

Exhibit A

UNITED STATES BANKRUPTCY COURT

District of Delaware

PROOF OF CLAIM

Name of Debtor:
GRACEWAY PHARMACEUTICALS, LLC

Case Number:
11-13036

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
3M Company

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
Eric A. Komorowski, Financial Risk Analyst
3M Center, 224-5N-41
St. Paul, MN 55144-1000
Telephone number:
(651) 733-8325

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

Eric A. Komorowski, Financial Risk Analyst
3M Center, 224-5N-41
St. Paul, MN 55144-1000
Telephone number:
(651) 733-8325

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 5,568,098.06

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).

Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507(a)(2).

Amount entitled to priority:

\$ 930,644.54

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

2. Basis for Claim: goods sold
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 8050

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

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

If the documents are not available, please explain:

Date:
11/09/2011

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Alan E. Brown, Esq., Special Counsel to 3M

Alan E. Brown

Customer Name	Customer ID	Item	Accounting Date	Due	Orig Item Amt	Item Balance	PO	Bill of Lading
PRODUCT INVOICES								
GRACEWAY PHARMACEUTICALS	GC18050	KG21747	8/31/2011	9/30/2011	\$267,632.64	\$267,632.64	4500009525	7N 472905
GRACEWAY PHARMACEUTICALS	GC18050	KG22234	9/2/2011	10/3/2011	\$20,974.39	\$20,974.39	R&D HELIOS - PUMPS	
GRACEWAY PHARMACEUTICALS	GC18050	KG22235	9/2/2011	10/3/2011	\$10,236.68	\$10,236.68	R&D HELIOS - SACHET	
GRACEWAY PHARMACEUTICALS	GC18050	KG22236	9/2/2011	10/3/2011	\$751.10	\$751.10	R&D HELIOS - TUBES	
GRACEWAY PHARMACEUTICALS	GC18050	KG21833	9/19/2011	10/19/2011	\$136,673.28	\$136,673.28	4500009524	7N 473056
GRACEWAY PHARMACEUTICALS	GC18050	KG21505	9/27/2011	10/27/2011	\$140,400.00	\$140,400.00	4500008853	7N 473141
GRACEWAY PHARMACEUTICALS	GC18050	KG21748	9/27/2011	10/27/2011	\$180,835.20	\$180,835.20	4500009565	7N 473141
GRACEWAY PHARMACEUTICALS	GC18050	KG21749	9/27/2011	10/27/2011	\$161,697.60	\$161,697.60	4500010096	7N 473141
SUPPLY AGREEMENT MINIMUM ORDER REQUIREMENTS					SUBTOTAL	\$919,200.89		
GRACEWAY PHARMACEUTICALS	GC18050	NT17387	9/28/2011	10/28/2011	\$4,297,738.00	\$4,297,738.00	2011 MAP	
3M SINGAPORE (invoiced in GBP, converted US\$1.60/GBP)					SUBTOTAL	\$4,297,738.00		
PRODUCT INVOICES								
GRACEWAY PHARMACEUTICALS		TZ10002183	8/30/2011		£25,075.44	\$40,120.70		
GRACEWAY PHARMACEUTICALS		TZ10002283	9/16/2011		£39,869.28	\$63,790.85		
GRACEWAY PHARMACEUTICALS		TZ10002352	9/27/2011		£89,897.76	\$143,836.42		
GRACEWAY PHARMACEUTICALS		TZ10002358	9/28/2011		£15,606.00	\$24,969.60		
GRACEWAY PHARMACEUTICALS		TZ10002361	9/28/2011		£15,762.00	\$25,219.20		
GRACEWAY PHARMACEUTICALS		TZ10002363	9/28/2011		£33,264.00	\$53,222.40		
					SUBTOTAL	\$351,159.17		
					TOTAL	\$5,568,098.06		

Case No.: 11-13036
District: District of Delaware

Petition Date: 9/29/2011
Administrative Claim Date: 9/9/2011

Total Proof of Claim: \$5,568,098.06
\$503(b)(9) Admin Claim: \$930,644.54

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN

55144-1000

```

a|PURCHASE ORDER..4500009525|INVOICE NO.....KG21747|
a|** ELECTRONIC EIPP INVOICE **|TYPE.....ORIGINAL|
|DATE.....08/31/2011|
|ORDER DATE.....04/01/2011|TERMS OF SALE|
|SHIP DATE.....08/31/2011|NET 30 DAYS|
|TERMS DATE.....08/31/2011|
|SALES REP.....V4H20-6|
a|
  
```

KATHY KAREL
 PHONE NO...651-736-6021
 FAX NO....651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
 CHARGE TO: GC18050
 SHIP TO: GC17854

KG21747

GRACEWAY PHARMACEUTICALS
 C/O LEITNER PHARMACEUTIC
 881 MOUNTAIN VW DR
 PINEY FLATS TN 37686-4913

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 52272	EACH	30089030202 MINITRAN .2MG/HR. PART NUMBER 110005 GW 30'S B33203 LOT NUMBER(S) 110376	P 5.12	267,632.64
SHPD 08/31 FROM-PHARM; NRTHRID VIA-XXXX B/L-7N 472905 6,796-LBS 1,089-PCS				

TOTAL MUST BE RECEIVED BY: 09/30/2011 | INVOICE TOTAL 267,632.64

Please see reverse side for terms and conditions of sale and address change form.

10089175 708 21 490/00 / 08/31/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098

