US      | PENDING | 61/508,054    | 7/14/2011   |                      |                  |            |            | UNDETERMINED |
| 67057       | IMIDAZO(4,5-C)QUINOLIN-4-AMINES AND PROCESSES FOR THEIR PREPARATION                      | CA      | GRANTED | 2104781       | 2/13/1992   |                      |                  | 2104781    | 7/9/2002   | UNDETERMINED |
|             | IMIDAZO(4,5-C)QUINOLIN-4-AMINES AND PROCESSES FOR THEIR PREPARATION                      | US      |         | 5175296       |             |                      |                  | 5175296    |            | UNDETERMINED |
| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS                    | MX      | PENDING | 5684          | 6/7/2000    |                      |                  | 244106     |            | UNDETERMINED |
| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS                    | US      | GRANTED | 10/406,181    | 4/3/2003    | US2004/002393<br>2A1 | 2/5/2004         | 6797716    | 9/28/2004  | UNDETERMINED |
| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS                    | US      | GRANTED | 10/824,232    | 4/14/2004   | US2004/020443<br>6A1 | 10/14/2004       | 6894165    | 5/17/2005  | UNDETERMINED |
| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS                    | US      | GRANTED | 11/004,674    | 12/3/2004   | US2005/010742<br>1A1 | 5/19/2005        | 6949646    | 9/27/2005  | UNDETERMINED |
| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS                    | US      | GRANTED | 11/188,418    | 7/25/2005   | US2005/028832<br>0A1 | 12/29/2005       | 7038051    | 5/2/2006   | UNDETERMINED |

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| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS | US      | GRANTED | 11/276,074    | 2/13/2006   | US2006/012867 4A1  | 6/15/2006        | 7335773       | 2/26/2008  | UNDETERMINED |
| 67022       | IMIDAZONAPHTHYRIDINES AND THEIR USE IN INDUCING CYTOKINE BIOSYNTHESIS | US      | GRANTED | 11/999,602    | 12/6/2007   | US-2008-0091010-A1 | 4/17/2008        | 7678918       | 3/16/2010  | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | AW      | GRANTED | OCT-13/070725 | 7/25/2007   |                    |                  | OCT-13/070725 | 6/12/2009  | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | BO      | PENDING | SP-270234     | 7/18/2007   |                    |                  |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | BS      | PENDING | 2013          | 12/12/2007  |                    | 9/11/2008        |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | CA      | PENDING | 2658031       | 7/12/2007   |                    |                  |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | CL      | PENDING | 2095-07       | 7/18/2007   |                    | 1/18/2008        |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | JM      | PENDING | 18/1/4654     | 7/12/2007   |                    |                  |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | PA      | GRANTED | 87377         | 7/18/2007   |                    | 6/10/2008        | 87377         | 4/9/2010   | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | PY      | PENDING | 22958/2007    | 7/18/2007   |                    |                  |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | US      | PENDING | 12/309,367    | 12/15/2009  | US 2010-0092401 A1 | 4/15/2010        |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | UY      | PENDING | 30,495        | 7/19/2007   |                    | 1/31/2008        |               |            | UNDETERMINED |
| 68533       | IMMUNE RESPONSE MODIFIER FORMULATIONS                                 | VE      | PENDING | 2007-001542   | 7/18/2007   |                    | 6/4/2010         |               |            | UNDETERMINED |

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| 67058       | IMPROVED INTRAVAGINAL TREATMENT OF VAGINAL INFECTIONS WITH BUFFERED METRONIDAZOLE COMPOSITIONS                 | CA      | GRANTED         | 613846        | 9/28/1989   |               |                  | 1337279    | 10/10/1995 | UNDETERMINED |
| 67058       | IMPROVED INTRAVAGINAL TREATMENT OF VAGINAL INFECTIONS WITH BUFFERED METRONIDAZOLE COMPOSITIONS                 | US      | GRANTED         | 08/680,750    | 7/15/1996   |               |                  | 5840744    | 11/24/1998 | UNDETERMINED |
| 67058       | IMPROVED INTRAVAGINAL TREATMENT OF VAGINAL INFECTIONS WITH BUFFERED METRONIDAZOLE COMPOSITIONS                 | US      | GRANTED         | 08/295,242    | 8/24/1994   |               |                  | 5536743    | 7/16/1996  | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | AR      | PENDING         | P100102263    | 6/25/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | AW      | TO BE ABANDONED | OCT-01/100520 | 5/20/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | BO      | TO BE ABANDONED | SP-162/10     | 6/17/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | BS      | PENDING         | AWAITING      | 7/13/2010   |               |                  |            |            | UNDETERMINED |

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| 85890       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | CA      | PENDING | 2697978              | 3/30/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | CL      | PENDING | 0524-2010            | 5/20/2010   |               | 4/1/2011         |            |            | UNDETERMINED |
| 85890 [II]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | EP      | PENDING | 10800190             | 4/30/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [II]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | GC      | PENDING | 2010/16295           | 7/12/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | JM      | PENDING | 18/1/5056            | 5/18/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | MX      | PENDING | MX/A/2011/0014<br>10 | 4/30/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | PA      | PENDING | 88818                | 6/25/2010   |               |                  |            |            | UNDETERMINED |

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| 85890 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | PE      | PENDING         | 000428-2010       | 6/25/2010   |               |                  |            |            | UNDETERMINED |
| 85890       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | TW      | PENDING         | 99116265          | 5/21/2010   | 201105668     | 2/16/2011        |            |            | UNDETERMINED |
| 85890       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | US      | PENDING         | 12/771,076        | 4/30/2010   |               |                  |            |            | UNDETERMINED |
| 85890       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | WO      | PENDING         | PCT/US2010/033245 | 4/30/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | UY      | TO BE ABANDONED | 32735             | 6/25/2010   |               |                  |            |            | UNDETERMINED |
| 85890 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORT DOSING REGIMENS FOR TREATING GENITAL AND PERIANAL WARTS | VE      | TO BE ABANDONED | 1040/2010         | 6/25/2010   |               |                  |            |            | UNDETERMINED |
| 83136 [ii]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES        | AE      | PENDING         | 635/2011          | 12/1/2009   |               |                  |            |            | UNDETERMINED |

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| CASE NUMBER | APPLICATION TITLE                                                                                       | COUNTRY | STATUS          | APPLICATION # | FILING DATE | PUBLICATION # | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
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| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | AR      | PENDING         | 90104978      | 12/18/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | AW      | TO BE ABANDONED | OCT-01/091218 | 12/18/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | BO      | PENDING         | SP-392/09     | 12/18/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | BR      | PENDING         | 20110064968   | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | BS      | PENDING         | AWAITING      | 1/14/2010   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | CA      | GRANTED         | 2649893       | 1/15/2009   |               |                  | 2649893    | 8/3/2010   | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | CA      | PENDING         | 2709732       | 1/15/2009   |               |                  |            |            | UNDETERMINED |



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| CASE NUMBER | APPLICATION TITLE                                                                                       | COUNTRY | STATUS  | APPLICATION # | FILING DATE | PUBLICATION # | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
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| 83136 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | CL      | PENDING | 2183-2009     | 12/17/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | CO      | PENDING | AWAITING      | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | CR      | PENDING | 2011-0338     | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [i]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | DO      | PENDING | AWAITING      | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [ii]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | EA      | PENDING | AWAITING      | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [ii]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | EP      | PENDING | 9837849       | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [ii]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | GE      | PENDING | AWAITING      | 12/11/2009  |               |                  |            |            | UNDETERMINED |

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| CASE NUMBER | APPLICATION TITLE                                                                                       | COUNTRY | STATUS  | APPLICATION #    | FILING DATE | PUBLICATION # | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
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| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | GT      | PENDING | A2011-000175     | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | HN      | PENDING | AWAITING         | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [II]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | IL      | PENDING | AWAITING         | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | JM      | PENDING | 18/1/4987        | 12/17/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | MX      | PENDING | MX/A/2011/001555 | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | PA      | PENDING | 88551            | 12/18/2009  |               | 7/27/2010        |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | PE      | PENDING | 1323.2009        | 12/18/2009  |               | 7/31/2010        |            |            | UNDETERMINED |

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| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | SV      | PENDING   | 20110011326     | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | TT      | PENDING   | TT/A/2011/00123 | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | TW      | PENDING   | 98143460        | 12/17/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [II]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | UA      | PENDING   | AWAITING        | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,015      | 6/26/2011   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,156      | 6/27/2011   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,093      | 6/27/2011   |               |                  |            |            | UNDETERMINED |

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| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,151    | 6/27/2011   |                    |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,073    | 6/27/2011   |                    |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,169    | 6/27/2011   |                    |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,192    | 6/27/2011   |                    |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | ABANDONED | 13/169,216    | 6/27/2011   |                    |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING   | 12/636,613    | 12/11/2009  | US 2011-0021555 A1 | 1/27/2011        |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING   | 13/179,363    | 7/8/2011    |                    |                  |            |            | UNDETERMINED |

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| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/179,336    | 7/8/2011    |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/179,315    | 7/8/2011    |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/181,507    | 7/12/2011   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/184,556    | 7/17/2011   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/181,499    | 7/12/2011   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/184,579    | 7/18/2011   |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES | US      | PENDING | 13/182,433    | 7/13/2011   |               |                  |            |            | UNDETERMINED |

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| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES    | US      | PENDING         | 13/179,402      | 7/8/2011    |               |                  |            |            | UNDETERMINED |
| 83136       | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES    | UY      | TO BE ABANDONED | 32375           | 12/30/2009  |               | 8/31/2010        |            |            | UNDETERMINED |
| 83136 [II]  | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES    | UZ      | PENDING         | AWAITING        | 12/11/2009  |               |                  |            |            | UNDETERMINED |
| 83136 [I]   | LOWER DOSAGE STRENGTH IMIQUIMOD FORMULATIONS AND SHORTER DOSING REGIMENS FOR TREATING ACTINIC KERATOSES    | VE      | TO BE ABANDONED | 2347/2009       | 12/18/2009  |               |                  |            |            | UNDETERMINED |
| 67919       | METHOD AND PACKAGES TO ENHANCE SAFETY WHEN USING IMIQUIMOD TO TREAT CHILDREN DIAGNOSED WITH SKIN DISORDERS | CA      | PENDING         | 2679067         | 3/24/2008   | 2679067       |                  |            |            | UNDETERMINED |
| 67919       | METHOD AND PACKAGES TO ENHANCE SAFETY WHEN USING IMIQUIMOD TO TREAT CHILDREN DIAGNOSED WITH SKIN DISORDERS | PE      | PENDING         | 000534-2008/OIN | 4/23/2008   |               | 12/5/2009        |            |            | UNDETERMINED |
| 67919       | METHOD AND PACKAGES TO ENHANCE SAFETY WHEN USING IMIQUIMOD TO TREAT CHILDREN DIAGNOSED WITH SKIN DISORDERS | VE      | TO BE ABANDONED | 2008-000600     | 3/27/2008   |               |                  |            |            | UNDETERMINED |

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| 67919                | METHOD AND PACKAGES TO ENHANCE SAFETY WHEN USING IMIQUIMOD TO TREAT CHILDREN DIAGNOSED WITH SKIN DISORDERS | US      | PENDING                                                    | 12/054,357    | 3/24/2008   | US 2008-0279683 A1 | 11/13/2008       |              |            | UNDETERMINED |
| 081521-0042<br>[III] | METHOD FOR DECREASING SEBUM                                                                                | AR      | PUBLISHED                                                  | P040103633    | 10/7/2004   | AR046176           | 11/30/2005       |              |            | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM                                                                                | AU      | ABANDONED;<br>ANNUITY<br>GRACE<br>PERIOD ENDS<br>9/27/2011 | 2004280134    | 9/27/2004   |                    |                  | 2004280134   | 1/24/2008  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM                                                                                | CA      | GRANTED                                                    | 2541814       | 9/27/2004   |                    |                  | 2541814      | 2/23/2010  | UNDETERMINED |
| 081521-0042<br>[III] | METHOD FOR DECREASING SEBUM                                                                                | CN      | PUBLISHED                                                  | 2.0048E+11    | 9/27/2004   | 186352A            | 11/15/2006       |              |            | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM                                                                                | FI      | ABANDONED;<br>ANNUITY<br>GRACE<br>PERIOD ENDS<br>9/27/2011 | 4769499.7     | 9/27/2004   | 1673077            | 6/28/2006        | 1673077      | 10/1/2008  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM                                                                                | FR      | GRANTED                                                    | 4769499.7     | 9/27/2004   | 1673077            | 6/28/2006        | 1673077      | 10/1/2008  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM                                                                                | DE      | GRANTED                                                    | 4769499.7     | 9/27/2004   | 1673077            | 6/28/2006        | 602004016874 | 10/1/2008  | UNDETERMINED |
| 081521-0042<br>[III] | METHOD FOR DECREASING SEBUM                                                                                | HK      | ABANDONED;<br>ANNUITY<br>GRACE<br>PERIOD ENDS<br>9/27/2012 | 6113978.3     | 12/20/2006  | 1093153A           | 2/23/2007        |              | 10/1/2008  | UNDETERMINED |

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| 081521-0042          | METHOD FOR DECREASING SEBUM | IN      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 9/27/2011 | 1280/DELNP/2006  | 9/27/2004   |                 |                  | 237125     | 12/4/2009  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM | IN      | PUBLISHED                                         | 5910/DELNP/2009  | 9/27/2004   | 5910/DELNP/2009 | 11/6/2010        |            |            | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM | IE      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 9/27/2011 | 4769499.7        | 9/27/2004   | 1673077         | 6/28/2006        | 1673077    | 10/1/2008  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM | IT      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 2/10/2012 | 4769499.7        | 9/27/2004   | 1673077         | 6/28/2006        | 1673077    | 10/1/2008  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM | KR      | GRANTED                                           | 2006-7006717     | 9/27/2004   |                 |                  | 786436     | 12/10/2007 | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM | MX      | GRANTED                                           | PA/A/2006/003960 | 9/27/2004   |                 |                  | 261368     | 10/15/2008 | UNDETERMINED |
| 081521-0042<br>[III] | METHOD FOR DECREASING SEBUM | NL      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 9/27/2011 | 4769499.7        | 9/27/2004   | 1673077         | 6/28/2006        | 1673077    | 10/1/2008  | UNDETERMINED |
| 081521-0042          | METHOD FOR DECREASING SEBUM | ES      | GRANTED                                           | 4769499.7        | 9/27/2004   | 1673077         | 6/28/2006        | 2313065    | 10/1/2008  | UNDETERMINED |



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| 081521-0042 | METHOD FOR DECREASING SEBUM          | SE      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 9/27/2011 | 4769499.7     | 9/27/2004   | 1673077            | 6/28/2006        | 1673077    | 10/1/2008  | UNDETERMINED |
| 081521-0042 | METHOD FOR DECREASING SEBUM          | GB      | GRANTED                                           | 4769499.7     | 9/27/2004   | 1673077            | 6/28/2006        | 1673077    | 10/1/2008  | UNDETERMINED |
| 081521-0042 | METHOD FOR DECREASING SEBUM          | USA     | GRANTED                                           | 10/958,306    | 10/5/2004   | 05-0079144         | 4/14/2005        | 7615230    | 11/10/2009 | UNDETERMINED |
| 081521-0042 | METHOD FOR DECREASING SEBUM          | USA     | PUBLISHED                                         | 12/568,763    | 9/29/2009   | US-2010-0113601-A1 | 5/6/2010         |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | AG      | PENDING                                           | AWAITING      | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | BB      | PENDING                                           | 2001/1345     | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | CA      | PENDING                                           | 2602098       | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | CR      | PENDING                                           | 9382          | 3/14/2006   |                    | 8/18/2008        |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | DM      | PENDING                                           | AWAITING      | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | GD      | PENDING                                           | AWAITING      | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | GT      | PENDING                                           | A-2007-00081  | 9/20/2007   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | KN      | PENDING                                           | AWAITING      | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS | LC      | PENDING                                           | TM/P/2007/10  | 3/14/2006   |                    |                  |            |            | UNDETERMINED |

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| CASE NUMBER | APPLICATION TITLE                                                                                                             | COUNTRY | STATUS  | APPLICATION #    | FILING DATE | PUBLICATION #      | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
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| 67062       | METHOD OF TREATING ACTINIC KERATOSIS                                                                                          | MX      | PENDING | MX/A/2007/011112 | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS                                                                                          | PA      | PENDING | 87479            | 9/14/2007   |                    | 4/23/2009        |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS                                                                                          | SV      | PENDING | 2007002800       | 9/11/2007   |                    | 11/25/2008       |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS                                                                                          | TT      | PENDING | TT/A/2007/00223  | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS                                                                                          | US      | PENDING | 11/886,204       | 6/4/2008    | US 2008-0262022 A1 | 10/23/2008       |            |            | UNDETERMINED |
| 67062       | METHOD OF TREATING ACTINIC KERATOSIS                                                                                          | VC      | PENDING | VC/A/2007/0006   | 3/14/2006   |                    |                  |            |            | UNDETERMINED |
| 67402       | METHODS OF TREATING DERMATOLOGICAL DISORDERS AND INDUCING INTERFERON BIOSYNTHESIS WITH SHORTER DURATIONS OF IMIQUIMOD THERAPY | US      | PENDING | 12/543,434       | 8/18/2009   | US 2010-0160368 A1 | 6/24/2010        |            |            | UNDETERMINED |
| 67402       | METHODS OF TREATING DERMATOLOGICAL DISORDERS AND INDUCING INTERFERON BIOSYNTHESIS WITH SHORTER DURATIONS OF IMIQUIMOD THERAPY | US      | PENDING | 12/028,771       | 2/8/2008    | US 2009-0018155 A1 | 1/15/2009        |            |            | UNDETERMINED |
|             | MICELLAR NANOPARTICLES                                                                                                        | US      |         | 5629021          |             |                    |                  | 5629021    |            | UNDETERMINED |
| 67063       | PACKAGING FOR 1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE CONTAINING FORMULATION                                     | AR      | PENDING | 70100013         | 1/2/2007    |                    |                  |            |            | UNDETERMINED |

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| CASE NUMBER | APPLICATION TITLE                                                                         | COUNTRY | STATUS                                            | APPLICATION # | FILING DATE | PUBLICATION #      | PUBLICATION DATE | PATENT NO. | ISSUE DATE | VALUE        |
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| 67063       | PACKAGING FOR 1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE CONTAINING FORMULATION | BO      | PENDING                                           | SP-270009     | 1/8/2007    |                    |                  |            |            | UNDETERMINED |
| 67063       | PACKAGING FOR 1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE CONTAINING FORMULATION | CA      | PENDING                                           | 2664548       | 12/29/2006  |                    |                  |            |            | UNDETERMINED |
| 67063       | PACKAGING FOR 1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE CONTAINING FORMULATION | CL      | TO BE ABANDONED                                   | 39114         | 1/2/2007    |                    |                  |            |            | UNDETERMINED |
| 67063       | PACKAGING FOR 1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE CONTAINING FORMULATION | PA      | PENDING                                           | 87121         | 1/22/2007   |                    |                  |            |            | UNDETERMINED |
| 67063       | PACKAGING FOR 1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE CONTAINING FORMULATION | US      | PENDING                                           | 11/530,935    | 9/12/2006   | US-2007-0123559-A1 | 5/31/2007        |            |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS                               | AU      | PENDING                                           | 2008285255    | 7/28/2008   |                    |                  |            |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS                               | BR      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 1/28/2012 | PI0815048-6   | 7/28/2008   |                    |                  |            |            | UNDETERMINED |

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| CASE NUMBER | APPLICATION TITLE                                           | COUNTRY | STATUS                                            | APPLICATION #  | FILING DATE | PUBLICATION # | PUBLICATION DATE | PATENT NO.           | ISSUE DATE | VALUE        |
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| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | CA      | ABANDONED;<br>ANNUITY GRACE PERIOD ENDS 7/28/2012 | 2695664        | 7/28/2008   |               |                  |                      |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | CN      | PENDING                                           |                | 7/28/2008   |               |                  |                      |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | EPC     | GRANTED                                           | 8788986.1      | 7/28/2008   | 2173711       | 4/14/2010        | 2173711              | 11/17/2010 | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | FR      | GRANTED                                           | 8788986.1      | 7/28/2008   | 2173711       | 4/14/2010        | 2173711              | 11/17/2010 | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | DE      | GRANTED                                           | 8788986.1      | 7/28/2008   | 2173711       | 4/14/2010        | 602008003586.7<br>08 | 11/17/2010 | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | IN      | PENDING                                           | 765/DELNP/2010 | 7/28/2008   |               |                  |                      |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | IT      | GRANTED                                           | 8788986.1      | 7/28/2008   | 2173711       | 4/14/2010        | 2173711              | 11/17/2010 | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | JP      | PUBLISHED                                         | 2010-519537    | 7/28/2008   | 2010-535756   | 11/25/2010       |                      |            | UNDETERMINED |

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| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | KR      | PENDING                                      | 2010-7001820     | 7/28/2008   |                    |                  |            |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | MX      | TO BE ABANDONED, REPLY DUE 9/26/2011         | MX/A/2010/001485 | 7/28/2008   | MX/A/2010/001485   | 9/7/2010         |            |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | RU      | TO BE ABANDONED ON 11/5/2011 (ISSUE FEE DUE) | 201010107892     | 7/28/2008   |                    |                  |            |            | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | ES      | GRANTED                                      | 8788986.1        | 7/28/2008   | 2173711            | 4/14/2010        | 2352098    | 11/17/2010 | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | GB      | GRANTED                                      | 8788986.1        | 7/28/2008   | 2173711            | 4/14/2010        | 2173711    | 11/17/2010 | UNDETERMINED |
| 081521-0039 | PHENOXY-PYRROLIDINE DERIVATIVE AND ITS USE AND COMPOSITIONS | USA     | PUBLISHED                                    | 12/670,010       | 5/17/2010   | US-2010-0247471-A1 | 9/30/2010        |            |            | UNDETERMINED |
| 67041 [I]   | PROCESS FOR 1H-IMIDAZO(4,5-C)QUINOLINES                     | AR      | GRANTED                                      | P96005901        | 12/26/1996  |                    |                  | AR255497V1 | 1/18/2002  | UNDETERMINED |
| 67041 [I]   | PROCESS FOR 1H-IMIDAZO(4,5-C)QUINOLINES                     | AR      | GRANTED                                      | 318157           | 10/22/1990  |                    |                  | AR251755V1 | 3/13/1998  | UNDETERMINED |
| 67041       | PROCESS FOR 1H-IMIDAZO(4,5-C)QUINOLINES                     | US      | GRANTED                                      | 08/454,932       | 5/31/1995   |                    |                  | 5602256    | 2/11/1997  | UNDETERMINED |

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| 67041       | PROCESS FOR 1H-IMIDAZO[4,5-C]QUINOLINES                                                      | US      | GRANTED | 08/455,851    | 5/31/1995   |               |                  | 5578727    | 11/26/1996 | UNDETERMINED |
| 67054       | PROCESS FOR IMIDAZO [4,5-C]QUINOLIN-4-AMINES                                                 | CA      | GRANTED | 2093132       | 9/13/1991   |               |                  | 2093132    | 2/26/2002  | UNDETERMINED |
| 67054       | PROCESS FOR IMIDAZO [4,5-C]QUINOLIN-4-AMINES                                                 | US      | GRANTED | 07/879,149    | 4/30/1992   |               |                  | 5367076    | 11/22/1994 | UNDETERMINED |
|             | PROCESS FOR PREPARING 1-SUBSTITUTED, 2-SUBSTITUTED 1H-IMIDAZO [4, 5-C] QUINOLINE-4-AMINES    | US      |         | 6465654       |             |               |                  | 6465654    |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | BB      | PENDING | 2001/1328     | 12/28/2005  |               |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | BZ      | GRANTED | 476.07        | 12/28/2005  |               |                  | 476        | 8/10/2007  | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | CA      | PENDING | 2592957       | 12/28/2005  |               |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | CR      | PENDING | 9217          | 12/28/2005  |               | 8/18/2008        |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | GT      | PENDING | A-2007-0052   | 6/29/2007   |               |                  |            |            | UNDETERMINED |

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| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | GY      | PENDING | 1518             | 6/29/2007   |                    |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | HN      | PENDING | 2007-21766       | 12/28/2005  |                    |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | JM      | PENDING | 18/1/4659        | 12/28/2005  |                    |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | MX      | PENDING | MX/A/2007/008131 | 12/28/2005  |                    |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | PA      | GRANTED | 87346            | 6/29/2007   |                    | 1/23/2009        | 87346      | 9/24/2009  | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | SV      | PENDING | 2007002769       | 7/3/2007    |                    |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | TT      | PENDING | TT/A/2007/00161  | 12/28/2005  |                    |                  |            |            | UNDETERMINED |
| 67065       | PROCESS FOR PREPARING 2-METHYL-1-(2-METHYLPROPYL)-1H-IMIDAZO[4,5-C][1,5]NAPHTHYRIDIN-4-AMINE | US      | PENDING | 11794,584        | 7/14/2008   | US 2008-0306266 A1 | 12/11/2008       |            |            | UNDETERMINED |

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| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | CA      | GRANTED | 2257846              | 10/22/1996  |                  |                  | 2257846    | 9/11/2007  | UNDETERMINED |
| 67061 [I]   | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | MX      | GRANTED | PA/A/2006/00845<br>3 | 10/22/1996  |                  |                  | 284021     | 2/14/2011  | UNDETERMINED |
| 67061 [I]   | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | MX      | GRANTED | 9810642              | 10/22/1996  |                  |                  | 213533     | 4/4/2003   | UNDETERMINED |
| 67061 [I]   | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | MX      | GRANTED | PA/A/2002/01202<br>1 | 10/22/1996  |                  |                  | 241185     | 10/17/2006 | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 10/974,258           | 10/27/2004  |                  |                  | 7026482    | 4/11/2006  | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 08/673,712           | 6/21/1996   |                  |                  | 5741908    | 4/21/1998  | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 09/678,192           | 10/4/2000   |                  |                  | 6437131    | 8/20/2002  | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 10/180,678           | 6/26/2002   | US-2002-00188127 | 12/12/2002       | 6534654    | 3/18/2003  | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 10/352,606           | 1/28/2003   | US-2003-0130516  | 7/10/2003        | 6613902    | 9/2/2003   | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 10/360,210           | 2/6/2003    | US-2002-0537627  | 8/14/2003        | 6624305    | 9/23/2003  | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 10/624,014           | 7/21/2003   | US-2004-0019213  | 1/29/2004        | 6897314    | 5/24/2005  | UNDETERMINED |
| 67061       | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES | US      | GRANTED | 09/061,401           | 4/16/1998   |                  |                  | 5998619    | 12/7/1999  | UNDETERMINED |



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| 67061             | PROCESS FOR PREPARING IMIDAZOQUINOLINAMINES                                                                         | US      | GRANTED                      | 09/375,587        | 8/17/1999   |               |                  | 6150523    | 11/21/2000 | UNDETERMINED |
| 67056             | PROCESS FOR PREPARING QUINOLINE AMINES                                                                              | US      | GRANTED                      | 08/011,405        | 1/29/1993   |               |                  | 5395937    | 3/7/1995   | UNDETERMINED |
| 85591             | PUMP SYSTEMS AND METHODS FOR STORING AND DISPENSING A PLURALITY OF PRECISELY MEASURED UNIT-DOSES OF IMIQUIMOD CREAM | CA      | PENDING                      | 2713777           | 8/26/2010   |               |                  |            |            | UNDETERMINED |
| 85591             | PUMP SYSTEMS AND METHODS FOR STORING AND DISPENSING A PLURALITY OF PRECISELY MEASURED UNIT-DOSES OF IMIQUIMOD CREAM | US      | PENDING                      | 12/875,787        | 9/3/2010    |               |                  |            |            | UNDETERMINED |
| 85591             | PUMP SYSTEMS AND METHODS FOR STORING AND DISPENSING A PLURALITY OF PRECISELY MEASURED UNIT-DOSES OF IMIQUIMOD CREAM | WO      | PENDING                      | PCT/US2011/046847 | 8/5/2011    |               |                  |            |            | UNDETERMINED |
| 85591             | PUMP SYSTEMS AND METHODS FOR STORING AND DISPENSING A PLURALITY OF PRECISELY MEASURED UNIT-DOSES OF IMIQUIMOD CREAM | GC      | PENDING                      | 2011/19000        | 8/6/2011    |               |                  |            |            | UNDETERMINED |
| 081521-0094 [III] | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                               | AR      | PUBLISHED                    | 70104581          | 10/16/2007  | 70104581      | 1/21/2009        |            |            | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                               | CA      | ABANDONED; MAY BE REINSTATED | 2666603           | 10/4/2007   |               |                  |            |            | UNDETERMINED |

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| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | CN      | ABANDONED ON 8/16/20114      | 2.0078E+11       | 10/4/2007   | 101528752A         | 9/9/2009         |            |            | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | EPC     | PUBLISHED                    | 7825309.3        | 10/4/2007   | 2074128            | 7/1/2009         |            |            | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | IN      | PUBLISHED                    | 2162/DELNP/2009  | 10/4/2007   | 2162/DELNP/2009    | 6/12/2009        |            |            | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | JP      | PUBLISHED                    | 2009-532905      | 10/4/2007   | 2010-506895        | 3/4/2010         |            |            | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | KR      | TO BE ABANDONED ON 9/25/2011 | 10-2009-7007709  | 10/4/2007   |                    |                  |            |            | UNDETERMINED |
| 081521-0094 [III] | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | MX      | TO BE ABANDONED ON 9/30/2011 | MX/A/2009/003157 | 10/4/2007   | MX/A/2009/003157   | 4/1/2009         |            |            | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | USA     | GRANTED                      | 11/871,311       | 10/12/2007  | US-2008-0090861-A1 | 4/17/2008        | 7964612    | 6/21/2011  | UNDETERMINED |
| 081521-0094       | THERAPEUTIC PYRAZOLYL THIENOPYRIDINES                                                                         | USA     | PUBLISHED                    | 13/112,520       | 5/20/2011   | US-2011-0224251    | 9/15/2011        |            |            | UNDETERMINED |
| 67017             | TOPICAL FORMULATIONS AND TRANSFORMAL DELIVERY SYSTEMS CONTAINING 1-ISOBUTYL-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE | US      | GRANTED                      | 08/471,440       | 5/31/1995   |                    |                  | 5736553    | 4/7/1998   | UNDETERMINED |
|                   | TOPICAL FORMULATIONS AND TRANSFORMAL DELIVERY SYSTEMS CONTAINING 1-ISOBUTYL-1H-IMIDAZO[4,5-C]QUINOLIN-4-AMINE | US      |                              | 5238944          |             |                    |                  | 5238944    |            | UNDETERMINED |

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| 67059       | TREATMENT FOR BASAL CELL CARCINOMA | US      | PENDING | 12/798,356    | 4/2/2010    | US-2010-0197722-A1      | 8/5/2010         |            |            | UNDETERMINED |
| 67059       | TREATMENT FOR BASAL CELL CARCINOMA | US      | GRANTED | 12/008,961    | 1/15/2008   | US-2008-0119572-A1      | 5/22/2008        | 7696159    | 4/13/2010  | UNDETERMINED |
|             | TREATMENT FOR BASAL CELL CARCINOMA | US      |         |               |             | 10808004<br>20040192585 |                  |            |            | UNDETERMINED |

[I] SUBJECT TO LICENSE TO INTERNATIONAL PHARMA LABS, S.A.R.L. IN CERTAIN TERRITORIES.

