

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: Argenta Reimbursement Advisors, LLC

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: Louise Guy, 539 Bielenberg Dr Suite 200, Woodbury MN 55125

Court Claim Number: (If known)

Telephone number: (508)431-6510

Filed on:

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

RECEIVED JUN 09 2011 BMC GROUP

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.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 70,783.55

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.

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.

Specify the priority of the claim. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

2. Basis for Claim: Services Performed (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1620

Wages, salaries, or commissions (up to \$11,725*) 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).

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

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

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.

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

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: \$

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

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

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

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.)

Amount entitled to priority:

\$

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

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

If the documents are not available, please explain:

Date: 9/18/2011 Signature: Louise Guy, Managing Partner

FOR COURT USE ONLY

31 PM 12:03

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.

Regen Biologics 00006

BMC



Argenta Reimbursement Advisors
3070 Arden Place
Woodbury, MN 55129

Phone # 612.781.3767

Fax # 612.788.0750

To: ReGen Biologics Inc.
Attn: Accounts Payable
411 Hackensack Ave.
Hackensack, NJ 07601

P.O. #

Invoice # 1605

Date: 8/31/2009

Invoice

Description

For reimbursement consulting services provided by Argenta Reimbursement Advisors for the period August 2009.

Please see attached timesheets for a summary of the activities and hours.

Medical Director's hours = 11 @ \$400/hour

Expenses incurred by Argenta Reimbursement Advisors will be billed under a separate invoice.

Point of Contact : Cindy Vandebosch

Total Amount Due:	\$4,400.00
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Our Federal Tax ID number is: 20-1281620

Payment is due upon receipt.
Please attach a copy of this invoice with your payment.



Argenta Reimbursement Advisors
3070 Arden Place
Woodbury, MN 55129

Phone # 612.781.3767

Fax # 612.788.0750

To: ReGen Biologics Inc.
Attn: Accounts Payable
411 Hackensack Ave.
Hackensack, NJ 07601

P.O. #

Invoice # 1582

Date: 8/31/2009

Invoice

Description

For reimbursement consulting services provided by Argenta Reimbursement Advisors for the period August 1-31, 2009.

Three Retainer payments for consultants each working 60 hrs per month.
Flat Rate = \$33,000

Expenses incurred by Argenta Reimbursement Advisors will be billed under a separate invoice.

Point of Contact : Jeff Chandler

Total Amount Due:

\$33,000.00

Our Federal Tax ID number is: 20-1281620

Payment is due upon receipt.
Please attach a copy of this invoice with your payment.



Argenta Reimbursement Advisors
3070 Arden Place
Woodbury, MN 55129

Phone # 612.781.3767

Fax # 612.788.0750

To: ReGen Biologics Inc.
Attn: Accounts Payable
411 Hackensack Ave.
Hackensack, NJ 07601

P.O. #

Invoice # 1601

Date: 9/16/2009

Invoice

Description

For expenses incurred by Argenta Reimbursement Advisors, per expense report and receipts as attached.

Total Amount Due:

\$383.55

Our Federal Tax ID number is: 20-1281620

Payment is due upon receipt.
Please attach a copy of this invoice with your payment.



Argenta Reimbursement Advisors •
3070 Arden Place
Woodbury, MN 55129

Phone # 612.781.3767

Fax # 612.788.0750

To: ReGen Biologics Inc.
Attn: Accounts Payable
411 Hackensack Ave.
Hackensack, NJ 07601

P.O. #

Invoice # 1610

Date: 9/30/2009

Invoice

Description

For reimbursement consulting services provided by Argenta Reimbursement Advisors for the period September 1-30, 2009.

Three Retainer payments for consultants each working 60 hrs per month.
Flat Rate = \$33,000

Expenses incurred by Argenta Reimbursement Advisors will be billed under a separate invoice.

Point of Contact : Jeff Chandler

Total Amount Due:

\$33,000.00

Our Federal Tax ID number is: 20-1281620

Payment is due upon receipt.
Please attach a copy of this invoice with your payment.

argenta:advisors™

Thursday, May 19, 2011

Louise Guy, Managing Partner
Argenta Advisors
539 Bielenberg Drive, Suite 200
Woodbury, MN. 55125

Sent via first Class Mail

United States Bankruptcy Court
Attn: Claims
824 Market Street, 3rd Floor
Wilmington, DE. 19801

RE: Proof Of Claim 11-11083-PJW ReGen Biologics, Inc.

Dear Clerk;

Please file this proof of claim for the above referenced case. Please contact me with any questions.

/s/ Louise Guy
Louise Guy
Louise@argentaadvisors.com

2011 MAY 31 PM 12:03
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

5:11:50