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a|DETACH AND RETURN WITH PAYMENT|
a|REMIT PAYMENT TO|INVOICE NO.....KG21747|
|3M|INVOICE DATE.....08/31/2011|
|2807 PAYSHERE CIR|TERMS DATE.....08/31/2011|
|CHICAGO IL 60674-0000|
a|
  
```

TOTAL MUST BE RECEIVED BY: 09/30/2011
 INVOICE TOTAL 267,632.64

AMOUNT ENCLOSED |
 KG21747

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
CUSTOMER SERVICE DEPT.
375-3E-10
ST PAUL MN

55144-1000

KATHY KAREL
PHONE NO... 651-736-6021
FAX NO... 651-737-5265

ORDER DATE 09/02/2011
SHIP DATE 09/02/2011

PARTIAL ORDER..... NO

INVOICE NO..... KG22234
TYPE..... ORIGINAL
DATE..... 09/02/2011
TERMS OF SALE
NET 30 DAYS
TERMS DATE..... 09/02/2011
SALES REP..... V4H20-6

ACCOUNT NO.
CHARGE TO: GC18050

KG22234

GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
SEE LETTER DATED 9/2/11 RE PUMP S EFFORTS				
V 1		EACH Imiquimod Programs	P 20974.39	20,974.39
***		SHPD 09/02 FROM-MISC ;MAPLEWOOD VIA-		
***			B/L- -LBS	-PCS
TOTAL MUST BE RECEIVED BY: 10/03/2011			INVOICE TOTAL	20,974.39

Please see reverse side for terms and conditions of sale and address change form.

10164663 709 21 1 / / 09/02/11 CrBr:CM OrdWr:KG InvBr:ZL AdmCd:KG
54 6098

DETACH AND RETURN WITH PAYMENT

GC18050
GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

REMIT PAYMENT TO
3M
2807 PAYSHERE CIR
CHICAGO IL 60674-0000

INVOICE NO..... KG22234
INVOICE DATE..... 09/02/2011
TERMS DATE..... 09/02/2011

TOTAL MUST BE RECEIVED BY: 10/03/2011
INVOICE TOTAL 20,974.39

AMOUNT ENCLOSED
KG22234

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
CUSTOMER SERVICE DEPT.
375-3E-10
ST PAUL MN

55144-1000

KATHY KAREL
PHONE NO... 651-736-6021
FAX NO... 651-737-5265

ACCOUNT NO.
CHARGE TO: GC18050

ORDER DATE 09/02/2011
SHIP DATE 09/02/2011

PARTIAL ORDER..... NO

KG22235

INVOICE NO..... KG22235
TYPE..... ORIGINAL
DATE..... 09/02/2011
TERMS OF SALE
NET 30 DAYS
TERMS DATE..... 09/02/2011
SALES REP..... V4H20-6

GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
SEE LETTER DATED 9/2/11 RE SACH ET EFFORTS				
V 1	EACH	Imiquimod Programs	P 10236.68	10,236.68
***		SHPD 09/02 FROM-MISC ;MAPLEWOO VIA-		
***			B/L- -LBS	-PCS

TOTAL MUST BE RECEIVED BY: 10/03/2011 INVOICE TOTAL 10,236.68

Please see reverse side for terms and conditions of sale and address change form.

10164671 709 21 1 / / 09/02/11 CrBr:CM OrdWr:KG InvBr:ZZL AdmCd:KG
54 6098

DETACH AND RETURN WITH PAYMENT

GC18050 GRACEWAY PHARMACEUTICALS INC ATTN ACCOUNT PAYABLE 340 MLK BLVD BRISTOL TN 37620-4081	REMIT PAYMENT TO 3M 2807 PAYSHERE CIR CHICAGO IL 60674-0000	INVOICE NO..... KG22235 INVOICE DATE..... 09/02/2011 TERMS DATE..... 09/02/2011
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TOTAL MUST BE RECEIVED BY: 10/03/2011
INVOICE TOTAL 10,236.68

AMOUNT ENCLOSED
KG22235

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

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a|PURCHASE ORDER: R&D HELIOS - TUBES|aa|
a|** ELECTRONIC EIPP INVOICE **|a|
|INVOICE NO..... KG22236|
|TYPE..... ORIGINAL|
|DATE..... 09/02/2011|
|TERMS OF SALE|
|NET 30 DAYS|
|TERMS DATE.....09/02/2011|
|SALES REP..... V4H20-6|
a|
  
```

KATHY KAREL
 PHONE NO...651-736-6021
 FAX NO....651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
 CHARGE TO: GC18050

KG22236

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
SEE LETTER DATED 9/2/11 RE TUBE S EFFORTS				
V 1	EACH	Imiquimod Programs	P 751.10	751.10
***	SHPD	09/02 FROM-MISC :MAPLEWOOD VIA-		
***			B/L- -LBS	-PCS
TOTAL MUST BE RECEIVED BY: 10/03/2011				INVOICE TOTAL 751.10

Please see reverse side for terms and conditions of sale and address change form.

10164689 709 21 1 / / 09/02/11 CrBr:CM OrdWr:KG InvBr:ZLL AdmCd:KG 6098

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a|
|DETACH AND RETURN WITH PAYMENT|a|
a|
|REMIT PAYMENT TO|a|
|INVOICE NO..... KG22236|
|INVOICE DATE..... 09/02/2011|
|TERMS DATE..... 09/02/2011|
|3M|
|2807 PAYSHERE CIR|
|CHICAGO IL 60674-0000|
a|
  
```

GC18050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/03/2011
 INVOICE TOTAL 751.10

AMOUNT ENCLOSED
 KG22236

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

PURCHASE ORDER..4500009524
 ** ELECTRONIC EIPP INVOICE **
 ORDER DATE 04/01/2011
 SHIP DATE.....09/19/2011
 INVOICE NO..... KG21833
 TYPE..... ORIGINAL
 DATE..... 09/19/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE.....09/19/2011
 SALES REP..... V4H20-6

KATHY KAREL
 PHONE NO...651-736-6021
 FAX NO.....651-737-5265

PARTIAL ORDER..... YES

ACCOUNT NO.
 CHARGE TO: GC18050
 SHIP TO: GC17854

KG21833

GRACEWAY PHARMACEUTICALS
 C/O LEITNER PHARMACEUTIC
 881 MOUNTAIN VW DR
 PINEY FLATS TN 37686-4913

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 9216	EACH	PART NUMBER 110002 MAXAIR A/H 400 TRD, GW US LOT NUMBER(S) 110391	P 14.83	136,673.28
SHPD 09/19 FROM-PHARM; NRTHRID VIA-XXXX				
B/L-7N 473056				
1,574-LBS 192-PCS				

TOTAL MUST BE RECEIVED BY: 10/19/2011 INVOICE TOTAL 136,673.28

Please see reverse side for terms and conditions of sale and address change form.

10138899 715 21 720/00 / 09/19/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098

DETACH AND RETURN WITH PAYMENT

GC18050 GRACEWAY PHARMACEUTICALS INC ATTN ACCOUNT PAYABLE 340 MLK BLVD BRISTOL TN 37620-4081	REMIT PAYMENT TO 3M 2807 PAYSHERE CIR CHICAGO IL 60674-0000	INVOICE NO..... KG21833 INVOICE DATE..... 09/19/2011 TERMS DATE..... 09/19/2011
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TOTAL MUST BE RECEIVED BY: 10/19/2011
 INVOICE TOTAL 136,673.28

AMOUNT ENCLOSED
 KG21833

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

```

a|PURCHASE ORDER. 4500008853|INVOICE NO. KG21505|
a|** ELECTRONIC EIPP INVOICE **|TYPE ORIGINAL|
|DATE 09/27/2011|
|TERMS OF SALE|
|NET 30 DAYS|
|TERMS DATE 09/27/2011|
|SALES REP V4H20-6|
a|
  
```

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
 CHARGE TO: GC18050
 SHIP TO: QES2476

KG21505

ALVOGEN INC
 % DDN PHARMA LOGISTICS
 4850 S MENDENHALL
 MEMPHIS TN 38141-8211

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

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a|QUANTITY UNIT DESCRIPTION|UNIT PRICE TOTAL AMOUNT|
a|NDC 4778129603|
|PO NUMBER AOLVOGEN #4500032345|
|PART NUMBER 110040|
V 18720 EACH NITROGLYCERIN 0.1 GW US 30'S P 7.50 140,400.00
|LOT NUMBER(S)|
|110353 / EXP: JUL 14|
|SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX|
|B/L-7N 473141|
|2,234-LBS 390-PCS|
  
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a|TOTAL MUST BE RECEIVED BY: 10/27/2011|INVOICE TOTAL 140,400.00|
a|
  
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Please see reverse side for terms and conditions of sale and address change form.

10116879 713 21 210/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098

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a|DETACH AND RETURN WITH PAYMENT|
a|REMIT PAYMENT TO|INVOICE NO. KG21505|
|3M|INVOICE DATE 09/27/2011|
|2807 PAYSHERE CIR|TERMS DATE 09/27/2011|
|CHICAGO IL 60674-0000|
a|
  