[II] SUBJECT TO LICENSE TO MEDA AB IN CERTAIN TERRITORIES.

[III] PATENT/PATENT APPLICATION HAS BEEN ASSIGNED TO SELLERS, BUT ASSIGNMENT HAS NOT BEEN RECORDED.

[IV] REVIVAL MIGHT BE POSSIBLE WITHIN TWO MONTHS OF RECEIPT OF NOTICE OF WITHDRAWAL.

SCHEDULE B - PERSONAL PROPERTY  
 RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

TRADEMARKS

| TRADEMARK    | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                 | STATUS     | VALUE        |
|--------------|---------------|-------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| AIROMIR      | BERMUDA       | 25794<br>25794          | 1/24/1994<br>1/24/1994             | CLASS 5: PHARMACEUTICALS, MEDICAL<br>AND MEDICINAL PREPARATIONS AND<br>SUBSTANCES; HEALTHCARE PRODUCTS;<br>VETERINARY PRODUCTS | REGISTERED | UNDETERMINED |
| AIROMIR      | CANADA        | 732982<br>TMA495,773    | 7/19/1993<br>6/9/1998              | PHARMACEUTICAL PREPARATIONS FOR<br>THE TREATMENT AND/OR ALLEVIATION<br>OF RESPIRATORY DISEASES AND<br>AILMENTS                 | REGISTERED | UNDETERMINED |
| ALDARA       | BERMUDA       | 26874<br>26874          | 4/27/1995<br>4/27/1995             | CLASS 5: PHARMACEUTICAL, MEDICINAL<br>AND MEDICAL PREPARATIONS AND<br>SUBSTANCES                                               | REGISTERED | UNDETERMINED |
| ALDARA       | CANADA        | 776185<br>TMA520,368    | 2/23/1995<br>12/7/1999             | PHARMACEUTICAL PREPARATIONS,<br>NAMESLY, IMMUNOMODULATORS AND<br>PULMONARY DISEASE MODIFIERS                                   | REGISTERED | UNDETERMINED |
| ALDARA       | UNITED STATES | 74/573,320<br>2053136   | 9/14/1994<br>4/15/1997             | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMESLY<br>IMMUNOMODULATORS                                                           | REGISTERED | UNDETERMINED |
| ALU-CAP      | UNITED STATES | 72/424,918<br>962509    | 5/19/1972<br>7/3/1973              | CLASS 5: ANTACID CAPSULES                                                                                                      | REGISTERED | UNDETERMINED |
| ALU-TAB      | CANADA        | 377932<br>TMA208,956    | 8/13/1974<br>8/22/1975             | ANTACID                                                                                                                        | REGISTERED | UNDETERMINED |
| ARISTOCORT A | UNITED STATES | 73/217,899<br>1143876   | 5/31/1979<br>12/23/1980            | CLASS 5: STEROID PREPARATION IN<br>CREAM FORM                                                                                  | REGISTERED | UNDETERMINED |
| ARISTOCORT A | UNITED STATES | 73/313,674<br>1226422   | 6/8/1981<br>2/8/1983               | CLASS 5: DERMATOLOGICAL<br>PREPARATIONS                                                                                        | REGISTERED | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

TRADEMARKS

| TRADEMARK   | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                                                                                                                                                                                                 | STATUS     | VALUE        |
|-------------|---------------|-------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| ATOPICLAIR  | UNITED STATES | 78/674,404<br>3126272   | 7/20/2005<br>8/8/2006              | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS AND SUBSTANCES FOR<br>THE TREATMENT OF SKIN CONDITIONS;<br>PHARMACEUTICAL PREPARATIONS AND<br>SUBSTANCES FOR THE TREATMENT OF<br>SEBORRHEIC DERMATITIS;<br>PHARMACEUTICAL PREPARATIONS AND<br>SUBSTANCES FOR THE TREATMENT FOR<br>SKIN DISEASES LIKE ALLERGIC AND<br>TOPIC DERMATITIS. | REGISTERED | UNDETERMINED |
| BENZIQ      | UNITED STATES | 78/647,931<br>3738199   | 6/10/2005<br>1/12/2010             | CLASS 5: DERMATOLOGICAL TOPICAL<br>PHARMACEUTICAL PREPARATIONS<br>SPECIFICALLY RELATED TO ACNE<br>TREATMENT AND NOT IN THE FORM OF<br>SHAVING CREAM                                                                                                                                                                            | REGISTERED | UNDETERMINED |
| BENZELLE    | UNITED STATES | 78651054                |                                    |                                                                                                                                                                                                                                                                                                                                |            | UNDETERMINED |
| CVP         | UNITED STATES | 78893274                |                                    |                                                                                                                                                                                                                                                                                                                                |            | UNDETERMINED |
| CYCLIMOD    | CANADA        | 1445113<br>N/A          | 7/17/2009<br>N/A                   | PHARMACEUTICAL PREPARATIONS,<br>NAMELY, IMMUNOMODULATORS AND<br>PULMONARY DISEASE MODIFIERS.                                                                                                                                                                                                                                   | ALLOWED    | UNDETERMINED |
| CYCLOCORT A | UNITED STATES | 73/045,298<br>1024480   | 2/27/1975<br>11/11/1975            | CLASS 5: STEROID PREPARATION                                                                                                                                                                                                                                                                                                   | REGISTERED | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

TRADEMARKS

| TRADEMARK                                                     | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                        | STATUS     | VALUE        |
|---------------------------------------------------------------|---------------|-------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| DESIGN (LEAF)                                                 | BERMUDA       | 28604<br>28604          | 4/7/1997<br>4/7/1997               | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMELY,<br>IMMUNOMODULATORS                                                                                  | REGISTERED | UNDETERMINED |
| DESIGN (LEAF)                                                 | CANADA        | 836000<br>TMA526,478    | 2/7/1997<br>4/7/2000               | PHARMACEUTICAL PREPARATIONS,<br>NAMELY, IMMUNOMODULATORS                                                                                              | REGISTERED | UNDETERMINED |
| DESIGN (LEAF)                                                 | UNITED STATES | 75/215,842<br>2181399   | 12/19/1996<br>8/11/1998            | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMELY,<br>IMMUNOMODULATORS                                                                                  | REGISTERED | UNDETERMINED |
| ESTRASORB                                                     | CANADA        | 1291793<br>TMA802785    | 2/28/2006<br>7/22/2011             | PHARMACEUTICAL PREPARATIONS                                                                                                                           | REGISTERED | UNDETERMINED |
| ESTRASORB                                                     | UNITED STATES | 75/833,622<br>2784534   | 10/27/1999<br>11/18/2003           | CLASS 5: PHARMACEUTICALS, NAMELY,<br>TOPICAL HORMONE PREPARATIONS                                                                                     | REGISTERED | UNDETERMINED |
| G GRACEWAY<br>PHARMACEUTICALS (&<br>HORIZONTAL DESIGN)        | UNITED STATES | 77/116,781<br>3795988   | 2/27/2007<br>6/1/2010              | CLASS 5: MEDICATED AND<br>PHARMACEUTICAL PREPARATIONS FOR<br>THE TREATMENT OF SKIN, RESPIRATORY,<br>AND GYNECOLOGICAL DISORDERS FOR<br>USE IN HUMANS. | REGISTERED | UNDETERMINED |
| G GRACEWAY<br>PHARMACEUTICALS<br>LLC (& HORIZONTAL<br>DESIGN) | UNITED STATES | 77/116,783<br>3818769   | 2/27/2007<br>7/13/2010             | CLASS 5: MEDICATED AND<br>PHARMACEUTICAL PREPARATIONS FOR<br>TREATMENT OF SKIN, RESPIRATORY, AND<br>GYNECOLOGICAL DISORDERS FOR USE<br>IN HUMANS.     | REGISTERED | UNDETERMINED |

## SCHEDULE B - PERSONAL PROPERTY

## RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

## TRADEMARKS

| TRADEMARK       | COUNTRY | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATUS     | VALUE        |
|-----------------|---------|-------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| GRACEWAY        | CANADA  | 1332738<br>TMA730653    | 1/25/2007<br>12/10/2008            | FULL LINE OF MEDICATED AND<br>PHARMACEUTICAL PREPARATIONS FOR<br>TREATMENT OF CONDITIONS, DISEASES,<br>AND ILLNESSES AFFECTING THE<br>RESPIRATORY, CARDIOPULMONARY<br>SYSTEMS; FULL LINE OF MEDICATED AND<br>PHARMACEUTICAL PREPARATIONS FOR<br>TREATMENT OF CONDITIONS, DISEASES,<br>ILLNESSES AND SYMPTOMS FOR USE IN<br>ONCOLOGY, CARDIOLOGY, OBSTETRICS<br>AND GYNECOLOGY; FULL LINE OF<br>MEDICATED AND PHARMACEUTICAL<br>PREPARATIONS FOR TREATMENT OF<br>CONDITIONS, DISEASES, ILLNESSES AND<br>SYMPTOMS FOR USE IN DERMATOLOGY,<br>NAMELY, DERMATITIS, NONMELANOMA<br>SKIN CANCERS, VIRAL INFECTIONS OF<br>THE SKIN, HYPERKERATOTIC DISORDERS,<br>IN SITU CARCINOMAS OF THE SKIN,<br>INFLAMMATORY SKIN DISORDERS,<br>SEXUALLY TRANSMITTED DISEASES; ANTI-<br>INFLAMMATORIES AND ANTI-INFECTIVES. | REGISTERED | UNDETERMINED |
| GRACEWAY        | MEXICO  | 855929<br>1001438       | 5/22/2007<br>9/12/2007             | CLASS 5: PHARMACEUTICAL PRODUCTS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REGISTERED | UNDETERMINED |
| GRACEWAY MEXICO | MEXICO  | 855928<br>999941        | 5/22/2007<br>9/5/2007              | CLASS 5: PHARMACEUTICAL PRODUCTS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REGISTERED | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
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| TRADEMARK                                | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                | STATUS     | VALUE        |
|------------------------------------------|---------------|-------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| GRACEWAY<br>PHARMACEUTICALS              | UNITED STATES | 78/930,569<br>3687620   | 7/17/2006<br>9/22/2009             | CLASS 5: MEDICATED AND<br>PHARMACEUTICAL PREPARATIONS FOR<br>THE TREATMENT OF SKIN, RESPIRATORY,<br>AND GYNECOLOGICAL DISORDERS.              | REGISTERED | UNDETERMINED |
| G GRACEWAY<br>PHARMACEUTICALS -<br>IMAGE | UNITED STATES | 77116778                |                                    |                                                                                                                                               |            | UNDETERMINED |
| G GRACEWAY<br>PHARMACEUTICALS -<br>IMAGE | UNITED STATES | 77116780                |                                    |                                                                                                                                               |            | UNDETERMINED |
| GRACEWAY                                 | UNITED STATES | 78930572                |                                    |                                                                                                                                               |            | UNDETERMINED |
| HIP-REX                                  | CANADA        | 289600<br>TMA152,636    | 5/20/1965<br>8/18/1967             | URINARY ANTISEPTIC FOR HUMAN USE                                                                                                              | REGISTERED | UNDETERMINED |
| MAXAIR                                   | CANADA        | 659288<br>TMA385,308    | 6/5/1990<br>5/31/1991              | PIRBUTEROL PHARMACEUTICAL<br>PREPARATION FOR THE TREATMENT OF<br>BRONCHOSPASM                                                                 | REGISTERED | UNDETERMINED |
| MAXAIR                                   | UNITED STATES | 73/718,681<br>1523151   | 3/25/1988<br>2/7/1989              | CLASS 5: PIRBUTEROL PHARMACEUTICAL<br>PREPARATION FOR THE TREATMENT OF<br>BRONCHOSPASM                                                        | REGISTERED | UNDETERMINED |
| MAXAIR                                   | UNITED STATES | 78/855,435<br>3208459   | 4/6/2006<br>2/13/2007              | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMELY,<br>BRONCHODILATORS FOR TREATING<br>RESPIRATORY CONDITIONS SUCH AS<br>BRONCHOSPASM AND ASTHMA | REGISTERED | UNDETERMINED |



SCHEDULE B - PERSONAL PROPERTY  
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TRADEMARKS

| TRADEMARK           | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                                                                                                                                                                             | STATUS     | VALUE        |
|---------------------|---------------|-------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| MAXAIR (AND DESIGN) | UNITED STATES | 77/230,444<br>3434576   | 7/16/2007<br>5/27/2008             | CLASS 5: PIBUTEROL PHARMACEUTICAL<br>PREPARATIONS FOR THE TREATMENT OF<br>BRONCHOSPASM                                                                                                                                                                                                                     | REGISTERED | UNDETERMINED |
| MINITRAN            | CANADA        | 659286<br>TMA385,307    | 8/5/1990<br>5/31/1991              | SKIN PATCH FOR DELIVERING<br>NITROGLYCERIN TO A MEDICAL PATIENT                                                                                                                                                                                                                                            | REGISTERED | UNDETERMINED |
| MINITRAN            | UNITED STATES | 73/754,072<br>1540056   | 9/26/1988<br>5/23/1989             | CLASS 5: PHARMACEUTICAL, VETERINARY<br>AND SANITARY PREPARATIONS; DIETETIC<br>SUBSTANCES ADAPTED FOR MEDICAL<br>USE, FOOD FOR BABIES; PLASTERS,<br>MATERIALS FOR DRESSINGS; MATERIAL<br>FOR STOPPING TEETH, DENTAL WAX;<br>DISINFECTANTS; PREPARATIONS FOR<br>DESTROYING VERMIN; FUNGICIDES,<br>HERBICIDES | REGISTERED | UNDETERMINED |
| NIDAGEL             | CANADA        | 750988<br>TMA441,631    | 3/29/1994<br>3/31/1995             | VAGINA GEL                                                                                                                                                                                                                                                                                                 | REGISTERED | UNDETERMINED |
| NORFLEX             | CANADA        | 254245<br>TMA119,001    | 12/4/1959<br>7/29/1960             | SKELETAL MUSCLE RELAXANTS                                                                                                                                                                                                                                                                                  | REGISTERED | UNDETERMINED |
| NORFLEX             | UNITED STATES | 72/084,095<br>697028    | 10/27/1959<br>5/3/1960             | CLASS 5: MEDICINAL PREPARATION USED<br>AS A SKELETAL MUSCLE RELAXANT                                                                                                                                                                                                                                       | REGISTERED | UNDETERMINED |
| NORGESIC            | CANADA        | 288161<br>TMA148,694    | 3/18/1965<br>12/30/1966            | MEDICINAL PREPARATION FOR THE<br>RELIEF OF PAIN AND/OR MUSCLE SPASM                                                                                                                                                                                                                                        | REGISTERED | UNDETERMINED |

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## TRADEMARKS

| TRADEMARK | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                                                                                                                                                                             | STATUS     | VALUE        |
|-----------|---------------|-------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| NORGESIC  | UNITED STATES | 72/151,262<br>771046    | 8/15/1962<br>6/9/1964              | CLASS 5: PHARMACEUTICAL, VETERINARY<br>AND SANITARY PREPARATIONS; DIETETIC<br>SUBSTANCES ADAPTED FOR MEDICAL<br>USE, FOOD FOR BABIES; PLASTERS,<br>MATERIALS FOR DRESSINGS; MATERIAL<br>FOR STOPPING TEETH; DENTAL WAX;<br>DISINFECTANTS; PREPARATIONS FOR<br>DESTROYING VERMIN; FUNGICIDES,<br>HERBICIDES | REGISTERED | UNDETERMINED |
| QVAR      | BERMUDA       | 26168<br>26168          | 6/9/1994<br>6/9/1994               | CLASS 5: PHARMACEUTICAL, VETERINARY<br>AND SANITARY PREPARATIONS; DIETETIC<br>SUBSTANCES ADAPTED FOR MEDICAL<br>USE, FOOD FOR BABIES; PLASTERS,<br>MATERIALS FOR DRESSINGS; MATERIAL<br>FOR STOPPING TEETH; DENTAL WAX;<br>DISINFECTANTS; PREPARATIONS FOR<br>DESTROYING VERMIN; FUNGICIDES,<br>HERBICIDES | REGISTERED | UNDETERMINED |
| QVAR      | CANADA        | 753104<br>TMA545,041    | 4/26/1994<br>5/14/2001             | PHARMACEUTICAL PREPARATIONS FOR<br>RESPIRATORY USE                                                                                                                                                                                                                                                         | REGISTERED | UNDETERMINED |
| TAMBOCOR  | CANADA        | 476099<br>TMA278,005    | 9/29/1981<br>3/25/1983             | PHARMACEUTICAL PREPARATION,<br>NAMELY, AN ANTIARRHYTHMIC<br>PREPARATION                                                                                                                                                                                                                                    | REGISTERED | UNDETERMINED |

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 RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

TRADEMARKS

| TRADEMARK                          | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                                                                                                                                                                                                             | STATUS     | VALUE        |
|------------------------------------|---------------|-------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| TAMBOCOR                           | UNITED STATES | 73/303,364<br>1202505   | 3/30/1981<br>7/27/1982             | CLASS 5: PHARMACEUTICAL, VETERINARY<br>AND SANITARY PREPARATIONS; DIETETIC<br>SUBSTANCES ADAPTED FOR MEDICAL<br>USE, FOOD FOR BABIES; PLASTERS,<br>MATERIALS FOR DRESSINGS; MATERIAL<br>FOR STOPPING TEETH, DENTAL WAX;<br>DISINFECTANTS; PREPARATIONS FOR<br>DESTROYING VERMIN; FUNGICIDES,<br>HERBICIDES | REGISTERED | UNDETERMINED |
| TANTUM                             | CANADA        | 616453<br>TMA371,181    | 10/12/1988<br>7/27/1990            | ANALGESIC, ANTI-INFLAMMATORY<br>PHARMACEUTICAL                                                                                                                                                                                                                                                             | REGISTERED | UNDETERMINED |
| THEOLAIR                           | CANADA        | 426560<br>TMA239,113    | 6/23/1978<br>1/11/1980             | BRONCHODILATOR PHARMACEUTICAL<br>PREPARATION                                                                                                                                                                                                                                                               | REGISTERED | UNDETERMINED |
| TRADE DRESS<br>(ZYCLARA PACKAGING) | UNITED STATES | 85/019,652<br>N/A       | 4/21/2010<br>N/A                   | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMELY,<br>IMMUNOMODULATORS AND PULMONARY<br>DISEASE MODIFIERS                                                                                                                                                                                                    | PENDING    | UNDETERMINED |
| TRADE DRESS<br>(ZYCLARA PACKAGING) | CANADA        | 1500558<br>N/A          | 10/21/2010<br>N/A                  | PHARMACEUTICAL PREPARATIONS,<br>NAMELY, IMMUNOMODULATORS AND<br>PULMONARY DISEASE MODIFIERS                                                                                                                                                                                                                | PENDING    | UNDETERMINED |
| TRIANGLE DESIGN                    | CANADA        | 1410857<br>TMA763,595   | 9/16/2008<br>4/8/2010              | PHARMACEUTICAL PREPARATIONS,<br>NAMELY, IMMUNOMODULATORS                                                                                                                                                                                                                                                   | REGISTERED | UNDETERMINED |

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| TRADEMARK       | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                                    | STATUS     | VALUE        |
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| TRIANGLE DESIGN | UNITED STATES | 77/420,105<br>3877321   | 3/12/2008<br>11/16/2010            | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMELY,<br>IMMUNOMODULATORS                                              | REGISTERED | UNDETERMINED |
| ULONE           | CANADA        | 273150<br>TMA133,136    | 12/26/1962<br>10/18/1963           | PHARMACEUTICAL PREPARATIONS FOR<br>TREATMENT OF RESPIRATORY AILMENTS                                              | REGISTERED | UNDETERMINED |
| VYLOMA          | CANADA        | 1494434<br>N/A          | 9/9/2010<br>N/A                    | PHARMACEUTICAL PREPARATIONS,<br>NAMELY, IMMUNOMODULATORS.                                                         | PENDING    | UNDETERMINED |
| ZARTRA          | BERMUDA       | 41008<br>N/A            | 3/26/2004<br>N/A                   | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS                                                                           | PENDING    | UNDETERMINED |
| ZYCLARA         | CANADA        | 1445112<br>TMA771,137   | 7/17/2009<br>7/5/2010              | PHARMACEUTICAL PREPARATIONS,<br>NAMELY, IMMUNOMODULATORS AND<br>PULMONARY DISEASE MODIFIERS.                      | REGISTERED | UNDETERMINED |
| ZYCLARA         | CHILE         | 883910<br>898144        | 11/6/2009<br>9/27/2010             | CLASS 5: INCLUDES PHARMACEUTICAL<br>PREPARATIONS, SUCH AS<br>IMMUNOMODULATORS AND PULMONARY<br>DISEASE MODIFIERS. | REGISTERED | UNDETERMINED |
| ZYCLARA         | COSTA RICA    | 2009-009931<br>201123   | 11/12/2009<br>5/28/2010            | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS NAMELY,<br>IMMUNOMODULATORS AND PULMONARY<br>DISEASE MODIFIERS            | REGISTERED | UNDETERMINED |
| ZYCLARA         | GUATEMALA     | M0078812009<br>169049   | 11/18/2009<br>4/5/2010             | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS NAMELY,<br>IMMUNOMODULATORS AND PULMONARY<br>DISEASE MODIFIERS            | REGISTERED | UNDETERMINED |

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| TRADEMARK | COUNTRY       | APPL. NO. /<br>REG. NO. | APP. FILING<br>DATE / REG.<br>DATE | GOODS/SERVICES                                                                                         | STATUS     | VALUE        |
|-----------|---------------|-------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------|------------|--------------|
| ZYCLARA   | MEXICO        | 1045020<br>1199453      | 11/3/2009<br>1/31/2011             | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS NAMELY,<br>IMMUNOMODULATORS AND PULMONARY<br>DISEASE MODIFIERS | REGISTERED | UNDETERMINED |
| ZYCLARA   | UNITED STATES | 77781,257<br>3819643    | 7/15/2009<br>7/13/2010             | CLASS 5: PHARMACEUTICAL<br>PREPARATIONS, NAMELY,<br>IMMUNOMODULATORS                                   | REGISTERED | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
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| INTERNET DOMAIN NAMES    |                             |                         |
|--------------------------|-----------------------------|-------------------------|
| ak-awareness.ca          | gracewaypharma.tw           | zyclara5.info           |
| ak-awareness.com         | gracewaypharma.us           | zyclara5.net            |
| ak-watch.com             | gracewaypharmaceuticals.com | zyclara5.org            |
| akawareness.com          | gracewaypharma.org.cn       | zyclara6.biz            |
| aldara.net               | isitakorok.com              | zyclara6.com            |
| atopicalsamples.com      | maxair.com                  | zyclara6.info           |
| atopicalrus.com          | maxair.net                  | zyclara6.net            |
| atopicalrus.net          | maxairautohaler.com         | zyclara6.org            |
| benzliq.com              | maxairautohaler.net         | zyclara7.biz            |
| chestervalleypharma.com  | myzyclara.com               | zyclara7.com            |
| chestervalleypharma.info | myzyclara.net               | zyclara7.info           |
| chestervalleypharma.net  | myzyclaracream.com          | zyclara7.net            |
| chestervalleypharma.org  | myzyclaracream.net          | zyclara7.org            |
| chestervp.com            | rxzyclara.com               | zyclara8.biz            |
| chestervp.info           | rxzyclara.net               | zyclara8.com            |
| chestervp.net            | rxzyclara.org               | zyclara8.info           |
| chestervp.org            | zyclara-adventures.biz      | zyclara8.net            |
| chesval.com              | zyclara-adventures.com      | zyclara8.org            |
| cvpharm.com              | zyclara-adventures.info     | zyclara9.biz            |
| cvpharm.info             | zyclara-adventures.net      | zyclara9.com            |
| cvpharm.net              | zyclara-adventures.org      | zyclara9.info           |
| cvpharm.org              | zyclara-ak.com              | zyclara9.net            |
| cyclimod.ca              | zyclara-ak.net              | zyclara9.org            |
| cyclimod.com             | zyclara-ak.org              | zyclaraaadventures.biz  |
| cyclimod.net             | zyclara-cream.com           | zyclaraaadventures.com  |
| cyclimod.org             | zyclara-egw.com             | zyclaraaadventures.info |
| cyclimod.us              | zyclaradanger.biz           | zyclaraaadventures.net  |
| estrasorb.com            | zyclaradanger.com           | zyclaraaadventures.org  |
| gracetreeprop.com        | zyclaradanger.info          | zyclaraak.com           |
| gracewaypharm.com        | zyclaradanger.net           | zyclaraak.net           |
| gracewaypharma.ca        | zyclaradanger.org           | zyclaraak.org           |
| gracewaypharma.cc        | zyclaraegw.com              | zyclarabites.biz        |
| gracewaypharma.co        | zyclaraegw.net              | zyclarabites.com        |
| gracewaypharma.co.uk     | zyclaraegw.org              | zyclarabites.info       |
| gracewaypharma.com       | zyclara-egw.net             | zyclarabites.net        |
| gracewaypharma.com.cn    | zyclara-egw.org             | zyclarabites.org        |
| gracewaypharma.info      | zyclara-genitalwarts.com    | zyclarablows.biz        |
| gracewaypharma.mobi      | zyclara-online.net          | zyclarablows.com        |
| gracewaypharma.net       | zyclara-sbcc.com            | zyclarablows.info       |
| gracewaypharma.net.cn    | zyclara-sbcc.net            | zyclarablows.net        |
| gracewaypharma.org.nz    | zyclara-sbcc.org            | zyclarablows.org        |
| gracewaypharma.tv        | zyclara-support.co.uk       | zyclaracommentaries.biz |
|                          | zyclara5.com                |                         |

## SCHEDULE B - PERSONAL PROPERTY

## RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY

## INTERNET DOMAIN NAMES

|                                 |                      |
|---------------------------------|----------------------|
| zylaracommentaries.com          | zylarasecrets.net    |
| zylaracommentaries.info         | zylarasecrets.org    |
| zylaracommentaries.net          | zylarasucks.biz      |
| zylaracommentaries.org          | zylarasucks.com      |
| zylaracream-genitalwarts.com    | zylarasucks.info     |
| zylaracream.biz                 | zylarasucks.net      |
| zylaracream.com                 | zylarasucks.org      |
| zylaracream.net                 | zylarasupport.co.uk  |
| zylaracream.org                 | zylarasupport.com    |
| zylaracreamfor genitalwarts.com | zylarasupport.net    |
| zylarafor genitalwarts.com      | zylarasupport.org    |
| zylarainformation.biz           | zylarasupport.org.uk |
| zylarainformation.com           | zylarawarning.biz    |
| zylarainformation.info          | zylarawarning.com    |
| zylarainformation.net           | zylarawarning.info   |
| zylarainformation.org           | zylarawarning.net    |
| zylarainjury.biz                | zylarawarning.org    |
| zylarainjury.com                |                      |
| zylarainjury.info               |                      |
| zylarainjury.net                |                      |
| zylarainjury.org                |                      |
| zylaramedicine.com              |                      |
| zylaramedicine.net              |                      |
| zylaramedicine.org              |                      |
| zylaranotice.biz                |                      |
| zylaranotice.com                |                      |
| zylaranotice.info               |                      |
| zylaranotice.net                |                      |
| zylaranotice.org                |                      |
| zylararesource.biz              |                      |
| zylararesource.info             |                      |
| zylararesource.net              |                      |
| zylararesource.org              |                      |
| zylararx.com                    |                      |
| zylararx.net                    |                      |
| zylararx.org                    |                      |
| zylarasbcc.com                  |                      |
| zylarasbcc.net                  |                      |
| zylarasbcc.org                  |                      |
| zylarasecrets.biz               |                      |
| zylarasecrets.com               |                      |
| zylarasecrets.info              |                      |

