

**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?	<u>CHABIBE AMAM</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>CHABIBE AMAM</u> <u>861 e north broadway st</u> <u>columbus, OH 43224, United States</u>	
	Contact phone <u>6143970786</u>	Contact phone _____
	Contact email <u>amich@live.fr</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<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? \$ 1260. 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.  
\_\_\_\_\_

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 03/08/2023  
MM / DD / YYYY

/s/CHABIBE AMAM  
Signature

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

Name CHABIBE AMAM  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
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> CHABIBE AMAM 861 e north broadway st  columbus, OH, 43224 United States <b>Phone:</b> 6143970786 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> amich@live.fr	<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> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b>	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 1260	<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> CHABIBE AMAM on 08-Mar-2023 5:58:27 p.m. Eastern Time <b>Title:</b> <b>Company:</b>		

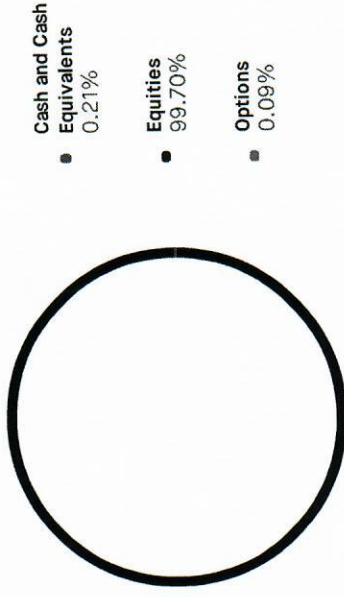


85 Willow Rd, Menlo Park, CA 94025  
 help@robinhood.com

10/01/2022 to 10/31/2022  
**CHABIBE AMAM** Account #:428706857  
 861 East North Broadway, Columbus, OH 43224

■ Options   ■ Equities   ■ Cash and Cash Equivalents

**Portfolio Allocation**



■ **Cash and Cash Equivalents**  
 0.21%

■ **Equities**  
 99.70%

■ **Options**  
 0.09%

Account Summary		Opening Balance	Closing Balance
Net Account Balance		\$207.65	\$4.94
Total Securities		\$1,830.86	\$2,300.92
<b>Portfolio Value</b>		<b>\$2,038.51</b>	<b>\$2,305.86</b>
Income and Expense Summary		This Period	Year to Date
Dividends		\$0.00	\$1.61
Capital Gains Distributions		\$0.00	\$0.00
Interest Earned		\$0.00	\$0.00

This statement shall be conclusive if not objected to in writing within ten days (except with respect to debit card transactions). Errors and omissions exempted. Please address all communications to the firm and not to the individuals. Address changes or other material changes in your account should be directed to the office servicing your account. Kindly mention your account number. This statement should be retained for income tax purposes.

Account Activity

Description	Symbol	Acct Type	Transaction	Date	Qty	Price	Debit	Credit
Locafy CUSIP: 056120100	LCFY	Margin	Buy	10/05/2022	480	\$0.43	\$206.40	
Locafy CUSIP: 056120100	LCFY	Margin	Sell	10/06/2022	280	\$0.50		\$139.96
Locafy CUSIP: 056120100	LCFY	Margin	Sell	10/06/2022	200	\$0.50		\$99.97
Kosmos Energy CUSIP: 500688106	KOS	Margin	Buy	10/10/2022	40	\$5.92	\$236.60	
Mullen Automotive CUSIP: 62526P109	MULN	Margin	Buy	10/12/2022	17	\$0.25	\$4.32	
Mullen Automotive CUSIP: 62526P109	MULN	Margin	Buy	10/12/2022	1	\$0.25	\$0.25	
KOS 12/16/2022 Put \$4.00	KOS	Margin	BTO	10/21/2022	1	\$0.10	\$10.00	
KOS 12/16/2022 Put \$4.00	KOS	Margin	BTO	10/21/2022	1	\$0.10	\$10.00	
Cleveland-Cliffs CUSIP: 185899101	CLF	Margin	Sell	10/21/2022	33	\$15.88		\$524.08
Mullen Automotive CUSIP: 62526P109	MULN	Margin	Sell	10/21/2022	17	\$0.37		\$6.22
Tricida CUSIP: 89610F101	TCDA	Margin	Buy	10/24/2022	100	\$0.62	\$61.82	
Tricida CUSIP: 89610F101	TCDA	Margin	Buy	10/25/2022	700	\$0.58	\$406.00	
Locafy CUSIP: 056120100	LCFY	Margin	Sell	10/26/2022	1	\$0.45		\$0.45
Tricida CUSIP: 89610F101	TCDA	Margin	Buy	10/27/2022	100	\$0.38	\$38.00	
<b>Total Funds Paid and Received</b>							<b>\$973.39</b>	<b>\$770.68</b>