```

GC18050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 140,400.00

```

a|AMOUNT ENCLOSED|
a|KG21505|
  
```

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN

55144-1000

```

a|PURCHASE ORDER..4500009565|INVOICE NO.....KG21748|
a|** ELECTRONIC EIPP INVOICE **|TYPE.....ORIGINAL|
|DATE.....09/27/2011|
|ORDER DATE.....04/01/2011|TERMS OF SALE|
|SHIP DATE.....09/27/2011|NET 30 DAYS|
|TERMS DATE.....09/27/2011|
|SALES REP.....V4H20-6|
a|
  
```

KATHY KAREL
 PHONE NO...651-736-6021
 FAX NO....651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
 CHARGE TO: GC18050
 SHIP TO: QES2476

KG21748

ALVOGEN INC
 % DDN PHARMA LOGISTICS
 4850 S MENDENHALL
 MEMPHIS TN 38141-8211

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 46368	EACH	NDC #4778129703 PO NUMBER ALVOGEN # 4500033039 PART NUMBER 110041 NITROGLYCERIN 0.2 GW US 30'S LOT NUMBER(S) 110377 / JUL 14	P 3.90	180,835.20
SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX B/L-7N 473141 6.002-LBS 966-PCS				

TOTAL MUST BE RECEIVED BY: 10/27/2011 INVOICE TOTAL 180,835.20

Please see reverse side for terms and conditions of sale and address change form.

10116887 713 21 490/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098 6683

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a|
| DETACH AND RETURN WITH PAYMENT |
a|
| REMIT PAYMENT TO | INVOICE NO.....KG21748 |
| 3M | INVOICE DATE.....09/27/2011 |
| 2807 PAYSHERE CIR | TERMS DATE.....09/27/2011 |
| CHICAGO IL 60674-0000 |
|
a|
  
```

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 180,835.20

AMOUNT ENCLOSED
 KG21748

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

```

a|PURCHASE ORDER 4500010096|INVOICE NO. KG21749|
a|** ELECTRONIC EIPP INVOICE **|TYPE ORIGINAL|
|DATE 09/27/2011|
|ORDER DATE 04/01/2011|TERMS OF SALE|
|SHIP DATE 09/27/2011|NET 30 DAYS|
|TERMS DATE 09/27/2011|
|SALES REP V4H20-6|
a|
  
```

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
 CHARGE TO: GC18050
 SHIP TO: QES2476

KG21749

ALVOGEN INC
 % DDN PHARMA LOGISTICS
 4850 S MENDENHALL
 MEMPHIS TN 38141-8211

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

```

a|QUANTITY UNIT DESCRIPTION|UNIT PRICE TOTAL AMOUNT|
a|NDC # 4778129803|
|PO NUMBER ALVOGEN # 4500033040|
|PART NUMBER 110042|
V 28368 EACH NITROGLYCERIN 0.4 GW US 30'S P 5.70 161,697.60
|LOT NUMBER(S)|
|110378 / EXP: AUG 14|
|SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX|
|B/L-7N 473141|
|4,517-LBS 591-PCS|
  
```

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a|TOTAL MUST BE RECEIVED BY: 10/27/2011|INVOICE TOTAL 161,697.60|
a|
  
```

Please see reverse side for terms and conditions of sale and address change form.

10116895 713 21 270/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098 6683

```

a|DETACH AND RETURN WITH PAYMENT|
a|GC18050|INVOICE NO. KG21749|
|GRACEWAY PHARMACEUTICALS|REMIT PAYMENT TO|INVOICE DATE 09/27/2011|
|INC ATTN ACCOUNT PAYABLE|3M|TERMS DATE 09/27/2011|
|340 MLK BLVD|2807 PAYSHERE CIR|
|BRISTOL TN 37620-4081|CHICAGO IL 60674-0000|
a|
  
```

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 161,697.60

```

a|AMOUNT ENCLOSED|
a|KG21749|
  
```

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN

55144-1000

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

ACCOUNT NO.
 CHARGE TO: GCI8050

```

a
|PURCHASE ORDER..2011 MAP
|** ELECTRONIC EIPP INVOICE **
|INVOICE NO..... NT17387
|TYPE..... ORIGINAL
|DATE..... 09/28/2011
|TERMS OF SALE
|NET 30 DAYS
|TERMS DATE..... 09/28/2011
|SALES REP..... V0001-7
a
  
```

ORDER DATE 09/15/2011
 SHIP DATE..... 09/15/2011

PARTIAL ORDER..... NO
 NT17387

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	EACH	Misc Charges PURSUANT TO SECTION 5.5 OF THE SUPPLY AGREEMENT 3M IS REQUESTING PAYMENT FOR AN AMOUNT EQUAL TO 60% OF THE DIFFERENCE BETWEEN THE MINIMUM ANNUAL PURCHASE FOR PRODUCT (\$20,000,000) AND THE AMOUNT OF PRODUCT ACTUALLY ORDERED FOR DELIVERY (\$12,837,103)	P 4297738.00	4297,738.00

..... SHPD 09/15 FROM-MISC :MAPLEWOOD VIA-UPSN
 B/L-
 -LBS
 -PCS

Cntrl: 5 Acct: 009750 Proj: 0014130000 Amt: 4297,738.00

TOTAL MUST BE RECEIVED BY: 10/28/2011 INVOICE TOTAL 4,297,738.00

Please see reverse side for terms and conditions of sale and address change form.

