

FILED

2023 FEB 21 AM 10:50

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 Tricida Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Delaware

Case number 23-10024

Official Form 410

Proof of Claim

12/15

Read the instructions before filing out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? CDW Direct, LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>CDW / Attn: Vida Krug</u> Name _____ <u>200 N. Milwaukee Ave</u> Number Street _____ <u>Vernon Hills IL 60061</u> City State ZIP Code _____ Contact phone <u>847-419-6322</u> Contact email <u>Vida.krug@cdw.com</u>	Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) NA Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

Customer# 12147137-01 *Please reference on all correspondence mailed to CDW **

7. How much is the claim? \$ 4,697.77 Does this amount include interest or other charges?
 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Goods Sold

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed

Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

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

\$ _____

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

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02-16-2023
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Vida Krug
First name Middle name Last name

Title Sr Recovery Analyst

Company CDW, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 200 N Milwaukee Ave

Number Street Vernon Hills, IL 60061

City State ZIP Code

Contact phone 847-419-6322 Email Vida.krug@cdw.com

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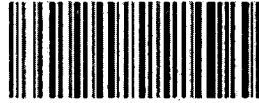
Item	Invoice Date	Orig Item Amt	Item Balance	Order No	PO
CB00247611ARB	2/7/2023	\$ 949.32	\$ 949.32		PO2406
CB00248181ARB	2/7/2023	\$ 812.50	\$ 812.50		PO2406
CB00224661	12/6/2022	\$ 1,582.20	\$ 1,582.20		PO2406
CB00230853	12/6/2022	\$ 1,353.75	\$ 1,353.75		PO2406
			\$ 4,697.77		

REMIT PAYMENT TO:

INVOICE



CDW Direct
 LLC
 PO BOX 75723
 Chicago, IL 60675-5723



ACH Information:
 The Northern Trust
 50 South Lasalle Street
 Chicago, IL 60675

E-mail remittance to:
 achremittance@cdw.com
 Routing no: 071000152
 Account Name: CDW Direct LLC
 Account No: 47910

RETURN SERVICE REQUESTED

TRICIDA, INC
 ACCOUNTS PAYABLE
 7000 SHORELINE CT STE 201
 SOUTH SAN FRANCISCO, CA 94080-7603
 United States

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
CB00224661	12/06/2022	12147137
PAYMENT TERMS		
NET 30 DAY		
DUE DATE	AMOUNT DUE	
01/05/2023	1,582.20	

Attention to: awong@tricida.com

CDW Direct LLC
 PO BOX 75723
 Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	Quantity	NET AMOUNT
1	MS EXCH OL ARCH F/EO MONTHL... -----	11/25/2022 - 12/24/2022	O365 Bus Prem Ex OL Archiving for Ex OL Monthly	2.85	Each	180.00	513.000
2	MS O365 BUS PREM BASIC ANNU... -----	11/25/2022 - 12/24/2022	M365 Business Std Basic Monthly Seat	11.88	Each	90.00	1069.200

GO GREEN

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.

ACCOUNT MANAGER		SUBTOTAL	1,582.20
		SALES TAX	0.00
		AMOUNT DUE	1,582.20



ISO 9001 and ISO 14001 Certified
 CDW DIRECT FEIN 36-4530079

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
 PLEASE EMAIL US AT credit@cdw.com
 VISIT US ON THE INTERNET AT
 www.cdw.com

REMIT PAYMENT TO:

INVOICE



CDW Direct
 LLC
 PO BOX 75723
 Chicago, IL 60675-5723

RETURN SERVICE REQUESTED

TRICIDA, INC
 ACCOUNTS PAYABLE
 7000 SHORELINE CT STE 201
 SOUTH SAN FRANCISCO, CA 94080-7603
 United States



ACH Information:
 The Northern Trust
 50 South Lasalle Street
 Chicago, IL 60675

E-mail remittance to:
 achremittance@cdw.com
 Routing no: 071000152
 Account Name: CDW Direct LLC
 Account No: 47910

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
CB00230853	12/06/2022	12147137
PAYMENT TERMS		
NET 30 DAY		
DUE DATE	AMOUNT DUE	
01/05/2023	1,353.75	