**SCHEDULE B - PERSONAL PROPERTY**  
**RIDER B.22 - PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY**

**COPYRIGHTS**

| <b>COPYRIGHT TITLE</b> | <b>COPYRIGHT OFFICE CASE NO.</b> | <b>FILING DATE</b> | <b>VALUE</b> |
|------------------------|----------------------------------|--------------------|--------------|
| RE-ENTRY I             | 1-266577821                      | OCT. 28, 2009      | UNDETERMINED |
| RE-ENTRY II            | 1-266577914                      | OCT. 28, 2009      | UNDETERMINED |
| RE-ENTRY III           | 1-268397732                      | OCT. 30, 2009      | UNDETERMINED |



SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                              | COUNTRY | STATUS  | APPLICATION NO.  | FILING DATE | PUBLICATION NO.      | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                             | VALUE        |
|--------|--------------------------------------------------------------------------------|---------|---------|------------------|-------------|----------------------|------------------|------------|------------|---------------------------------------|--------------|
| 67022  | IMIDAZONAPHTHYRIDINES<br>AND THEIR USE IN<br>INDUCING CYTOKINE<br>BIOSYNTHESIS | BR      | PENDING | P19814275-5      | 12/11/1998  |                      |                  |            |            | TAKEDA<br>(LICENSED TO<br>THE DEBTOR) | UNDETERMINED |
| 67022  | IMIDAZONAPHTHYRIDINES<br>AND THEIR USE IN<br>INDUCING CYTOKINE<br>BIOSYNTHESIS | CA      | GRANTED | 2,311,456        | 12/11/1998  |                      |                  | 2,311,456  | 11/2/2010  | TAKEDA<br>(LICENSED TO<br>THE DEBTOR) | UNDETERMINED |
| 67022  | IMIDAZONAPHTHYRIDINES<br>AND THEIR USE IN<br>INDUCING CYTOKINE<br>BIOSYNTHESIS | MX      | GRANTED | MX/A/2007/000165 | 12/11/1998  |                      |                  | 274627     | 3/22/2010  | TAKEDA<br>(LICENSED TO<br>THE DEBTOR) | UNDETERMINED |
| 67022  | IMIDAZONAPHTHYRIDINES<br>AND THEIR USE IN<br>INDUCING CYTOKINE<br>BIOSYNTHESIS | US      | GRANTED | 09/945,197       | 8/31/2001   | US2002/0173654A<br>1 | 11/21/2002       | 6,624,172  | 9/23/2003  | 3M (LICENSED<br>TO THE DEBTOR)        | UNDETERMINED |
| 67022  | IMIDAZONAPHTHYRIDINES<br>AND THEIR USE IN<br>INDUCING CYTOKINE<br>BIOSYNTHESIS | US      | GRANTED | 10/185,387       | 6/27/2002   | US2003/0096998A<br>1 | 5/22/2003        | 6,693,113  | 2/17/2004  | 3M (LICENSED<br>TO THE DEBTOR)        | UNDETERMINED |
| 68534  | IMMUNE RESPONSE<br>MODIFIER COMPOSITIONS<br>AND METHODS                        | AR      | PENDING | P070103329       | 7/26/2007   | AR 062121 A1         | 10/15/2008       |            |            | 3M (LICENSED<br>TO THE DEBTOR)        | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                 | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO. | PUBLICATION DATE | PATENT NO.    | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|---------------------------------------------------|---------|---------|-----------------|-------------|-----------------|------------------|---------------|------------|-----------------------------|--------------|
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | AW      | GRANTED | OCT-11/070725   | 7/25/2007   |                 |                  | OCT-11/070725 | 6/12/2009  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | BO      | PENDING | SP-270245       | 7/31/2007   |                 |                  |               |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | CA      | PENDING | 2,659,733       | 7/13/2007   |                 |                  |               |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | CL      | PENDING | 2228-07         | 7/31/2007   |                 | 1/18/2008        |               |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | GY      |         |                 |             |                 |                  |               |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | JM      | PENDING | 18/1/4569       | 8/9/2007    |                 |                  |               |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                 | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.    | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|---------------------------------------------------|---------|---------|-----------------|-------------|--------------------|------------------|------------|------------|-----------------------------|--------------|
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | NI      | PENDING | 2007-0192       | 7/13/2007   |                    | 9/7/2009         |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | PA      | GRANTED | 87396           | 7/26/2007   |                    | 3/26/2008        | 87396      | 9/29/2009  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | PE      | PENDING | 0992-2007       | 7/31/2007   |                    | 7/13/2008        |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | PY      | PENDING | 24411/2007      | 7/30/2007   |                    |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | US      | PENDING | 12/309,778      | 11/3/2009   | US 2010-0096287 A1 | 4/22/2010        |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 68534  | IMMUNE RESPONSE MODIFIER COMPOSITIONS AND METHODS | UY      | PENDING | 30.513          | 7/31/2006   |                    | 2/29/2008        |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                                | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO. | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                      | VALUE        |
|--------|----------------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------|------------------|------------|------------|--------------------------------|--------------|
| 66534  | IMMUNE RESPONSE<br>MODIFIER COMPOSITIONS<br>AND METHODS                          | VE      | PENDING | 2007-001629     | 7/27/2007   |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | AG      | PENDING | AWAITING        | 12/29/2006  |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | AR      | PENDING | 70100012        | 1/2/2007    |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | BB      | PENDING | 2001/1419       | 12/29/2006  |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | BO      | PENDING | SP-270010       | 1/9/2007    |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | BR      | PENDING | P10621407-0     | 12/29/2006  |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                                | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO. | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                      | VALUE        |
|--------|----------------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------|------------------|------------|------------|--------------------------------|--------------|
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | BZ      | PENDING | 533.08          | 12/29/2006  |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | CA      | PENDING | 2,643,679       | 12/29/2006  |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | CL      | PENDING | Mar-07          | 1/2/2007    |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | CL-DIV  | PENDING | 1755-2011       | 7/20/2011   |                 |                  |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | CO      | PENDING | 8088449         | 12/29/2006  | 1131A           | 1/29/2010        |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE<br>MODIFIER FORMULATIONS<br>CONTAINING OLEIC ACID<br>AND METHODS | CR      | PENDING | 10209           | 12/29/2006  |                 | 11/28/2008       |            |            | 3M (LICENSED<br>TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO. | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | DM      | PENDING | AWAITING        | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | DO      | PENDING | P2007-0002      | 1/4/2007    |                 | 8/15/2008        |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | EC      | PENDING | SP-08-8695      | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | GD      | PENDING | AWAITING        | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | GT      | PENDING | A-2008-00165    | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | HN      | PENDING | 1312-2008       | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO.  | FILING DATE | PUBLICATION NO. | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|------------------|-------------|-----------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | KN      | PENDING | AWAITING         | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | LC      | PENDING | AWAITING         | 12/29/2006  |                 |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | MX      | GRANTED | MX/A/2008/010860 | 12/29/2006  |                 |                  | 287090     | 5/31/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | NI      | PENDING | 2008-0210        | 12/29/2006  |                 | 9/7/2009         |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | PA      | GRANTED | 87120            | 1/22/2007   |                 | 9/15/2008        | 87120      | 2/3/2010   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | PE      | GRANTED | 23               | 1/10/2007   |                 | 4/28/2008        | 5970       | 2/28/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.       | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | SV      | PENDING | 2008003009      | 12/29/2006  |                       |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | TT      | PENDING | TT/A/2008/00178 | 12/29/2006  |                       |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,163      | 1/29/2010   | US 2010-0120819<br>A1 | 5/13/2010        | 7,906,543  | 3/15/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,296      | 1/31/2010   | US 2010-0120826<br>A1 | 5/13/2010        | 7,928,117  | 4/19/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,116      | 2/1/2010    | US 2010-0130533<br>A1 | 5/27/2010        | 7,902,216  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,278      | 1/31/2010   | US 2010-0120824<br>A1 | 5/13/2010        | 7,902,209  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |



SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.       | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,123      | 2/1/2010    | US 2010-0130535<br>A1 | 5/27/2010        | 7,923,463  | 4/12/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,132      | 2/1/2010    | US 2010-0130536<br>A1 | 5/27/2010        | 7,902,246  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,415      | 2/1/2010    | US 2010-0120828<br>A1 | 5/13/2010        | 7,902,211  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,412      | 2/1/2010    | US 2010-0120827<br>A1 | 5/13/2010        | 7,902,210  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | PENDING | 11/276,324      | 2/24/2006   | US 2007-0123558<br>A1 | 5/31/2007        |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/334,255      | 12/12/2008  | US 2009-0093514<br>A1 | 4/9/2009         | 7,655,672  | 2/2/2010   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.       | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,560      | 2/1/2010    | US 2010-0120834<br>A1 | 5/13/2010        | 7,906,525  | 3/15/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,972      | 2/1/2010    | US 2010-0120835<br>A1 | 5/13/2010        | 7,902,213  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,217      | 1/30/2010   | US 2010-0130529<br>A1 | 5/27/2010        | 7,902,242  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,244      | 1/30/2010   | US 2010-0120822<br>A1 | 5/13/2010        | 7,919,501  | 4/5/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,185      | 1/29/2010   | US 2010-0120820<br>A1 | 5/13/2010        | 7,928,116  | 4/19/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,210      | 1/30/2010   | US 2010-0120821<br>A1 | 5/13/2010        | 7,915,277  | 3/29/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.       | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,246      | 1/30/2010   | US 2010-0120823<br>A1 | 5/13/2010        | 7,915,278  | 3/29/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,011      | 2/1/2010    | US 2010-0120836<br>A1 | 5/13/2010        | 7,906,526  | 3/15/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,294      | 1/31/2010   | US 2010-0120825<br>A1 | 5/13/2010        | 7,815,279  | 3/29/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,417      | 2/1/2010    | US 2010-0120829<br>A1 | 5/13/2010        | 7,902,212  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,069      | 2/1/2010    | US 2010-0130530<br>A1 | 5/27/2010        | 7,906,527  | 3/15/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,113      | 2/1/2010    | US 2010-0130532<br>A1 | 5/27/2010        | 7,928,118  | 4/19/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.       | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|-----------------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,423      | 2/1/2010    | US 2010-0120830<br>A1 | 5/13/2010        | 7,906,524  | 3/15/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,429      | 2/1/2010    | US 2010-0120831<br>A1 | 5/13/2010        | 7,902,243  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,120      | 2/1/2010    | US 2010-0130534<br>A1 | 5/27/2010        | 7,902,245  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,434      | 2/1/2010    | US 2010-0120832<br>A1 | 5/13/2010        | 7,902,244  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/697,439      | 2/1/2010    | US 2010-0120833<br>A1 | 5/13/2010        | 7,939,555  | 5/10/2011  | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,039      | 2/1/2010    | US 2010-0120837<br>A1 | 5/13/2010        | 7,902,214  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

LICENSES

| CASE # | APPLICATION TITLE                                                       | COUNTRY | STATUS  | APPLICATION NO. | FILING DATE | PUBLICATION NO.    | PUBLICATION DATE | PATENT NO. | ISSUE DATE | OWNERSHIP                   | VALUE        |
|--------|-------------------------------------------------------------------------|---------|---------|-----------------|-------------|--------------------|------------------|------------|------------|-----------------------------|--------------|
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | US      | GRANTED | 12/698,096      | 2/1/2010    | US 2010-0130531 A1 | 5/27/2010        | 7,902,215  | 3/8/2011   | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |
| 67064  | IMMUNE RESPONSE MODIFIER FORMULATIONS CONTAINING OLEIC ACID AND METHODS | VC      | PENDING | VC/A/2008/00003 | 12/29/2006  |                    |                  |            |            | 3M (LICENSED TO THE DEBTOR) | UNDETERMINED |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

PRODUCT REGISTRATIONS - DRUG PRODUCTS IN THE TERRITORY OF THE UNITED STATES

| Application No. | TE Code | RLD | Active Ingredient                       | Dosage Form; Route                  | Strength                | Proprietary Name           | Applicant |
|-----------------|---------|-----|-----------------------------------------|-------------------------------------|-------------------------|----------------------------|-----------|
| N013416         | AB      | Yes | ASPIRIN; CAFFEINE; ORPHENADRINE CITRATE | TABLET; ORAL                        | 770MG;<br>60MG;<br>50MG | NORGESIC FORTE             | GRACEWAY  |
| N008922         |         | Yes | EDETATE CALCIUM DISODIUM                | INJECTABLE; INJECTION               | 200MG/ML                | CALCIUM DISODIUM VERSENATE | GRACEWAY  |
| N021371         |         | Yes | ESTRADIOL HEMIHYDRATE                   | EMULSION; TOPICAL                   | 1/0/1900                | ESTRASORB                  | GRACEWAY  |
| N018830         | AB      | No  | FLECAINIDE ACETATE                      | TABLET; ORAL                        | 100MG                   | TAMBOCOR                   | GRACEWAY  |
| N018830         | AB      | Yes | FLECAINIDE ACETATE                      | TABLET; ORAL                        | 150MG                   | TAMBOCOR                   | GRACEWAY  |
| N018830         | AB      | No  | FLECAINIDE ACETATE                      | TABLET; ORAL                        | 50MG                    | TAMBOCOR                   | GRACEWAY  |
| N020723         | AB      | Yes | IMIQUIMOD                               | CREAM; TOPICAL                      | 1/0/1900                | ALDARA                     | GRACEWAY  |
| N022483         |         | Yes | IMIQUIMOD                               | CREAM; TOPICAL                      | 1/0/1900                | ZYCLARA                    | GRACEWAY  |
| N022483         |         | Yes | IMIQUIMOD                               | CREAM; TOPICAL                      | 1/0/1900                | ZYCLARA                    | GRACEWAY  |
| N020208         | AB      | Yes | METRONIDAZOLE                           | GEL; VAGINAL                        | 1/0/1900                | METROGEL-VAGINAL           | GRACEWAY  |
| A089771         | AB1     | No  | NITROGLYCERIN                           | FILM, EXTENDED RELEASE; TRANSDERMAL | 0.1MG/HR                | MINITRAN                   | GRACEWAY  |
| A089772         | AB1     | No  | NITROGLYCERIN                           | FILM, EXTENDED RELEASE; TRANSDERMAL | 0.2MG/HR                | MINITRAN                   | GRACEWAY  |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

PRODUCT REGISTRATIONS - DRUG PRODUCTS IN THE TERRITORY OF THE UNITED STATES

| Application No. | TE Code | RLD | Active Ingredient    | Dosage Form; Route                  | Strength          | Proprietary Name | Applicant |
|-----------------|---------|-----|----------------------|-------------------------------------|-------------------|------------------|-----------|
| A089773         | AB1     | No  | NITROGLYCERIN        | FILM, EXTENDED RELEASE; TRANSDERMAL | 0.4MG/HR          | MINITRAN         | GRACEWAY  |
| A089774         | AB1     | No  | NITROGLYCERIN        | FILM, EXTENDED RELEASE; TRANSDERMAL | 0.6MG/HR          | MINITRAN         | GRACEWAY  |
| N013055         | AP      | Yes | ORPHENADRINE CITRATE | INJECTABLE; INJECTION               | 30MG/ML           | NORFLEX          | GRACEWAY  |
| N020014         |         | Yes | PIRBUTEROL ACETATE   | AEROSOL; METERED; INHALATION        | EQ 0.2MG BASE/INH | MAXAIR           | GRACEWAY  |
| A086399         |         | Yes | THEOPHYLLINE         | TABLET; ORAL                        | 125MG             | THEOLAIR         | GRACEWAY  |
| A086399         |         | Yes | THEOPHYLLINE         | TABLET; ORAL                        | 250MG             | THEOLAIR         | GRACEWAY  |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.23 - LICENSES, FRANCHISES AND GENERAL INTANGIBLES

PRODUCT REGISTRATIONS - DEVICE PRODUCTS IN THE TERRITORY OF THE UNITED STATES

| Application No. | TE Code                                                   | RLD        | Active Ingredient | Dosage Form; Route            | Strength | Proprietary Name        | Applicant |
|-----------------|-----------------------------------------------------------|------------|-------------------|-------------------------------|----------|-------------------------|-----------|
| Atopiclair      | dressing, wound and burn, hydrogel w/drug and/or biologic | 3006155916 | 2011              | GRACEWAY PHARMACEUTICALS, LLC | TN/USA   | Specification Developer | GRACEWAY  |



**SCHEDULE B - PERSONAL PROPERTY**  
**RIDER B.28 - OFFICE EQUIPMENT, FURNISHINGS AND SUPPLIES**

| DESCRIPTION                                                | NET BOOK VALUE         |
|------------------------------------------------------------|------------------------|
| OFFICE EQUIPMENT (160050)                                  | \$ 120,849.79          |
| FURNITURE AND FIXTURES (160060)                            | \$ 1,129,779.02        |
| COMPUTER HARDWARE (160070)                                 | \$ 3,123,743.95        |
| COMPUTER SOFTWARE (160080)                                 | \$ 8,144,704.81        |
| ACCUMULATED DEPRECIATION - OFFICE EQUIPMENT (170050)       | \$ (113,547.03)        |
| ACCUMULATED DEPRECIATION - FURNITURE AND FIXTURES (170060) | \$ (867,890.47)        |
| ACCUMULATED DEPRECIATION - COMPUTER HAREWARE (170070)      | \$ (2,191,694.85)      |
| ACCUMULATED DEPRECIATION - COMPUTER SOFTWARE (170080)      | \$ (6,778,001.06)      |
| <b>TOTAL</b>                                               | <b>\$ 2,567,944.16</b> |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.29 - MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN BUSINESS

| DESCRIPTION                                               | NET BOOK VALUE    |
|-----------------------------------------------------------|-------------------|
| MACHINERY & EQUIPMENT (160020)                            | \$ 1,771,080.78   |
| ACCUMULATED DEPRECIATION - MACHINERY & EQUIPMENT (170020) | \$ (1,047,455.05) |

TOTAL \$ 723,625.73

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.30 - INVENTORY

| DESCRIPTION                                        | NET BOOK VALUE         |
|----------------------------------------------------|------------------------|
| INVENTORY - FINISHED GOODS (134000)                | \$ 2,422,513.57        |
| SAMPLES INVENTORY (154000)                         | \$ 683,072.75          |
| PROVISION FOR EXCESS & OBSOLETE INVENTORY (136300) | \$ (772,717.98)        |
| PROVISION FOR REVALUATION OF INVENTORY (136310)    | \$ 901,277.82          |
| <b>TOTAL</b>                                       | <b>\$ 3,234,146.16</b> |

SCHEDULE B - PERSONAL PROPERTY  
RIDER B.35 - OTHER PERSONAL PROPERTY OF ANY KIND

| DESCRIPTION                                                | NET BOOK VALUE         |
|------------------------------------------------------------|------------------------|
| PREPAID LICENSE AND SOFTWARE (151000)                      | \$ 104,829.75          |
| PREPAID INSURANCE (151100)                                 | \$ 241,620.89          |
| PREPAID BOA FEES (151300)                                  | \$ 72,916.70           |
| PREPAID R&D (151600)                                       | \$ 100,000.00          |
| PREPAID MEETINGS (151800)                                  | \$ 1,500.00            |
| OTHER PREPAID EXPENSES (152100)                            | \$ 3,142,275.49        |
| LEASEHOLD IMPROVEMENTS (160030)                            | \$ 2,245,901.57        |
| ASSET UNDER CONSTRUCTION - TANGIBLE (160090)               | \$ 1,002,414.56        |
| ACCUMULATED DEPRECIATION - LEASEHOLD IMPROVEMENTS (170030) | \$ (1,101,014.21)      |
| RECALL COSTS-REIMBURSABLE (153000)                         | \$ 935.79              |
| RESTRICTED CASH (118000)                                   | \$ 142,993.70          |
| <b>TOTAL</b>                                               | <b>\$ 5,954,374.24</b> |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112, and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER<br>(See instructions above.)                                                                                 | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN                                    | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------------------------------------|---------------------------|
| ACCOUNT NO.<br>BANK OF AMERICA, N.A.<br>1 FLEET WAY<br>PA6-580-02-30<br>SCRANTON, PA 18507-1999                                                                                           |          |                                    | LETTER OF CREDIT #68024416 - ISSUING BANK FOR LC IN THE AMOUNT OF \$350,000 FOR RLI INSURANCE COMPANY<br>VALUE \$<br>UNDETERMINED | X          | X            |          | UNDETERMINED                                          | UNDETERMINED              |
| ACCOUNT NO.<br>BANK OF AMERICA, N.A., AS FIRST LIEN COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 02903 | X        |                                    | FIRST LIEN CREDIT AGREEMENT<br>VALUE \$<br>UNDETERMINED                                                                           |            |              |          | 430,348,397.58                                        | UNDETERMINED              |
| <u>1</u> continuation sheets attached<br>Subtotal ►<br>(Total of this page)<br>Total ►<br>(Use only on last page)                                                                         |          |                                    |                                                                                                                                   |            |              |          | \$ 430,348,397.58                                     | \$0.00                    |
|                                                                                                                                                                                           |          |                                    |                                                                                                                                   |            |              |          | \$                                                    | \$                        |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER<br>(See instructions above.)                                                                                | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY                  |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------------------------------------|--------------------------------------------|----------------------|
| ACCOUNT NO.                                                                                                                                                                              | X        |                                    | SECOND LIEN CREDIT AGREEMENT                                                                   |            |              |          | 330,000,000.00                                        | UNDETERMINED                               |                      |
| DEUTSCHE BANK TRUST COMPANY AMERICAS, AS SECOND LIEN COLLATERAL AGENT<br>ATTENTION: CARIN M. KEEGAN<br>DEUTSCHE BANK LEVERAGED FINANCE PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005 |          |                                    | VALUE \$<br>UNDETERMINED                                                                       |            |              |          |                                                       |                                            |                      |
| ACCOUNT NO.                                                                                                                                                                              |          |                                    | UCC LIEN CLAIM(S)                                                                              | X          | X            | X        | UNDETERMINED                                          | UNDETERMINED                               |                      |
| KONICA MINOLTA PREMIER FINANCE<br>P.O. BOX 35701<br>BILLINGS, MT 59107-570                                                                                                               |          |                                    | VALUE \$<br>UNDETERMINED                                                                       |            |              |          |                                                       |                                            |                      |
| ACCOUNT NO.                                                                                                                                                                              |          |                                    |                                                                                                |            |              |          |                                                       |                                            |                      |
|                                                                                                                                                                                          |          |                                    | VALUE \$                                                                                       |            |              |          |                                                       |                                            |                      |
| ACCOUNT NO.                                                                                                                                                                              |          |                                    |                                                                                                |            |              |          |                                                       |                                            |                      |
|                                                                                                                                                                                          |          |                                    | VALUE \$                                                                                       |            |              |          |                                                       |                                            |                      |
| ACCOUNT NO.                                                                                                                                                                              |          |                                    |                                                                                                |            |              |          |                                                       |                                            |                      |
|                                                                                                                                                                                          |          |                                    | VALUE \$                                                                                       |            |              |          |                                                       |                                            |                      |
| ACCOUNT NO.                                                                                                                                                                              |          |                                    |                                                                                                |            |              |          |                                                       |                                            |                      |
|                                                                                                                                                                                          |          |                                    | VALUE \$                                                                                       |            |              |          |                                                       |                                            |                      |
| Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims                                                                              |          |                                    |                                                                                                |            |              |          | Subtotal (s) ▶<br>(Total(s) of this page)             | \$ 330,000,000.00<br><br>\$ 760,348,397.58 | \$0.00<br><br>\$0.00 |
| Total(s) ▶<br>(Use only on last page)                                                                                                                                                    |          |                                    |                                                                                                |            |              |          |                                                       |                                            |                      |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112. and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

In re Graceway Pharmaceuticals, LLC,  
Debtor

Case No. 11-13036 (PJW)  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| ALABAMA DEPARTMENT OF<br>REVENUE<br>BUSINESS PRIVILEGE TAX<br>SECTION<br>P.O. BOX 327431<br>MONTGOMERY, AL 36132-7431                                                    |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| CITY OF BRISTOL, TN<br>P.O. BOX 1348<br>BRISTOL, TN 37621-1348                                                                                                           |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| COMPTROLLER OF PUBLIC<br>ACCOUNTS<br>P.O. BOX 149348<br>AUSTIN, TX 78714-9348                                                                                            |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| DEPARTMENT OF REVENUE<br>MISSOURI DEPARTMENT OF<br>REVENUE<br>TAXATION DIVISION<br>P.O. BOX 1629<br>JEFFERSON CITY, MO 65105-1629                                        |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Sheet no. <u>1</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | \$ 0.00               | \$ 0.00                              | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.<br>DEPARTMENT OF REVENUE<br>NH DRA<br>P.O. BOX 637<br>CONCORD, NH 03302-0637                                                                                 |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Account No.<br>DEPARTMENT OF REVENUE<br>STATE OF WASHINGTON<br>P.O. BOX 34051<br>SEATTLE, WA 98124-1051                                                                  |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Account No.<br>DEPARTMENT OF REVENUE<br>SERVICES<br>STATE OF CONNECTICUT<br>P.O. BOX 25030<br>HARTFORD, CT 06102-5030                                                    |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Account No.<br>DEPARTMENT OF REVENUE<br>SERVICES<br>STATE OF CONNECTICUT<br>P.O. BOX 2936<br>HARTFORD, CT 06104-2936                                                     |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Sheet no. <u>2</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | \$ 0.00               | \$ 0.00                              | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    |                                      | \$                                                     |

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| DEPARTMENT OF TAXATION<br>STATE OF MARYLAND<br>DEPARTMENT OF ASSESSMENT &<br>TAXATION<br>301 WEST PRESTON ST, ROOM 801<br>BALTIMORE, MD 21201-2395                       |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| FRANCHISE TAX BOARD<br>P.O. BOX 942857<br>SACRAMENTO, CA 94257-0601                                                                                                      |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| KANSAS DEPARTMENT OF<br>REVENUE<br>KANSAS FRANCHISE TAX<br>915 SW HARRISON STREET<br>TOPEKA, KS 66699-5000                                                               |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      |            |              |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| MICHIGAN DEPARTMENT OF<br>TREASURY<br>LANSING, MI 48930                                                                                                                  |          |                                          |                                                              | X          | X            |          |                       |                                      |                                                        |
| Sheet no. <u>3</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | \$ 0.00               | \$ 0.00                              | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.<br>MINNESOTA DEPARTMENT OF<br>REVENUE<br>MINNESOTA PARTNERSHIP TAX<br>MAIL STATION 1760<br>ST. PAUL, MN 55145-1760                                           |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Account No.<br>NEW JERSEY DIVISION OF<br>TAXATION<br>P.O. BOX 248<br>TRENTON, NJ 08646-0248                                                                              |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Account No.<br>OFFICE OF STATE TAX<br>COMMISSIONER<br>P.O. BOX 5623<br>BISMARCK, ND 58506-5623                                                                           |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Account No.<br>OHIO DEPARTMENT OF<br>TAXATION<br>CAT DIVISION<br>P.O. BOX 16158<br>COLUMBUS, OH 43216-6158                                                               |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED          | UNDETERMINED                         | UNDETERMINED                                           |
| Sheet no. <u>4</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | \$ 0.00               | \$ 0.00                              | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------|--------------------------------------|--------------------------------------------------------|---------|
| Account No.<br>PENNSYLVANIA DEPARTMENT<br>OF REVENUE<br>BUREAU OF CORPORATE TAXES<br>DEPARTMENT 280427<br>HARRISBURG, PA 17128-0427                                      |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED                         | UNDETERMINED                         | UNDETERMINED                                           |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,800.49                           | \$1,800.49                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,541.99                           | \$1,541.99                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,351.17                           | \$2,351.17                           | \$0.00                                                 |         |
| Sheet no. <u>5</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | Subtotals ►<br>(Totals of this page) | \$ 5,693.65                          | \$ 5,693.65                                            | \$ 0.00 |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                                   |                                      |                                                        |         |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                                      | \$                                   | \$                                                     |         |

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,796.16            | \$3,796.16                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,173.00            | \$1,173.00                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,253.99            | \$3,253.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,148.49            | \$2,148.49                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>6</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | \$ 10,371.64          | \$ 10,371.64                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i> | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                                                                                                                                                    | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|----------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|---------|
| Account No.                                                                                                          |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,909.50                                                                                                                                                               | \$3,909.50                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                            |          |                                          |                                                              |            |              |          |                                                                                                                                                                          |                                      |                                                        |         |
| Account No.                                                                                                          |          |                                          | SALES COMMISSION                                             |            |              |          | \$6,859.51                                                                                                                                                               | \$6,859.51                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                            |          |                                          |                                                              |            |              |          |                                                                                                                                                                          |                                      |                                                        |         |
| Account No.                                                                                                          |          |                                          | SALES COMMISSION                                             |            |              |          | \$7,761.97                                                                                                                                                               | \$7,761.97                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                            |          |                                          |                                                              |            |              |          |                                                                                                                                                                          |                                      |                                                        |         |
| Account No.                                                                                                          |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,407.99                                                                                                                                                               | \$2,407.99                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                            |          |                                          |                                                              |            |              |          |                                                                                                                                                                          |                                      |                                                        |         |
| Sheet no. <u>7</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims  |          |                                          |                                                              |            |              |          | Subtotals ▶<br>(Totals of this page)                                                                                                                                     | \$ 20,938.97                         | \$ 20,938.97                                           | \$ 0.00 |
|                                                                                                                      |          |                                          |                                                              |            |              |          | Total ▶<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           | \$                                   |                                                        |         |
|                                                                                                                      |          |                                          |                                                              |            |              |          | Totals ▶<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) | \$                                   |                                                        | \$      |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,329.21            | \$3,329.21                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,019.99            | \$1,019.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,963.07            | \$4,963.07                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,384.62            | \$1,384.62                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          | \$ 10,696.89          | \$ 10,696.89                         | \$ 0.00                                                |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

