

EXHIBIT IV

Claim No. 238

B10 (Official Form 10)
(Rev. 7/95)

United States Bankruptcy Court		PROOF OF CLAIM					
District of <u>DELAWARE</u>							
In re (Name of Debtor) GRACEWAY PHARMACEUTICALS, LLC.		Case Number 11-13036	Chapter 11				
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.							
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property) Name and Address Where Notices Should be Sent Tennessee Department of Revenue C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.					
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 14-1965385/000		Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____					
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">RECEIVED MAR 26 2012 BMC GROUP</div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)							
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:					
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.							
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. §507(a) _____ Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$804,615.23 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.							
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$5,430,102.64 Specify the priority of the claim.							
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">\$804,615.23 (Unsecured)</td> <td style="width: 25%; text-align: center;">\$ _____ (Secured)</td> <td style="width: 25%;">\$5,430,102.64 (Priority)</td> <td style="width: 25%; border: 1px solid black; text-align: center;">\$6,234,717.87 (Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				\$804,615.23 (Unsecured)	\$ _____ (Secured)	\$5,430,102.64 (Priority)	\$6,234,717.87 (Total)
\$804,615.23 (Unsecured)	\$ _____ (Secured)	\$5,430,102.64 (Priority)	\$6,234,717.87 (Total)				
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-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.			THIS SPACE IS FOR COURT USE ONLY				
DATE <u>March 12, 2012</u> 3076031120312 MD		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Print Name: <u>Wilbure Hooks</u> Signature: <u>Wilbure E. Hooks JR</u> <u>3/12/12</u>					

Graceway Pharmaceuticals LLC



penalty of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

ALL INQUIRIES CONTACT:
Michelle Denney
(615) 532-6324

Debtor: GRACEWAY PHARMACEUTICALS, LLC.

D/B/A: GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL, TN 37620-3996

ACCT NO. 166862679
ACCT TYPE BUS COUNTY
ENTITY ID 14-1965385/000

D/B/A: GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL, TN 37620-3996

ACCT NO. 501299974
ACCT TYPE BUS CITY
ENTITY ID 14-1965385/000

D/B/A: GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL, TN 37620-3996

ACCT NO. 320042959
ACCT TYPE FRAN/EXCS2
ENTITY ID 14-1965385/000

D/B/A: GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL, TN 37620-3996

ACCT NO. 105995775
ACCT TYPE SALES&USE
ENTITY ID 14-1965385/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL TN 37620-3996

824 MARKET STREET
WILMINGTON DE 19801

Docket No.: 11-13036

Chapter: 11

Date Petition Filed: September 29, 2011

14-1965385/000

166862679

BUS COUNTY

First Creditors Meeting:

Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	BKDT	04-01-09	\$2,178.00	\$0.00	\$0.00	\$165.00	\$2,343.00
1	BKDT	04-01-11	\$2,478.84	\$0.00	\$0.00	\$0.00	\$2,478.84
TOTALS			\$4,656.84	\$0.00	\$0.00	\$165.00	\$4,821.84

RECAP

Audit Balance: \$4,821.84
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$0.00
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00

Penalty and interest calculated through 09-29-11

GRAND TOTAL: \$4,821.84

Michelle Denny
Preparer's Signature

March 12, 2012
Date



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL TN 37620-3996

824 MARKET STREET
WILMINGTON DE 19801

Docket No.: 11-13036

Chapter: 11

Date Petition Filed: September 29, 2011

14-1965385/000
501299974
BUS CITY

First Creditors Meeting:
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	BKDT	04-01-09	\$940.06	\$0.00	\$0.00	\$305.00	\$1,245.06
1	BKDT	04-01-11	\$2,478.84	\$0.00	\$0.00	\$0.00	\$2,478.84
TOTALS			\$3,418.90	\$0.00	\$0.00	\$305.00	\$3,723.90

RECAP
 Audit Balance: \$3,723.90
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$0.00
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00
 GRAND TOTAL: \$3,723.90

Penalty and interest calculated through 09-29-11

Michelle Dennis
Preparer's Signature

March 12, 2012
Date



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL TN 37620-3996

824 MARKET STREET
WILMINGTON DE 19801

14-1965385/000
320042959
FRAN/EXCS2

Docket No.: 11-13036

Chapter: 11

Date Petition Filed: September 29, 2011

First Creditors Meeting:

Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
3	FLD	01-01-07	\$1,849.95	\$0.00	\$0.00	\$329.38	\$2,179.33
2	FLD	01-01-09	\$24,455.11	\$0.00	\$0.00	\$2,582.43	\$27,037.54
2	FLD	01-01-10	\$1,345.03	\$0.00	\$0.00	\$68.61	\$1,413.64
1	DLNQ	09-30-10	\$2,736,062.65	\$714,676.60	\$0.00	\$94,761.91	\$3,545,501.16
1	DLNQ	01-01-11	\$2,130,323.04	\$0.00	\$0.00	\$0.00	\$2,130,323.04
TOTALS			\$4,894,035.78	\$714,676.60	\$0.00	\$97,742.33	\$5,706,454.71

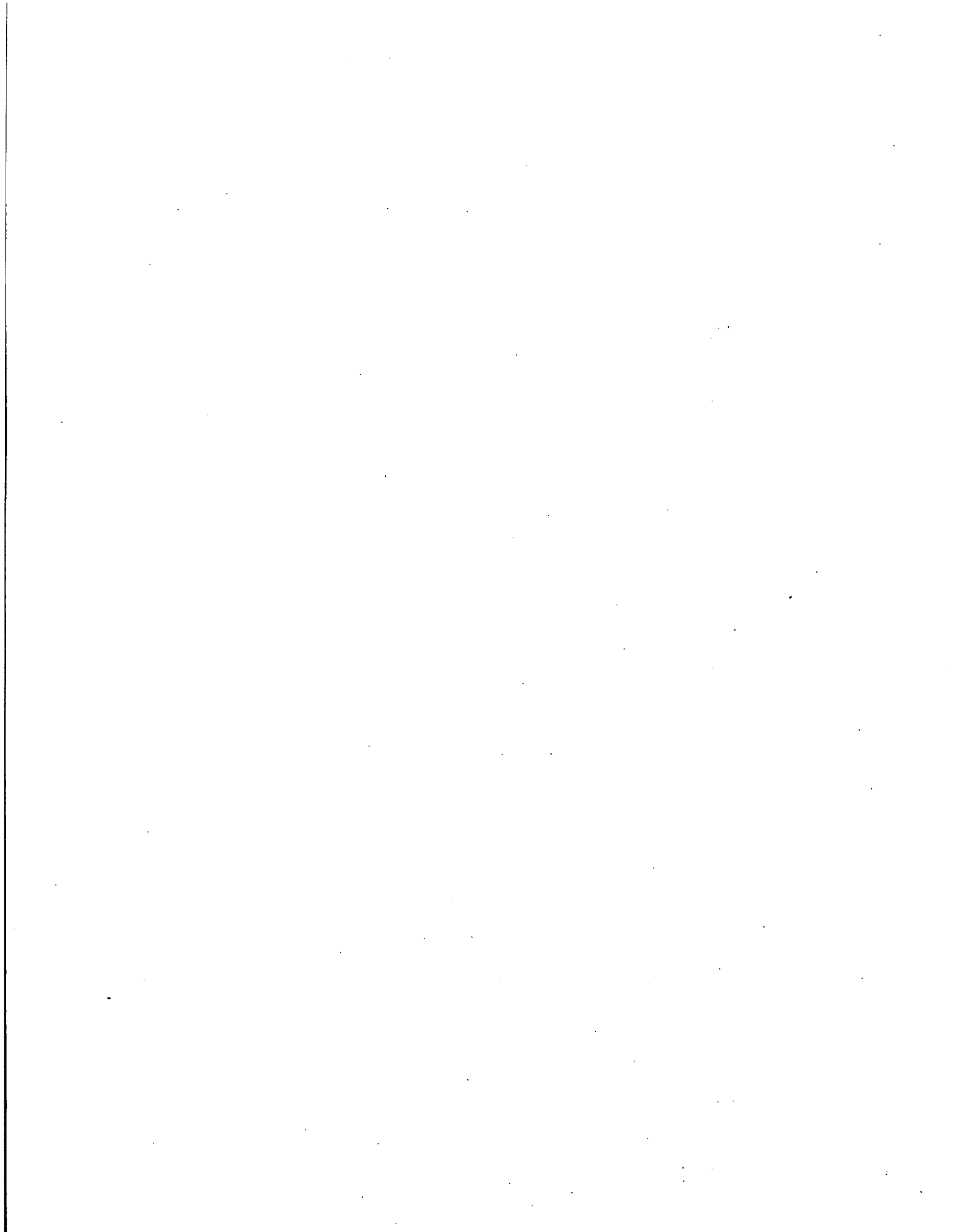
RECAP

Audit Balance: \$30,630.51
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$5,675,824.20
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00
 GRAND TOTAL: \$5,706,454.71

Penalty and interest calculated through 09-29-11

Michelle Deuney
Preparer's Signature

March 12, 2012
Date





TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

GRACEWAY PHARMACEUTICALS, LLC.

