

**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**

1. **Who is the current creditor?** Clinigen Clinical Supplies Management GMBH  
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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
See summary page	

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone \_\_\_\_\_ Contact phone \_\_\_\_\_  
Contact email See summary page Contact email \_\_\_\_\_

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) 23-10024 Filed on March 7, 2023  
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: \_\_\_\_ \_

7. How much is the claim? \$ 82210.69. 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 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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/Jack Miceli  
Signature

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

Name Jack Miceli  
First name Middle name Last name

Title VP of Finance

Company Clinigen Clinical Supplies Management, Inc.  
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

<b>Debtor:</b> 23-10024 - Tricida, Inc.		
<b>District:</b> District of Delaware		
<b>Creditor:</b> Clinigen Clinical Supplies Management GMBH Peter Michel Am Kronberger Hang 3  Schwalbach a. T. s., Germany, 65824 Germany <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> peter.michels@clinigengroup.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>		
<b>Filing Party:</b> Creditor		
<b>Other Names Used with Debtor:</b>		<b>Amends Claim:</b> Yes - 23-10024, March 7, 2023 <b>Acquired Claim:</b> No
<b>Basis of Claim:</b> Goods Sold	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 82210.69		<b>Includes Interest or Charges:</b> No
<b>Has Priority Claim:</b> No		<b>Priority Under:</b>
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No		<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>
<b>Submitted By:</b> Jack Miceli on 07-Mar-2023 10:12:21 a.m. Eastern Time <b>Title:</b> VP of Finance <b>Company:</b> Clinigen Clinical Supplies Management, Inc.		

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Debtor Tricida, Inc.

United States Bankruptcy Court for the District of Delaware

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>Clinigen Clinical Supplies Management GmbH</u> Name of the current creditor (the person or entity to be paid for this claim) <small>Clinical Supplies Management Holdings, Inc., CSM Clinical Supplies Management Europe GmbH, Clinigen Clinical Supplies Management Inc.</small> Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<b>Where should notices to the creditor be sent?</b> <u>Clinigen Clinical Supplies Management GmbH</u> Name <u>Am Kronberger Hang 3</u> Number Street <u>65824 Schwalbach a.T.s</u> City State ZIP Code <u>Germany</u> Country Contact phone <u>+49 6196.58610</u> Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> <u>Clinigen Clinical Supplies Management Inc.</u> Name <u>300 Technology Drive</u> Number Street <u>Malvern PA 19355</u> City State ZIP Code <u>USA</u> Country Contact phone <u>215-596-4370</u> Contact email <u>jack.miceli@clinigengroup.com</u>
	<b>4. Does this claim amend one already filed?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: \_\_\_\_\_

7. How much is the claim? \$ 82,210.69 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.  
Clinical trial support services-storage, distribution, returns, destruction, packaging & labelling pharmaceutical materials

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:** \$ \_\_\_\_\_  
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**Annual Interest Rate** (when case was filed) \_\_\_\_\_%  
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 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.	\$ _____

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

No

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*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 \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

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

Name	Jack	R.	Miceli
	First name	Middle name	Last name
Title	Vice President, Finance		
Company	Clinigen Clinical Supplies Management GmbH.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	300	Technology Drive	
	Number	Street	
	Malvern,	PA	19355 USA
	City	State	ZIP Code Country
Contact phone	215-596-4370	Email	jack.miceli@clinigengroup.com

In re Tricida, Inc.

United States Bankruptcy Court for the District of Delaware

Case No. 23-10024

**Attachment to Proof of Claim of Clinigen Clinical Supplies Management GmbH**

This claim arises out of that certain Master Services Agreement with an effective date of January 26, 2017 by and between Tricida, Inc. (“Debtor”) and Clinigen Clinical Supplies Management GmbH (“Creditor”), on behalf of itself and its Affiliates and that certain Work Order Number 18-407 (as amended by Change Orders 18-407-01, 18-407-02, 18-407-03, 18-407-04, 18-407-05, 18-407-06, 18-407-07, and 18-407-08) (collectively, the “Agreement”). Pursuant to the Agreement, Creditor performed certain Services related to the Debtor’s TRCA-303 (VALOR – CKD) clinical trial.

Due to the confidentiality of the Agreement and the voluminous nature of the Agreement and related invoices that evidence Creditor’s claim, **all such documents (Master Services Agreement, Work Order, Change Orders, Invoices) are available and shall be provided upon request** and subject to satisfactory confidentiality protections.

Under the Agreement, Debtor owes Creditor a pre-petition total of **\$82,210.69** as summarized below:

<b>CLINIGEN CLINICAL SUPPLIES MANAGEMENT GmbH (Germany)</b>				
<b>Invoice #</b>	<b>Contract</b>	<b>Date of Invoice</b>	<b>Project #</b>	<b>Amount Due</b>
012202245	WO 18-407 + 8 COs	27-Dec-22	A44-18-048 / TRCA-303 (VALOR-CKD)	\$18,736.10
012202111	WO 18-407 + 8 COs	06-Dec-22	A44-18-048 / TRCA-303 (VALOR-CKD)	-\$29,907.15
012202066	WO 18-407 + 8 COs	30-Nov-22	A44-18-048 / TRCA-303 (VALOR-CKD)	\$43,430.16
012201834	WO 18-407 + 8 COs	31-Oct-22	A44-18-048 / TRCA-303 (VALOR-CKD)	\$25,587.89
012201553	WO 18-407 + 8 COs	25-Sep-22	A44-18-048 / TRCA-303 (VALOR-CKD)	\$24,363.69
				<b>\$82,210.69</b>

Creditor reserves all rights to amend or supplement this Proof of Claim and to assert post-petition administration claims for Services that Creditor continued to provide to Debtor.