Sheet no. 8 of 27 continuation sheets attached to  
 Schedule of  
 Creditors Holding Priority Claims



## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------|--------------------------------------|--------------------------------------------------------|---------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,887.99                           | \$1,887.99                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,834.62                           | \$1,834.62                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,784.97                           | \$3,784.97                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,162.80                           | \$4,162.80                           | \$0.00                                                 |         |
| Sheet no. <u>9</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                      |          |                                          |                                                              |            |              |          | Subtotals ►<br>(Totals of this page) | \$ 11,670.38                         | \$ 11,670.38                                           | \$ 0.00 |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                                   |                                      |                                                        |         |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                                   | \$                                   | \$                                                     |         |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,038.46            | \$1,038.46                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,269.23            | \$1,269.23                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$461.54              | \$461.54                             | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,661.99            | \$2,661.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>10</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 5,431.22           | \$ 5,431.22                          | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,281.49            | \$1,281.49                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,811.99            | \$2,811.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,253.99            | \$3,253.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,347.00            | \$1,347.00                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>11</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 8,694.47           | \$ 8,694.47                          | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,886.99            | \$1,886.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,204.77            | \$2,204.77                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,021.19            | \$3,021.19                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,280.49            | \$1,280.49                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>12</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 8,393.44           | \$ 8,393.44                          | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,955.72            | \$3,955.72                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,316.90            | \$2,316.90                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$807.69              | \$807.69                             | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,579.99            | \$2,579.99                           | \$0.00                                                 |
| Sheet no. <u>13</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 9,660.30           | \$ 9,660.30                          | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,284.99            | \$3,284.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,436.19            | \$2,436.19                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,821.02            | \$3,821.02                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,281.49            | \$1,281.49                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>14</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 10,823.69          | \$ 10,823.69                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$ .                  |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,669.54            | \$3,669.54                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,526.66            | \$2,526.66                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$7,276.13            | \$7,276.13                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,367.00            | \$2,367.00                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>15</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 15,839.33          | \$ 15,839.33                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,776.42            | \$3,776.42                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,004.25            | \$4,004.25                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$807.69              | \$807.69                             | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,747.07            | \$2,747.07                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          | \$ 11,335.43          | \$ 11,335.43                         | \$ 0.00                                                |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

Sheet no. 16 of 27 continuation sheets attached to  
 Schedule of  
 Creditors Holding Priority Claims



## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,362.04            | \$5,362.04                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,493.18            | \$3,493.18                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,705.99            | \$5,705.99                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$461.54              | \$461.54                             | \$0.00                                                 |
| Sheet no. <u>17</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 15,022.75          | \$ 15,022.75                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

B6E (Official Form 6E) (04/10) – Cont.  
 In re Graceway Pharmaceuticals, LLC,  
 Debtor

Case No. 11-13036 (PJW)  
 (if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$6,343.80            | \$6,343.80                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,366.99            | \$1,366.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,356.80            | \$2,356.80                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,627.49            | \$1,627.49                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>18</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 11,695.08          | \$ 11,695.08                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,638.99            | \$3,638.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,123.89            | \$2,123.89                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,361.56            | \$3,361.56                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,775.20            | \$3,775.20                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>19</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 12,899.64          | \$ 12,899.64                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)        | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                                                                                                                                                    | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|----------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|---------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                             |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,613.24                                                                                                                                                               | \$5,613.24                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                             |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,422.61                                                                                                                                                               | \$2,422.61                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                             |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,802.82                                                                                                                                                               | \$2,802.82                           | \$0.00                                                 |         |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                             |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,995.27                                                                                                                                                               | \$3,995.27                           | \$0.00                                                 |         |
| Sheet no. <u>20</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims |          |                                          |                                                              |            |              |          | Subtotals ▶<br>(Totals of this page)                                                                                                                                     | \$ 14,833.94                         | \$ 14,833.94                                           | \$ 0.00 |
|                                                                                                                      |          |                                          |                                                              |            |              |          | Total ▶<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           | \$                                   |                                                        |         |
|                                                                                                                      |          |                                          |                                                              |            |              |          | Totals ▶<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) | \$                                   |                                                        | \$      |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,886.99            | \$1,886.99                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,829.55            | \$2,829.55                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,623.83            | \$1,623.83                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$6,052.57            | \$6,052.57                           | \$0.00                                                 |
| Sheet no. <u>21</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 12,392.94          | \$ 12,392.94                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------|--------------------------------------|--------------------------------------------------------|---------|
| Account No.                                                                                                                                                  |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,587.85                           | \$3,587.85                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                    |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Account No.                                                                                                                                                  |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,098.94                           | \$2,098.94                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                    |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Account No.                                                                                                                                                  |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,078.24                           | \$4,078.24                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                    |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Account No.                                                                                                                                                  |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,615.38                           | \$4,615.38                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                    |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Sheet no. <u>22</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                         |          |                                          |                                                              |            |              |          | Subtotals ▶<br>(Totals of this page) | \$ 14,380.41                         | \$ 14,380.41                                           | \$ 0.00 |
| (Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                          |          |                                          |                                                              |            |              |          | Total ▶                              | \$                                   |                                                        |         |
| (Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | Totals ▶                             | \$                                   | \$                                                     | \$      |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,733.48            | \$4,733.48                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$4,878.18            | \$4,878.18                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,715.46            | \$5,715.46                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,435.75            | \$2,435.75                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>23</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 17,762.87          | \$ 17,762.87                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    |                                      | \$                                                     |

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------|--------------------------------------|--------------------------------------------------------|---------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,211.93                           | \$5,211.93                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,376.46                           | \$5,376.46                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$5,604.32                           | \$5,604.32                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$7,724.25                           | \$7,724.25                           | \$0.00                                                 |         |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                                      |                                      |                                                        |         |
| Sheet no. <u>24</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | Subtotals ▶<br>(Totals of this page) | \$ 23,916.96                         | \$ 23,916.96                                           | \$ 0.00 |
| Total ▶<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                                   |                                      |                                                        |         |
| Totals ▶<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                                      | \$                                   | \$                                                     |         |



# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                     | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$9,018.37            | \$9,018.37                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$500.00              | \$500.00                             | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$3,307.69            | \$3,307.69                           | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,412.31            | \$1,412.31                           | \$0.00                                                 |
| Sheet no. <u>25</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 14,238.37          | \$ 14,238.37                         | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          | \$                    | \$                                   | \$                                                     |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)

(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|-----------------------|--------------------------------------|--------------------------------------------------------|
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,541.99            | \$1,541.99                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,756.76            | \$2,756.76                           | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$692.31              | \$692.31                             | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Account No.                                                                                                                                                              |          |                                          | SALES COMMISSION                                             |            |              |          | \$391.29              | \$391.29                             | \$0.00                                                 |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Sheet no. <u>26</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 5,382.35           | \$ 5,382.35                          | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                       |                                      |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$                    |                                      |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                       | \$                                   | \$                                                     |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                            | CODEBTER | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                      | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY       | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------|------------|--------------|----------|--------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$1,308.90                                 | \$1,308.90                                 | \$0.00                                                 |
| Account No.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                 |          |                                          | SALES COMMISSION                                             |            |              |          | \$2,809.91                                 | \$2,809.91                                 | \$0.00                                                 |
| Account No.<br>SULLIVAN COUNTY, TN<br>FRANCES HARRELL, TRUSTEE<br>SULLIVAN COUNTY<br>P.O. BOX 550<br>BLOUNTVILLE, TN 37617                                               |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED                               | UNDETERMINED                               | UNDETERMINED                                           |
| Account No.<br>TENNESSEE DEPARTMENT OF<br>REVENUE<br>ANDREW JACKSON STATE<br>OFFICE BLDG<br>500 DEADERICK STREET<br>NASHVILLE, TN 37242                                  |          |                                          | CONTINGENT TAX<br>CLAIM                                      | X          | X            |          | UNDETERMINED                               | UNDETERMINED                               | UNDETERMINED                                           |
| Sheet no. <u>27</u> of <u>27</u> continuation sheets attached to<br>Schedule of<br>Creditors Holding Priority Claims                                                     |          |                                          |                                                              |            |              |          | \$ 4,118.81                                | \$ 4,118.81                                | \$ 0.00                                                |
| Subtotals ►<br>(Totals of this page)                                                                                                                                     |          |                                          |                                                              |            |              |          |                                            |                                            |                                                        |
| Total ►<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)                                                           |          |                                          |                                                              |            |              |          | \$ 276,193.53<br>+ UNDETERMINED<br>AMOUNTS |                                            |                                                        |
| Totals ►<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |                                          |                                                              |            |              |          |                                            | \$ 276,193.53<br>+ UNDETERMINED<br>AMOUNTS | \$ 0.00<br>+ UNDETERMINED<br>AMOUNTS                   |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112. and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|-----------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                     |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |
| 2ND JAMISON GREGORY<br>IRREVOCABLE TRUST<br>340 MARTIN LUTHER KING JR<br>BLVD<br>SUITE 500<br>BRISTOL, TN 37620 |          |                                          |                                                                                                              | X          | X            |          |                    |
| ACCOUNT NO.                                                                                                     |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |
| 2ND JORDON GREGORY<br>IRREVOCABLE TRUST<br>340 MARTIN LUTHER KING BLVD<br>STE 500<br>BRISTOL, TN 37620          |          |                                          |                                                                                                              | X          | X            |          |                    |
| ACCOUNT NO.                                                                                                     |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$31,962.17        |
| 3M<br>2807 PAYSHERE CIR<br>CHICAGO, IL 60674                                                                    |          |                                          |                                                                                                              |            |              |          |                    |
| Subtotal ►                                                                                                      |          |                                          |                                                                                                              |            |              |          | \$ 31,962.17       |
| Total ►                                                                                                         |          |                                          |                                                                                                              |            |              |          | \$                 |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

91 continuation sheets attached

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBCTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|----------------------------|
| ACCOUNT NO.                                                                                                                                                                              |           |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$887,232.77              |                            |
| 3M DRUG DELIVERY SYSTEMS<br>3M CENTER, BUILDING 275-3E-10<br>ST. PAUL, MN 55144-1000                                                                                                     |           |                                          |                                                                                                              |            |              |          |                           |                            |
| ACCOUNT NO.                                                                                                                                                                              |           |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$275,939.04              |                            |
| 3M INNOVATION SINGAPORE<br>PTE LTD.<br>ATTENTION: KAITLYN FONG<br>1 YISHUN AVENUE 7<br>SINGAPORE, 768923 SINGAPORE                                                                       |           |                                          |                                                                                                              |            |              |          |                           |                            |
| ACCOUNT NO.                                                                                                                                                                              |           |                                          | TECHNOLOGY ACCESS FEE                                                                                        |            |              |          | \$8,902,800.00            |                            |
| 3M INNOVATIVE PROPERTIES<br>COMPANY<br>ATTN: EXECUTIVE VP<br>HEALTHCARE BUSINESS<br>3M COMPANY<br>BLDG. 220-14 3M CENTER<br>ST. PAUL, MN 55144-1000                                      |           |                                          |                                                                                                              |            |              |          |                           |                            |
| ACCOUNT NO.                                                                                                                                                                              |           |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED              |                            |
| A PLUS CORPORATION<br>14752 YORBA AVENUE<br>CHINO, CA 91710                                                                                                                              |           |                                          |                                                                                                              |            |              |          |                           |                            |
| Sheet no. <u>1</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                         |           |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>Total ► | \$ 10,065,971.81<br><br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |           |                                          |                                                                                                              |            |              |          |                           |                            |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |              |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|--------------|
| ACCOUNT NO.                                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$4,658.87         |              |
| AAI PHARMA<br>P O BOX 11407 DEPT 1619<br>BIRMINGHAM, AL 35246-1619                                                                     |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,889.20         |              |
| ABF FREIGHT SYSTEM<br>P.O. BOX 5247<br>KINGSPORT, TN 37663-0247                                                                        |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$6,158.00         |              |
| ABOUT SKIN DERMATOLOGY &<br>DERMSURGERY,PC.<br>499 EAST HAMPDEN AVENUE,<br>SUITE 450<br>ATTN: JOEL L. COHEN, MD<br>ENGLEWOOD, CO 80113 |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                            |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |              |
| ACHIEVEMENT HOUSE CHARTER<br>SCHOOL<br>222 VALLEY CREEK CORP.CTR.<br>STE.301<br>EXTON, PA 19341                                        |          |                                          |                                                                                                              |            |              |          |                    |              |
| Sheet no. <u>2</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims       |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 12,706.07 |
|                                                                                                                                        |          |                                          |                                                                                                              |            |              |          | Total ►            | \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                  | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|---------------|
| ACCOUNT NO.                                                                                                                                                           |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$16,397.53        |               |
| ADVANSTAR COMMUNICATIONS<br>P.O. BOX 64584<br>ST. PAUL, MN 55164-0584                                                                                                 |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                           |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED       |               |
| AGENCY FOR HEALTH CARE<br>ADMINISTRATION<br>MEDICAID PHARMACY<br>SERVICES<br>BLDG. 3, ROOM 2406-D<br>2727 MAHAN DRIVE, MAIL STOP<br>#38<br>TALLAHASSEE, FL 32308-5403 |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                           |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$70,929.09        |               |
| AGENCY FOR HEALTHCARE<br>ADMIN<br>2727 MAHAN DRIVE MAIL STOP #<br>14<br>TALLAHASSEE, FL 32308                                                                         |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                           |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$18,642.97        |               |
| ALABAMA MEDICAID AGENCY<br>501 DEXTER AVE<br>MONTGOMERY, AL 36104                                                                                                     |          |                                          |                                                                                                              |            |              |          |                    |               |
| Sheet no. <u>3 of 91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                             |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 105,969.59 |
|                                                                                                                                                                       |          |                                          |                                                                                                              |            |              |          | Total ►            | \$            |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.<br>ALABAMA MEDICAID AGENCY<br>501 DEXTER AVENUE<br>P.O. BOX 5624<br>MONTGOMERY, AL 36103-5624                                                                                |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>ALASKA DIVISION OF MEDICAL<br>ASSISTANCE<br>FIRST HEALTH SERVICES<br>4300 COX RD<br>GLEN ALLEN, VA 23060                                                                  |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>ALLIANCE WHOLESALE DIST<br>22325 GOVERNORS HWY (REAR)<br>RIGHTON PARK, IL 60471                                                                                           |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,328.24             |
| ACCOUNT NO.<br>ALVOGEN INC.<br>6826 STATE HIGHWAY 12<br>NORWICH, NY 13815                                                                                                                |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| Sheet no. <u>4</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                         |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 1,328.24 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$             |



**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$5,272.49               |
| AMERICAN MEDICAL<br>ASSOCIATION<br>P.O. BOX 75888<br>CHICAGO, IL 60675-5888                                                                                                              |          |                                          |                                                                                                              |            |              |          |                          |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED             |
| AMERICAN SALES CO<br>6300 SHERIFF RD<br>LANDOVER, MD 20785                                                                                                                               |          |                                          |                                                                                                              |            |              |          |                          |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$271,819.24             |
| AMERISOURCE BERGEN<br>CORPORATION<br>PO BOX 247<br>THOROFARE, NJ 8086                                                                                                                    |          |                                          |                                                                                                              |            |              |          |                          |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED             |
| ANNUITY TRUST OF JEFFERSON<br>J. GREGORY<br>340 MARTIN LUTHER KING J,<br>SUITE 500<br>BRISTOL, TN 37620                                                                                  |          |                                          |                                                                                                              |            |              |          |                          |
| Sheet no. <u>5</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                         |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 277,091.73 |
|                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | Total ► \$               |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                          |

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>             | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$5,925.83             |
| APTAR<br>P.O. BOX 96284<br>CHICAGO, IL 60693                                                                                     |          |                                          |                                                                                                              |            |              |          |                        |
|                                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$82.98                |
| ARAMARK REFRESHMENT SVCS<br>970 RITTENHOUSE RD. STE 100<br>NORRISTOWN, PA 19403                                                  |          |                                          |                                                                                                              |            |              |          |                        |
|                                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                      |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| ARIZONA - AHCCCS<br>A.H.C.C.C.S<br>801 E JEFFERSON<br>MD8500<br>PHOENIX, AZ 85034                                                |          |                                          |                                                                                                              |            |              |          |                        |
|                                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$3,050.02             |
| ARIZONA HEALTH CARE COST<br>CONTAINMENT SYSTEM<br>(AHCCCS)<br>100 N 15TH AVE STE 302<br>PHOENIX, AZ 85007                        |          |                                          |                                                                                                              |            |              |          |                        |
|                                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>6</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ▶ \$ 9,058.83 |
|                                                                                                                                  |          |                                          |                                                                                                              |            |              |          | Total ▶ \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                          | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|--------------|
| ACCOUNT NO.                                                                                                                                                   |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$4,795.65         |              |
| ARKANSAS DHS<br>618 SOUTH MAIN STREET<br>LITTLE ROCK, AR 72201                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                                                   |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED       |              |
| ARKANSAS DMS PHARMACY<br>PROGRAM<br>DEPT. OF HEALTH & HUMAN<br>SERVICES<br>ACCOUNTS RECEIVABLE/DRUG<br>REBATES<br>P.O. BOX 8181<br>LITTLE ROCK, AR 72203-8181 |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                                                   |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$33,000.00        |              |
| AT&T MOBILITY<br>CINGULAR<br>P.O. BOX 9004<br>CAROL STREAM, IL 60197-9004                                                                                     |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                                                   |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$11,635.05        |              |
| AUTONOMY, INC<br>P O BOX 8374<br>PASADENA, CA 91109-8374                                                                                                      |          |                                          |                                                                                                              |            |              |          |                    |              |
| Sheet no. <u>7</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                              |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 49,430.70 |
|                                                                                                                                                               |          |                                          |                                                                                                              |            |              |          | Total ►            | \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

[illegible]





In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                                       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |
| CAREMARK<br>9501 E SHEA BLVD<br>SCOTTSDALE, AZ 85260                                                                                                                                                |          |                                          |                                                                                                              | X          | X            |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$60,366.89        |
| CAREMARK PCS HEALTH LLC<br>STATE<br>P.O. BOX 840112<br>NORTHBROOK, IL 60062                                                                                                                         |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$628.71           |
| CAREY INTERNATIONAL, INC.<br>P.O. BOX 631414<br>BALTIMORE, MD 21263-1414                                                                                                                            |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |
| CASPER NATRONA COUNTY<br>HEALTH DEPART<br>475 SOUTH SPRUCE<br>CASPER, WY 82601                                                                                                                      |          |                                          |                                                                                                              | X          | X            |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |
| CCHD FAMILY PLANNING CCHD<br>100 CENTRAL AVENUE<br>CHEYENNE, WY 82007                                                                                                                               |          |                                          |                                                                                                              | X          | X            |          |                    |
| Subtotal ►                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | \$ 60,995.60       |
| Total ►<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | \$                 |

Sheet no. 11 of 91 continuation sheets  
attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

[illegible]



In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                                       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.<br>CHARTER COMMUNICATIONS<br>P.O. BOX 9001929<br>LOUISVILLE, KY 40290                                                                                                                   |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,592.04         |
| ACCOUNT NO.<br>CHESTER VALLEY HOLDINGS,<br>LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620                                                                                     |          |                                          | CO-DEBTOR - FIRST LIEN<br>CREDIT AGREEMENT                                                                   | X          | X            |          | UNDETERMINED       |
| ACCOUNT NO.<br>CHESTER VALLEY HOLDINGS,<br>LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620                                                                                     |          |                                          | CO-DEBTOR - SECOND LIEN<br>CREDIT AGREEMENT                                                                  | X          | X            |          | UNDETERMINED       |
| ACCOUNT NO.<br>CHESTER VALLEY<br>PHARMACEUTICALS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620                                                                              |          |                                          | CO-DEBTOR - SECOND LIEN<br>CREDIT AGREEMENT                                                                  | X          | X            |          | UNDETERMINED       |
| Subtotal ►                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | \$ 1,592.04        |
| Total ►<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | \$                 |

Sheet no. 13 of 91 continuation sheets  
attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

Case No. 11-13036 (PJW)  
(if known)

(Continuation Sheet)

[illegible]

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED            |
| CITY OF BAYONNE<br>630 AVE C<br>BAYONNE, NJ 7002                                                                                  |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED            |
| COLORADO HEALTH CARE<br>POLICY & FINANCING<br>1570 GRANT STREET<br>DENVER, CO 80203-1714                                          |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$67.21                 |
| COMCAST CABLE<br>P.O. BOX 3005<br>SOUTHEASTERN, PA 19398-3005                                                                     |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$14,674.40             |
| COMMONWEALTH OF<br>MASSACHUSETTS<br>MASS HEALTH DRUG REBATE<br>PROGRAM<br>P.O. BOX 3070<br>BOSTON, MA 02241-3070                  |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>15</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 14,741.61 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

[illegible]

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |           |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|-----------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$120.00           |           |
| COSTA RICA CONSULATE<br>GENERAL<br>ROBERTO AVENDANO<br>2112 S. STREET, NW<br>WASHINGTON, DC 20008                                 |          |                                          |                                                                                                              |            |              |          |                    |           |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |           |
| COUNTY OF CAPE MAY<br>4 MOORE ROAD<br>CAPE MOORE COURT HOUSE, NJ<br>8210                                                          |          |                                          |                                                                                                              |            |              |          |                    |           |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$339.47           |           |
| CRYSTAL SPRINGS WATER CO.<br>1820 N EASTMAN RD<br>KINGSPORT, TN 37664                                                             |          |                                          |                                                                                                              |            |              |          |                    |           |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |           |
| CSSS DE BEAUCE C/O<br>PHARMACY<br>1515 17TH ST. QUEST<br>ST GEORGES QUE, BC G5Y 4T8<br>CANADA                                     |          |                                          |                                                                                                              |            |              |          |                    |           |
| Sheet no. <u>17</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 459.47 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ►            | \$        |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$61,510.57             |
| CVS CAREMARK PART D<br>SERVICES<br>LOCKBOX # 844146<br>DALLAS, TX 75207                                                           |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED            |
| CVS PHARMACY<br>ONE CVS DRIVE<br>WOONSOCKET, RI 02895-6184                                                                        |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$2,830.62              |
| DAKOTA DRUG, INC.<br>1101 LUD BLVD.<br>ANOKA, MN 55303                                                                            |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,669.33              |
| DATA ARCHIVES RECORDS<br>MANAGEMENT LLC<br>P.O. BOX 1934<br>JOHNSON CITY, TN 37605                                                |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,419.85              |
| DC TREASURER, MEDICAL<br>ASSIST ADMIN.<br>P.O. BOX 34722<br>WASHINGTON, DC 20043-4722                                             |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>18</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 68,430.37 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                               | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                                                        |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED           |
| DELAWARE HEALTH & SOCIAL<br>SERVICES<br>HP ENTERPRISE SERVICES<br>BRISTOL BUILDING/UNIVERSITY<br>OFFICE PLAZA<br>248 CHAPMAN ROAD<br>SUITE 100<br>NEWARK, DE 19720 |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                        |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$3,443.17             |
| DEPT OF MEDICAL ASSISTANCE<br>SERVICES<br>COMMONWEALTH OF VIRGINIA<br>600 EAST BROAD STREET SUITE<br>1300<br>RICHMOND, VA 23219-1857                               |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                        |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$4,447.00             |
| DERMATOLOGY LASER & VEIN<br>SPECIAL.<br>ATTN: GIRISH S. MUNAVALLI,<br>MD<br>1918 RANDOLPH RD., SUITE 550<br>CHARLOTTE, NC 28207                                    |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>19</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                  |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 7,890.17 |
|                                                                                                                                                                    |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                                | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|----------------------------|
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$15,454.82                |
| DHS MN DEPT. OF HEALTH<br>SERVICES<br>540 CEDAR STREET<br>ST. PAUL, MN 55164-0837                                                                                                                   |          |                                          |                                                                                                              |            |              |          |                            |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED               |
| DIK DRUG<br>160 TOWER DR<br>BURR RIDGE, IL 60521                                                                                                                                                    |          |                                          |                                                                                                              |            |              |          |                            |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$39,084.54                |
| DISCOUNT DRUG MART, INC.<br>211 COMMERCE DRIVE<br>MEDINA, OH 44256-1398                                                                                                                             |          |                                          |                                                                                                              |            |              |          |                            |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED               |
| DISTRICT OF COLUMBIA<br>ACS STATE HEALTHCARE<br>750 FIRST STREET, NE<br>SUITE 1020<br>WASHINGTON, DC 20002                                                                                          |          |                                          |                                                                                                              |            |              |          |                            |
| Sheet no. <u>20</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                                   |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br>\$ 54,539.36 |
| Total ►<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | \$                         |





| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|-------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$440,560.64              |                         |
| DPT LABORATORIES, LTD<br>12637 COLLECTIONS CENTER<br>DRIVE<br>CHICAGO, IL 60693                                                                                                          |          |                                          |                                                                                                              |            |              |          |                           |                         |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$27,905.33               |                         |
| DROGUERIA BETANCES, INC<br>PO BOX 368<br>CAGUAS, 726 PUERTO RICO                                                                                                                         |          |                                          |                                                                                                              |            |              |          |                           |                         |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$1,236.36                |                         |
| DROGUERIA CENTRAL, INC.<br>P.O. BOX 1366<br>DORADO, 646 PUERTO RICO                                                                                                                      |          |                                          |                                                                                                              |            |              |          |                           |                         |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,066.08                |                         |
| EDS<br>DE DEPT OF HEALTH & SOCIAL<br>SVCS<br>248 CHAPMAN RD<br>NEWARK, DE 19702                                                                                                          |          |                                          |                                                                                                              |            |              |          |                           |                         |
| Sheet no. <u>22</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>Total ► | \$ 470,768.41<br><br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                           |                         |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.<br>EDS<br>312 HURRICANE LANE SUITE 101<br>WILLISTON, VT 05495-0888                                                                                                           |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$12,989.14             |
| ACCOUNT NO.<br>EIA PHARMACEUTICAL<br>SOLUTION WORKS<br>FORMERLY HARMONY LABS<br>2865 N. CANNON BLVD<br>KANNAPOLIS, NC 28083                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$13,890.02             |
| ACCOUNT NO.<br>ELSEVIER INC.<br>P.O. BOX 7247-7684<br>PHILADELPHIA, PA 19170-7684                                                                                                        |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$18,344.27             |
| ACCOUNT NO.<br>ELSEVIER INC.<br>360 PARK AVENUE SOUTH<br>NEW YORK, NY 10010                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            | X        | UNDETERMINED            |
| Sheet no. <u>23</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 45,223.43 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$450.00                  |                        |
| EMSL ANALYTICAL, INC<br>107 HADDON AVENUE<br>WESTMONT, NJ 08108                                                                                                                          |          |                                          |                                                                                                              |            |              |          |                           |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$5,437.84                |                        |
| ENTERPRISE FLEET SERVICES<br>170 N RADNOR-CHESTER ROAD<br>SUITE 200<br>RADNOR, PA 19087                                                                                                  |          |                                          |                                                                                                              |            |              |          |                           |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$11,118.62               |                        |
| EPL PATHOLOGY ARCHIVES, INC<br>P.O. BOX 1253<br>STERLING, VA 20167-8419                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                           |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$426.36                  |                        |
| ETHOS HEALTH<br>COMMUNICATIONS, INC.<br>790 NEWTOWN YARDLEY RD STE<br>425<br>NEWTOWN, PA 18940-1748                                                                                      |          |                                          |                                                                                                              |            |              |          |                           |                        |
| Sheet no. <u>24</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>Total ► | \$ 17,432.82<br><br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                           |                        |

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |               |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|---------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$58,271.16        |               |
| EVINCE COMMUNICATIONS, LLC<br>ONE SELLECK STREET<br>NORWALK, CT 06855                                                             |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$291,894.92       |               |
| EXPRESS SCRIPTS/DPS, INC.<br>525 WEST MONROE, 8TH FLOOR<br>CHICAGO, IL 60661                                                      |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |               |
| FAMILY PLANNING CNTR OF<br>OCEAN CNTY<br>290 RIVER AVENUE<br>LAKEWOOD, NJ 8701                                                    |          |                                          |                                                                                                              | X          | X            |          |                    |               |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED       |               |
| FAMILY PLANNING COUNCIL OF<br>SE PA<br>260 SOUTH BROAD STREET<br>PHILADELPHIA, PA 19102                                           |          |                                          |                                                                                                              | X          | X            |          |                    |               |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$22,979.05        |               |
| FEDEX<br>P.O. BOX 94515<br>PALATINE, IL 60094-4515                                                                                |          |                                          |                                                                                                              |            |              |          |                    |               |
| Sheet no. <u>25</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 373,145.13 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ►            | \$            |

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.)