10093722 718 21 1 / / 09/28/11 CrBr:CM OrdWr:SP InvBr:ZYL AdmCd:NT
 54 65

```

a
| DETACH AND RETURN WITH PAYMENT
a
| REMIT PAYMENT TO
| 3M
| 2807 PAYSHERE CIR
| CHICAGO IL 60674-0000
a
|INVOICE NO..... NT17387
|INVOICE DATE..... 09/28/2011
|TERMS DATE..... 09/28/2011
  
```

GCI8050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/28/2011
 INVOICE TOTAL 4,297,738.00

AMOUNT ENCLOSED
 NT17387

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 6522113
 www.3m.com.sg
 CRN 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER		ORDER DATE	PAYMENT TERMS	BORDER CODE	ORDER TYPE	RESP. CSR	CSR CONTACT #	SALESPERSON	WAREHOUSE	PAGE	QUOTE THIS NUMBER WHEN CORRESPONDING
4500010415		20/07/11	45	0	O	KAITLYN	65-6450-7254	Generic Salesman	DC	Page 1 of 1	INVOICE #
CHARGE TO:		GRACEWAY PHARMACEUTICALS LLC		SHIP TO:		MONTALVO & MONTALVO		COFS #		TZ 10002183	
		ATTN ACCOUNTS PAYABLE				EDIFICIO AGENTES		437511		DATE : 30/08/11	
		340 MARTIN LUTHER KING JR. BLVD				ADJANALES LOCALES 3, 4 Y 5				TIME : 19:02:05	
		BRISTOL, TN, 37620.				MEXICO				CURRENCY : GBP	
CUSTOMER NOTES:		UNITED STATES OF A (US)		ACCOUNT NO : 83621		ORDER NOTES:					
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT		
001	1	GH620417580	HIPREX TABLET 16 20 MEXICO Harmonized Code : 30049000 VAT % : .0000	DC	EA	10152	10152	2.4700	25075.44		
			410000	****+ Lot Details ****+							
				GMF072D --- 360							
				GMF124C --- 6984							
				GMF1022A --- 2808							
VAT exempted export - art 146 Council Directive 2006/112/EC		(Exchange Rate GBP 1 to SGD @ 1.9642) Order Total						S\$ 49253.18	25075.44		
Payment Terms : 45 days from invoice date		VAT @ 0%						S\$.00	.00		
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED.		RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED						S\$ 49253.18	25075.44		
TERMS AND CONDITIONS OF SALE:		PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE						GBP	25075.44		
ACCOUNTS COPY		The following is made in lieu of all warranties, express or implied. Seller's only obligation shall be to replace such quantity of the product proved to be defective. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all risk and liability whatsoever in connection herewith. This foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.									

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN: 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER 4500009736	ORDER DATE 3/05/11	PAYMENT TERMS 45	BORDER CODE 0	ORDER TYPE O	RESP. CSR KAITLYN	CSR CONTACT # 65-6450-7254	SALES PERSON Generic Salesman	WAREHOUSE DC	PAGE Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE # TZ 10002283
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620, UNITED STATES OF A (US) ACCOUNT NO : 83621					SHIP TO: GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.		COFS # 415706		DATE : 16/09/11 TIME : 22:30:21 CURRENCY : GBP	

CUSTOMER NOTES :
 ORDER NOTES :

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620412789	ZYCLARA SAMPLE 3.75% CREAM USA GRACEWAY Harmonized Code : 30049000 VAT % : .0000 200012 ZYCLARA CREAM 3.75% SAMPLE	DC	EA	40272	40272	.9900	39869.28
				***** Lot Details *****					
				MFO30B				40272	

VAT exempted export - art 146 Council Directive 2006/112/EC
 Payment Terms : 45 days from invoice date
 (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total S\$ 78517.76 GBP 39869.28
 VAT @ 0% S\$.00 GBP .00
 Order Total with VAT S\$ 78517.76 GBP 39869.28

THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED. PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE

TERMS AND CONDITIONS OF SALE:
 The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of or the inability to use the product. Seller's only obligation shall be to replace such defective product if the user assumes all risk and liability whatsoever in connection hereof. The foregoing may not be changed except by an agreement signed by an officer of Seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to JMA's Conditions of Sale for Goods and Services, copy available on request.

ACCOUNTS COPY

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER 4500009804		ORDER DATE 12/05/11	PAYMENT TERMS 45	BORDER CODE 0	ORDER TYPE O	RESP CSR KAITLYN	CSR CONTACT # 65-6450-7254	SALESPERSON Generic Salesman	WAREHOUSE DC	PAGE Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE # TZ 10002352
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620, UNITED STATES OF A (US) ACCOUNT NO : 83621		SHIP TO: GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.			ORDER NOTES: ORDER NOTES:			DATE : 27/09/11 TIME : 18:06:46 CURRENCY : GBP		COFS # 418341	
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT		
001	1	GH620400206	ALDARA CREAM 12'S SALE USA Harmonized Code : 30049099 VAT % : 0.0000 110000	DC	EA	27576	27576	3.2600	89897.76		
						Lot Details *****					
						MH064A		27576			
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total								S\$ 177042.85		GBP 89897.76	
						VAT @ 0%		S\$.00		GBP .00	
						Order Total with VAT S\$		177042.85		GBP 89897.76	
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED.						RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED					
TERMS AND CONDITIONS OF SALE:						PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE					
ACCOUNTS COPY						The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all liability whatsoever in connection herewith. The foregoing may not be changed or accepted by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.					

3M Tax Invoice

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 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN:200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER: 4500010412		ORDER DATE: 21/07/11	PAYMENT TERMS: 45	BORDER CODE: 0	ORDER TYPE: O	RESP CSR: KAITLYN	CSR CONTACT #: 65-6450-7254	SALESPERSON: Generic Salesman	WAREHOUSE: DC	PAGE: Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE #: TZ 10002358
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620.		UNITED STATES OF A (US) ACCOUNT NO : 83621			SHIP TO: EGALA S.A. APARTADO POSTAL 0302-00388 LOCAL 7-B, EDIFICIO #4 CALLE 13 ZONA LIBRE DE COLON COLON, PANAMA		DATE: 28/08/11 TIME: 15:35:07 CURRENCY: GBP				
CUSTOMER NOTES: NDA NO: 20-723 MANUFACTURING LICENCE NUMBER: 011517 UK NATIONAL LABELER CODE: 0115170610 PHARMA PROD: CREAM FOR EXTERNAL GENITAL WARTS DOES NOT CONTAIN ANIMAL OR ANIMAL BY-PROD											
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT		
001	1	GH620400149	ALDARA CREAM 12 SALE VENEZUELA Harmonized Code: 30049000 VAT % .0000	DC	EA	3060	3060	5.1000	15606.00		
		400007		GMG121D	****	Lot Details *****					
		(Exchange Rate GBP 1 to SGD @ 1.9693) Order Total						30734.14	GBP	15606.00	
		VAT exempted export - art 146 Council Directive 2006/112/EC				VAT @ 0%		00	GBP	.00	
		Payment Terms : 45 days from invoice date				Order Total with VAT		30734.14	GBP	15606.00	
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED.										RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED	
TERMS AND CONDITIONS OF SALE:										PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE	
ACCOUNTS COPY											

