

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?** Cintas Corporation
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)
<p>Cintas Corporation Ann Dean, Litigation Paralegal 6800 Cintas Boulevard Mason, OH 45040, United States</p> <p>Contact phone <u>5139722026</u> Contact email <u>deana3@cintas.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Contact phone _____ Contact email _____</p>

4. **Does this claim amend one already filed?** No
 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?** 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? \$ 3,472.08. 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.
Rejection damages

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 06/27/2023
MM / DD / YYYY

/s/Ann E. Dean
Signature

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

Name Ann E. Dean
First name Middle name Last name

Title Litigation Paralegal

Company Cintas Corporation
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: Cintas Corporation Ann Dean, Litigation Paralegal 6800 Cintas Boulevard Mason, OH, 45040 United States Phone: 5139722026 Phone 2: Fax: Email: deana3@cintas.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Rejection damages	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 3,472.08	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: Ann E. Dean on 27-Jun-2023 2:39:33 p.m. Eastern Time Title: Litigation Paralegal Company: Cintas Corporation		

***Tricida, Inc.* (the “Debtor”)
United States Bankruptcy Court for the District of Delaware (the “Court”)
Case No. 23-10024**

ADDENDUM TO PROOF OF CLAIM

1. This is the Addendum to the proof of claim being submitted by Cintas Corporation (the “Claimant”). This Addendum is an integral part of the proof of claim and is incorporated by reference into the proof of claim for all purposes.

2. Claimant and the Debtor are parties to that certain Standard Rental Service Agreement (the “Agreement”) pursuant to which the Claimant provides the Debtor facility rental services. In connection with its sales and business operations, the Debtor failed to pay its monetary obligations owed to the Claimant pursuant to the Agreement.

3. On January 11, 2023, (the “Petition Date”), the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) in the Court.

4. Pursuant to the Order approving the confirming the *Fifth Amended Chapter 11 Plan of Liquidation for Tricida, Inc.* [Docket No. 515], the Debtor rejected the Agreement effective June 12, 2023.

5. The Claimant holds an unsecured claim against the Debtor in an amount not less than \$3,472.08, representing amounts due and owing to the Claimant by the Debtor related to the rejection of the Agreement. Specifically, pursuant to the terms of the Agreement, Claimant is entitled to 50% of the average weekly invoice total multiplied by the weeks remaining in the unexpired term of the Agreement. A detail of the amounts owed by the Debtor to the Claimant are attached hereto as **Exhibit A**.

6. The Claimant reserves its rights, including, but not limited to, its rights of netting, recoupment, and setoff. The Claimant also reserves its rights regarding all other claims and/or defense that the Claimant may possess and/or assert against the Debtor.

7. The Claimant reserves the right to amend or supplement this proof of claim from time to time and at any time.

8. The filing of this proof of claim is not: (a) a waiver or release of the Claimant's rights; (b) a waiver or release of any right or claim of the Claimant arising out of any other claim, of any nature whatsoever, which the Claimant has against the Debtor or any of its affiliates; (c) a waiver or release of any rights of the Claimant under applicable law; (d) an election of any remedy to the exclusion, express or implied, of any other remedy; (e) a consent that this claim is a debt which is subject to discharge in this proceeding; or (f) a ratification or consent to any obligations or liability based upon or arising out of any transactions between the Claimant and the Debtor. All of the foregoing rights and claims are hereby preserved without exception and with no purpose of confessing or conceding any of the foregoing in any way by this filing or by any other participation in this case.

7. The filing of this proof of claim is not: (a) a waiver or release of the Claimant's rights; (b) a waiver or release of any right or claim of the Claimant arising out of any other claim, of any nature whatsoever, which the Claimant has against the Debtor or any of its affiliates; (c) a waiver or release of any rights of the Claimant under applicable law; (d) an election of any remedy to the exclusion, express or implied, of any other remedy; (e) a consent that this claim is a debt which is subject to discharge in this proceeding; or (f) a ratification or consent to any obligations or liability based upon or arising out of any transactions between the Claimant and the Debtor. All of the foregoing rights and claims are hereby preserved without exception and with no purpose of confessing or conceding any of the foregoing in any way by this filing or by any other participation in this case.



Exhibit A - Buyout Calculation

Decision Maker Name: Scott Tabaka
 Contact Name: Scott Tabaka
 Business Name: TRICIDA INC
 Business Address: 7000 SHORELINE CT
 Business City/State: SOUTH SAN FRANCISCO, CA 94080
 Business Phone Number: (415) 988-1334

Date of Contract 9/27/2019
 Buyback Date 6/12/2023
 Expiration Date 9/27/2024
 Remaining Weeks on Contract 68.00
 Amount of Weekly Invoice \$102.12

Buyout Option #1 (50% of weekly service charge for remainder of contract)

\$102.12 x 68 weeks x 0.5 = \$3,472.08

Cost	\$3,472.08
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Unreturned Inventory

Description	Item Code	Qty	Cost Item 1	Total Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

Total	\$0.00
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Customer Cost to Breach Contract :	\$3,472.08
Balance of past due invoices not paid	\$0.00
Unreturned product charges	\$0.00
Total amount due	\$3,472.08