[illegible]

[illegible]

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)



(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$3,902.12             |
| H. E. BUTT GROCERY COMPANY<br>PO BOX 839977<br>SAN ANTONIO, TX 78283                                                              |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$151.40               |
| HANNA'S PHARMACEUTICAL<br>SUPPLY CO.<br>2505 WEST SIXTH ST<br>WILMINGTON, DE 19805                                                |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$220.00               |
| HARMON'S LAWN CARE<br>117 STONEHENGE DRIVE<br>BRISTOL, TN 37620                                                                   |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$162.22               |
| HARVARD DRUG GROUP<br>31778 ENTERPRISE DR<br>LIVONIA, MI 48150                                                                    |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>30</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 4,435.74 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)



[illegible]

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCOUNT NO.                                                                                                                |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED                                                                                                                                                                                           |
| HEALTH TALENTS<br>INTERNATIONAL<br>4214 ANDREWS HIGHWAY, SUITE<br>200<br>MIDLAND, TX 79703                                 |          |                                          |                                                                                                              |            |              |          |                                                                                                                                                                                                        |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$17,937.04                                                                                                                                                                                            |
| HEALTHCARE AND FAMILY<br>SERVICES<br>P.O. BOX 19107<br>SPRINGFIELD, IL 62794-9107                                          |          |                                          |                                                                                                              |            |              |          |                                                                                                                                                                                                        |
| ACCOUNT NO.                                                                                                                |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED                                                                                                                                                                                           |
| HERITAGE FINCORP, INC.<br>STE.334 5 GREAT VALLEY<br>PARKWAY<br>MALVERN, PA 19355                                           |          |                                          |                                                                                                              |            |              |          |                                                                                                                                                                                                        |
| ACCOUNT NO.                                                                                                                |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED                                                                                                                                                                                           |
| HERITAGE FINCORP, INC.<br>2 WEST LIBERTY BLVD<br>MALVERN, PA 19355                                                         |          |                                          |                                                                                                              |            |              |          |                                                                                                                                                                                                        |
| Sheet no. <u>33 of 91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 17,937.04                                                                                                                                                                                |
|                                                                                                                            |          |                                          |                                                                                                              |            |              |          | Total ► \$<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                           | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                                                    |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED           |
| IDAHO HEALTH AND WELFARE<br>IDAHO MEDICAID POLICY<br>PROGRAM<br>3232 ELDER STREET<br>BOISE, ID 83705                                                           |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                    |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED           |
| IL DEPT OF HEALTHCARE &<br>FAMILY SERVICES<br>BUREAU OF BUDGET AND CASH<br>MANAGEMENT<br>DRUG REBATE UNIT<br>201 S. GRAND AVENUE EAST<br>SPRINGFIELD, IL 62704 |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                    |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,940.00             |
| ILLUMITI CONSULTING LLC<br>4 CARDINAL DR<br>WESTWOOD, MA 02090                                                                                                 |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                    |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED           |
| IMMEDIATE PHARMACEUTICAL<br>SERVICES<br>33381 WALKER ROAD<br>AVON LAKE, OH 44012                                                                               |          |                                          |                                                                                                              | X          | X            |          |                        |
| Sheet no. <u>35</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                              |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 2,940.00 |
|                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                            |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED            |
| INDIANA FAMILY & SOCIAL<br>SERVICE ADMIN.<br>ACS HEALTH MANAGEMENT<br>SOLUTIONS<br>9040 ROSWELL ROAD<br>SUITE 700<br>ATLANTA, GA 30350 |          |                                          |                                                                                                              | X          | X            |          |                         |
| ACCOUNT NO.                                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$3,253.92              |
| INDIANA MEDICAID DRUG<br>REBATES. ACS<br>SUITE A 1500 DRAGON ST.<br>DALLAS, TX 75207                                                   |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$761.05                |
| INDIANA STATE DEPT OF<br>HEALTH, DIV<br>2 NORTH MEDIAN STREET, 6C<br>INDIANAPOLIS, IN 46204                                            |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$44,252.59             |
| INNOVATION PRINTING &<br>COMMUNICATION<br>11601 CAROLINE RD<br>PHILADELPHIA, PA 19154                                                  |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>36</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims      |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 48,267.56 |
|                                                                                                                                        |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)





| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM   |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|----------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED         |
| JM BLANCO, INC<br>100 FRIARS LANE<br>THOROFARE, NJ 8086                                                                           |          |                                          |                                                                                                              | X          | X            |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$181.19             |
| JOHNSON CITY UTILITY SYSTEM<br>P.O. BOX 2386<br>JOHNSON CITY, TN 37605-2386                                                       |          |                                          |                                                                                                              |            |              |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED         |
| KAISER PERMANENTE<br>PO BOX 41920<br>LOS ANGELES, CA 90041                                                                        |          |                                          |                                                                                                              | X          | X            |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED         |
| KAISER PERMANENTE<br>PO. BOX 12929<br>OAKLAND, CA 94604-2929                                                                      |          |                                          |                                                                                                              | X          | X            |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED         |
| KAISER PERMANENTE<br>PHARMACY<br>11445 SUNSET HILLS ROAD<br>RESTON, VA 20190                                                      |          |                                          |                                                                                                              | X          | X            |          |                      |
| Sheet no. <u>38</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 181.19 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)



In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED           |
| KENTUCKY DEPT FOR MEDICAID<br>SERVICES<br>FIRST HEALTH SERVICES CORP.<br>4300 COX ROAD<br>GLEN ALLEN, VA 23060                                                                           |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED           |
| KING DRUG COMPANY<br>605 WEST LUCAS STREET<br>FLORENCE, SC 29501                                                                                                                         |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED           |
| KINGSWAY CHARITIES<br>1190 COMMONWEALTH AVE<br>BRISTOL, VA 24201                                                                                                                         |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$8,133.20             |
| KINRAY<br>152-35 10TH AVE<br>WHITESTONE, NY 11357                                                                                                                                        |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>40</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 8,133.20 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>               | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                        |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED           |
| LAKE COUNTY HEALTH DEPT<br>FINANCE DEP<br>3010 GRAND AVE.<br>WAUKEGAN, IL 60085                                                    |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                        |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,150.00             |
| LIQUENT, INC<br>LOCK BOX # 7967 PO BOX 8500<br>PHILADELPHIA, PA 19178-7967                                                         |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                        |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED           |
| LOUISIANA DEPART. OF HEALTH<br>& HOSPITALS<br>MOLINA MEDICAID SOLUTIONS<br>628 N. 4TH STREET<br>7TH FLOOR<br>BATON ROUGE, LA 70802 |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                        |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,480.40             |
| LOUISIANA DEPT. OF HEALTH &<br>HOSPITALS<br>P.O. BOX 459<br>BATON ROUGE, LA 70821-0459                                             |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>41</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims  |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 2,630.40 |
|                                                                                                                                    |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

[illegible]

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$4,526.82              |
| MARQUETTE TRANSPORTATION<br>FIN.,INC<br>DBA. ROGERS TRUCKING<br>P O BOX 1450 NW7939<br>MINNEAPOLIS, MN 55485-7939                 |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$13,227.41             |
| MASERGY COMMUNICATIONS,<br>INC.<br>2740 NORTH DALLAS PARKWAY<br>SUITE 200<br>PLANO, TX 75093                                      |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$4,046.00              |
| MATRIX MEDICAL<br>COMMUNICATIONS<br>1595 PAOLI PIKE<br>WESTCHESTER, PA 19380                                                      |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$18,808.08             |
| MCKESSON<br>P.O. BOX 4017<br>DANVILLE, IL 61834-4017                                                                              |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>43</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 40,608.31 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

(Continuation Sheet)

[illegible]





Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM       |
|----------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------------|
| ACCOUNT NO.                                                                                                                |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED             |
| MEDCO HEALTH SOLUTIONS,<br>INC.<br>6225 ANNIE OAKLEY DRIVE<br>LAS VEGAS, NV 89120                                          |          |                                          |                                                                                                              | X          | X            |          |                          |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$225,927.11             |
| MEDCO HEALTH SOLUTIONS,<br>INC.<br>100 PARSONS POND DRIVE<br>FRANKLIN LAKES, NJ 07417                                      |          |                                          |                                                                                                              |            |              |          |                          |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$682.27                 |
| MEDPRO SYSTEMS<br>100 STIERLI COURT STE 100<br>MT. ARLINGTON, NJ 07856                                                     |          |                                          |                                                                                                              |            |              |          |                          |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$400.00                 |
| MEDWORKS, YOUR HEALTH<br>ADVANTAGE<br>P.O. BOX 3556<br>JOHNSON CITY, TN 37602-3556                                         |          |                                          |                                                                                                              |            |              |          |                          |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$19,691.39              |
| META PHARMACEUTICAL<br>SERVICES<br>482 NORRISTOWN RD STE 200<br>BLUE BELL, PA 19422                                        |          |                                          |                                                                                                              |            |              |          |                          |
| Sheet no. <u>46 of 91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 246,700.77 |
|                                                                                                                            |          |                                          |                                                                                                              |            |              |          | Total ► \$               |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|-------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$398,230.85              |                         |
| METAPHOR<br>119 CHERRY HILL ROAD SUITE<br>145<br>PARSIPPANY, NJ 07054                                                                                                                    |          |                                          |                                                                                                              |            |              | X        |                           |                         |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED              |                         |
| METAPHOR, INC.<br>C/O MARK D. MILLER<br>414 WESTFIELD AVENUE<br>WESTFIELD, NJ 07090                                                                                                      |          |                                          |                                                                                                              | X          | X            | X        |                           |                         |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$10,942.43               |                         |
| MIAMI-LUKEN<br>265 PIONEER BLVD<br>SPRINGBORO, OH 45066                                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                           |                         |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED              |                         |
| MIC WOMEN'S HEALTH<br>SERVICES NY<br>220 CHURCH STREET 5TH FLOOR<br>NEW YORK, NY 11432                                                                                                   |          |                                          |                                                                                                              | X          | X            |          |                           |                         |
| Sheet no. <u>47</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>Total ► | \$ 409,173.28<br><br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                           |                         |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|--------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$12,719.76        |              |
| MO DIVISION OF MEDICAL<br>SERVICES<br>P.O. BOX 6500<br>JEFFERSON CITY, MO 65102-6500                                              |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |              |
| MONCTON GENERAL HOSPITAL<br>135 MACBEATH AVE<br>MONCTON, NB B1C 6Z8 CANADA                                                        |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |              |
| MORE PHARMA CORPORATION<br>AV. EJERCITO NACIONAL 926,<br>INT 203<br>MEXICO, D.F., 11540 MEXICO                                    |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$2,533.47         |              |
| MORRIS & DICKSON<br>10301 HWY 1 SOUTH<br>SHREVEPORT, LA 71115                                                                     |          |                                          |                                                                                                              |            |              |          |                    |              |
| Sheet no. <u>49</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ▶         | \$ 15,253.23 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ▶            | \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.<br>MOUNT SINAI SCHOOL OF<br>MEDICINE<br>DEPARTMENT OF<br>DERMATOLOGY<br>5 EAST 98 STREET BOX 1048<br>NEW YORK, NY 10029                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$12,500.00             |
| ACCOUNT NO.<br>MS DIVISION OF MEDICAID<br>SUITE 1000 550 HIGH STREET<br>WALTER S<br>JACKSON, MS 39201                                                                                    |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,516.02              |
| ACCOUNT NO.<br>MS DIVISION OF MEDICAID<br>ACS<br>PO BOX 6014<br>RIDGELAND, MS 39158                                                                                                      |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED            |
| ACCOUNT NO.<br>MT PUBLIC HEALTH & HUMAN<br>SERVICES<br>MEDICAID SERVICES BUREAU<br>1400 BROADWAY, ROOMA206<br>P.O. BOX 202951<br>HELENA, MT 59620-2951                                   |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED            |
| Sheet no. <u>50</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 15,016.02 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

Case No. 11-13036 (PJW)  
(if known)

Case No. 11-13036 (PJW)  
(if known)

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                    | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|-------------|
| ACCOUNT NO.                                                                                                                                                             |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,707.64         |             |
| ND DEPT. OF HUMAN SERVICES<br>ATTN: HELEN BRAND<br>600 E BOULEVARD AVE, FIN.<br>UNIT<br>BISMARCK, ND 58505-0264                                                         |          |                                          |                                                                                                              |            |              |          |                    |             |
| ACCOUNT NO.                                                                                                                                                             |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$5,388.35         |             |
| NE DEPT. OF HEALTH & HUMAN<br>SERVICES<br>P.O. BOX 95026<br>LINCOLN, NE 68509-5026                                                                                      |          |                                          |                                                                                                              |            |              |          |                    |             |
| ACCOUNT NO.                                                                                                                                                             |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED       |             |
| NEBRASKA DEPT. OF HEALTH &<br>HUMAN SVCS.<br>STATE OF NE<br>DHHS/OPERATIONS/FINAN SVS<br>P.O. BOX 95026<br>301 CENTENNIAL MALL SOUTH,<br>5TH FLOOR<br>LINCOLN, NE 68509 |          |                                          |                                                                                                              |            |              |          |                    |             |
| ACCOUNT NO.                                                                                                                                                             |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,691.48         |             |
| NEVADA DRUG REBATE<br>PROGRAM<br>DIV OF HEALTH CARE FIN AND<br>POLICY<br>1100 EAST WILLIAM, SUITE 108<br>CARSON CITY, NV 89701                                          |          |                                          |                                                                                                              |            |              |          |                    |             |
| Sheet no. <u>52</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                       |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 9,787.47 |
|                                                                                                                                                                         |          |                                          |                                                                                                              |            |              |          | Total ►            | \$          |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)



Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM   |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|----------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED         |
| NEW HAMPSHIRE MEDICAID<br>FIRST HEALTH SERVICES<br>CORPORATION<br>4300 COX ROAD<br>GLEN ALLEN, VA 23060                           |          |                                          |                                                                                                              | X          | X            |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED         |
| NEW MEXICO HUMAN SERVICES<br>DEPARTMENT<br>HUMAN SERVICES DEPARTMENT<br>PO BOX 5334<br>SANTA FE, NM 87504                         |          |                                          |                                                                                                              | X          | X            |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$474.27             |
| NEWTOWN OFFICE & COMPUTER<br>SUPPLY<br>31 FRIENDS LANE<br>NEWTOWN, PA 18940                                                       |          |                                          |                                                                                                              |            |              |          |                      |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED         |
| NJ DEPARTMENT OF HUMAN<br>SERVICES<br>DIVISION OF MEDICAL ASST.<br>P.O. BOX 712, BLDG. 11A<br>TRENTON, NJ 08625                   |          |                                          |                                                                                                              | X          | X            |          |                      |
| Sheet no. <u>53</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 474.27 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.<br>NJ MEDICAID DRUG REBATE<br>PROGRAM<br>160 S BROAD ST 3RD FLOOR<br>TRENTON, NJ 08646-0655                                                                                  |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$8,250.89             |
| ACCOUNT NO.<br>NM HUMAN SERVICES DEPT.<br>P.O. BOX 5334<br>SANTA FE, NM 87504                                                                                                            |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$327.28               |
| ACCOUNT NO.<br>NORTH DAKOTA DEPT. OF<br>HUMAN SERVICES<br>600 E BOULEVARD AVENUE<br>DEPT 325<br>BISMARCK, ND 58505-0250                                                                  |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>NOVAVAX<br>9920 BELWARD CAMPUS DRIVE<br>ROCKVILLE, MD 20850                                                                                                               |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| Sheet no. <u>54</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 8,578.17 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER.<br>(See instructions above.)                                                                                      | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.<br>NP COMMUNICATIONS, LLC<br>SUITE 16 109 SOUTH MAIN<br>STREET<br>CRANBURY, NJ 08512                                                                                                    |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$7,841.25              |
| ACCOUNT NO.<br>NPWH CONFERENCE<br>ATTN: GAY JOHNSON<br>505 C STREET NE<br>WASHINGTON, DC 20002                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$7,500.00              |
| ACCOUNT NO.<br>NV DIV. HEALTH CARE<br>FINANCING & POLICY<br>FIRST HEALTH SERVICES<br>4300 COX ROAD<br>GLENN ALLEN, VA 23060                                                                         |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED            |
| ACCOUNT NO.<br>NY DEPT OF HEALTH<br>99 FOUNDERS PLAZA 3RD FLR<br>MR<br>E. HARTFORD, CT 06108                                                                                                        |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$9,525.85              |
| Sheet no. <u>55</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                                   |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 24,867.10 |
| Total ►<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | \$                      |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                           | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                                             |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED       |
| NYS DEPARTMENT OF HEALTH,<br>OHIP<br>CSC<br>ATTN: PROGRAM ACCOUNTING<br>SUITE 450 WEST<br>327 COLUMBIA TURNPIKE<br>RENSSELAER, NY 12144 |          |                                          |                                                                                                              | X          | X            |          |                    |
| ACCOUNT NO.                                                                                                                             |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$337,195.52       |
| NYS DEPT. OF HEALTH<br>GNARESP TOWER BLDG<br>ALBANY, NY 12237-0016                                                                      |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                             |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$8,797.97         |
| NYS EPIC PROGRAM<br>ONE CORPORATE PLAZA, ROOM<br>101<br>ALBANY, NY 12203                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                             |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$314.00           |
| OCCUPATIONAL & TRAVEL<br>HEALTH<br>PO BOX 8538-384<br>PHILADELPHIA, PA 19171                                                            |          |                                          |                                                                                                              |            |              |          |                    |
| Subtotal ►                                                                                                                              |          |                                          |                                                                                                              |            |              |          | \$ 346,307.49      |
| Total ►                                                                                                                                 |          |                                          |                                                                                                              |            |              |          | \$                 |

Sheet no. 56 of 91 continuation sheets  
attached to Schedule of Creditors Holding  
Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$5,171.43             |
| OFFICE OF MEDICAID<br>WYOMING ACS<br>P.O. BOX 667<br>CHEYENNE, WY 82003                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| OFFICE OF VERMONT HEALTH<br>ACCESS<br>HP ENTERPRISE SERVICES<br>312 HURRICANE LANE, SUITE 101<br>WILLISTON, VT 05495                                                                     |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| OHIO DEPARTMENT OF JOBS &<br>FAMILY SVCS<br>ACS GOVERNMENT<br>HEALTHCARE SOLUTIONS<br>9040 ROSWELL RD<br>SUITE 700<br>ATLANTA, GA 30350                                                  |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED           |
| OKLAHOMA HEALTH CARE<br>AUTHORITY<br>2401 N.W. 23RD STREET<br>SUITE 1-A<br>OKLAHOMA CITY, OK 73107                                                                                       |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>57</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 5,171.43 |
|                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | Total ► \$             |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                        |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|----------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$14,379.12             |
| OKLAHOMA HEALTH CARE<br>AUTHORITY<br>ATTN: FINANCE DIV<br>P.O. BOX 18299<br>OKLAHOMA CITY, OK 73154-0299                   |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$206.18                |
| ONE SOURCE OFF REFRESHMENT<br>SERVICE<br>1194 ZARA DRIVE<br>POTTSTOWN, PA 19464                                            |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,536.33              |
| OR-DHS RECEIPTING UNIT<br>DRUG REBATE PROGRAM<br>2575 BITTERN ST. NE, 1ST FLR.<br>RM 11<br>SALEM, OR 97309                 |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED            |
| OREGON MEDICAL ASSISTANCE<br>PROGRAMS<br>HP ENTERPRISE SERVICES<br>248 CHAPMAN RD<br>SUITE 100<br>NEWARK, DE 19702         |          |                                          |                                                                                                              | X          | X            |          |                         |
| Sheet no. <u>58 of 91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 17,121.63 |
|                                                                                                                            |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$649.50                |
| ORKIN PEST CONTROL<br>P.O. BOX 5275<br>KINGSPORT, TN 37663                                                                        |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED            |
| PA DEPT. OF PUBLIC WELFARE<br>EDS<br>225 GRANDVIEW AVENUE<br>CAMP HILL, PA 17011                                                  |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,853.43              |
| PAETEC COMMUNICATIONS, INC.<br>P.O. BOX 1283<br>BUFFALO, NY 14240-1283                                                            |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$32,926.87             |
| PANALPINA INC.<br>P.O. BOX 7247-6404<br>PHILADELPHIA, PA 19170-6404                                                               |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED            |
| PARATUS HEALTH SYSTEM<br>309 CURJE DRIVE<br>ALPHARETTA, GA 30022                                                                  |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>59</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 36,429.80 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)



## (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| PHARMACEUTICAL PRODUCT<br>(PPD)<br>12948 COLLECTION CENTER<br>DRIVE<br>CHICAGO, IL 60693                                          |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| PHARMACY BUYING<br>ASSOCIATION<br>STE 100 1575 N. UNIVERSAL<br>AVENUE<br>KANSAS CITY, MO 64120                                    |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,057.31             |
| PITNEY BOWES<br>P.O. BOX 856042<br>LOUISVILLE, KY 40285-6042                                                                      |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| PLANNED PARENTHOOD<br>360 E. 10TH STREET, SUITE 104<br>EUGENE, OR 97401                                                           |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>61</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ▶ \$ 1,057.31 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ▶ \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
Debtor

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                                | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| PLANNED PARENTHOOD CENTER<br>EL PASO<br>1801 WYOMING SUITE 202<br>EL PASO, TX 79902                                                                                                                 |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| PLANNED PARENTHOOD<br>COLUMBIA/WILLIAM<br>3231 SE 50TH AVENUE<br>PORTLAND, OR 97206                                                                                                                 |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| PLANNED PARENTHOOD<br>HOUSTON & SE TX<br>3601 FANNIN<br>HOUSTON, TX 77004                                                                                                                           |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| PLANNED PARENTHOOD<br>LEAGUE OF MA<br>1055 COMMONWEALTH AVE<br>BOSTON, MA 2215                                                                                                                      |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                         |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| PLANNED PARENTHOOD N NEW<br>ENGLAND<br>183 TALCOTT ROAD<br>WILLISTON, VT 5495                                                                                                                       |          |                                          |                                                                                                              |            |              |          |                    |
| Sheet no. <u>62</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                                   |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 0.00 |
| Total ►<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | \$                 |

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[illegible]

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

[illegible]

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED                    |
| PPH OF GREATER MIAMI<br>2300 N. FLORIDA MANGO RD.<br>WEST PALM BEACH, FL 33409                                                                                                           |          |                                          |                                                                                                              | X          | X            |          |                                 |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED                    |
| PPH OF NNY, INC<br>160 STONE STREET<br>WATERTOWN, NY 13601                                                                                                                               |          |                                          |                                                                                                              | X          | X            |          |                                 |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED                    |
| PRASCO LABORATORIES<br>6125 COMMERCE COURT<br>MASON, OH 45040                                                                                                                            |          |                                          |                                                                                                              | X          | X            |          |                                 |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$548,085.69                    |
| PRESCRIPTION SOLUTIONS<br>DEPT. NO. 8765<br>1200 W. 7TH STREET, MAC 2801-<br>525<br>LOS ANGELES, CA 90088-8765                                                                           |          |                                          |                                                                                                              |            |              |          |                                 |
| Sheet no. <u>67</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>\$ 548,085.69 |
|                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | Total ►<br>\$                   |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                                 |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|--------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |              |
| PRESCRIPTION SOLUTIONS<br>2858 LOKER AVE. EAST STE 150<br>CARLSBAD, CA 92010                                                      |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$14,431.32        |              |
| PRESCRIPTION SUPPLY<br>NORTHWOOD<br>2233 TRACY ROAD<br>NORTHWOOD, OH 43619                                                        |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |              |
| PRINCE GEORGE REGIONAL<br>HOSPITAL<br>1475 EDMONTON STREET<br>PRINCE GEORGE, BC V2M 1S2<br>CANADA                                 |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$13.37            |              |
| PRISTINE SPRINGS<br>2025 BROOKSIDE LANE<br>KINGSPORT, TN 37660                                                                    |          |                                          |                                                                                                              |            |              |          |                    |              |
| Sheet no. <u>68</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 14,444.69 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ►            | \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)





In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.<br>RDC-ROCHESTER DRUG<br>50 JET VIEW DRIVE<br>ROCHESTER, NY 14624                                                                                                            |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$2,998.56             |
| ACCOUNT NO.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                                 |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                                 |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                                 |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                                 |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| ACCOUNT NO.<br>REDACT<br>ADDRESS ON FILE                                                                                                                                                 |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| Sheet no. <u>70</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 2,998.56 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

Case No. 11-13036 (PJW)  
(if known)

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| Sheet no. <u>71</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 0.00 |
|                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | Total ► \$         |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                    |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            | X        | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | WORKERS COMPENSATION<br>CLAIM                                                                                | X          | X            | X        | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            | X        | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            | X        | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            | X        | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            | X        | UNDETERMINED       |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |
| Sheet no. <u>73</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 0.00 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$         |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$600.00               |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$5,972.36             |
| REDACT<br>ADDRESS ON FILE                                                                                                                                                                |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED           |
| RI DEPARTMENT OF HUMAN<br>SERVICES<br>EDS<br>STATE OF RHODE ISLAND<br>171 SERVICE AVENUE, BLDG 1<br>SUITE 100<br>WARWICK, RI 02886                                                       |          |                                          |                                                                                                              | X          | X            |          |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED           |
| RITE AID CORPORATION<br>30 HUNTER LANE<br>CAMP HILL, PA 17011                                                                                                                            |          |                                          |                                                                                                              | X          | X            |          |                        |
| Sheet no. <u>75</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 6,572.36 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|---------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$394,655.64       |               |
| ROPES & GRAY LLP<br>ONE INTERNATIONAL PLACE<br>BOSTON, MA 02110                                                                                                                          |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |               |
| ROYAL COLUMBINAN HOSPITAL<br>330 EAST COLUMBIA STREET<br>NEW WESTMINSTER, BC V3L 3W7<br>CANADA                                                                                           |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |               |
| ROYAL JUBILEE HOSPITAL<br>1952 BAY STREET<br>VICTORIA, BC V8R 1J8 CANADA                                                                                                                 |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED       |               |
| ROYAL VICTORIA HOSPITAL<br>687 PINE AVE WEST<br>MONTREAL, QC H3A 1A1<br>CANADA                                                                                                           |          |                                          |                                                                                                              |            |              |          |                    |               |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,339.12         |               |
| RX PROVISIONS, INC.<br>4 BEAVER BROOK ROAD SUITE<br>127<br>LINCOLN PARK, NJ 07035                                                                                                        |          |                                          |                                                                                                              |            |              |          |                    |               |
| Sheet no. <u>76</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 395,994.76 |
|                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | Total ►            | \$            |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                    |               |



**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER.<br><i>(See instructions above.)</i>                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|
| ACCOUNT NO.                                                                                                                                                                                      |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED       |
| SC DEPARTMENT OF HEALTH &<br>HUMAN SERVICES<br>FIRST HEALTH SERVICES<br>1801 MAIN STREET<br>COLUMBIA, SC 29201                                                                                   |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$4,005.25         |
| SC DEPT. OF HEALTH & HUMAN<br>SVCS<br>1525 W. WT HARRIS BLVD.- 2C2<br>CHARLOTTE, NC 28262                                                                                                        |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$363.36           |
| SCHENKER<br>P.O. BOX 7247-7623<br>PHILADELPHIA, PA 19170-7623                                                                                                                                    |          |                                          |                                                                                                              |            |              |          |                    |
| ACCOUNT NO.                                                                                                                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$55,125.00        |
| SDI HEALTH LLC<br>P O BOX 95000-4315<br>PHILADELPHIA, PA 19195-4315                                                                                                                              |          |                                          |                                                                                                              |            |              |          |                    |
| Sheet no. <u>77</u> of <u>91</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                                                                      |          |                                          |                                                                                                              |            |              |          | \$ 59,493.61       |
| Total ▶<br>(Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | \$                 |

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$6,000.00             |
| SESCO MANAGEMENT<br>CONSULTANTS<br>P O BOX 1848<br>BRISTOL, TN 37621-1848                                                         |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$406.25               |
| SH MEDIA, LLC<br>11 ROSE MEADOW WAY<br>AQUINNAH, MA 02535                                                                         |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED           |
| SHANNON COUNTY HEALTH<br>DEPT<br>PO BOX 788<br>EMINENCE, MO 65466                                                                 |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$160.92               |
| SHERATON GREAT VALLEY<br>HOTEL<br>707 E. LANCASTER PIKE<br>FRAZER,, PA 19355                                                      |          |                                          |                                                                                                              |            |              |          |                        |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$900.00               |
| SIMPLEXGRINNELL<br>DEPT. CH 10320<br>PALATINE, IL 60055-0320                                                                      |          |                                          |                                                                                                              |            |              |          |                        |
| Sheet no. <u>78</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 7,467.17 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$             |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.<br>SJ STRATEGIC INVESTMENTS<br>340 MARTIN LUTHER KING JR.<br>BLVD.<br>BRISTOL, TN 37620                                                                                      |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$3,114.24              |
| ACCOUNT NO.<br>SMITH DRUG COMPANY<br>PO BOX 1779<br>SPARTANBURG, SC 29304                                                                                                                |          |                                          | CUSTOMER CLAIM                                                                                               |            |              |          | \$16,516.44             |
| ACCOUNT NO.<br>SOUTH DAKOTA DEPT OF<br>SOCIAL SERVICES<br>OFFICE OF THE SECRETARY-<br>FINANCE OFFICE<br>700 GOVERNORS DRIVE<br>PIERRE, SD 57501-2291                                     |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED            |
| ACCOUNT NO.<br>SOUTH DAKOTA DEPT. OF<br>SOCIAL SERVIC<br>ATTN: CONNIE HOHN<br>700 GOVENORS DRIVE<br>PIERRE, SD 57501                                                                     |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,068.12              |
| Sheet no. <u>79</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 20,698.80 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