Attention to: awong@tricida.com

CDW Direct LLC
 PO BOX 75723
 Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	Quantity	NET AMOUNT
1	MS O365 BUS ESS BASIC MONTH... -----	11/25/2022 - 12/24/2022	M365 Business Basic Monthly Seat	4.75	Each	285.00	1353.750

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ACCOUNT MANAGER		SUBTOTAL	1,353.75
		SALES TAX	0.00
		AMOUNT DUE	1,353.75



ISO 9001 and ISO 14001 Certified
 CDW DIRECT FEIN 36-4530079

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 VISIT US ON THE INTERNET AT
www.cdw.com

REMIT PAYMENT TO:

INVOICE



CDW Direct
LLC
PO BOX 75723
Chicago, IL 60675-5723

RETURN SERVICE REQUESTED

TRICIDA, INC
ACCOUNTS PAYABLE
7000 SHORELINE CT STE 201
ACCOUNTS PAYABL
SOUTH SAN FRANCISCO, CA 94080-7603
United States



ACH Information:
The Northern Trust
50 South Lasalle Street
Chicago, IL 60675

E-mail remittance to:
achremittance@cdw.com
Routing no: 071000152
Account Name: CDW Direct LLC
Account No: 47910

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
CB00247611ARB	02/07/2023	12147137
PAYMENT TERMS		
NET 30 DAY		
DUE DATE	AMOUNT DUE	
03/09/2023	949.32	

Attention to: awong@tricida.com

CDW Direct LLC
PO BOX 75723
Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	Quantity	NET AMOUNT
Invoice Description: Rebill invoice CB00247611 for service dates of December 25 2022 thru January 11 2023 Invoice auto generated January 28, 2023 and client Payment Terms are identified as 913 Filed Bankruptcy .							
1	MS O365 BUS PREM BASIC ANNU...	12/25/2022 - 01/11/2023	M365 Business Std Basic Monthly Seat	641.52	Each	1.00	641.520
2	MS EXCH OL ARCH F/EO MONTHL...	12/25/2022 - 01/11/2023	O365 Bus Prem Ex OL Archiving for Ex OL Monthly	307.80	Each	1.00	307.800

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Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.

ACCOUNT MANAGER		SUBTOTAL	949.32
		SALES TAX	0.00
		AMOUNT DUE	949.32



ISO 9001 and ISO 14001 Certified
CDW DIRECT FEIN 36-4530079

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www.cdw.com

REMIT PAYMENT TO:

INVOICE



CDW Direct
 LLC
 PO BOX 75723
 Chicago, IL 60675-5723



RETURN SERVICE REQUESTED

TRICIDA, INC
 ACCOUNTS PAYABLE
 7000 SHORELINE CT STE 201
 ACCOUNTS PAYABL
 SOUTH SAN FRANCISCO, CA 94080-7603
 United States

ACH Information:
 The Northern Trust
 50 South Lasalle Street
 Chicago, IL 60675

E-mail remittance to:
 achremittance@cdw.com
 Routing no: 071000152
 Account Name: CDW Direct LLC
 Account No: 47910

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
CB00248181ARB	02/07/2023	12147137
PAYMENT TERMS		
NET 30 DAY		
DUE DATE	AMOUNT DUE	
03/09/2023	812.50	

Attention to: awong@tricida.com

CDW Direct LLC
 PO BOX 75723
 Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	Quantity	NET AMOUNT
Invoice Description: Rebill invoice CB00248181 for service dates of December 25 2022 thru January 11 2023 Invoice auto generated January 28, 2023 and client Payment Terms are identified as 913 Filed Bankruptcy							
1	MS O365 BUS ESS BASIC MONTH...	12/25/2022 - 01/11/2023	M365 Business Basic Monthly Seat	812.50	Each	1.00	812.500

GO GREEN

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Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.

ACCOUNT MANAGER	SUBTOTAL	812.50
	SALES TAX	0.00
	AMOUNT DUE	812.50



ISO 9001 and ISO 14001 Certified
 CDW DIRECT FEIN 36-4530079

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 VISIT US ON THE INTERNET AT
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