

Fill in this information to identify the case:

Debtor Tricida, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 23-10024

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling 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 or 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

<p>1. Who is the current creditor?</p>	<p><u>Datasite LLC</u> Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Datasite LLC</u> <u>Leif Simpson</u> <u>The Baker Center</u> <u>733 Marquette Ave, Suite 600</u> <u>Minneapolis, MN 55402, United States</u></p> <p>Contact phone <u>6516324046</u></p> <p>Contact email <u>leif.simpson@datasite.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Datasite LLC</u> <u>Leif Simpson</u> <u>P. O. Box 74007252</u> <u>Chicago, IL 60674, United States</u></p> <p>Contact phone <u>6516324046</u></p> <p>Contact email <u>leif.simpson@datasite.com</u></p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: 77ba _____

7. How much is the claim? \$ 5574.44. 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 and services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount should match the amount in line 7.)
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
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* 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"/> Wages, salaries, or commissions (up to \$15,150*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 03/07/2023
MM / DD / YYYY

/s/Leif Simpson
Signature

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

Name Leif Simpson
First name Middle name Last name

Title Credit Manager

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

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic 866-476-0898 | International 001-310-823-9000

Debtor: 23-10024 - Tricida, Inc. District: District of Delaware		
Creditor: Datasite LLC Leif Simpson The Baker Center 733 Marquette Ave, Suite 600 Minneapolis, MN, 55402 United States Phone: 6516324046 Phone 2: Fax: Email: leif.simpson@datasite.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Disbursement/Notice Parties: Datasite LLC Leif Simpson P. O. Box 74007252 Chicago, IL, 60674 United States Phone: 6516324046 Phone 2: Fax: E-mail: leif.simpson@datasite.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: goods sold and services performed	Last 4 Digits: Yes - 77ba	Uniform Claim Identifier:
Total Amount of Claim: 5574.44	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Leif Simpson on 07-Mar-2023 9:08:41 a.m. Eastern Time Title: Credit Manager Company: Datasite LLC		

Datasite LLC
 Baker Center
 733 S Marquette Ave, Suite 600
 Minneapolis, MN 55402
 United States

Tricida, Inc. 7000 Shoreline Court, Suite 201 South San Francisco CA 94080 ATTN : Sheila Vaughan	Invoice Number	INV-556750
	Invoice Date	03-Mar-23
	Invoice Due Date	02-Apr-23
	Billing Period	01-Jan-23 to 11-Jan-23
	Invoice Total	USD 5,574.44
PO Number		
Tax Number		

Description	Quantity	Price	Amount
Project Name: Tricida 2021 Project Id: a270h000001fsJ6AAI Effective: 25-Mar-21 Term: 12 Months			
Pages Hosted 01-Jan-23 to 11-Jan-23	156,611		USD 5,556.56
Gigabytes Special Media Hosted 01-Jan-23 to 11-Jan-23	0.02460		USD 17.88
Project Subtotal			USD 5,574.44

Subtotal	USD 5,574.44
Tax	USD 0.00
Total Invoice Amount	USD 5,574.44

Remit To Information

Remit Check Payment to:
 Datasite LLC
 P. O. Box 74007252
 Chicago, IL 60674-7252
 PLEASE PAY FROM THIS INVOICE
 (1.5% SERVICE CHARGE PER MONTH ADDED TO PAST DUE
 ACCOUNTS)
 Tax ID No. 41-2007271

Remit ACH/Fed Wire Payment to:
 Datasite LLC
 Account #: 4451043298
 Bank of America
 100 West 33rd Street
 New York, NY 10001
 ACH Routing: 111000012
 Wire ABA Routing: 026009593
 SWIFT CODE: BOFAUS3N

Please reference Datasite invoice # on your payment
[Pay your invoices in our new billing center.](#)