## (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$6,237.32              |
| SPAULDING CLINICAL<br>RESEARCH, LLC<br>525 S. SILVERBROOK DRIVE<br>WEST BEND, WI 53095                                            |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED            |
| ST. PAUL'S HOSPITAL<br>1081 BURRARD ST<br>VANCOUVER, BC V6Z 1Y6<br>CANADA                                                         |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$27.75                 |
| STATE OF ALASKA DEPT. OF<br>HEALTH & SOCIAL SERVICES<br>221 MINOR AVE BOX 84991<br>SEATTLE, WA 98109                              |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$3,565.32              |
| STATE OF IDAHO<br>DRUG REBATE PROGRAM<br>P.O. BOX 83720<br>BOSIE, ID 83706                                                        |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$14,228.19             |
| STATE OF MICHIGAN<br>DEPT. OF COMMUNITY HEALTH<br>P.O. BOX 77000<br>DETROIT, MI 48277-7951                                        |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>80</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 24,058.58 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |             |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|-------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$833.78           |             |
| STATE OF MN COOP PURCH<br>VENT<br>50 SHERBURNE AVE<br>112 ADMINISTRATION BLDG.<br>ST. PAUL, MN 55155                              |          |                                          |                                                                                                              |            |              |          |                    |             |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$36.99            |             |
| STATE OF MONTANA<br>DEPT. OF PUBLIC HEALTH &<br>HUMAN SVCS<br>1400 BROADWAY<br>HELENA, MT 59620                                   |          |                                          |                                                                                                              |            |              |          |                    |             |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$742.29           |             |
| STATE OF MONTANA, MEDICAID<br>REBATE<br>CHILD & ADULT HEALTH<br>RESOURCES DIV<br>1400 BROADWAY ROOM A206<br>HELENA, MT 59620-2951 |          |                                          |                                                                                                              |            |              |          |                    |             |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,870.34         |             |
| STATE OF NEW JERSEY, DHSS-<br>PMR<br>P.O. BOX 655<br>TRENTON, NJ 08646-0655                                                       |          |                                          |                                                                                                              |            |              |          |                    |             |
| Sheet no. <u>81</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ▶         | \$ 4,483.40 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ▶            | \$          |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$265.90                |
| STATE OF RHODE ISLAND<br>P.O. BOX 2006<br>WARWICK, RI 02887-2006                                                                  |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$22,098.23             |
| STAY IN FRONT<br>107 LITTLE FALLS RD<br>FAIRFIELD, NJ 07004-2105                                                                  |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$3,741.00              |
| STERLING COMMERCE<br>P.O. BOX 73199<br>CHICAGO, IL 60673                                                                          |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$12,445.00             |
| SUNSET LOGISTICS, INC.<br>10250 LUBAO AVE<br>CHATSWORTH, CA 91311                                                                 |          |                                          |                                                                                                              |            |              |          |                         |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$14.71                 |
| TAPE RENTAL LIBRARY, INC.<br>P.O. BOX 107<br>COVESVILLE, VA 22931                                                                 |          |                                          |                                                                                                              |            |              |          |                         |
| Sheet no. <u>82</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 38,564.84 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ► \$              |

(Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.)



| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|------------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED              |                        |
| TN--BUREAU OF TENNCARE<br>310 GREAT CIRCLE ROAD<br>NASHVILLE, TN 37243                                                                                                                   |          |                                          |                                                                                                              |            |              |          |                           |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             | X          | X            |          | UNDETERMINED              |                        |
| TRAIL REGIONAL HOSP<br>1200 HOSPITAL BENCH<br>TRAIL, BC V1R 4M1 CANADA                                                                                                                   |          |                                          |                                                                                                              |            |              |          |                           |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$11,814.47               |                        |
| TRC VALLEY CREEK<br>ASSOCIATES-C, L.P.<br>2929 ARCH STREET, 28TH FLOOR<br>PHILADELPHIA, PA 19104-2868                                                                                    |          |                                          |                                                                                                              |            |              |          |                           |                        |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$2,867.67                |                        |
| TREASURER OF THE STATE OF<br>COLORADO<br>1570 GRANT ST 3RD FLOOR<br>DENVER, CO 80203                                                                                                     |          |                                          |                                                                                                              |            |              |          |                           |                        |
| Sheet no. <u>84 of 91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                               |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>Total ► | \$ 14,682.14<br><br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                           |                        |



| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|--------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$10,120.04        |              |
| TREASURER OF THE STATE OF<br>OHIO<br>OHIO DEPT OF JOBS & FAMILY<br>SERVICES<br>P.O. BOX 712110<br>COLUMBUS, OH 43271-5096                                                                |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$255.47           |              |
| TREASURER, STATE OF NEW<br>HAMPSHIRE<br>DRUG REBATE<br>115 PLEASANT STREET, ANNEX 1<br>CONCORD, NH 03301                                                                                 |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$403.50           |              |
| TRI-CITIES INFORMATION<br>MANAGEMENT,<br>750 MOUNTAIN VIEW DRIVE<br>PINEY FLATS, TN 37686                                                                                                |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$13,375.83        |              |
| TRIALCARD, INC.<br>6501 WESTON PARKWAY, SUITE<br>370<br>CARY, NC 27513                                                                                                                   |          |                                          |                                                                                                              |            |              |          |                    |              |
| Sheet no. <u>85</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 24,154.84 |
|                                                                                                                                                                                          |          |                                          |                                                                                                              |            |              |          | Total ►            | \$           |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                    |              |

Case No. 11-13036 (PJW)  
(if known)

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|-----------------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | GOVERNMENT CONTRACT<br>CLAIM                                                                                 |            |              |          | UNDETERMINED              |                       |
| TRICARE<br>ATTN: REAR ADMIRAL THOMAS<br>MCGINNIS<br>CHIEF, PHARMACY OPERATIONS<br>DIRECTORATE<br>SUITE 810<br>5111 LEESBURG PIKE<br>FALLS CHURCH, VA 22041-3206                          |          |                                          |                                                                                                              | X          | X            | X        |                           |                       |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$1,247.19                |                       |
| ULINE<br>ATTN: ACCOUNTS RECEIVABLE<br>2200 S. LAKESIDE DRIVE<br>WAUKEGAN, IL 60085                                                                                                       |          |                                          |                                                                                                              |            |              |          |                           |                       |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED              |                       |
| UNT PHARMACY<br>1800 W CHESTNUT<br>DENTON, TX 76203                                                                                                                                      |          |                                          |                                                                                                              | X          | X            |          |                           |                       |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$556.71                  |                       |
| UPS<br>P O BOX 7247-0244<br>PHILADELPHIA, PA 19170-0001                                                                                                                                  |          |                                          |                                                                                                              |            |              |          |                           |                       |
| Sheet no. <u>86</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ▶<br><br>Total ▶ | \$ 1,803.90<br><br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                           |                       |

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| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>              | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|--------------------|--------------|
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$65.50            |              |
| VERIZON<br>P.O. BOX 28000<br>LEIGH VALLEY, PA 18002-8000                                                                          |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$29.49            |              |
| VERIZON CABS<br>P.O. BOX 4832<br>TRENTON, NJ 08650-4832                                                                           |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$60.07            |              |
| VERIZON WIRELESS<br>PO BOX 660108<br>DALLAS, TX 75266-0108                                                                        |          |                                          |                                                                                                              |            |              |          |                    |              |
| ACCOUNT NO.                                                                                                                       |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$23,000.00        |              |
| VIVACARE, INC<br>SUITE B 1810 6TH STREET<br>BERKELEY, CA 94710                                                                    |          |                                          |                                                                                                              |            |              |          |                    |              |
| Sheet no. <u>88</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims |          |                                          |                                                                                                              |            |              |          | Subtotal ►         | \$ 23,155.06 |
|                                                                                                                                   |          |                                          |                                                                                                              |            |              |          | Total ►            | \$           |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Case No. 11-13036 (PJW)  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>                                                                     | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------|-----------------|
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT REBATE CLAIM                                                                                      |            |              |          | UNDETERMINED              |                 |
| WA HEALTH AND RECOVERY<br>SERVICES ADMIN<br>P.O. BOX 45510<br>626 8TH AVENUE<br>OLYMPIA, WA 98504-5510                                                                                   |          |                                          |                                                                                                              | X          | X            |          |                           |                 |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED              |                 |
| WAL-MART<br>702 SW 8TH STREET<br>BENTONVILLE, AR 72716                                                                                                                                   |          |                                          |                                                                                                              | X          | X            |          |                           |                 |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | CONTINGENT CLAIM                                                                                             |            |              |          | UNDETERMINED              |                 |
| WALGREENS<br>P.O. BOX 4025<br>DANVILLE, IL 61834-4025                                                                                                                                    |          |                                          |                                                                                                              | X          | X            |          |                           |                 |
| ACCOUNT NO.                                                                                                                                                                              |          |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$363.34                  |                 |
| WASTE MANAGEMENT OF TRI<br>CITIES<br>P.O. BOX 9001054<br>LOUISVILLE, KY 40290-1054                                                                                                       |          |                                          |                                                                                                              |            |              |          |                           |                 |
| Sheet no. <u>89</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |          |                                          |                                                                                                              |            |              |          | Subtotal ►<br><br>Total ► | \$ 363.34<br>\$ |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |                                          |                                                                                                              |            |              |          |                           |                 |

[illegible]

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                                                            | CODEBATOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------|----------|-------------------------------------------------------|
| ACCOUNT NO.<br>WRIGHT EXPRESS<br>P.O. BOX 6293<br>CAROL STREAM, IL 60197-6293                                                                                                            |           |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$37,402.37                                           |
| ACCOUNT NO.<br>WV DEPARTMENT HEALTH &<br>HUMAN RESOURCES<br>BUREAU FOR MEDICAL<br>SERVICES<br>350 CAPITOL STREET<br>ROOM 251<br>CHARLESTON, WV 25301-3707                                |           |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED                                          |
| ACCOUNT NO.<br>WV DEPT OF HEALTH & HUMAN<br>RESOURCES<br>P.O. BOX 1087<br>CHARLESTON, WV 25324                                                                                           |           |                                          | TRADE PAYABLE                                                                                                |            |              |          | \$50,226.58                                           |
| ACCOUNT NO.<br>WY DEPT OF HEALTH, OFC OF<br>HEALTHCARE FINANCING<br>GOOLD HEALTH SYSTEMS<br>45 COMMERCE DRIVE<br>SUITE 5<br>P.O. BOX 1090<br>AUGUSTA, ME 04332-1090                      |           |                                          | CONTINGENT REBATE CLAIM                                                                                      | X          | X            |          | UNDETERMINED                                          |
| Sheet no. <u>91</u> of <u>91</u> continuation sheets<br>attached to Schedule of Creditors Holding<br>Unsecured Nonpriority Claims                                                        |           |                                          |                                                                                                              |            |              |          | Subtotal ► \$ 87,628.95                               |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the Statistical<br>Summary of Certain Liabilities and Related Data.) |           |                                          |                                                                                                              |            |              |          | Total ► \$ 98,838,367.75<br>+ UNDETERMINED<br>AMOUNTS |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112. and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT.                                               | DESCRIPTION OF CONTRACT OR LEASE AND<br>NATURE OF DEBTOR'S INTEREST. STATE<br>WHETHER LEASE IS FOR NONRESIDENTIAL<br>REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3M COMPANY<br>ATTN: DIVISION VICE PRESIDENT<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>3M CENTER BLDG. 275-3E-10<br>ST. PAUL, MN 55144-1000 | ALDARA PRODUCT IMPROVEMENT MASTER<br>SERVICES AGREEMENT                                                                                                                                  |
| 3M COMPANY<br>ATTN: DIVISION VICE PRESIDENT<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>3M CENTER BLDG. 275-3E-10<br>ST. PAUL, MN 55144-1000 | PIRBUTEROL INHALATION PRODUCT CO-<br>DEVELOPMENT AGREEMENT                                                                                                                               |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>3M CENTER, BLDG. 275-3E-10<br>ST. PAUL, MN 55144-1000     | SUPPLY AGREEMENT                                                                                                                                                                         |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000   | ACQUISITION AGREEMENT                                                                                                                                                                    |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000   | FIRST AMENDMENT TO THE ACQUISITION<br>AGREEMENT                                                                                                                                          |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000   | SECOND AMENDMENT TO THE ACQUISITION<br>AGREEMENT                                                                                                                                         |



In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

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| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000 | ASSIGNMENT AND ASSUMPTION AGREEMENT                                                                                                                                                      |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000 | ACQUISITION AGREEMENT (VENEZUELA)                                                                                                                                                        |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000 | QUALITY AGREEMENT                                                                                                                                                                        |
| 3M COMPANY<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>3M CENTER BLDG. 275-3E-10<br>ST. PAUL, MN 55144-1000                                | DOSE BY DOSE LETTER AGREEMENT                                                                                                                                                            |
| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000 | LETTER AGREEMENT RE FINANCE<br>RESPONSIBILITIES                                                                                                                                          |
| 3M COMPANY<br>ATTN: EXECUTIVE VP HEALTHCARE BUSINESS<br>3M COMPANY<br>BLDG. 220-14 3M CENTER<br>ST. PAUL, MN 55144-1000                | COOPERATION AGREEMENT                                                                                                                                                                    |
| 3M COMPANY<br>ATTN: EXECUTIVE VP HEALTHCARE BUSINESS<br>3M COMPANY<br>BLDG. 220-14 3M CENTER<br>ST. PAUL, MN 55144-1000                | AMENDMENT TO COOPERATION AGREEMENT                                                                                                                                                       |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| 3M COMPANY<br>ATTN: VICE PRESIDENT, GM<br>3M DRUG DELIVERY SYSTEMS DIVISION<br>BLDG. 275-3E-10<br>3M CENTER<br>ST. PAUL, MN 55144-1000        | SETTLEMENT AGREEMENT                                                                                                                                                                     |
| 3M HEALTH CARE LIMITED<br>3M HOUSE<br>MORLEY STREET<br>LEICESTERSHIRE<br>LOUGHBOROUGH, LE11 1EP UNITED KINGDOM                                | EQUIPMENT ACQUISITION AND INSTALLATION<br>LETTER AGREEMENT                                                                                                                               |
| 3M INNOVATIVE PROPERTIES COMPANY<br>ATTN: EXECUTIVE VP HEALTHCARE BUSINESS<br>3M COMPANY<br>BLDG. 220-14 3M CENTER<br>ST. PAUL, MN 55144-1000 | INTELLECTUAL PROPERTY LICENSE AGREEMENT                                                                                                                                                  |
| 3M INNOVATIVE PROPERTIES COMPANY<br>ATTN: EXECUTIVE VP HEALTHCARE BUSINESS<br>3M COMPANY<br>BLDG. 220-14 3M CENTER<br>ST. PAUL, MN 55144-1000 | TECHNOLOGY, ACCESS, DEVELOPMENT OPTION<br>AND LICENSE AGREEMENT                                                                                                                          |
| ACADEMIC DERMATOLOGY ASSOCIATES<br>ATTN: EDUARDO TSCHEN, MD, MBA<br>1203 COAL SE<br>ALBUQUERQUE, NM 87106-5239                                | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ACADEMIC DERMATOLOGY ASSOCIATES<br>ATTN: EDUARDO TSCHEN, MD, MBA<br>1203 COAL SE<br>ALBUQUERQUE, NM 87106-5239                                | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ACADEMIC DERMATOLOGY ASSOCIATES<br>ATTN: EDUARDO TSCHEN, MD, MBA<br>1203 COAL SE<br>ALBUQUERQUE, NM 87106-5239                                | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| ACHIEVEMENT HOUSE CHARTER SCHOOL<br>ATTN: GEORGE YORGO, PRES BD OF TRUSTEES<br>BDG. 222, THIRD FLOOR, STE 300<br>VALLEY CREEK CORPORATE CENTER<br>EXTON, PA 19341 | CONSENT TO SUBLEASE - ACHIEVEMENT<br>CHARTER HOUSE                                                                                                                                       |
| ACHIEVEMENT HOUSE CHARTER SCHOOL<br>ATTN: GEORGE YORGO, PRES BD OF TRUSTEES<br>BDG. 222, THIRD FLOOR, STE 300<br>VALLEY CREEK CORPORATE CENTER<br>EXTON, PA 19341 | FIRST AMENDMENT TO SUBLEASE -<br>ACHIEVEMENT CHARTER HOUSE                                                                                                                               |
| ACHIEVEMENT HOUSE CHARTER SCHOOL<br>ATTN: GEORGE YORGO, PRES BD OF TRUSTEES<br>BDG. 222, THIRD FLOOR, STE 300<br>VALLEY CREEK CORPORATE CENTER<br>EXTON, PA 19341 | SUBLEASE - ACHIEVEMENT CHARTER HOUSE                                                                                                                                                     |
| ACTIVMED PRACTICES & RESEARCH<br>1 WATER STREET, STE A<br>HAVERHILL, MA 01830                                                                                     | ACTIVMED CLINICAL TRIAL AGREEMENT                                                                                                                                                        |
| ADP FLEX DIRECT<br>ONE ADP DRIVE MS-100<br>AUGUSTA, GA 30909                                                                                                      | FSA ADMINISTRATION                                                                                                                                                                       |
| ADP SCREENING AND SELECTION SERVICES<br>301 REMINGTON STREET<br>FORT COLLINS, CO 80524                                                                            | PREEMPLOYMENT BACKGROUND<br>INVESTIGATIONS                                                                                                                                               |
| AFCO PREMIUM CREDIT LLC<br>12160 ABRAMS ROAD<br>SUITE 301-L.B. 51<br>DALLAS, TX 75243-4587                                                                        | COMMERCIAL PREMIUM FINANCE AGREEMENT                                                                                                                                                     |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

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| AK DEPT OF HEALTH & SOC SVCS<br>ATTN: BILL STREUR<br>4501 BUSINESS PARK BLVD<br>SUITE 24<br>ANCHORAGE, AK 99503   | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| ALARA HEALTHCARE CORPORATION<br>STATE RD #1 KM. 33.3<br>ANGOA INDUSTRIAL PARK LOT #4<br>CAGUAS, 00076 PUERTO RICO | SETTLEMENT AGREEMENT                                                                                                                                                                     |
| ALNARA PHARMACEUTICALS, INC.<br>840 MEMORIAL DRIVE<br>CAMBRIDGE, MA 02139                                         | SETTLEMENT AGREEMENT                                                                                                                                                                     |
| ALPHA CLINICAL RESEARCH<br>279 CLEAR SKY COURT, STE C<br>CLARKSVILLE, TN 37043                                    | AMENDMENT TO CLINICAL TRIAL AGREEMENT                                                                                                                                                    |
| ALPHA CLINICAL RESEARCH<br>279 CLEAR SKY COURT, STE C<br>CLARKSVILLE, TN 37043                                    | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ALTMAN DERMATOLOGY ASSOCIATES<br>1100 W. CENTRAL #200<br>ARLINGTON HEIGHTS, IL 60005                              | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ALTMAN DERMATOLOGY ASSOCIATES<br>1100 W. CENTRAL #200<br>ARLINGTON HEIGHTS, IL 60005                              | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |

In re Graceway Pharmaceuticals, LLC,  
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| ALTMAN DERMATOLOGY ASSOCIATES<br>1100 W. CENTRAL #200<br>ARLINGTON HEIGHTS, IL 60005                                      | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ALTUS RESEARCH<br>4671 S. CONGRESS AVE STE 100-B<br>LAKE WORTH, FL 33461                                                  | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ALVAREZ & MARSAL<br>55 WEST MONROE STREET, STE 4000<br>CHICAGO, IL 60603                                                  | ENGAGEMENT LETTER                                                                                                                                                                        |
| ALVOGEN, INC.<br>9 CAMPUS DRIVE THIRD FLOOR<br>PARSIPPANY, NJ 07054                                                       | DISTRIBUTION AGREEMENT                                                                                                                                                                   |
| AMERIHEALTH MERCY/PERFORM RX<br>200 STEVENS DRIVE<br>PHILADELPHIA, PA 19113                                               | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| AMERISOURCEBERGEN DRUG CORPORATION<br>1300 MORRIS DRIVE<br>CHESTERBROOK, PA 19087-5594                                    | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| AMEX TRAVEL RELATED SERVICES CO., INC.<br>AESC-P<br>20022 NORTH 31ST AVENUE<br>MAIL CODE AZ-08-03-11<br>PHOENIX, AZ 85027 | CORPORATE CARD ACCOUNT AGREEMENT                                                                                                                                                         |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
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| AR DHS/DMS<br>PAMELA FORD, PD, MBA<br>700 MAIN ST<br>SLOT S-415<br>LITTLE ROCK, AR 72201-4608                                                                                 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| ASHFIELD HEALTHCARE, LLC<br>ATTN: DAN PIGGOTT<br>ONE IVYBROOK BLVD, STE 110<br>IVYLAND, PA 18974                                                                              | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| ATLANTA NORTH GYNECOLOGY, P.C.<br>11050 CRABAPPLE ROAD, STE 111-D<br>ROSWELL, GA 30075                                                                                        | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| ATP, LLC D/B/A PPD MED. COMMUNICATIONS<br>ATTN: VP OPERATIONS<br>2655 MERIDIAN PARKWAY<br>DURHAM, NC 27713                                                                    | SERVICES AGREEMENT                                                                                                                                                                       |
| BANK OF AMERICA, N.A., AS FIRST LIEN<br>COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 02903 | FIRST LIEN CREDIT AGREEMENT                                                                                                                                                              |
| BI, A TRADE NAME OF SCHOENEKERS, INC.<br>7630 BUSH LAKE ROAD<br>MINNEAPOLIS, MN 55439                                                                                         | CONSULTING AGREEMENT                                                                                                                                                                     |

In re Graceway Pharmaceuticals, LLC,  
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| BILCARE, GLOBAL CLINICAL SUPPLIES,<br>AMERICAS<br>300 KIMBERTON ROAD<br>PHOENIXVILLE, PA 19460-2123               | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| BIOKOSMES S.R.L.<br>VIA DEI LIVELLI 1<br>BOSISIO PARINI, 23842 ITALY                                              | CONTRACT MANUFACTURING AGREEMENT                                                                                                                                                         |
| BLUE CROSS BLUE SHIELD OF TENNESSEE<br>800 PINE STREET<br>CHATTANOOGA, TN 37402                                   | HEALTH CARE FOR EMPLOYEES                                                                                                                                                                |
| BLUE SHIELD OF CALIFORNIA<br>ATTN: DIR OF CONTRACTING, PHARMACY DIV<br>50 BEALE STREET<br>SAN FRANCISCO, CA 94105 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| BLUE SHIELD OF CALIFORNIA<br>50 BEALE STREET<br>SAN FRANCISCO, CA 94105                                           | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| BRIGHTCH INTERNATIONAL, LLC<br>285 DAVIDSON AVENUE, STE 504<br>SOMERSET, NJ 08873                                 | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| BROWN, EDWARDS & COMPANY<br>1969 LEE HWY<br>PO BOX 16999<br>BRISTOL, VA 24209-6999                                | 401K AUDIT                                                                                                                                                                               |

In re Graceway Pharmaceuticals, LLC,  
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| BUR OF PHA POL & OPS, OFF HLTH INS PGMS<br>PDP PROGRAM MANAGER<br>NYS DOH<br>99 WASHINGTON AVE, SUITE 720<br>ALBANY, NY 12210-2806        | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| BURLINGTON DRUG COMPANY<br>91 CATAMOUNT DR<br>MILTON, VT 05468                                                                            | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| C.S.C. FORCE MEASUREMENT, INC.<br>P O BOX 887<br>AGAWAM, MA 01001-0887                                                                    | AGREEMENT                                                                                                                                                                                |
| CA AIDS DRUG ASSISTANCE PROG<br>ATTN: MARY ANNE SELVAGE<br>CA DEPT OF PUBLIC HEALTH<br>MS7700, PO BOX 997426<br>SACRAMENTO, CA 95899-7426 | MEDICAID - ADAP                                                                                                                                                                          |
| CA DEPT. OF HEALTH SERVICES<br>ATTN: HARRY HENDRIX<br>1501 CAPITOL AVENUE<br>MS 4604<br>SACRAMENTO, CA 95899                              | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| CA DEPT. OF HEALTH SERVICES<br>ATTN: HARRY HENDRIX<br>1501 CAPITOL AVENUE<br>MS 4604<br>SACRAMENTO, CA 95899                              | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| CA DEPT. OF HEALTH SERVICES<br>ATTN: HARRY HENDRIX<br>1501 CAPITOL AVENUE<br>MS 4604<br>SACRAMENTO, CA 95899                              | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |



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| CAPITAL RETURNS, INC.<br>6101 NORTH 64TH STREET<br>MILWAUKEE, WI 53218                                                                               | SERVICES AGREEMENT                                                                                                                                                                       |
| CAPITAL WHOLESALE DRUG COMPANY<br>873 WILLIAMS AVE<br>COLUMBUS, OH 43212                                                                             | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| CARDINAL HEALTH<br>7000 CARDINAL PLACE<br>DUBLIN, OH 43017                                                                                           | DISTRIBUTION AGREEMENT                                                                                                                                                                   |
| CAREMARK<br>ATTN: VP, TRADE RELATIONS<br>2211 SANDERS ROAD SUITE 500<br>NORTHBROOK, IL 60062                                                         | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| CAREMARK PCS<br>ATTN: VP, TRADE RELATIONS<br>2211 SANDERS ROAD SUITE 500<br>NORTHBROOK, IL 60062                                                     | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| CENTERS FOR MEDICARE & MEDICAID<br>SERVICES<br>ATTN: JANICE L. HOFFMAN, ASSOC GEN CNSL<br>7500 SECURITY BOULEVARD<br>C2-04-17<br>BALTIMORE, MD 21244 | MEDICAID DRUG REBATE PROGRAM - MASTER<br>AGREEMENT GOVERNS ALL STATE REBATE<br>AGENCIES                                                                                                  |
| CHAMBERLAIN COMMUNICATIONS, LLC<br>111 BROADWAY, 19TH FLOOR<br>NEW YORK, NY 10006                                                                    | MASTER SERVICES AGREEMENT                                                                                                                                                                |

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| CHESAPEAKE RESEARCH REVIEW, INC.<br>7063 COLUMBIA GATEWAY DRIVE STE 110<br>COLUMBIA, MD 21046 | INDEMNITY AGREEMENT                                                                                                                                                                      |
| CIGNA<br>900 COTTAGE GROVE ROAD B5PHR<br>HARTFORD, CT 06152                                   | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| CIGNA<br>900 COTTAGE GROVE ROAD B5PHR<br>HARTFORD, CT 06152                                   | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| CIGNA HEALTHCARE<br>900 COTTAGE GROVE ROAD B5PHR<br>HARTFORD, CT 06152                        | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| CINTAS DOCUMENT MANAGEMENT<br>1506 BRED A DRIVE<br>KNXO, TN 37918                             | SERVICES AGREEMENT                                                                                                                                                                       |
| CINTAS DOCUMENT MANAGEMENT<br>1506 BRED A DRIVE<br>KNOXVILLE, TN 37918                        | SERVICES AGREEMENT                                                                                                                                                                       |
| CISCO WEBEX LLC<br>3979 FREEDOM CIRCLE<br>SANTA CLARA, CA 95054                               | DATA AGREEMENT                                                                                                                                                                           |