**Ameritrade**

PO BOX 2577  
OMAHA NE 68103-2577

CHABIBE AMAM  
861 E NORTH BROADWAY ST  
COLUMBUS, OH 43224-3932



Statement for Account # 275-076027  
10/01/22 - 10/31/22

Online Cash Services Summary

Description	Current	Year To Date
<b>CREDITS</b>		
Electronic Transfer	\$ -	\$ 4,500.00
<b>Subtotal</b>	0.00	4,500.00
<b>TOTAL</b>	0.00	4,500.00

Income Summary Detail\*

Description	Current	Year To Date
Interest Income Credit Balance	\$ 0.00	\$ 0.02
Margin Interest Charged	(2.00)	(2.93)
Foreign Dividend Tax Withheld	0.00	(5.70)
Qualified Dividends	0.00	23.10
IDA Interest	0.06	0.13

\*This section displays current and year to date totals for this account. The year to date totals will accurately reflect your cumulative amount for the year. Year-end tax reporting income amounts may differ from what is reflected on monthly statements versus your tax documents. Please reference your official tax document(s) for tax reporting.

Account Positions

Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income	Yield
<b>Stocks - Margin</b>										
BABCOCK & WILCOX ENTERPRISES I COM	BW	1	\$ 4.56	\$ 4.56	10/27/22	\$ 5.25	\$ 5.25	\$ (0.69)	\$ -	-
CORE SCIENTIFIC INC COM	CORZ	100	0.20	20.00	10/27/22	25.00	0.25	(5.00)	-	-
KOSMOS ENERGY LTD (NA) COM	KOS	300	6.49	1,947.00	09/15/22	2,015.00	6.72	(68.00)	-	-
PROSHARES TRUST II ULTRA VIX SHT TRM FUTR ETF	UVXY	1	9.81	9.81	09/19/22	17.36	17.36	(7.55)	-	-
SOUTHWESTERN ENERGY CO COM	SWN	66	6.93	457.38	10/06/22	470.57	7.13	(13.19)	-	-
TRICIDA INC COM	TCDA	1,200	0.3323	398.76	10/24/22	680.00	0.57	(281.24)	-	-



October 1, 2022 - October 31, 2022

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ACCOUNT NUMBER 5JC-37541-18 RR WEA

CHABIBE AMAM

# Webull Financial LLC

44 Wall Street, New York, NY 10005  
 customerservice@webull.us



**▲ PORTFOLIO SUMMARY**

DESCRIPTION	SYMBOL/ CUSIP	ACCOUNT TYPE	QUANTITY	PRICE	MARKET VALUE	LAST PERIOD'S MARKET VALUE	% CHANGE	EST. ANNUAL INCOME	% OF TOTAL PORTFOLIO
<b>EQUITIES / OPTIONS</b>									
AMAZON.COM INC	AMZN	M	0.5436	\$102.44	\$55.69	\$61.43	-9%		7.989%
KOSMOS ENERGY LTD COMMON SHARES	KOS	M	80	6.49	519.20	413.60	26		74.484
TRICIDA INC COMMON STOCK	TCDA	M	200	0.332	66.46	N/A			9.534
<b>Total Equities</b>					<b>\$641.35</b>				<b>92.008%</b>
<b>Total Cash (Net Portfolio Balance)</b>					<b>\$55.71</b>				<b>7.992%</b>
<b>TOTAL PRICED PORTFOLIO</b>					<b>\$697.06</b>				

**▲ ACCOUNT ACTIVITY**

TRANSACTION	DATE	ACCOUNT TYPE	DESCRIPTION	QUANTITY	PRICE	DEBIT	CREDIT
<b>BUY / SELL TRANSACTIONS</b>							
BOUGHT	10/31/22	M	TRICIDA INC COMMON STOCK CUSIP: 89610F101	200	\$0.38	\$76.00	
<b>Total Buy / Sell Transactions</b>						<b>\$76.00</b>	