



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM	
In re: <i>Regen Biologics, Inc., et al</i>		Case Number: <i>11-11083(PJW)</i>	
NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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.		<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 checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): _____ Filed on: _____	
 27444249000155 <i>PUMPS International, Inc. - CA 306 DIGITAL DRIVE MORGAN HILL, CA 95037-3402 - 716 Hull St Henderson, NV 89015</i>			
Creditor Telephone Number <i>(702) 2568-6398</i>		RECEIVED JUN 30 2011 BMC GROUP	
Name and address where payment should be sent (if different from above): <i>Pumps International, Inc. 716 Hull St. Henderson, NV 89015</i>			
Payment Telephone Number <i>702-5686398</i>			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <i>3075.34</i> <i>2,758.56</i>			
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.			
2. BASIS FOR CLAIM: <i>Unpaid Invoice + PO</i>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <i>55CA</i>	
(See instructions #2 and #3a on reverse side.)		3a. Debtor may have scheduled account as:	
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 set off and provide the requested information Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <i>Pumps</i> Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____		Secured Claim Amount: \$ _____ Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges as of time case file included in secured claim, DO NOT include the priority portion of your claim here.	
5. PRIORITY CLAIM			
<input type="checkbox"/> 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. You MUST 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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Unsecured Priority Claim Amount: \$ <i>2,758.56</i> Include ONLY the priority portion of your unsecured claim here.	
<input type="checkbox"/> 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). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <small>* 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.</small>			
6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain. DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on July 1, 2011 for Non-Governmental Claimants OR on or before October 5, 2011 for Governmental Units.		THIS SPACE FOR COURT USE ONLY Regen Biologics  00040	
BY MAIL TO: BMC Group, Inc. Attn: ReGen Biologics, Inc. Claims Processing PO Box 3020 Chanhasen, MN 55317-3020		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group, Inc. Attn: ReGen Biologics, Inc. Claims Processing 18750 Lake Drive East Chanhasen, MN 55317	
DATE <i>6/29/11</i>	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. <i>Carol Brogan</i>		

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p>Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Debtor Name</td> <td style="width: 30%;">Case No</td> </tr> <tr> <td>ReGen Biologics, Inc.</td> <td>11-11083</td> </tr> <tr> <td>RBio, Inc.</td> <td>11-11084</td> </tr> </table> <p>Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p>2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p>	Debtor Name	Case No	ReGen Biologics, Inc.	11-11083	RBio, Inc.	11-11084	<p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.</p> <p>6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Date-Stamped Copy Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
Debtor Name	Case No						
ReGen Biologics, Inc.	11-11083						
RBio, Inc.	11-11084						

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

INFORMATION

document showing that the lien has been filed or recorded.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/regenbiologics

PUMPS INTERNATIONAL, INC.-CA

CORRECTED INVOICE

(CA FACILITY)

REMIT TO: 716 HULL STREET
 HENDERSON, NV 89015
 702-568-6398 FAX: 702-568-1517

DATE	INVOICE #
9/29/2009	911155-CA

BILL TO:
ReGEN BIOLOGICS, INC. ATTN: A/P 411 HACKENSACK AVE. HACKENSACK, NJ 07601

SHIP TO:
ReGEN BIOLOGICS, INC. ATTN: RECEIVING 545 PENOBSCOT DRIVE REDWOOD CITY, CA 94063

B/L TRACKING #	
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P.O. NO.	TERMS	REP	SHIP DATE	SHIP VIA	FOB
4814	C.O.D.	PI	9/24/2009	WILL CALL	PI-CA

QTY	ITEM	DESCRIPTION	RATE	AMOUNT
1	EACH	SALE OF REBUILT L/H D4B VACUUM PUMP S/N L901100359	725.00	725.00
1	EACH	SALE OF REBUILT L/H D16B VACUUM PUMP S/N 1187470159	850.00	850.00
1	EACH	SALE OF REBUILT L/H D25BCS VACUUM PUMP S/N L00140031	975.00	975.00
		SUBTOTAL		2,550.00