The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all risk and liability whatsoever in connection therewith. The foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER : 4500010327		ORDER DATE : 7/07/11	PAYMENT TERMS : 45	B/ORDER CODE : 0	ORDER TYPE : O	RESP. CSR : KAITLYN	CSR CONTACT # : 65-6450-7254	SALESPERSON : Generic Salesman	WAREHOUSE : DC	PAGE : Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE # : TZ 10002361
CHARGE TO : GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR BLVD BRISTOL, TN, 37620.		SHIP TO : EGALA S.A. APARTADO POSTAL 0302-00388 LOCAL 7-B EDIFICIO #4 CALLE 13 ZONA LIBRE DE COLON COLON, PANAMA		ACCOUNT NO : 83621		DATE : 28/09/11		TIME : 16:03:00		CURRENCY : GBP	
CUSTOMER NOTES : ORDER NOTES :											
LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT		
001	1	GH620400099	TAMBOCOR TABLETS 25'S 100MG LA TIN AMERIC Harmonized Code : 30049000 VAT % : .0000 400012	DC	EA	8520	8520	1.8500	15762.00		
										VAT exempted export - art 146 Council Directive 2006/112/EC	
										Payment Terms : 45 days from invoice date	
										(Exchange Rate GBP 1 to SGD @ 1.9693) Order Total S\$ 31041.37 GBP 15762.00	
										VAT @ 0% S\$.00 GBP .00	
										Order Total with VAT S\$ 31041.37 GBP 15762.00	
										RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE	
										GBP 15762.00	
TERMS AND CONDITIONS OF SALE: The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall deliver a copy of the product to the purchaser and user assumes all risk and liability for the product. The foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.											
ACCOUNTS COPY											

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER 4500009737	ORDER DATE 3/05/11	PAYMENT TERMS 45	BORDER CODE 0	ORDER TYPE O	RESP. CSR KAITLYN	CSR CONTACT # 65-6450-7254	SALESPERSON Generic Salesman	WAREHOUSE DC	PAGE Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE # TZ 10002363 DATE : 28/09/11 TIME : 16:33:17 CURRENCY : GBP
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620. UNITED STATES OF A (US) ACCOUNT NO : 83621					SHIP TO: GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.					
CUSTOMER NOTES: ORDER NOTES:										

LINE NO	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	LOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	GH620412789	ZYCLARA SAMPLE 3.75% CREAM USA GRACEWAY Harmonized Code : 30049000 VAT % : .0000 200012 ZYCLARA CREAM 3.75% SAMPLE	DC	EA	33600	33600	.9900	33264.00
					***** Lot Details ***** --- MFO30C --- --- 33600 ---			
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date								
Order Total								33264.00
VAT @ 0%								0.00
Order Total with VAT								33264.00
PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE								33264.00

THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED.

TERMS AND CONDITIONS OF SALE:
 The following is made in lieu of all warranties, express or implied.
 Seller's only obligation shall be to replace such quantity of the product proved to be defective. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all risk and liability whatsoever in connection therewith. The foregoing may not be changed or amended by any agreement signed by an officer of Seller.
 Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.

ACCOUNTS COPY

Proof of 503(b)(9) Claim Form

Graceway Pharmaceuticals, LLC, et al, Case No. 11-13036, Chapter 11 Jointly Administered

11 U.S.C. § 503(b)(9) provides that "[a]fter notice and a hearing, there shall be allowed administrative expenses . . . including . . . the value of any goods received by the debtor within 20 days before the date of commencement of a [bankruptcy case] in which the goods have been sold to the debtor in the ordinary course of such debtor's business." Your receipt of this form does not mean you hold a claim that is entitled to Section 503(b)(9) treatment.

Claimants should submit a signed original Proof of 503(b)(9) Claim form asserting such 503(b)(9) Claim, together with accompanying documentation, by mail, hand delivery, or overnight courier, to the following address:

If by Mail:

BMC Group, Inc.
Attn: Graceway Claims Processing
PO Box 3020
Chanhausen, MN 55317-3020

If by Hand Delivery or Overnight Courier:

BMC Group, Inc.
Attn: Graceway Claims Processing
18750 Lake Drive East
Chanhausen, MN 55317

With copies to:

- (a) Latham & Watkins LLP, 233 South Wacker Drive, Suite 5800, Chicago, Illinois 60606 (Attn: Josef S. Athanas, Esq. and Matthew L. Warren, Esq.);
- (b) Young Conaway Stargatt & Taylor, LLP, The Brandywine Building, 1000 West Street, 17th Floor, P.O. Box 391, Wilmington, Delaware 19899 (Attn: Kara Hammond Coyle, Esq.); and
- (c) Graceway Pharmaceuticals, LLC, c/o John A. A. Bellamy, Executive Vice President & General Counsel, 340 Martin Luther King Jr. Blvd., Suite 500, Bristol, TN 37620.

Debtor against which claim is asserted: (Check Only One)

- | | |
|---|--|
| <input type="checkbox"/> Graceway Pharma Holding Corp. Case No. 11-13037 | <input type="checkbox"/> Chester Valley Pharmaceuticals, LLC Case No. 11-13041 |
| <input type="checkbox"/> Graceway Holdings, LLC Case No. 11-13038 | <input type="checkbox"/> Graceway Canada Holdings, Inc. Case No. 11-13042 |
| <input checked="" type="checkbox"/> Graceway Pharmaceuticals, LLC Case No. 11-13036 | <input type="checkbox"/> Graceway International, Inc. Case No. 11-13043 |
| <input type="checkbox"/> Chester Valley Holdings, LLC Case No. 11-13039 | |

NOTE: This form must be served upon BMC Group, Inc., at one of the above-referenced addresses on or prior to December 16, 2011. The form may be submitted in person or by courier service, hand delivery or mail. Facsimile, email or electronic submissions will not be accepted. Requests shall be deemed filed when actually received by BMC Group, Inc.

Name of Creditor:

(the person or other entity to whom the debtor owes money or property)

3M COMPANY

Name and Address Where Notices Should Be Sent:

Eric Komorowski, Financial Risk Analyst
3M Center, 224-5N-41
St. Paul, MN 55144
Telephone No.: 651-733-8325

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Check box if you have asserted a reclamation demand for any of the Goods referenced on this claim form. Attach statement identifying any such goods.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 8050

Check here if this claim: replaces amends a previously filed claim, dated: _____

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$930,644.54

2. DATE OF DELIVERY OF GOODS: 9/16/11, 9/19/11, 9/27/11, 9/28/11

Attach proof of delivery of such goods. Goods were picked up in all instances by the Debtor on invoice date; no PODs

3. BRIEF DESCRIPTION OF CLAIM AND GOODS: SEE ATTACHED

Attach particular invoices for which any of the amounts described in this form was applied.

4. **SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as invoices, receipts, bills of lading, promissory notes, purchase orders, itemized statements of running accounts, or contracts. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. Any attachments must be 8-1/2" by 11".

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

5. **DATE-STAMPED COPY:** To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

6. **ORDINARY COURSE CERTIFICATION:** By signing this claim form, you are certifying that the goods, for which payment is sought hereby, were sold to the debtor in the ordinary course of the debtor's business and were received by the debtor within twenty days prior to September 29, 2011 as required by 11 U.S.C. § 503(b)(9).