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| CLINICAL PROFESSIONAL, INC.<br>845 ALEXANDER ROAD<br>PRINCETON, NJ 08540                                                                                       | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| COMPLIANCE IMPLEMENTATION SERVICES,<br>LLC<br>ROSE TREE CORPORATE CENTER<br>1400 NORTH PROVIDENCE ROAD<br>BDG. II, STE 30005<br>MEDIA, PA 19063                | LICENSING AGREEMENT                                                                                                                                                                      |
| COMPREHENSIVE NEUROSCIENCE, INC.<br>3261 ENTERPRISE WAY<br>MIRAMAR, FL 33025                                                                                   | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| CONNECTICUT DEPT OF SOCIAL SERVICES<br>ATTN: REBECCA HOPKO<br>DEPARTMENT OF SOCIAL SERVICES<br>25 SIGOURNEY STREET, 11 FLOOR<br>HARTFORD, CT 06106-5033        | MEDICAID - ADAP                                                                                                                                                                          |
| CONNECTICUT DEPT OF SOCIAL SERVICES<br>ATTN: REBECCA HOPKO<br>DEPARTMENT OF SOCIAL SERVICES<br>25 SIGOURNEY STREET, 11 FLOOR<br>HARTFORD, CT 06106-5033        | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| COVANCE CENTRAL LABORATORY SERVICES,<br>LP<br>ATTN: VP FINANCE<br>8211 SCICOR DRIVE<br>INDIANAPOLIS, IN 46214-2985                                             | SERVICES AGREEMENT                                                                                                                                                                       |
| CT MEDICAID FOR LOW INCOME ADULTS<br>MARK SYNOL, PROGRAM COORD.<br>CT MEDICAL ASSISTANCE PROGRAM<br>DRUG REBATE UNIT, PO BOX 1123<br>FARMINGTON, CT 06034-1123 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| CVS CAREMARK<br>1 CAMERON HILL CIRCLE<br>CHATTANOOGA, TN 37402-2556                                                                                   | PRESCRIPTION DRUG CARE FOR EMPLOYEES                                                                                                                                                     |
| CVS CAREMARK PART D SVCS, LLC (S.SCRIPT)<br>ATTN: VP, TRADE RELATIONS<br>2211 SANDERS ROAD SUITE 500<br>NORTHBROOK, IL 60062                          | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| DAKOTA DRUG, INC.<br>1101 LUD BLVD<br>ANOKA, MN 55303                                                                                                 | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| DC DEPT OF HEALTH CARE FINANCE<br>DIRECTOR OF PHARMACY OPS<br>825 NORTH CAPITOL ST, NE<br>5TH FLOOR<br>WASHINGTON, DC 20002                           | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| DE NON-TITLE 19<br>DRUG REBATE ANALYST<br>EDS SUITE 100, BRISTOL BLDG<br>248 CHAPMAN RD<br>NEWARK, DE 19702                                           | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| DE STATE PHARM. ASSIST. PROG.<br>DRUG REBATE ANALYST<br>EDS SUITE 100, BRISTOL BLDG<br>248 CHAPMAN RD<br>NEWARK, DE 19702                             | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| DELAWARE HEALTH & SOCIAL SERVICES<br>ATTN: THERESA BISHOP<br>HP ENT SVCS, BRISTOL BLDG/UNIV OFF PLZA<br>248 CHAPMAN RD, SUITE 100<br>NEWARK, DE 19720 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |

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| DENDRITE INTERACTIVE MARKETING LLC<br>1025 BOULDERS PARKWAY<br>SUITE 302<br>RICHMOND, VA 23225                                         | SERVICES AGREEMENT                                                                                                                                                                       |
| DEPARTMENT OF MEDICAID SVCS<br>DIRECTOR OF PHARMACY OPS<br>275 EAST MAIN ST 6W-D<br>FRANKFORT, KY 40621                                | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| DEPT OF HEALTH & HUMAN SVCS<br>STATE OF MAINE<br>GOOLD HEALTH SYSTEMS<br>11 STATE HOUSE STATION, 442 CIVIC CTR DR<br>AUGUSTA, ME 04333 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| DEPT OF HEALTH & HUMAN SVCS<br>PHARM SVCS & DME<br>1801 MAIN ST<br>PO BOX 8206<br>COLUMBIA, SC 29202-8206                              | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| DEPT OF VETERANS AFFAIRS<br>810 VERMONT AVENUE, NW<br>WASHINGTON, DC 20420                                                             | FEDERAL SUPPLY SCHEDULE                                                                                                                                                                  |
| DERMATOLOGY TREATMENT RESEARCH<br>CENTER<br>ATTN: NICOLE BROWN, NCMA, CCRC<br>5310 HARVEST HILL RD, STE. 160<br>DALLAS, TX 75230       | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| DERMRESEARCH CENTER OF NEW YORK, INC.<br>2500 ROUTE 347 BDG 22A<br>STONY BROOK, NY 11790                                               | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |

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| DERMRESEARCH, INC.<br>8140 N. MOPAC BDG 3 STE 120<br>AUSTIN, TX 78759                                                                                               | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| DEUTSCHE BANK TRUST COMPANY<br>AMERICAS, AS SECOND LIEN COLLATERAL<br>AGENT<br>DEUTSCHE BANK LEVERAGED FINANCE<br>PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005 | SECOND LIEN CREDIT AGREEMENT                                                                                                                                                             |
| DHMH MD AIDS DRUG ASSIST PROG<br>ATTN: BRENDA LEISTER<br>500 N CALVERT ST<br>5TH FLOOR<br>BALTIMORE, MD 21202-3651                                                  | MEDICAID - ADAP                                                                                                                                                                          |
| DIK DRUG COMPANY<br>DIK DRUG CO<br>160 TOWER DR<br>BURR RIDGE, IL 60521                                                                                             | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| DISCOUNT DRUG MART<br>211 COMMERCE DR<br>MEDINA, OH 44256-1398                                                                                                      | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| DISCOVERY CLINICAL RESEARCH, INC.<br>1613 N HARRISON PARKWAY<br>BUILDING C, STE 200<br>SUNRISE, FL 33323                                                            | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| DIVISION OF MEDICAID<br>EXECUTIVE DIRECTOR<br>239 NORTH LAMAR STREET<br>SUITE 801<br>JACKSON, MS 39201                                                              | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |

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| DMS PHARMACEUTICAL GROUP, INC.<br>810 BUSSE HIGHWAY<br>PARK RIDGE, IL 60068                                                                    | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| DOWNTOWN WOMENS HEALTH CARE<br>1201 E 17TH AVENUE STE 200<br>DENVER, CO 80218                                                                  | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| DPT LABORATORIES, LTD.<br>ATTN: PRESIDENT<br>PO BOX 1659<br>SAN ANTONIO, TX 78296                                                              | MANUFACTURING AGREEMENT                                                                                                                                                                  |
| DREXEL UNIVERSITY COLLEGE OF MEDICINE<br>1601 CHERRY STREET<br>MAIL STOP 101021<br>3 PARKWAY BDG 10TH FLOOR STE 1000<br>PHILADELPHIA, PA 19102 | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| DSG, INC.<br>325 TECHNOLOGY DRIVE<br>MALVERN, PA 19355                                                                                         | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| EMBLEMHEALTH (FKA HIP HEALTH PLAN OF<br>NY)<br>ATTN: ARAKSI SARAFIAN, CHIEF PHARM. OFF.<br>55 WATER STREET<br>NEW YORK, NY 10041               | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| ENTERPRISE LEASING CO. OF PHILADELPHIA<br>600 CORPORATE PARK DRIVE<br>ST LOUIS, MO 63105                                                       | FLEET LEASE AGREEMENT                                                                                                                                                                    |

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| EPL PATHOLOGY ARCHIVES, INC.<br>ATTN: MR. SAMUEL BUSEY<br>45610 TERMINAL DRIVE<br>STERLING, VA 20166                               | ARCHIVE AGREEMENT (TISSUE SAMPLES)                                                                                                                                                       |
| ERESEARCHTECHNOLOGY, INC.<br>ATTN: SR DIRECTOR CONTRACTS<br>1818 MARKET STREET<br>PHILADELPHIA, PA 19103                           | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| EVINCE COMMUNICATIONS, LLC<br>ATTN: DENNIS KAISER<br>ONE SELLECK STREET<br>NORWALK, CT 06855                                       | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| EXPRESS SCRIPTS<br>ATTN: VP, PHARMACEUTICAL TRADE<br>RELATIONS<br>13901 RIVERPORT DR<br>MARYLAND HEIGHTS, MO 63044                 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| EXPRESS SCRIPTS<br>JAMES J. HILL RPH, MBA<br>139000 RIVERPORT DRIVE<br>MARYLAND HEIGHTS, MO 63043                                  | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| EXPRESS SCRIPTS, INC. - ACCESS<br>ATTN: VP, PHARMACEUTICAL TRADE<br>RELATIONS<br>13901 RIVERPORT DR<br>MARYLAND HEIGHTS, MO 63044  | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| EXPRESS SCRIPTS, INC. - BCBS MA<br>ATTN: VP, PHARMACEUTICAL TRADE<br>RELATIONS<br>13901 RIVERPORT DR<br>MARYLAND HEIGHTS, MO 63044 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |



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| EXPRESS SCRIPTS, INC. - UNSPECIFIED CPC<br>ATTN: VP, PHARMACEUTICAL TRADE<br>RELATIONS<br>13900 RIVERPORT DR<br>MARYLAND HEIGHTS, MO 63043       | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| FALCON CONSULTING GROUP, LLC<br>ATTN: CAROLYN M. ANTUNES<br>ONE EAST UWCHLAN AVE STE 300<br>EXTON, PA 19341                                      | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| FIORE DESIGN, LLC<br>ATTN: KAREN FIORE<br>24 WEST LANCASTER AVENUE<br>SUITE 200<br>ARDMORE, PA 19003                                             | CONSULTING AGREEMENT                                                                                                                                                                     |
| FIRST DATABANK, INC.<br>1111 BAYHILL DRIVE STE 350<br>SAN BRUNO, CA 94066                                                                        | DATA AGREEMENT                                                                                                                                                                           |
| FISHER CLINICAL SERVICES, INC.<br>ATTN: PATRICK M. DURBIN, GM<br>7554 SCHANTZ ROAD<br>ALLENTOWN, PA 18106-9032                                   | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| FL AGENCY FOR HEALTH CARE ADMIN<br>CHIEF, MEDICAID PHARMACY SVCS<br>2727 MAHAN DR, STOP 38<br>FT KNOX BLDG 3, RM 1325-C<br>TALLAHASSEE, FL 32308 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| FLETCHER/CSI<br>PO BOX 1061<br>WILLISTON, VT 05495                                                                                               | CONSULTING AGREEMENT                                                                                                                                                                     |

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| FORMEDIC COMMUNICATIONS, LTD<br>120 WORLD'S FAIR DR.<br>SOMERSET, NJ 08873                               | SPEAKER AGREEMENT                                                                                                                                                                        |
| FRANKLIN PHARMA SERVICES, LLC<br>92 E MAIN STREET STE 300<br>SOMERVILLE, NJ 08876                        | SERVICES AGREEMENT                                                                                                                                                                       |
| FREEMAN EXHIBITS<br>PO BOX 650036<br>DALLAS, TX 75265                                                    | SERVICES AGREEMENT                                                                                                                                                                       |
| FRONTAGE LABORATORIES, INC.<br>ATTN: RONALD H. CONNOLLY<br>105 GREAT VALLEY PARKWAY<br>MALVERN, PA 19355 | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| GILEAD SCIENCES, INC.<br>333 LAKESIDE DRIVE<br>FOSTER CITY, CA 94404                                     | LICENSING AGREEMENT                                                                                                                                                                      |
| GLOBAL COMPLIANCE SERVICES, INC.<br>13950 BALLANTYNE CORPORATE PLACE<br>SUITE 300<br>CHARLOTTE, NC 28277 | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| GOLDMAN SACHS CREDIT PARTNERS L.P.<br>30 HUDSON STREET, 17TH FLOOR<br>JERSEY CITY, NJ 07302              | MEZZANINE CREDIT AGREEMENT                                                                                                                                                               |

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| GRACEWAY CANADA COMPANY<br>252 PALL MALL STREET STE 302<br>LONDON, ON N6A 5P6 CANADA                          | LICENSING AGREEMENT                                                                                                                                                                      |
| GRACEWAY INTERNATIONAL, INC.<br>340 MARTIN LUTHER KING, JR., BLVD<br>SUITE 500<br>BRISTOL, TN 37620           | LICENSING AGREEMENT                                                                                                                                                                      |
| GRAND RAPIDS WOMENS HEALTH<br>INSTITUTE OF MICHIGAN<br>555 MID TOWNE ST NE STE 450<br>GRAND RAPIDS, MI 49503  | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| GSW WORLDWIDE<br>41 UNIVERSITY DRIVE<br>SUITE 100<br>NEWTOWN, PA 18940                                        | SERVICES AGREEMENT                                                                                                                                                                       |
| H.D. SMITH WHOLESALE DRUG COMPANY<br>ATTN: DIRECTOR OF PURCHASING<br>152-35 TENTH AVE<br>WHITESTONE, NY 11357 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| H.D. SMITH WHOLESALE DRUG COMPANY<br>3063 FIAT AVENUE<br>SPRINGFIELD, IL 62703                                | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| H.E.B GROCERY COMPANY<br>646 SOUTH MAIN AVENUE<br>SAN ANTONIO, TX 78204                                       | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |

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| H.E.B GROCERY COMPANY<br>646 SOUTH MAIN AVENUE<br>SAN ANTONIO, TX 78204                                    | AMENDMENT TO CHANNEL MANAGEMENT<br>AGREEMENT                                                                                                                                             |
| HARMONY LABS, INC.<br>2865 N. CANNON BLVD<br>CHARLOTTE, NC 28083                                           | SUPPLY AGREEMENT (BENZIQ)                                                                                                                                                                |
| HARMONY LABS, INC.<br>2865 N. CANNON BLVD<br>CHARLOTTE, NC 28083                                           | SUPPLY AGREEMENT (ESTRASORB / ZYCLARA)                                                                                                                                                   |
| HARMONY LABS, INC.<br>2865 N CANNON BLVD<br>KANNAPOLIS, NC 28083                                           | SERVICES AGREEMENT                                                                                                                                                                       |
| HARTFORD<br>P.O. BOX 2907<br>HARTFORD, CT 06104-2907                                                       | WORKERS COMP AND OTHER INSURANCE                                                                                                                                                         |
| HARVARD DRUG GROUP<br>31778 ENTERPRISE DR<br>LIVONIA, MI 48150                                             | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| HARVARD PILGRIM<br>ATTN: KENNETH KAZAROSIAN, M.S., R.PH<br>93 WORCESTER STREET<br>WELLESLEY, MA 02481-9181 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |

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| HARVARD PILGRIM<br>ATTN: KENNETH KAZAROSIAN, M.S., R.PH<br>93 WORCESTER STREET<br>WELLESLEY, MA 02481-9181                | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| HAWAII MED-QUEST<br>ATTN: IREE BLOUNT<br>AFFILIATED COMPUTER SERVICES<br>9050 ROSWELL ROAD, STE 700<br>ATLANTA, GA 30350  | MEDICAID - ADAP                                                                                                                                                                          |
| HAY GROUP<br>P.O. BOX 828352<br>PHILADELPHIA, PA 19182-8352                                                               | CONSULTING AGREEMENT                                                                                                                                                                     |
| HEALTH MARKET INTERNATIONAL, LLC<br>ATTN: ROBERT RASH<br>5118 OAK HILL COURT<br>ANN ARBOR, MI 48108                       | SERVICES AGREEMENT                                                                                                                                                                       |
| HEALTHCARE CLINICAL DATA, INC.<br>1065 N.E. 125TH ST STE 219<br>C/O SEGAL INST FOR CLIN RESEARCH<br>NORTH MIAMI, FL 33161 | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| HEALTHPARTNERS<br>ATTN: GENERAL COUNSEL<br>8170 33RD AVENUE SOUTH<br>BLOOMINGTON, MN 37620                                | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| HONEYWELL INTERNATIONAL, INC.<br>101 COLUMBIA ROAD<br>MORRISTOWN, NJ 07920                                                | SUPPLY AGREEMENT                                                                                                                                                                         |

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| HUMANA<br>ATTN: FRED BROWNFIELD, RPH.<br>500 WEST MAIN STREET 16TH FLOOR<br>LOUISVILLE, KY 40202                                                        | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| HUMANA<br>ATTN: FRED BROWNFIELD, RPH.<br>500 WEST MAIN STREET 16TH FLOOR<br>LOUISVILLE, KY 40202                                                        | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| HUNTINGDON LIFE SCIENCES, LTD.<br>ATTN: DIRECTOR OF LEGAL SERVICES<br>WOOLLEY ROAD, ALCONBURY<br>CAMBRIDGESHIRE<br>HUNTINGDON, PE 28 4HS UNITED KINGDOM | LABORATORY SERVICES MASTER AGREEMENT                                                                                                                                                     |
| HVAC, INC.<br>PO BOX 788<br>BRISTOL, TN 37620                                                                                                           | MAINTENANCE AGREEMENT                                                                                                                                                                    |
| I-MANY, INC.<br>399 THORNALL STREET, 12TH FLOOR<br>EDISON, NJ 08837                                                                                     | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| ICMS<br>1301 STATE HIGHWAY 36 SUITE 102<br>HAZLET, NJ 07730                                                                                             | APPLICANT TRACKING SYSTEM                                                                                                                                                                |
| IDAHO HEALTH AND WELFARE<br>ATTN: TAMI EIDE<br>IDAHO MEDICAID POLICY PROGRAM<br>3232 ELDER STREET<br>BOISE, ID 83705                                    | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |

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| ILLUMITI CONSULTING, LLC<br>4 CARDINAL DRIVE<br>WESTWOOD, MA 02090                                                                         | CONSULTING AGREEMENT                                                                                                                                                                     |
| INDIANA STATE DEPT OF HEALTH<br>NEAL CARNES, HIV MED SVCS PROG MGR<br>DIVISION OF HIV/STD<br>2 NORTH MERIDIAN ST<br>INDIANAPOLIS, IN 46204 | MEDICAID - ADAP                                                                                                                                                                          |
| INOVA PHARMACEUTICALS PTY, LTD.<br>9-15 CHILVERS ROAD<br>THORNLEIGH NSW, SYDNEY, 02120<br>AUSTRALIA                                        | SUPPLY AGREEMENT                                                                                                                                                                         |
| INOVA PHARMACEUTICALS PTY, LTD.<br>9-15 CHILVERS ROAD<br>THORNLEIGH NSW<br>SYDNEY, 02120 AUSTRALIA                                         | APACA SUPPLY AGREEMENT                                                                                                                                                                   |
| INTEGRUM, LLC<br>14351 MYFORD ROAD<br>TUSTIN, CA 92780                                                                                     | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| INTERNATIONAL PHARMA LABS S.A.R.L<br>47 BOULEVARD ROYAL - 1ST FLOOR<br>L-2449 LUXEMBOURG<br>GRAND DUCHY OF LUXEMBOURG,<br>LUXEMBOURG       | SUPPLY AGREEMENT (ZYCLARA)                                                                                                                                                               |
| INTERNATIONAL PHARMA LABS S.A.R.L<br>47 BOULEVARD ROYAL - 1ST FLOOR<br>L-2449 LUXEMBOURG<br>GRAND DUCHY OF LUXEMBOURG,<br>LUXEMBOURG       | SUPPLY AGREEMENT (ALDARA + OTHER)                                                                                                                                                        |

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| INTERNATIONAL PHARMA LABS S.A.R.L<br>47 BOULEVARD ROYAL - 1ST FLOOR<br>L-2449 LUXEMBOURG<br>GRAND DUCHY OF LUXEMBOURG,<br>LUXEMBOURG          | LICENSING AGREEMENT (ALDARA + OTHER)                                                                                                                                                     |
| INTERNATIONAL PHARMA LABS S.A.R.L<br>47 BOULEVARD ROYAL - 1ST FLOOR<br>L-2449 LUXEMBOURG<br>GRAND DUCHY OF LUXEMBOURG,<br>LUXEMBOURG          | LICENSING AGREEMENT (ZYCLARA)                                                                                                                                                            |
| INTERPHASE SYSTEMS, INC.<br>620 WEST GERMANTOWN PIKE<br>PLYMOUTH MEETING, PA 19462                                                            | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| INVENTIV<br>500 ATRIUM DRIVE<br>SOMERSET, NJ 08873                                                                                            | SUPPLEMENTAL STAFFING                                                                                                                                                                    |
| IOWA DEPT OF HUMAN SERVICES<br>ATTN: SUSAN PARKER<br>GOOLD HEALTH SYSTEMS<br>1305 WEST WALNUT ST, HOOVER BLDG, 5TH FL<br>DES MOINES, IA 50318 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| JACKSON CLINIC, PA<br>ATTN: STEVE BATCHELOR, CFO<br>2863 HIGHWAY 45 BYPASS NORTH<br>JACKSON, TN 38305                                         | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| JACKSON LEWIS<br>1400 CRESCENT GREEN<br>SUITE 320<br>CARY, NC 27518                                                                           | LEGAL CONSULTING                                                                                                                                                                         |



In re Graceway Pharmaceuticals, LLC,  
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(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| KAISER PERMANENTE<br>300 PULLMAN STREET<br>LIVERMORE, CA 94551                             | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| KING DRUG COMPANY<br>605 WEST LUCAS STREET<br>FLORENCE, SC 29501                           | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| KINRAY, INC.<br>152-35 10TH AVE<br>WHITESTONE, NY 11357                                    | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| KINRAY, INC.<br>ATTN: DIRECTOR OF PURCHASING<br>152-35 TENTH AVE<br>WHITESTONE, NY 11357   | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| KONICA MINOLTA PREMIER FINANCE<br>P O BOX 740423<br>ATLANTA, GA 30374-0423                 | SERVICES AGREEMENT                                                                                                                                                                       |
| LACHMAN CONSULTANT SERVICES, INC.<br>1600 STEWART AVE, SUITE 604<br>WESTBURY, NY 11590     | ENGAGEMENT LETTER                                                                                                                                                                        |
| LATHAM & WATKINS, LLP<br>233 S WACKER DRIVE<br>CHICAGO, IL 60606                           | ENGAGEMENT LETTER                                                                                                                                                                        |

In re Graceway Pharmaceuticals, LLC,  
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| LAZARD, FRERES & CO<br>190 S LASALLE STREET<br>31ST FLOOR<br>CHICAGO, IL 60606                                                                  | ENGAGEMENT LETTER                                                                                                                                                                        |
| LAZARD, FRERES & CO<br>190 S LASALLE STREET<br>31ST FLOOR<br>CHICAGO, IL 60606                                                                  | INDEMNITY LETTER                                                                                                                                                                         |
| LIQUENT, INC.<br>ATTN: RICK RIEGEL, VP & GM<br>101 GIBRALTER ROAD STE 200<br>HORSHAM, PA 19044                                                  | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| LOUISIANA DEPART. OF HEALTH & HOSPITALS<br>ATTN: M.J. TERREBONNE<br>MOLINA MEDICAID SOLUTIONS<br>628 N. 4TH ST, 7TH FL<br>BATON ROUGE, LA 70802 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| LOVELACE<br>ATTN: DIR. OF CONTRACTING, PHARMACY DIV<br>5400 GIBSON BLVD SE<br>ALBUQUERQUE, NM 87108                                             | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| LOVELACE HEALTH PLAN<br>ATTN: DIR. OF CONTRACTING, PHARMACY DIV<br>5400 GIBSON BLVD SE<br>ALBUQUERQUE, NM 87108                                 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| LUITPOLD PHARMACEUTICALS, INC.<br>ATTN: PRESIDENT AND CEO<br>PO BOX 9001<br>ONE LUITPOLD DRIVE<br>SHIRLEY, NY 11967                             | SUPPLY AGREEMENT                                                                                                                                                                         |

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| MAGEE WOMEN'S RESEARCH INSTITUTE<br>ATTN: LORNA RABE<br>204 CRAFT AVENUE ROOM A530<br>PITTSBURGH, PA 15213    | CONSULTING AGREEMENT                                                                                                                                                                     |
| MAGELLAN<br>P. O. BOX 785341<br>PHILDELPHIA, PA 19178-5341                                                    | EAP SERVICES                                                                                                                                                                             |
| MAINLINE HLTH SVCS/OCCUP & TRAVEL<br>HEALTH<br>PAOLI PINE SUITE 103<br>11 INDUSTRIAL BLVD.<br>PAOLI, PA 19301 | PREEMPLOYMENT DRUG SCREENS                                                                                                                                                               |
| MARSH USA, INC.<br>1801 WEST END AVENUE, STE 1500<br>NASHVILLE, TN 37203                                      | SERVICES AGREEMENT                                                                                                                                                                       |
| MASERGY COMMUNICATIONS, INC.<br>P O BOX 671454<br>DALLAS, TX 75267-1454                                       | DATA AGREEMENT                                                                                                                                                                           |
| MCKESSON CORPORATION<br>ONE POST STREET<br>SAN FRANCISCO, CA 94104                                            | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| MCKESSON SPECIALTY ARIZONA, INC.<br>4343 N SCOTTSDALE ROAD STE 150<br>SCOTTSDALE, AZ 85251-3329               | SERVICES AGREEMENT                                                                                                                                                                       |

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| MCQUEARY BROTHERS DRUG COMPANY<br>4727 KEARNEY<br>SPRINGFIELD, MO 65801                                                                             | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| MD BREAST & CERV CANCER DIAG & TREAT<br>PGM<br>ATTN: PATRICIA MULKEY<br>DHMH/FHA<br>CTR FOR SURVEILL & CONTROL, PO BOX 13528<br>BALTIMORE, MD 21203 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| MD DEPT OF HEALTH & MENTAL HYGIENE<br>ATTN: DORINE RASCOE<br>201 WEST PRESTON STREET<br>ROOM 409L<br>BALTIMORE, MD 21201                            | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| ME DRUGS FOR THE ELDERLY<br>PHARMACY PROGRAMS MGR<br>ME DHHS OFFICE OF MAINECARE SVCS<br>11 STATE HOUSE STATION<br>AUGUSTA, ME 04333-0011           | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| MEDA AB<br>ATTN: ANDERS LONNER, CEO<br>BOX 906 SE-170 09<br>SOLNA, SWEDEN                                                                           | LICENSING AGREEMENT                                                                                                                                                                      |
| MEDA AB<br>ATTN: ANDERS LONNER, CEO<br>PIPERS VAG 2A<br>SE-170 09<br>SOLNA, SWEDEN                                                                  | COOPERATION AGREEMENT                                                                                                                                                                    |
| MEDCO<br>ATTN: GENERAL COUNSEL<br>100 PARSONS POND DRIVE, MAILSTOP F3-14<br>FRANKLIN LAKES, NJ 07417                                                | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |

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| MEDCO HEALTH SOLUTIONS<br>ATTN: GENERAL COUNSEL<br>100 PARSONS POND DRIVE, MAILSTOP F3-14<br>FRANKLIN LAKES, NJ 07417                     | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| MEDCO MANAGED CARE LLC<br>ATTN: GENERAL COUNSEL<br>100 PARSONS POND DRIVE, MAILSTOP F3-14<br>FRANKLIN LAKES, NJ 07417                     | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| MEDCO MANAGED CARE LLC - COVENTRY<br>LIVES<br>ATTN: GENERAL COUNSEL<br>100 PARSONS POND DRIVE, MAILSTOP F3-14<br>FRANKLIN LAKES, NJ 07417 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| MEDIMPACT<br>ATTN: RICHARD JAY, VP-INDUSTRY RELAT.<br>10680 TREENA STREET 5TH FLOOR<br>SAN DIEGO, CA 92131                                | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| MEDIMPACT<br>ATTN: RICHARD JAY, VP-INDUSTRY RELAT.<br>10680 TREENA STREET 5TH FLOOR<br>SAN DIEGO, CA 92131                                | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| MEDISYS HEALTH COMMUNICATIONS, LLC<br>ATTN: JOHN WALZ, CFO<br>65 MAIN STREET<br>HIGH BRIDGE, NJ 08829                                     | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| MEDPHARM LIMITED<br>BUSINESS CENTRE<br>SHEEP STREET<br>CHARLBURY, OX7 3RR UNITED KINGDOM                                                  | MASTER SERVICES AGREEMENT                                                                                                                                                                |

In re Graceway Pharmaceuticals, LLC,  
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| MEDPRO SYSTEMS, LLC<br>ATTN: VICE PRESIDENT<br>100 STIERLI COURT, STE 100<br>MT ARLINGTON, NJ 07856                                                                                    | DATA AGREEMENT                                                                                                                                                                           |
| META PHARMACEUTICAL SERVICES, LLC<br>482 NORRISTOWN RD.<br>SUITE 200<br>BLUE BELL, PA 19422                                                                                            | SERVICES AGREEMENT                                                                                                                                                                       |
| METROPOLITAN LIFE<br>1255 DRUMMER'S LANE<br>SUITE 300<br>WAYNE, PA 19087                                                                                                               | DENTAL COVERAGE FOR EMPLOYEES                                                                                                                                                            |
| MI DEPT OF COMM HEALTH MED SVCS ADMIN<br>DIR, BUR OF MEDICAID PGM OPS & QUAL<br>ASSU<br>400 S PINE STREET<br>LANSING, MI 48933                                                         | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| MIAMI-LUKEN, INC.<br>265 PIONEER<br>SPRINGBORO, OH 45066                                                                                                                               | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| MICHIGAN DEPT OF COMMUNITY HEALTH<br>ATTN: CHRIS HANSON<br>MDCH-DAP<br>320 WALNUT STREET<br>LANSING, MI 48933                                                                          | MEDICAID - ADAP                                                                                                                                                                          |
| MISSOURI DEPARTMENT OF SOCIAL SERVICES<br>REBATE CONTACT FOR DRUG REBATE<br>PROGRAM<br>DIVISION OF MEDICAL SERVICES<br>P.O. BOX 6500, 615 HOWERTON CT<br>JEFFERSON CITY, MO 65102-6500 | MEDICAID - ADAP                                                                                                                                                                          |

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| MMCAP<br>112 ADMINISTRATION BLD, 50 SHERBURNE<br>AVE<br>ST. PAUL, MN 55155                                                                                      | INDIRECT PURCHASE AGREEMENT                                                                                                                                                              |
| MN DEPT OF HUMAN SVCS<br>ATTN: GLORIA SMITH, ACCTG OFFICER<br>HIV/AIDS PROGRAMS<br>PO BOX 64972<br>ST PAUL, MN 55164-0972                                       | MEDICAID - ADAP                                                                                                                                                                          |
| MN DEPT OF HUMAN SVCS<br>PHARMACY PROGRAMS MGR<br>444 LAFAYETTE ROAD NORTH<br>ST PAUL, MN 55155-3853                                                            | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| MO HEALTHNET DIVISION<br>RHONDA DRIVER, RPH, DIR OF PHARMACY<br>25 JEFFERSON ST<br>10TH FL<br>JEFFERSON CITY, MO 65101                                          | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| MONSTER, INC<br>P.O. BOX 90364<br>CHICAGO, IL 60696-0364                                                                                                        | JOB ADVERTISING                                                                                                                                                                          |
| MONTANA DPHHS<br>MEDICAID PHARMACY PROG OFFICER<br>1400 BROADWAY<br>PO BOX 202951<br>HELENA, MT 59620-2951                                                      | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| MORE PHARMA CORPORATION<br>INTERNATIONAL PHARMA LABS S.A.R.L<br>47 BOULEVARD ROYAL - 1ST FLOOR<br>L-2449 LUXEMBOURG<br>GRAND DUCHY OF LUXEMBOURG,<br>LUXEMBOURG | PURCHASE AND SALE AGREEMENT                                                                                                                                                              |

