

Name of Debtor: ReGen Biologics Inc Case Number: 11-11083

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):

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

Name and address where notices should be sent:
 FedEx TechConnect
 As Assignee of FedEx Express/FedEx Ground
 Attn: Revenue Recovery/Bankruptcy
 3965 Airways Blvd. Module G, 3rd Floor,
 Memphis, TN 38115
 Telephone number: (901) 397-2177

Court Claim Number: _____
 (If known)
 Filed on: _____

Name and address where payment should be sent (if different from above):
 RECEIVED
 JUN 09 2011
 BMC GROUP
 Telephone number: _____

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: \$766.38
 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:

2. Basis for claim: SERVICES
 (See instruction #2 on reverse side.)

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

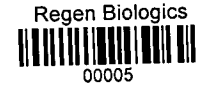
3. Last four digits of any number by which creditor identifies debtor: 204388156
 3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

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 - U.S.C. 507 (a)(4).

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: \$ _____

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)().

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 order, 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.

Amount entitled to priority:
 \$ _____
 *Amount are sui 4/1/10 and ever, respect to cases the date of adjus
 Regen Biologics

 00005

Date: 05/05/2011
 Signature: The person filing this claim must sign it. Sign and print name and title. If any, of the coordinator 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.
William E. Seligman

FOR COURT USE ONLY
 JUN 20 2011
 11-11083

BMC

UNITED STATES BANKRUPTCY COURT	District of Delaware	PROOF OF CLAIM
Name of Debtor: <u>ReGen Biologics Inc</u>		Case Number: <u>11-11083</u>
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):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent: FedEx TechConnect As Assignee of FedEx Express/FedEx Ground Attn: Revenue Recovery/Bankruptcy 3965 Airways Blvd. Module G, 3rd Floor, Memphis, TN 38115 Telephone number: (901) 397-2177		Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of claim as of date case filed: <u>\$766.38</u> 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. <input type="checkbox"/> 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: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - U.S.C. 507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. 507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. 507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. 507 (a)(L).
2. Basis for claim: <u>SERVICES</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>204388156</u> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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 order, 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.		Amount entitled to priority: <u>COPY</u> \$ _____ <i>*Amount are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>
Date: <u>05/05/2011</u>	Signature: The person filing this claim must sign it. Sign and print name and title. If any, of the coordinator or other person authorized to file this claim and state address and telephone number if different from the notice address above. <u>William S. Seligson</u> Attach copy of power of attorney, if any.	

FOR COURT USE ONLY
MAY 20 AM 9:42
UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE



Bankruptcy Information System
Statement of Account

Case # 11-11083
Name ReGen Biologics Inc
Filing St Delaware FilingDist
Filing Date 04/08/2011 Chapter 11

Account #	Invoice #	Invoice Date	Invoice Amount
204388156	589700365	04/18/2011	\$50.66
204388156	745440881	04/08/2011	\$109.27
204388156	746238484	04/15/2011	\$73.11
204388156	747225936	04/25/2011	\$31.40
204388156			\$264.44
214806762	744617699	04/01/2011	\$125.82
214806762	745424132	04/08/2011	\$37.76
214806762	746221317	04/15/2011	\$18.15
214806762	746403514	04/18/2011	\$320.21
214806762			\$501.94
Grand Total:			\$766.38



Thursday, May 5, 2011

U S Bankruptcy Court
824 Market Street 5th Floor
Wilmington, DE 19801

FILED
2011 MAY 20 AM 9:42
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Ref: ReGen Biologics Inc

Case #: 11-11083

To Whom It May Concern

Please file the attached Proof of Claim on behalf of FedEx TechConnect and return a copy to me as the proof of the filing.

Thank you for your cooperation in this matter

Sincerely,

William B. Seligstein
Sr. Perf & Plng Analyst
Tel: 901-397-2177
Fax: 901-397-2016

Attachment(s):
cc: file