****THANK YOU FOR PLACING YOUR ORDER WITH PUMPS INTERNATIONAL.
 PLEASE REMIT TO THE ABOVE ADDRESS.

Subtotal	2,550.00
Sales Tax (9.25%)	235.88
Total	2,785.88
Payments/Credits	\$0.00
Balance Due	2,785.88



Pumps International, Inc.
Phone: 702-565-9384
Fax: 702-568-1517

ORDER DATE	8780
ORDER DATE	9/2/2009
PO#	4814
SHIP DATE	09/24/09

SHIPPER

SHIPPER #	09242009
Dept.	SALES

CID	1125
BILL TO:	REGEN BIOLOGICS, INC.
	KOREEN KEITH
ADDRESS	411 HACKENSACK AVE
CITY	HACKENSACK NJ 07601

SHIP TO:	<input type="checkbox"/> Same as BILL TO:
	REGEN BIOLOGICS, INC.
	545 PENOBSCOT DRIVE
	REDWOOD CITY CA 94063

SHIP VIA	WILL CALL	COLLECT	<input type="checkbox"/>	FOB	FOB CALIFORNIA
CONTACT	KOREEN KEITH	PPD	<input type="checkbox"/>	PRO-TRACKING	<input type="checkbox"/>
		PHONE	650-306-8277	FAX	650 562-0808

PI COMPANY CONTACT	Betsy Brogan	TERMS	NET 30	C.C. #	XXXX-XXXX-XXXX
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QTY.	PART #	DESCRIPTION
1	D4B	REBUILT LEYBOLD VACUUM PUMP S/N L901100359 115 VOLT 1 PHASE HYDRO CHARGED
1	D16B	REBUILT LEYBOLD VACUUM PUMP S/N 1187470159 230 VOLT 1 PHASE HYDRO CHARGED
1	D25BCS	REBUILT LEYBOLD VACUUM PUMP S/N L00140031 230 VOLT 1 PHASE HYDRO CHARGED
		\$100.00 CASH VOUCHER FOR ALL 3 PUMPS.

Freight Cost

Received by: X *Koreen Keith* **Date:** 09/30/09

Thank you for allowing Pumps International Inc. to service your vacuum needs!
 "We measure success, one customer at a time."

FC



Purchase Order

Date	PO No.
8/28/2009	4814

411 Hackensack Avenue
 Hackensack NJ 07601
 United States
 201-651-3502
 www.regenblo.com

Vendor
 Carolyn Brogan
 Pumps International, Inc.
 306 Digital Drive
 Morgan Hill CA 95037-3102
 United States
 Ph: (408)776-0259
Fernando 209 587 2253

Ship To
 Koreen Keith
 ReGen Biologics, Inc. (RWC)
 545 Penobscot Drive
 Redwood city CA 94063
 United States

ReGen's Sellers Permit No: SR BHA 97505663

Originator: kkeith Supervisor Signature: *Rllp R. Keith 8/28/09*

Phone: 650-306-8277 Fax: 650-562-0808 Delivery Date: 9/21/2009

Exp Qty	Qty	Description	Part No	Rate	Unit Amt	Amount	Resale	CntrId
	1	D4B-Service Vacuum Pump-Parts S325		725.00		725.00		
	1	<i>1901100359</i>	Facilities : Facility Repair & Maint					
	1	D16B-Service Vacuum Pump-Parts S450		850.00		850.00		
	1	<i>1187470159</i>	Facilities : Facility Repair & Maint					
	1	D25B-Service Vacuum Pump-Parts S500		975.00		975.00		
		<i>L001400031</i>	Facilities : Facility Repair & Maint					

WIP

100 voucher for ED - disallowed per CB due to non payment

Fernando

209-587-2253

PLEASE ENSURE ELECTRICAL PLUG TYPE STAYS WITH EACH PUMP. CUSTOMER TO PICK UP PUMPS WHEN READY.

Total: \$2,550.00

To be completed for Manufacturing, QC and R&D Purchases. Circle all requirements that apply to materials/equipment.
 MSDS Certificate** Operating Procedure Calibration Maintenance Reports/QC Cert None Required
 **Applies to Controlled Materials only.