

CERTIFICATE OF SERVICE

The undersigned hereby certifies that one (1) copy of the **Motion of Cardinal Health for Allowance and Payment of Administrative Claim** was served on the parties in the attached service list this 8th day of June, 2012, *via* first class mail unless otherwise indicated:

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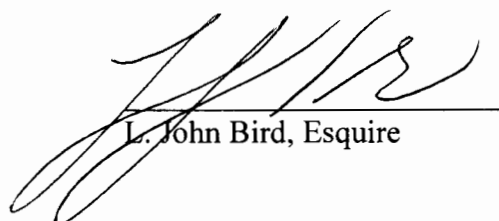
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