

Fill in this information to identify the case:

Debtor Akorn, Inc.

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

Case number 20-11177

**Official Form 410
Proof of Claim**

04/19

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.

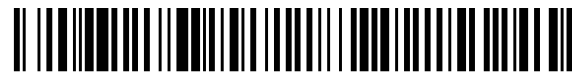
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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>Athens Eye Associates</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	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>Athens Eye Associates</u> <u>Michael Jacobs</u> <u>1080 Vend Drive, Suite 100</u> <u>SUITE 100</u> <u>Watkinsville, GA 30677, United States</u>	
	Contact phone <u>7065497047</u>	Contact phone _____
	Contact email <u>mjacobsmd@athenseye.com</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 _____ <small>MM / DD / YYYY</small>	
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? \$ 551.52. 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 \$3,025* 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 \$13,650*) 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 4/01/22 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 07/21/2020
MM / DD / YYYY

/s/Michael Jacobs
Signature

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

Name Michael Jacobs
First name Middle name Last name

Title CEO

Company Athens Eye Associates
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 (877) 725-7539 | International (424) 236-7247

Debtor: 20-11177 - Akorn, Inc.		
District: District of Delaware		
Creditor: Athens Eye Associates Michael Jacobs 1080 Vend Drive, Suite 100 SUITE 100 Watkinville, GA, 30677 United States Phone: 7065497047 Phone 2: Fax: Email: mjacobsmd@athenseye.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party:	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim:	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 551.52	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: Michael Jacobs on 21-Jul-2020 2:52:04 p.m. Eastern Time Title: CEO Company: Athens Eye Associates		



MICHAEL S. JACOBS, M.D. • SCOTTY L. GADLIN, M.D. • TAYLOR K. FICEK, O.D

COMPREHENSIVE OPHTHALMOLOGY

June 1, 2020

**ATTN: Accounts Receivable
AKORN**

RE: Overpayment

Dear Sir/Madam:

We recently made an overpayment to our account in error. Our account (#17905332) reflects a credit balance of \$551.52.

Please issue a refund in that amount to: **Athens Eye Associates, 1080 Vend Drive, Watkinsville, GA 30677.**

For any additional information, please contact our Accounts Payable representative at 706-549-7047 ext. 220.

Thank you,

A handwritten signature in blue ink, appearing to read "Michael Jacobs".

Michael Jacobs, M.D.

Athens Eye Associates

AKORN, INC.

1925 W. FIELD CT. SUITE 300 LAKE FOREST, IL 60045 Tel : 800-932-5676

STATEMENT OF ACCOUNT

Statement Number

615386

Remit To:

AKORN INC.
3950 PAYSHERE CIRCLE
CHICAGO IL 60674

Date 5/31/2020

Account 17905332

ATHENS EYE ASSOCIATES
JACOBS MICHAEL S
1080 VEND DRIVE
SUITE 100
WATKINSVILLE GA 30677

17905332 ATHENS EYE ASSOC

Document Type	Invoice Number	Invoice Date	Remarks	Purchase Order	Original Amount	Outstanding Balance
Unapplied Cash	51630	12/16/2019	DUPPAY/608335stmt		551.52-	551.52-

TOTAL BALANCE DUE 551.52-

ACCOUNT AGING

Current	1 - 30	31 - 60	61 - 90	91 - 120	121 - 150	Over 150
551.52-						

Dear Customer,

There has been an error in your favor!

You overpaid your account and we have credited this amount to your account.

Please fax this statement back requesting a refund to 847-279-6125, confirm your mailing address and our AR representative will honor your request.

For further questions, please call 847-279-6161 or 847-353-4914.

Thank you

Accounts Receivable

Accounts.receivable@akorn.com



Michael S. Jacobs, M.D. • Scotty L. Gadlin, M.D. • Taylor K. Ficek, O.D.
1080 Vend Drive, Suite 100 • Watkinsville, GA 30677
(706) 549-7047 • (706) 613-5395 FAX
athenseye.com

FACSIMILE TRANSMISSION

TO: Accts Receivable
AKorn
DATE: 6-1-20

FAX NUMBER: 847-279-6125
NUMBER OF PAGES (INCLUDING COVER PAGE):

FROM: MJacobs MD
TIME:

RE: Overpayment/credit bal

NOTICE: The information contained in this facsimile message is legally privileged and confidential information and is intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient, or a duly authorized agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original message and any copies of it to us at the address provided above via the United States Postal Service. Thank you.