

United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Akorn Sales, Inc. (Case No. 20-11174) | <input type="checkbox"/> Akorn Animal Health, Inc. (Case No. 20-11185) | <input type="checkbox"/> Olta Pharmaceuticals Corp. (Case No. 20-11191) |
| <input checked="" type="checkbox"/> Akorn, Inc. (Case No. 20-11177) | <input type="checkbox"/> Akorn Ophthalmics, Inc. (Case No. 20-11186) | <input type="checkbox"/> Oak Pharmaceuticals, Inc. (Case No. 20-11192) |
| <input type="checkbox"/> 10 Edison Street LLC (Case No. 20-11178) | <input type="checkbox"/> Clover Pharmaceuticals Corp. (Case No. 20-11187) | <input type="checkbox"/> VPI Holdings Corp. (Case No. 20-11193) |
| <input type="checkbox"/> 13 Edison Street LLC (Case No. 20-11180) | <input type="checkbox"/> Covenant Pharma, Inc. (Case No. 20-11188) | <input type="checkbox"/> VersaPharm Incorporated (Case No. 20-11194) |
| <input type="checkbox"/> Advanced Vision Research, Inc. (Case No. 20-11182) | <input type="checkbox"/> Hi-Tech Pharmacal Co., Inc. (Case No. 20-11189) | <input type="checkbox"/> VPI Holdings Sub, LLC (Case No. 20-11195) |
| <input type="checkbox"/> Akorn (New Jersey), Inc. (Case No. 20-11183) | <input type="checkbox"/> Inspire Pharmaceuticals, Inc. (Case No. 20-11190) | |

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. 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

1. Who is the current creditor?

AMELIA N. EAKINS

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?

AMELIA N. EAKINS

Name

510 NORTH ADAMS ST.

Number Street

HINSDALE IL. 60521

City State ZIP Code

USA

Country

Contact phone 630-794-9038

Contact email BAEAKINS@ATT.NET

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Country

Contact phone _____

Contact email _____

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

KJRTZMAN CARSON CONSULTANT 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) _____

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: 5671

7. How much is the claim? \$ 13,212.00

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 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: SHARES STOCK

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: \$ 13,212.00

Amount of the claim that is unsecured: \$ 13,212.00 (The sum of the secured and unsecured amount should match the amount in line 7.)

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AUG 05 2020

KURTZMAN CARSON CONSULTANTS

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

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

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). \$ _____

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). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

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:

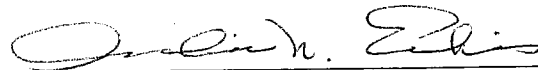
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 7 30 20
MM / DD / YYYY


Signature

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

Name AMELIA NANCY EAKINS
First name Middle name Last name

Title CREDITOR

Company AMELIA N. EAKINS
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 510 NORTH ADAMS ST.
Number Street

WINSALE IL 60521 USA
City State ZIP Code Country

Contact phone 630-794-9038 Email BAEAKINS@ATTN.E

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AUG 05 2020

KURTZMAN CARSON CONSULTANTS

07/09/20

VANGUARD BROKERAGE SERVICES
ATTN: CORPORATE ACTIONS CAB QUEUE
P.O. BOX 1104
VALLEY FORGE, PA 19482

BANKRUPTCY W/ PROOF OF CLAIM
SECURITY DESCRIPTION: AKORN, INC.

CUSIP#: 009728106
ACCOUNT#:
QUANTITY: 500

*****AUTO**3-DIGIT 605
AMELIA N EAKINS &
WILLIAM EAKINS
JT TEN WROS
510 N ADAMS ST
HINSDALE IL 60521-3131

Dear Client,

We have been requested to forward you the enclosed material. Please review the enclosed documents for instructions on how to submit a claim. If you have any questions pertaining to this notice or on how to submit a claim, please contact the administrator that is referenced on the notice.

2011-77
AKORN CLAIM
877-725-7539
FINANC 5-21-20

FOR INFORMATION CALL: YOUR FINANCIAL CONSULTANT

(800) 716-4079

JOB NUMBER: E19968 96L

CONTROL #: 0534566379430996