BANKRUPTCY

GRACEWAY PHARMACEUTICALS, LLC
340 MARTIN LUTHER KING JR BLVD
BRISTOL TN 37620-3996

824 MARKET STREET
WILMINGTON DE 19801

14-1965385/000
105995775
SALES&USE

Docket No.: 11-13036
Chapter: 11
Date Petition Filed: September 29, 2011
First Creditors Meeting:
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	BKDT	01-01-08	\$361,486.26	\$89,938.63	\$0.00	\$68,292.53	\$519,717.42
TOTALS			\$361,486.26	\$89,938.63	\$0.00	\$68,292.53	\$519,717.42

RECAP

Audit Balance: \$519,717.42
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$0.00
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00

Penalty and interest calculated through 09-29-11

GRAND TOTAL: \$519,717.42

Michelle Dorney
Preparer's Signature

March 12, 2012
Date

00042
00200

fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx *NEW Package*
Express **US Airbill**
Tracking Number **8770 7561 6121**

RECIPIENT: PEEL HERE

1 From this portion can be removed for Recipient's records.
Date: _____ FedEx Tracking Number: **877075616121**

Sender's Name: **EDDIE WHITE** Phone: **615 741-7071**

Company: **TENN DEPT OF REVENUE/TAX EMPLOY**

Address: **500 BEADERICK ST**

City: **NASHVILLE** State: **TN** ZIP: **37243-0001**

2 Your Internal Billing Reference

RECEIVED

3 To Recipient's Name: _____ Date: **MAR 26 2012**

Company: **BMC GROUP INC. BMC GROUP**

Address: **4444 Galloway Valley Dr. East.**

Address: **18750 Lave Dr. East.**

City: **Channahassen** State: **MIN** ZIP: **55137**



8770 7561 6121

0440961042

0215

Recipients Copy

4 Express Package Service * To meet deadline. Note: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

2 or 3 Business Days

NEW FedEx 2Day AM

FedEx 2Day

FedEx Express Saver

5 Packaging * Declared value limit \$500

FedEx Envelope*

FedEx Pak*

FedEx Box

FedEx Tube

Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery

No Signature Required

Direct Signature

Indirect Signature

Signature Required

Signature Required - Restricted

Signature Required - Restricted (Signature Required)

Signature Required - Restricted (Signature Required)

Signature Required - Restricted (Signature Required)

Signature Required - Restricted (Signature Required)

Signature Required - Restricted (Signature Required)

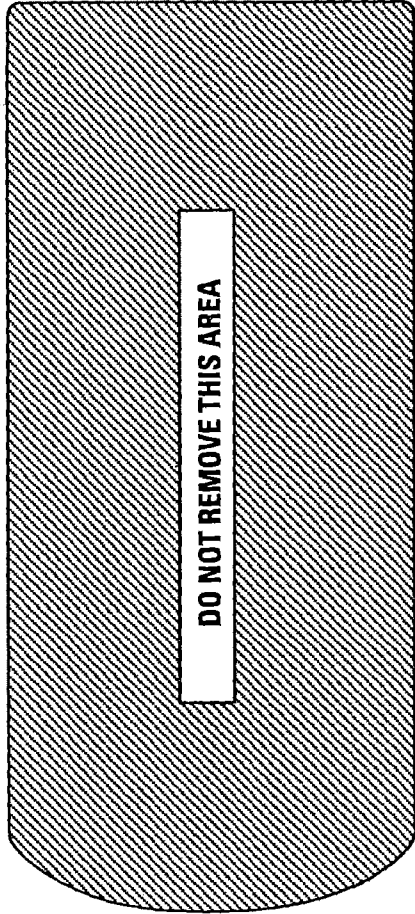
Signature Required - Restricted (Signature Required)

Signature Required - Restricted (Signature Required)

Packages up to 150 lbs. For packages over 150 lbs. use the new FedEx Express High US Airbill.

fedex.com 1.800.GoFedEx 1.800.463.3339

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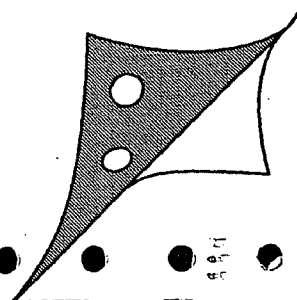
DO NOT REMOVE THIS AREA

Peel and Stick FedEx Express Package US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.

Please DO NOT remove "FedEx Copy."

PEEL FROM THIS CORNER.



4 9 71