11/9/11

Print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

ALAN E. BROWN

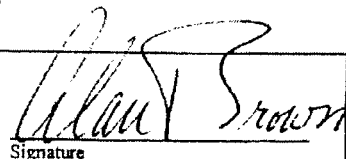
SPECIAL COUNSEL TO 3M

Date

Name

Title

Signature



3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

 PURCHASE ORDER 4500009524
 ** ELECTRONIC EIPP INVOICE **
 ORDER DATE 04/01/2011
 SHIP DATE 09/19/2011
 INVOICE NO. KG21833
 TYPE ORIGINAL
 DATE 09/19/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE 09/19/2011
 SALES REP V4H20-6

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

PARTIAL ORDER YES

ACCOUNT NO.
 CHARGE TO: GC18050
 SHIP TO: GC17854

KG21833

GRACEWAY PHARMACEUTICALS
 C/O LEITNER PHARMACEUTIC
 881 MOUNTAIN VW DR
 PINEY FLATS TN 37686-4913

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 9216	EACH	PART NUMBER 110002 MAXAIR A/H 400 TRD, GW US LOT NUMBER(S) 110391	P 14.83	136,673.28

SHPD 09/19 FROM-PHARM; NRTHRID VIA-XXXX

B/L-7N 473056
 1.574-LBS 192-PCS

TOTAL MUST BE RECEIVED BY: 10/19/2011 INVOICE TOTAL 136,673.28

Please see reverse side for terms and conditions of sale and address change form.

10138899 715 21 720/00 / 09/19/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098

DETACH AND RETURN WITH PAYMENT
 REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000
 INVOICE NO. KG21833
 INVOICE DATE 09/19/2011
 TERMS DATE 09/19/2011

GC18050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/19/2011
 INVOICE TOTAL 136,673.28

AMOUNT ENCLOSED
 KG21833

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

PURCHASE ORDER 4500008853
 ** ELECTRONIC EIPP INVOICE **
 ORDER DATE 02/02/2011
 SHIP DATE 09/27/2011

INVOICE NO. KG21505
 TYPE ORIGINAL
 DATE 09/27/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE 09/27/2011
 SALES REP V4H20-6

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

PARTIAL ORDER NO

ACCOUNT NO. KG21505
 CHARGE TO: GC18050
 SHIP TO: QES2476

ALVOGEN INC
 % DDN PHARMA LOGISTICS
 4850 S MENDENHALL
 MEMPHIS TN 38141-8211

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 18720	EACH	NITROGLYCERIN 0.1 GW US 30'S	P 7.50	140,400.00
NDC 4778129603 PO NUMBER AOLVOGEN #4500032345 PART NUMBER 110040 LOT NUMBER(S) 110353 / EXP: JUL 14 SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX B/L-7N 473141 2,234-LBS 390-PCS				

TOTAL MUST BE RECEIVED BY: 10/27/2011 INVOICE TOTAL 140,400.00

Please see reverse side for terms and conditions of sale and address change form.

10116879 713 21 210/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098

DETACH AND RETURN WITH PAYMENT

REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000

INVOICE NO. KG21505
 INVOICE DATE 09/27/2011
 TERMS DATE 09/27/2011

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 140,400.00

AMOUNT ENCLOSED
 KG21505

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

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a|PURCHASE ORDER..4500009565|INVOICE NO.....KG21748|
a|***** ELECTRONIC EIPP INVOICE **|TYPE.....ORIGINAL|
|ORDER DATE 04/01/2011|DATE.....09/27/2011|
|SHIP DATE.....09/27/2011|TERMS OF SALE|
|NET 30 DAYS|
|TERMS DATE.....09/27/2011|
|SALES REP.....V4H20-6|
a|
    
```

KATHY KAREL
 PHONE NO...651-736-6021 PARTIAL ORDER..... NO
 FAX NO....651-737-5265

ACCOUNT NO. KG21748
 CHARGE TO: GC18050
 SHIP TO: QES2476

ALVOGEN INC GRACEWAY PHARMACEUTICALS
 % DDN PHARMA LOGISTICS INC ATTN ACCOUNT PAYABLE
 4850 S MENDENHALL 340 MLK BLVD
 MEMPHIS TN 38141-8211 BRISTOL TN 37620-4081

```

a| QUANTITY UNIT DESCRIPTION UNIT PRICE TOTAL AMOUNT|
a|
|NDC #4778129703|
|PO NUMBER ALVOGEN # 4500033039|
|PART NUMBER 110041|
V 46368 EACH NITROGLYCERIN 0.2 GW US 30'S P 3.90 180,835.20
|LOT NUMBER(S)|
|110377 / JUL 14|
|*** SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX|
|*** B/L-7N 473141|
|*** 6,002-LBS 966-PCS|
    
```

```

a|
|TOTAL MUST BE RECEIVED BY: 10/27/2011|INVOICE TOTAL 180,835.20|
a|
    
```

Please see reverse side for terms and conditions of sale and address change form.

10116887 713 21 490/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
 54 6098 6683

```

a|
|DETACH AND RETURN WITH PAYMENT|
a|
|GC18050|REMIT PAYMENT TO|INVOICE NO.....KG21748|
|GRACEWAY PHARMACEUTICALS|INVOICE DATE.....09/27/2011|
|INC ATTN ACCOUNT PAYABLE|TERMS DATE.....09/27/2011|
|340 MLK BLVD|3M|
|BRISTOL TN 37620-4081|2807 PAYSPIRE CIR|
|CHICAGO IL 60674-0000|
a|
    
