

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 13 2011

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.

Telephone number:

BMC GROUP

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

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.

2. Basis for Claim: Services Performed

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: 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:

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.

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

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).

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.

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:

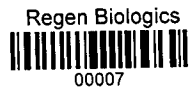
FOR COURT USE ONLY

Date: 4/15/2011

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.

Louise Guy, Managing Partner

Handwritten signature of Louise Guy





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
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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 # 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 # 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

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™

REIMBURSEMENT

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

Thursday, June 02, 2011

Sent via first Class Mail

BMC Group Inc.
Regen Biologics, Inc. Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

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