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| MORRIS & DICKSON COMPANY, LLC<br>2300 MILLPARK DRIVE<br>MARYLAND HEIGHTS, MO 63043-3515                                                     | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| MOUNT SIANI SCHOOL OF MEDICINE<br>ATTN: GARY GOLDENBERG, M.D.<br>ONE GUSTAVE L. LEVY PLACE<br>NEW YORK, NY 10029                            | CLINICAL RESEARCH AGREEMENT                                                                                                                                                              |
| N.C. MUTUAL WHOLESALE DRUG CO.<br>ATTN: HAL HARRISON<br>816 ELLIS ROAD<br>DURHAM, NC 27703                                                  | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| N.C. MUTUAL WHOLESALE DRUG COMPANY<br>816 ELLIS ROAD<br>DURHAM, NC 27703                                                                    | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| NC DEPT OF HEALTH & HUMAN SVCS<br>CONTRACT ADMINISTRATOR<br>3101 INDUSTRIAL DRIVE<br>RALEIGH, NC 27609                                      | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| NEA WOMEN'S CLINIC<br>3104 APACHE DRIVE<br>JONESBORO, AR 72401                                                                              | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| NEBRASKA DEPT. OF HEALTH & HUMAN SVCS.<br>ATTN: KAREN JAQUES<br>STATE OF NE<br>DHHS/OPERATIONS/FINAN SVS, PO BOX 95026<br>LINCOLN, NE 68509 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |



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| NEW YORK UNIVERSITY SCHOOL OF<br>MEDICINE<br>ATTN: DIR, OFFICE OF CLINICAL TRIALS<br>550 FIRST AVENUE BDG VET 10W<br>NEW YORK, NY 10016                                                         | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| NEW YORK UNIVERSITY SCHOOL OF<br>MEDICINE<br>ATTN: DIR, OFFICE OF CLINICAL TRIALS<br>550 FIRST AVENUE BDG VET 10W<br>NEW YORK, NY 10016                                                         | MATERIALS TRANSFER AGREEMENT                                                                                                                                                             |
| NJ DMAHS<br>KATHLEEN M. MASON, ASST COMMIS<br>DIVISION OF SENIOR BENEFITS<br>PO BOX 715<br>TRENTON, NJ 08625-0715                                                                               | MEDICAID - ADAP                                                                                                                                                                          |
| NJ WORK FIRST NJ GEN ASSIST PROG<br>OFFICE OF UTILIZATION MANAGEMENT<br>DIV OF MEDICAL ASSISTANCE & HEALTH<br>SVCS<br>DRUG REB UNIT, PO BOX 712, MAIL CODE 54<br>TRENTON, NJ 08625-0712         | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| NV DIV OF HEALTH CARE FINANCING &<br>POLICY<br>CHARLES DUARTE, ADMINISTRATOR<br>1100 EAST WILLIAMS ST<br>CARSON CITY, NV 89701                                                                  | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| NY PHARM. ASSIST. TO THE AGED & DISABLED<br>OFFICE OF UTILIZATION MANAGEMENT<br>DIV OF MEDICAL ASSISTANCE & HEALTH<br>SVCS<br>DRUG REB UNIT, PO BOX 712, MAIL CODE 54<br>TRENTON, NJ 08625-0712 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| NYS DEPT OF HEALTH<br>ATTN: CHERYL M. GRONCKI<br>EMPIRE STATION<br>PO BOX 2052<br>ALBANY, NY 12220-0052                                                                                         | MEDICAID - ADAP                                                                                                                                                                          |

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| NYS EPIC PROGRAM<br>ATTN: DIRECTOR<br>PO BOX 15092<br>ALBANY, NY 12212-5092                                                                  | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| OFFICE OF PHARMACY AFFAIRS<br>5600 FISHERS LANE<br>PARKLAWN BLDG, MAIL STOP 10C-03<br>ROCKVILLE, MD 20857                                    | PHS/340(B) PROGRAM                                                                                                                                                                       |
| OFFICE OF VERMONT HEALTH ACCESS<br>ATTN: LISA J. SCHILLING<br>HP ENTERPRISE SERVICES<br>312 HURRICANE LANE, SUITE 101<br>WILLISTON, VT 05495 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| ONLINE BUSINESS APPLICATIONS, INC.<br>9018 HERITAGE PARKWAY STE 600<br>WOODRIDGE, IL 60517                                                   | LICENSING AGREEMENT                                                                                                                                                                      |
| OPTUM HEALTH<br>P. O. BOX 30777<br>SALT LAKE CITY, UT 84130                                                                                  | COMPANY PAID HEALTH SAVINGS ACCOUNTS                                                                                                                                                     |
| OREGON MEDICAL ASSISTANCE PROGRAMS<br>ATTN: THERESA BISHOP<br>HP ENTERPRISE SERVICES<br>248 CHAPMAN RD, SUITE 100<br>NEWARK, DE 19702        | MEDICAID - ADAP                                                                                                                                                                          |
| OVID TECHNOLOGIES, INC.<br>333 SEVENTH AVENUE<br>NEW YORK, NY 10001                                                                          | LICENSING AGREEMENT                                                                                                                                                                      |

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| PA DEPT. OF AGING<br>ATTN: DIRECTOR<br>555 WALNUT STREET<br>5TH FLOOR<br>HARRISBURG, PA 17101-1919      | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| PA DEPT. OF AGING<br>ATTN: DIRECTOR<br>555 WALNUT STREET<br>5TH FLOOR<br>HARRISBURG, PA 17101-1919      | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| PA DEPT. OF AGING<br>ATTN: DIRECTOR<br>555 WALNUT STREET<br>5TH FLOOR<br>HARRISBURG, PA 17101-1919      | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| PA DEPT. OF AGING<br>ATTN: DIRECTOR<br>555 WALNUT STREET<br>5TH FLOOR<br>HARRISBURG, PA 17101-1919      | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| PA DEPT. OF PUBLIC WELFARE<br>ATTN: CORRYN RUSSEL<br>EDS<br>225 GRANDVIEW AVENUE<br>CAMP HILL, PA 17011 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| PANALPINA INC<br>STE. 1400-1100<br>MELVILLE ST<br>VANCOUVER, BC V6E 4A6 CANADA                          | AGENCY AGREEMENT                                                                                                                                                                         |
| PERRIGO COMPANY<br>515 EASTERN AVENUE<br>ALLEGAN, MI 49010                                              | SETTLEMENT AGREEMENT                                                                                                                                                                     |

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| PERRIGO COMPANY OF SOUTH CAROLINA,<br>INC.<br>515 EASTERN AVENUE<br>ALLEGAN, MI 49010                  | DISTRIBUTION AGREEMENT                                                                                                                                                                   |
| PEYTON'S, A DIVISION OF THE KROGER CO.<br>ATTN: BOB BREETZ<br>1014 VINE STREET<br>CINCINNATI, OH 45025 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| PFIZER, INC.<br>ATTN: GENERAL COUNSEL<br>235 EAST 42ND STREET<br>NEW YORK, NY 10017                    | ACQUISITION AND LICENSING AGREEMENT                                                                                                                                                      |
| PFIZER, INC.<br>50 PEQUOT AVENUE<br>NEW LONDON, CT 06320                                               | MASTER SERVICES AND SUPPLY AGREEMENT                                                                                                                                                     |
| PHARMANET, INC.<br>LEGAL DEPARTMENT, ASSOC COUNSEL<br>504 CARNEGIE CENTER<br>PRINCETON, NJ 08540-6242  | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| PHYSICIANS INTERACTIVE HOLDINGS, LLC<br>950 TECHNOLOGY WAY STE 202<br>LIBERTYVILLE, IL 60048           | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| PORETTA & ORR INC.<br>450 EAST STREET<br>DOYLESTOWN, PA 18901                                          | SERVICES AGREEMENT                                                                                                                                                                       |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

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| PRACTICAL MEDICAL SOLUTIONS, LLC<br>2644 DOVER GLEN CR.<br>ORLANDO, FL 32828                         | SPEAKER AGREEMENT                                                                                                                                                                        |
| PRASCO, LLC<br>ATTN: THOMAS ARRINGTON, CEO<br>7155 E KEMPER ROAD<br>CINCINNATI, OH 45249             | DISTRIBUTION AGREEMENT                                                                                                                                                                   |
| PRECISION TRIALS, LLC<br>3815 E BELL ROAD STE 4500<br>PHOENIX, AZ 85032                              | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| PRESCRIPTION SUPPLY, INC.<br>PRESCRIPTION SUPPLY NORTHWOOD<br>2233 TRACY ROAD<br>NORTHWOOD, OH 43619 | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| PRIME THERAPEUTICS LLC<br>ATTN:VP TRADE RE;ATOPMS<br>1305 CORPORATE CENTER DRIVE<br>EGAN, MN 55121   | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| PRIME THERAPEUTICS LLC<br>ATTN:VP TRADE RE;ATOPMS<br>1305 CORPORATE CENTER DRIVE<br>EGAN, MN 55121   | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| PROSOFT SOFTWARE, INC.<br>996 OLD EAGLE SCHOOL RD<br>SUITE 1106<br>WAYNE, PA 19087                   | DATA AGREEMENT                                                                                                                                                                           |

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| PROSOFT SOFTWARE, INC.<br>680 AMERICAN AVENUE STE 100<br>KING OF PRUSSIA, PA 19406                      | CONSULTING AGREEMENT                                                                                                                                                                     |
| PROSOFT SOFTWARE, INC.<br>996 OLD EAGLE SCHOOL RD<br>SUITE 1106<br>WAYNE, PA 19087                      | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| PRUDENTIAL<br>P. O. BOX 101241<br>ATLANTA, GA 30392-1241                                                | LIFE, VOLUNTARY LIFE, STD, LTD                                                                                                                                                           |
| PUBLIX SUPERMARKETS, INC.<br>ATTN: PROCUREMENT MGR<br>3300 AIRPORT ROAD<br>LAKELAND, FL 33811           | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| QUADRANT HEALTHCOM, INC.<br>ATTN: MARGO ULLMANN<br>7 CENTURY DRIVE<br>SUITE 302<br>PARSIPPANY, NJ 07054 | SERVICES AGREEMENT                                                                                                                                                                       |
| R & S SALES, LLC<br>R & S NORTHEAST<br>10049 SANDMEYER LANE<br>PHILADELPHIA, PA 19116                   | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| RDC - ROCHESTER DRUG COOPERATIVE, INC.<br>209 GREEN RIDGE RD<br>NEW CASTLE, PA 16105                    | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |

In re Graceway Pharmaceuticals, LLC,  
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| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

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| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                  | CONSULTING AGREEMENT                                                                                                                                                                     |
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In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| REDACT<br>ADDRESS ON FILE                                                                                            | EMPLOYMENT AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                                            | EMPLOYMENT AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                                            | EMPLOYMENT AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                                            | EMPLOYMENT AGREEMENT                                                                                                                                                                     |
| REDACT<br>ADDRESS ON FILE                                                                                            | EMPLOYMENT AGREEMENT                                                                                                                                                                     |
| RENTAL CONCEPTS, INC.<br>DBA FLEET RESPONSE<br>6450 ROCKSIDE WOODS BLVD. S.<br>SUITE 250<br>CLEVELAND, OH 44131-2537 | SERVICES AGREEMENT                                                                                                                                                                       |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| RI DEPT OF HUMAN SVCS<br>ADMINISTRATOR<br>600 NEW LONDON AVE<br>CRANSTON, RI 02920              | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| RITE AID CORPORATION<br>ATTN: OWEN MCMAHON<br>30 HUNTER LANE<br>CAMP HILL, PA 17011             | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| ROPES & GRAY, LLP<br>1211 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10036-8704                     | ENGAGEMENT LETTER                                                                                                                                                                        |
| RXSOLUTIONS<br>ATTN: ANGELO GIAMBRONE<br>5995 PLAZA DR., M/S CA 112-0535<br>CYPRESS, CA 90630   | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| RXSOLUTIONS<br>ATTN: ANGELO GIAMBRONE<br>2300 MAIN STREET MS CS57-402<br>IRVINE, CA 92614       | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| RXSOLUTIONS<br>ATTN: ANGELO GIAMBRONE<br>2300 MAIN STREET MS CS57-402<br>IRVINE, CA 92614       | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| SAGINAW VALLEY MED. RESEARCH GROUP,<br>LLC<br>5400 MACKINAW ROAD, STE 6100<br>SAGINAW, MI 48604 | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

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| SAIBER, LLC<br>ONE GATEWAY CENTER<br>10TH FLOOR STE 1000<br>NEWARK, NJ 07182                                                   | ENGAGEMENT LETTER                                                                                                                                                                        |
| SDG LIFE SCIENCES<br>ATTN: LEGAL<br>IMS HEALTH INCORPORATED<br>660 WEST GERMANTOWN PIKE<br>PLYMOUTH MEETING, PA 19462          | CONSULTING AGREEMENT                                                                                                                                                                     |
| SELECT HEALTH<br>JEFFREY D. DUNN P<br>4646 WEST LAKE PARK BLVD., SUITE N3<br>SALT LAKE CITY, UT 84120                          | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| SELECT HEALTH<br>JEFFREY D. DUNN P<br>4646 WEST LAKE PARK BLVD., SUITE N3<br>SALT LAKE CITY, UT 84120                          | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| SESCO<br>P. O. BOX 1848<br>BRISTOL, TN 37621-1848                                                                              | AFFIRMATIVE ACTION PLAN PREPARATION                                                                                                                                                      |
| SH MEDIA, LLC<br>11 ROSE MEADOW WAY<br>AQUINNAH, MA 02535                                                                      | SPEAKER AGREEMENT                                                                                                                                                                        |
| SINCLAIR PHARMACEUTICALS LIMITED<br>ATTN: THE COMPANY SECRETARY<br>GODALMING BUSINESS CENTRE<br>SURREY, GU7 1XW UNITED KINGDOM | ACQUISITION AND LICENSING AGREEMENT                                                                                                                                                      |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| SJ STRATEGIC INVESTMENTS, LLC<br>340 MARTIN LUTHER KING, JR., BLVD<br>STE 200<br>BRISTOL, TN 37620                     | REAL PROPERTY LEASE                                                                                                                                                                      |
| SMITH DRUG COMPANY<br>9098 FAIRFOREST ROAD<br>SPARTANBURG, SC 29301                                                    | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| SMITH DRUG COMPANY<br>9098 FAIRFOREST ROAD<br>SPARTANBURG, SC 29301                                                    | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| SOURCE HEALTHCARE ANALYTICS, INC.<br>2394 EAST CAMELBACK ROAD<br>PHOENIX, AZ 85106                                     | DATA AGREEMENT                                                                                                                                                                           |
| SOURCE HEALTHCARE ANALYTICS, INC.<br>2394 EAST CAMELBACK ROAD<br>PHOENIX, AZ 85106                                     | LICENSING AGREEMENT                                                                                                                                                                      |
| SPAULDING CLINICAL RESEARCH, LLC<br>525 S. SILVERBROOK DRIVE<br>WEST BEND, WI 53095                                    | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| STATE OF NEW HAMPSHIRE<br>MEDICAID COMMISSIONER<br>DEPT OF HEALTH & HUMAN SVCS<br>129 PLEASANT ST<br>CONCORD, NH 03301 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |

In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| STATE OF VT, OFF OF VT HEALTH ACCESS<br>ATTN: LISA SCHILLING<br>GOOLD HEALTH SYSTEMS<br>312 HURRICANE LN, SUITE 101<br>WILLISTON, VT 05495          | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| STAYINFRONT, INC.<br>107 LITTLE FALLS ROAD<br>FAIRFIELD, NJ 00704                                                                                   | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| STEEPROCK, INC.<br>67 LOWER CHURCH HILL ROAD<br>WASHINGTON, CT 06794                                                                                | LICENSING AGREEMENT                                                                                                                                                                      |
| STERICYCLE, INC.<br>2670 EXECUTIVE DRIVE<br>INDIANAPOLIS, IN 46241                                                                                  | SERVICES AGREEMENT                                                                                                                                                                       |
| SUN LIFE<br>P. O. BOX 95271<br>CHICAGO, IL 60694-0001                                                                                               | NY DISABILITY BENEFITS                                                                                                                                                                   |
| TEXAS HEALTH & HUMAN SERVICES<br>COMMISSION<br>ATTN: HEATHER MURPHY<br>HHSC, VENDOR DRUG PROGRAM - H-630<br>P.O. BOX 85200<br>AUSTIN, TX 78708-5200 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| TEXAS HEALTH & HUMAN SERVICES<br>COMMISSION<br>ATTN: HEATHER MURPHY<br>HHSC, VENDOR DRUG PROGRAM - H-630<br>P.O. BOX 85200<br>AUSTIN, TX 78708-5200 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |

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DebtorCase No. 11-13036 (PJW)  
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| THOMSON REUTERS<br>195 BROADWAY<br>NEW YORK, NY 10007                                                                                               | WHISTLEBLOWER SERVICES                                                                                                                                                                   |
| TIDEWATER CLINICAL RESEARCH, INC.<br>2540 UNBRIDLED LANE<br>VIRGINIA BEACH, VA 23456                                                                | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| TKL RESEARCH, INC.<br>365 W. PASSAIC STREET<br>ROCHELLE PARK, NJ 07662                                                                              | MASTER SERVICES AGREEMENT                                                                                                                                                                |
| TN DEPT OF FIN & ADMIN<br>DEPUTY COMMISSIONER<br>BUREAU OF TENNCARE<br>310 GREAT CIRCLE ROAD<br>NASHVILLE, TN 37243                                 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| TN--BUREAU OF TENNCARE<br>ATTN: SYBIL CREEKMORE<br>310 GREAT CIRCLE ROAD<br>NASHVILLE, TN 37243                                                     | MEDICAID - ADAP                                                                                                                                                                          |
| TRC VALLEY CREEK ASSOCIATES-C, L.P.<br>C/O RUBENSTEIN PARTNERS<br>CIRA CENTRE<br>2929 ARCH STREET, 28TH FLOOR<br>PHILADELPHIA, PA 19104-2868        | REAL PROPERTY LEASE                                                                                                                                                                      |



In re Graceway Pharmaceuticals, LLC,  
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| TRI-CITIES INFORMATION MANAGEMENT, LLC<br>350 MOUNTAIN VIEW ROAD<br>PINEY FLATS, TN 37686                                                     | DATA AGREEMENT                                                                                                                                                                           |
| TRIALCARD INCORPORATED<br>6501 WESTON PARKWAY STE 370<br>CARY, NC 27513                                                                       | SERVICES AGREEMENT                                                                                                                                                                       |
| TRICARE<br>PHARMACEUTICAL OPER DIRECTOR., TRRX<br>PRGM<br>SKYLINE 5, SUITE 810<br>5111 LEESBURG PIKE<br>FALLS CHURCH, VA 22041-3206           | REBATE AGREEMENT                                                                                                                                                                         |
| TRUSTEES OF THE UNIV OF PENNSYLVANIA<br>OFFICE OF RESEARCH SERVICES<br>P-221 FRANKLIN BLDG.<br>3451 WALNUT ST.<br>PHILADELPHIA, PA 19104-6205 | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| UNIV. OF TEXAS MD ANDERSON CANCER<br>CENTER<br>1100 HOLCOMBE BLVD<br>STE HMB 7.060<br>OFFICE OF SPONSORED PROGRAMS<br>HOUSTON, TX 77030       | CLINICAL RESEARCH AGREEMENT                                                                                                                                                              |
| UNIV. OF TEXAS SOUTHWESTERN MEDICAL<br>CTR.<br>5323 HARRY HINES BLVD<br>BPB 212<br>DALLAS, TX 75390-9016                                      | CLINICAL RESEARCH AGREEMENT                                                                                                                                                              |
| UNIVERSITY HOSPITALS OF CLEVELAND<br>ATTN: KEVIN COOPER, MD<br>DEPARTMENT OF DERMATOLOGY<br>1100 EUCLID AVENUE<br>CLEVELAND, OH 44106         | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |

In re Graceway Pharmaceuticals, LLC,  
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| UNIVERSITY OF CALIFORNIA AT IRVINE<br>OFFICE OF RESEARCH ADMINISTRATION<br>300 UNIVERSITY TOWER<br>IRVINE, CA 92697-7600    | CLINICAL RESEARCH AGREEMENT                                                                                                                                                              |
| UNIVERSITY OF HERTFORDSHIRE<br>ATTN: BRIAN ROBINSON<br>COLLEGE LANE<br>HERTFORDSHIRE<br>HATFIELD, AL10 9 AB UNITED KINGDOM  | CLINICAL RESEARCH AGREEMENT                                                                                                                                                              |
| UTAH DEPARTMENT OF HEALTH<br>ATTN: RIC HORSLEY<br>HEALTH CARE FINANCING<br>P.O. BOX 143102<br>SALT LAKE CITY, UT 84114-3102 | MEDICAID - ADAP                                                                                                                                                                          |
| VALLEY WHOLESALE DRUG COMPANY, INC.<br>1401 WEST FREMONT ST<br>STOCKTON, CA 95203                                           | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| VALUE DRUG<br>ATTN: RYAN SPEECE<br>ONE GOLF VIEW DRIVE<br>ALTOONA, PA 16601                                                 | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| VALUE DRUG COMPANY<br>1 GOLF VIEW DRIVE<br>ALTOONA, PA 16601                                                                | CHANNEL MANAGEMENT AGREEMENT                                                                                                                                                             |
| VIVACARE<br>1810 6TH STREET<br>BERKELEY, CA 94710                                                                           | SERVICES AGREEMENT                                                                                                                                                                       |

In re Graceway Pharmaceuticals, LLC,  
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| VSP<br>FILE #73280<br>P. O. BOX 60000<br>SAN FRANCISCO, CA 94160-3280                                                                        | VISION COVERAGE FOR EMPLOYEES                                                                                                                                                            |
| WA HEALTH AND RECOVERY SERVICES<br>ADMIN<br>ATTN: CONNIE RIDDLE<br>P.O. BOX 45510<br>626 8TH AVENUE<br>OLYMPIA, WA 98504-5510                | MEDICAID - ADAP                                                                                                                                                                          |
| WAL-MART STORES, INC.<br>ATTN: DAVID BADEEN<br>702 S.W. 8TH STREET<br>BENTONVILLE, AR 72716-0680                                             | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| WAL-MART STORES, INC.<br>ATTN: DAVID BADEEN<br>702 S.W. 8TH STREET<br>BENTONVILLE, AR 72716-0680                                             | MANAGED CARE REBATE AGREEMENT                                                                                                                                                            |
| WELLS FARGO<br>1606 EUCLID AVENUE<br>BRISTOL, VA 24201                                                                                       | 401K ADMINISTRATION AND TRUSTEE FEES                                                                                                                                                     |
| WI DIVISION OF HEALTHCARE ACCESS<br>ATTN: CATHERIN WALLER<br>HP ENTERPRISE SERVICES<br>DRUG REBATE UNIT, 6406 BRIDGE RD<br>MADISON, WI 53713 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |
| WI DIVISION OF HEALTHCARE ACCESS<br>ATTN: CATHERIN WALLER<br>HP ENTERPRISE SERVICES<br>DRUG REBATE UNIT, 6406 BRIDGE RD<br>MADISON, WI 53713 | MEDICAID - SPAP PROGRAM                                                                                                                                                                  |

In re Graceway Pharmaceuticals, LLC,  
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(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
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| WI DIVISION OF HEALTHCARE ACCESS<br>ATTN: CATHERIN WALLER<br>HP ENTERPRISE SERVICES<br>DRUG REBATE UNIT, 6406 BRIDGE RD<br>MADISON, WI 53713 | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| WOMEN'S CARE CENTER OF MEMPHIS, M PLLC<br>6215 HUMPHREYS BLVD, STE 301<br>MEMPHIS, TN 38210                                                  | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| WOMEN'S HEALTH CARE, INC.<br>8010 FROST STREET, STE 301<br>SAN DIEGO, CA 92123                                                               | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| WOMEN'S HEALTH PRACTICE<br>2125 SOUTH NEAL STREET<br>CHAMPAIGN, IL 61820                                                                     | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| WOMEN'S HEALTH RESEARCH<br>6036 N 19TH AVENUE<br>STE 400A AND 401<br>PHOENIX, AZ 85105                                                       | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| WOMEN'S HEALTH RESEARCH CENTER<br>666 PLAINSBORO ROAD BDG 100 STE C<br>PLAINSBORO, NJ 08536                                                  | CLINICAL TRIAL AGREEMENT                                                                                                                                                                 |
| WRIGHT EXPRESS<br>FLEET FUELING<br>P.O. BOX 6293<br>CAROL STREAM, IL 60197-6293                                                              | FLEET CARD PROGRAM                                                                                                                                                                       |

In re Graceway Pharmaceuticals, LLC,  
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| WV BUREAU FOR MEDICAL SVCS<br>ATTN: GAIL GOODNIGHT<br>GOOLD HEALTH SYSTEMS<br>350 CAPITOL ST, ROOM 251<br>CHARLESTON, WV 25301-3707      | MEDICAID SUPPLEMENTAL REBATE AGREEMENT                                                                                                                                                   |
| WY DEPT OF HEALTH, OFC OF HLTHCARE FIN<br>ATTN: ROSSI ROWE<br>GHS, 45 COMMERCE DRIVE<br>SUITE 5, P.O. BOX 1090<br>AUGUSTA, ME 04332-1090 | MEDICAID - ADAP                                                                                                                                                                          |
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In re Graceway Pharmaceuticals, LLC,  
DebtorCase No. 11-13036 (PJW)  
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR |
|-------------------------------|------------------------------|
| SEE ATTACHED SCHEDULE H RIDER |                              |

## Schedule H - Co-Debtor Rider

| Name and Address of Co-Debtor                                                                        | Name and Address of Creditor                                                                                                                                              |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHESTER VALLEY HOLDINGS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620        | BANK OF AMERICA, N.A., AS FIRST LIEN COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 2903 |
| CHESTER VALLEY PHARMACEUTICALS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620 | BANK OF AMERICA, N.A., AS FIRST LIEN COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 2903 |
| GRACEWAY CANADA HOLDINGS, INC.<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620      | BANK OF AMERICA, N.A., AS FIRST LIEN COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 2903 |
| GRACEWAY HOLDINGS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620              | BANK OF AMERICA, N.A., AS FIRST LIEN COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 2903 |
| GRACEWAY INTERNATIONAL, INC.<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620        | BANK OF AMERICA, N.A., AS FIRST LIEN COLLATERAL AGENT<br>ATTENTION: DAN BUTLER<br>MAIN OFFICE BC<br>MAIL CODE: R11-102-16-01<br>111 WESTMINSTER ST<br>PROVIDENCE, RI 2903 |
| CHESTER VALLEY HOLDINGS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620        | DEUTSCHE BANK TRUST COMPANY AMERICAS, AS SECOND LIEN COLLATERAL AGENT<br>DEUTSCHE BANK LEVERAGED FINANCE PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005                |
| CHESTER VALLEY PHARMACEUTICALS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620 | DEUTSCHE BANK TRUST COMPANY AMERICAS, AS SECOND LIEN COLLATERAL AGENT<br>DEUTSCHE BANK LEVERAGED FINANCE PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005                |
| GRACEWAY CANADA HOLDINGS, INC.<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620      | DEUTSCHE BANK TRUST COMPANY AMERICAS, AS SECOND LIEN COLLATERAL AGENT<br>DEUTSCHE BANK LEVERAGED FINANCE PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005                |
| GRACEWAY HOLDINGS, LLC<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620              | DEUTSCHE BANK TRUST COMPANY AMERICAS, AS SECOND LIEN COLLATERAL AGENT<br>DEUTSCHE BANK LEVERAGED FINANCE PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005                |

In re: Graceway Pharmaceuticals, LLC

Case No. 11-13036 (PJW)

**Schedule H - Co-Debtor Rider**

| Name and Address of Co-Debtor                                                                 | Name and Address of Creditor                                                                                                                                  |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRACEWAY INTERNATIONAL, INC.<br>340 MARTIN LUTHER KING BLVD<br>SUITE 500<br>BRISTOL, TN 37620 | DEUTSCHE BANK TRUST COMPANY AMERICAS, AS SECOND<br>LIEN COLLATERAL AGENT<br>DEUTSCHE BANK LEVERAGED FINANCE PORTFOLIO<br>60 WALL STREET<br>NEW YORK, NY 10005 |



In re : Graceway Pharmaceuticals, LLC

Case No. 11-13036 (PJW)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
( Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address \_\_\_\_\_

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Chief Financial Officer [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the Corporation [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/31/11Signature : Brian G. Shrader

Brian G. Shrader - Chief Financial Officer  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.