```

TOTAL MUST BE RECEIVED BY: 10/27/2011
 INVOICE TOTAL 180,835.20

```

a|
|AMOUNT ENCLOSED|
a|
|KG21748|
    
```

3M Invoice

PAGE 1 OF 1

DIRECT INQUIRIES TO:
CUSTOMER SERVICE DEPT.
375-3E-10
ST PAUL MN

55144-1000

PURCHASE ORDER 4500010096

** ELECTRONIC EIPP INVOICE **
ORDER DATE 04/01/2011
SHIP DATE 09/27/2011

INVOICE NO. KG21749
TYPE ORIGINAL
DATE 09/27/2011
TERMS OF SALE
NET 30 DAYS
TERMS DATE 09/27/2011
SALES REP V4H20-6

KATHY KAREL
PHONE NO. 651-736-6021
FAX NO. 651-737-5265

PARTIAL ORDER NO

ACCOUNT NO.
CHARGE TO: GC18050
SHIP TO: QES2476

KG21749

ALVOGEN INC
% DDN PHARMA LOGISTICS
4850 S MENDENHALL
MEMPHIS TN 38141-8211

GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
V 28368	EACH	NITROGLYCERIN 0.4 GW US 30'S LOT NUMBER(S) 110378 / EXP: AUG 14 SHPD 09/27 FROM-PHARM; NRTHRID VIA-XXXX	P 5.70	161,697.60
		B/L-7N 473141 4,517-LBS		591-PCS

TOTAL MUST BE RECEIVED BY: 10/27/2011 INVOICE TOTAL 161,697.60

Please see reverse side for terms and conditions of sale and address change form.

10116895 713 21 270/00 / 09/27/11 CrBr:CM OrdWr:KG InvBr:RQ AdmCd:KG
54 6098 6683

DETACH AND RETURN WITH PAYMENT
REMIT PAYMENT TO
3M
2807 PAYSHERE CIR
CHICAGO IL 60674-0000

INVOICE NO. KG21749
INVOICE DATE 09/27/2011
TERMS DATE 09/27/2011

GC18050
GRACEWAY PHARMACEUTICALS
INC ATTN ACCOUNT PAYABLE
340 MLK BLVD
BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/27/2011
INVOICE TOTAL 161,697.60

AMOUNT ENCLOSED
KG21749

3M Invoice

PAGE 1 OF 1
 DIRECT INQUIRIES TO:
 CUSTOMER SERVICE DEPT.
 375-3E-10
 ST PAUL MN 55144-1000

 PURCHASE ORDER 2011 MAP
 ** ELECTRONIC EIPP INVOICE **
 ORDER DATE 09/15/2011
 SHIP DATE 09/15/2011
 INVOICE NO. NT17387
 TYPE ORIGINAL
 DATE 09/28/2011
 TERMS OF SALE
 NET 30 DAYS
 TERMS DATE 09/28/2011
 SALES REP. V0001-7

KATHY KAREL
 PHONE NO. 651-736-6021
 FAX NO. 651-737-5265

PARTIAL ORDER..... NO

ACCOUNT NO.
 CHARGE TO: GC18050

NT17387

GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	EACH	Misc Charges	P 4297738.00	4297,738.00
PURSUANT TO SECTION 5.5 OF THE SUPPLY AGREEMENT 3M IS REQUESTING PAYMENT FOR AN AMOUNT EQUAL TO 60% OF THE DIFFERENCE BETWEEN THE MINIMUM ANNUAL PURCHASE FOR PRODUCT (\$20,000,000) AND THE AMOUNT OF PRODUCT ACTUALLY ORDERED FOR DELIVERY (\$12,837,103) SHPD 09/15 FROM-MISC ,MAPLEWOOD VIA-UPS B/L- -LBS -PCS				

Cntrl: 5 Acct: 009750 Proj: 0014130000 Amt: 4297,738.00

TOTAL MUST BE RECEIVED BY: 10/28/2011 INVOICE TOTAL 4,297,738.00

Please see reverse side for terms and conditions of sale and address change form.

10093722 718 21 1 / / 09/28/11 CrBr:CM OrdWr:SP InvBr:ZYL AdmCd:NT
 54 65

DETACH AND RETURN WITH PAYMENT
 REMIT PAYMENT TO
 3M
 2807 PAYSHERE CIR
 CHICAGO IL 60674-0000
 INVOICE NO. NT17387
 INVOICE DATE 09/28/2011
 TERMS DATE 09/28/2011

GC18050
 GRACEWAY PHARMACEUTICALS
 INC ATTN ACCOUNT PAYABLE
 340 MLK BLVD
 BRISTOL TN 37620-4081

TOTAL MUST BE RECEIVED BY: 10/28/2011
 INVOICE TOTAL 4,297,738.00

AMOUNT ENCLOSED
 NT17387

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN:200602267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER 4500009736	ORDER DATE 3/05/11	PAYMENT TERMS 45	ORDER TYPE O	RESP. CSR KAITLYN	CSR CONTACT # 65-6450-7254	SALESPERSON Generic Salesman	WAREHOUSE DC	PAGE Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE # TZ 10002283
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620, UNITED STATES OF A (US) ACCOUNT NO : 83621	SHIP TO: GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.		COFS # 415706		DATE : 16/09/11 TIME : 22:30:21 CURRENCY : GBP				

ORDER NOTES :

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620412789	ZYCLARA SAMPLE 3.75% CREAM USA GRACEWAY Harmonized Code : 30049000 VAT % : .0000	DC	EA	40272	40272	.9900	39869.28
			200012 ZYCLARA CREAM 3.75% SAMPLE	MFO30B				40272	
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total S\$ 78517.76 VAT @ 0% S\$.00 Order Total with VAT S\$ 78517.76									39869.28

THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED. PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE

TERMS AND CONDITIONS OF SALE:
 The following is made in lieu of all warranties, express or implied. Seller's only obligation shall be to replace such quantity of product proved to be defective. Seller shall not be liable for any injury, loss or damage direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and the user's assumption of risk and liability whatsoever in connection herewith. The foregoing shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.

ACCOUNTS COPY

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3m.com.sg
 CRN 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER : 4500009804 ORDER DATE : 12/05/11 PAYMENT TERMS : B:ORDER CODE : 0 ORDER TYPE : 0 RESP CSR : KAITLYN SHIP TO : GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.

CHARGE TO : GRACEWAY PHARMACEUTICALS LLC
 ATTN ACCOUNTS PAYABLE
 340 MARTIN LUTHER KING JR BLVD
 BRISTOL, TN, 37620,
 UNITED STATES OF A (US) ACCOUNT NO : 83621

SALESPERSON : Generic Salesman WAREHOUSE : DC PAGE : Page 1 of 1
 COFS # : 418341

QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE # : TZ 10002352
 DATE : 27/09/11
 TIME : 18:06:46
 CURRENCY : GBP

ORDER NOTES :

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620400206	ALDARA CREAM 12'S SALE USA Harmonized Code : 30049099 VAT % : 0000	DC	EA	27576	27576	3.2600	89897.76
			110000	MH064A		Lot Details *****		27576	
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total S\$ 177042.85 VAT @ 0% S\$.00 Order Total with VAT S\$ 177042.85									89897.76

THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED. PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE

TERMS AND CONDITIONS OF SALE: The following is made in lieu of all warranties, express or implied. Seller's only obligation shall be to replace such quantity of the product proved to be defective. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall ensure the suitability of the product for his intended use, and user assumes the full and liability whatsoever in connection herewith. The foregoing may be changed except by an agreement signed by an officer of 3M.

UNLESS OTHERWISE AGREED BY WRITTEN AGREEMENT, THE SALE OF ALL GOODS AND SERVICES SHALL BE SUBJECT TO 3M'S CONDITIONS OF SALE FOR GOODS AND SERVICES. COPY AVAILABLE ON REQUEST.

ACCOUNTS COPY GBP 89897.76

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore, 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN:200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER: 4500010412 ORDER DATE: 21/07/11 PAYMENT TERMS: 45 BORDER CODE: 0 ORDER TYPE: O

CHARGE TO: GRACEWAY PHARMACEUTICALS LLC
 ATTN ACCOUNTS PAYABLE
 340 MARTIN LUTHER KING JR BLVD
 BRISTOL, TN, 37620.

RESP. CSR: KAITLYN SHIP TO: EGALA S.A.
 APARTADO POSTAL 0302-00388
 LOCAL 7-B, EDIFICIO #4 CALLE 13
 ZONA LIBRE DE COLON
 COLON, PANAMA

SALESPERSON: Genetic Salesman WAREHOUSE: DC PAGE: Page 1 of 1
 COFS #: 437633

QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE #
 TZ 10002358
 DATE: 28/08/11
 TIME: 15:35:07
 CURRENCY: GBP

CUSTOMER NOTES: UNITED STATES OF A (US) ACCOUNT NO : 83621

ORDER NOTES: NDA NO : 20-723
 MANUFACTURING LICENCE NUMBER : 011517
 UK NATIONAL LABELER CODE : 0115170610
 PHARMA PROD: CREAM FOR EXTERNAL GENITAL WARTS
 DOES NOT CONTAIN ANIMAL OR ANIMAL BY-PROD

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620400149	ALDARA CREAM 12 SALE VENEZUELA Harmonized Code: 30049000 VAT % .0000	DC	EA	3060	3060	5.1000	15606.00
		400007		GMG121D	***** Lot Details *****			3060	
VAT exempted export - art 146 Council Directive 2006/112/EC Payment Terms : 45 days from invoice date (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total \$S 30734.14 GBP 15606.00 VAT @ 0% \$S .00 GBP .00 Order Total with VAT \$S 30734.14 GBP 15606.00									

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TERMS AND CONDITIONS OF SALE: The following is made in lieu of all warranties, express or implied. Seller's only obligation shall be to replace such quantity of the product proved to be defective. Seller shall not be liable for any injury, loss or damage, direct or consequential, arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all risk and liability whatsoever in connection therewith. The foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.

ACCOUNTS COPY

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel : 64508888 Fax : 65522113
 www.3M.com.sg
 CRN 200802267C
 VAT # : GB 975055791

CUSTOMER PURCHASE ORDER NUMBER 4500010327	ORDER DATE 7/07/11	PAYMENT TERMS 45	BORDER CODE 0	ORDER TYPE O	RESP. CSR KAITLYN	CSR CONTACT # 65-6450-7254	SALESPERSON Generic Salesman	WAREHOUSE DC	PAGE Page 1 of 1	QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE #
CHARGE TO: GRACEWAY PHARMACEUTICALS LLC ATTN ACCOUNTS PAYABLE 340 MARTIN LUTHER KING JR. BLVD BRISTOL, TN, 37620.			SHIP TO:		EGALA S.A. APARTADO POSTAL 0302-00388 LOCAL 7-B, EDIFICIO #4 CALLE 13 ZONA LIBRE DE COLON COLON, PANAMA		COFS # 433600		TZ 10002361 DATE : 28/09/11 TIME : 16:03:00 CURRENCY : GBP	
UNITED STATES OF A (US)			ACCOUNT NO : 83621		ORDER NOTES :					

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620400099	TAMBOCOR TABLETS 25'S 100MG LA TIN AMERIC Harmonized Code : 30049000 VAT % : 0000	DC	EA	8520	8520	1.8500	15762.00
				400012	****	Lot Details	****	8520	
				GM1059B					
						VAT exempted export - art 146 Council Directive 2006/112/EC			
						(Exchange Rate GBP 1 to SGD @ 1.9693) Order Total		SS	31041.37
						Payment Terms : 45 days from invoice date		SS	.00
						Order Total with VAT		SS	31041.37
						RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED		GBP	15762.00
						PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE		GBP	15762.00

TERMS AND CONDITIONS OF SALE

THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED.

The following is made in lieu of all warranties, express or implied. Seller shall not be liable for any injury, loss or damage direct or consequential arising out of the use of, or the inability to use, the product. Before using, user shall determine the suitability of the product for his intended use, and user assumes all risk and liability whatsoever in connection with the use of the product. The foregoing may not be changed except by an agreement signed by an officer of seller. Unless otherwise agreed by written agreement, the sale of all goods and services shall be subject to 3M's Conditions of Sale for Goods and Services, copy available on request.

ACCOUNTS COPY

3M Tax Invoice

3M Innovation Singapore Pte Ltd
 1 Yishun Avenue 7, Singapore 768923
 Tel: 64508888 Fax: 65522113
 www.3m.com.sg
 CRN: 200802267C
 VAT #: GB 975055791

CUSTOMER PURCHASE ORDER NUMBER: 4500009737 ORDER DATE: 3/05/11 PAYMENT TERMS: 45 B-ORDER CODE: 0 ORDER TYPE: 0 RESP CSR: KAITLYN SHIP TO: GRACEWAY PHARMACEUTICALS C/O LEITNER PHARMACEUTICALS 881 MT VIEW ROAD PINEY FLATS TN 37686 U.S.A.

CHARGE TO: GRACEWAY PHARMACEUTICALS LLC
 ATTN ACCOUNTS PAYABLE
 340 MARTIN LUTHER KING JR. BLVD
 BRISTOL, TN, 37620.
 UNITED STATES OF A (US) ACCOUNT NO.: 83621

SALESPERSON: Generic Salesman WAREHOUSE: DC PAGE: Page 1 of 1
 COFS #: 415703

QUOTE THIS NUMBER WHEN CORRESPONDING INVOICE #
 TZ 10002363
 DATE: 28/09/11
 TIME: 16:33:17
 CURRENCY: GBP

ORDER NOTES:

LINE NO	CPO LINE	ITEM NUMBER	DESCRIPTION / CUSTOMER X-REFERENCE / LINE NOTES	WHSE	UOM	ORDER QTY	SHIP QTY	UNIT PRICE	NET AMOUNT
001	1	GH620412789	ZYCLARA SAMPLE 3.75% CREAM USA GRACEWAY Harmonized Code: 30049000 VAT % .0000	DC	EA	33600	33600	9900	33264.00
			200012 ZYCLARA CREAM 3.75% SAMPLE	MFO30C	***** Lot Details *****			33600	
VAT exempted export - art 146 Council Directive 2006/112/EC (Exchange Rate GBP 1 to SGD @ 1.9693) Order Total S\$ 33264.00 Payment Terms : 45 days from invoice date VAT @ 0% S\$.00 Order Total with VAT S\$ 33264.00									
THIS IS A COMPUTER GENERATED TAX INVOICE. NO SIGNATURE IS REQUIRED. RECEIPT WILL NOT BE SENT UPON PAYMENT UNLESS REQUESTED. PLEASE PAY THIS AMOUNT OR IGNORE IF PAYMENT HAS BEEN MADE.									
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ACCOUNTS COPY

Alan E. Brown, Esq.
Special Counsel to 3M Company

3M Legal Affairs
Office of General Counsel

P.O. Box 33428
St. Paul, MN 55133-3428 USA
Phone: (651) 736-6739
Fax: (651) 736-9469
Email: arbrown@mmm.com



November 9, 2011

VIA U.S. MAIL

BMC Group, Inc.
Attn: Graceway Pharmaceuticals Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

**Re: In re Graceway Pharmaceuticals, LLC
Bankr. D. Del. Case No. 11-13036
Proof of Claim for 3M Company**

Dear Sir or Madam:

Enclosed for filing, please find 3M's proof of claim, and 503(b)(9) proof of claim in the above-referenced matter.

Thank you for your assistance.

Sincerely,


Alan E. Brown

Enc.