

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/akorn>.

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 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 checked="" type="checkbox"/> Advanced Vision Research, Inc. (Case No. 20-11182) | <input type="checkbox"/> Hi-Tech Pharamcal 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

- Date Stamped Copy Returned
 No self addressed stamped envelope
 No copy to return

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? Associated Wholesale Grocers, Inc.
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor Value Merchandisers Company

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
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Where should notices to the creditor be sent?
Associated Wholesale Grocers, Inc.
 Name
5000 Kansas Avenue
 Number Street
Kansas City KS 66106
 City State ZIP Code
United States
 Country
 Contact phone 913-288-1560
 Contact email lauren.dietrich@awginc.com

Where should payments to the creditor be sent? (if different)
 Name _____
 Number Street _____
 City State ZIP Code _____
 Country _____
 Contact phone _____
 Contact email _____

KIRZMAN CARSON CONSULTANTS 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: 8 2 8 3

7. How much is the claim? \$ 639.52 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.
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: _____
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

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KURTZMAN CARSON CONSULTANTS

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.

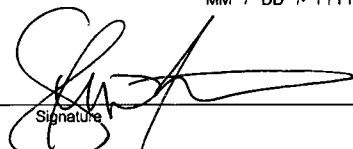
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 07/30/2020
MM / DD / YYYY


Signature

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

KURTZMAN CARSON CONSULTANTS

Name Stephanie J. Becker
First name Middle name Last name

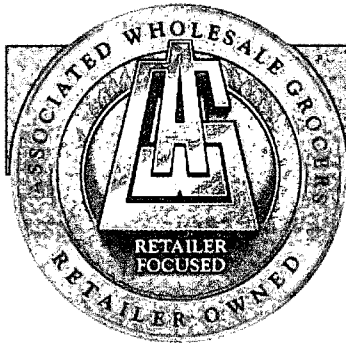
Title Senior Vice President, General Counsel

Company Associated Wholesale Grocers, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 5000 Kansas Avenue
Number Street

Kansas City KS 646106 USA
City State ZIP Code Country

Contact phone (913) 288-1500 Email lauren.dietrich@awg1



Associated Wholesale Grocers, Inc.

5000 Kansas Avenue • Kansas City • Kansas 66106
(913) 288-1000 • awginc.com

Kansas City • Springfield • Oklahoma City • Memphis • Nashville • Gulf Coast • Nebraska • Great Lakes

Direct Dial No. (913) 288-1560
Telecopier No. (913) 288-1573

July 30, 2020

VIA FedEx

Akorn Claims Processing Center
c/o KCC
222 N. Pacific Coast Hwy., Ste. 300
El Segundo, CA 90245

RE: Associated Wholesale Grocers, Inc. Proof of Claim

To Whom It May Concern:

Enclosed you will find the following documents to be processed by Akorn Claims Processing Center:

1. Original Proof of Claim ("**Original**") for your records and to be processed; and
2. Copy of Proof of Claim ("**Copy**") for recording.

After the Copy has been recorded, please return the document to me in the enclosed, prepaid FedEx package.

In order to expedite the processing of the proof of claim, if you have any questions or concerns, please contact me at 913.288.1560. Thank you for your assistance in this matter.

Sincerely,

ASSOCIATED WHOLESALERS GROCERS, INC.

Lauren M. Dietrich
Legal Assistant

Enclosures



AWG Corporate Division

AKORN CONSUMER HEATLH

Bruce Verburg
1925 W Field Court Ste 300
Lake Forest IL 60045-0000

PLEASE REMIT TO: Associated Wholesale Grocers

5000 KANSAS AVENUE
KANSAS CITY, KS 66106 – 0000

INVOICE DATE: 11/07/2019

VENDOR #: 0008283

INVOICE #: OT0000503666

PO REF:

REF ID:

TERMS: Immediate

DUE DATE: 11/07/2019

AMOUNT DUE: \$18.46

Cough & Cold Resets

| Qty | Identifier | Description | Ref Date | Reference | Unit Cost | Fees | Total |
|-----|------------|-------------|----------|-----------|-----------|--------|---------|
| 1 | Merchandis | Driveline | | | \$18.46 | \$0.00 | \$18.46 |

INVOICE TOTAL:

\$18.46

NOTE: INVOICES NOT PAID WITHIN TERMS WILL BE DEDUCTED FROM NEXT REMITTANCE.
FOR INQUIRIES: WWW.AWGCONNECT.COM/VENDORRELATIONS.ASPX

TDELLWIG



AWG Corporate Division

AKORN CONSUMER HEATLH

Bruce Verburg
1925 W Field Court Ste 300
Lake Forest IL 60045-0000

PLEASE REMIT TO: Associated Wholesale Grocers

5000 KANSAS AVENUE
KANSAS CITY, KS 66106 – 0000

INVOICE DATE: 12/10/2019
VENDOR #: 0008283

INVOICE #: OT0000506689
PO REF:
REF ID:

TERMS: Immediate
DUE DATE: 12/10/2019
AMOUNT DUE: \$7.10

Cough Cold Initiative Reset

| Qty | Identifier | Description | Ref Date | Reference | Unit Cost | Fees | Total |
|-----|------------|------------------------------|----------|-----------|-----------|--------|--------|
| 1 | Merchandis | Driveline 21 stores reset | | | \$7.10 | \$0.00 | \$7.10 |

INVOICE TOTAL:

\$7.10

NOTE: INVOICES NOT PAID WITHIN TERMS WILL BE DEDUCTED FROM NEXT REMITTANCE.
FOR INQUIRIES: WWW.AWGCONNECT.COM/VENDORRELATIONS.ASPX

TDELLWIG



VMC Corporate Division

AKORN CONSUMER HEATLH

Bruce Verburg
1925 W Field Court Ste 300
Lake Forest IL 60045-0000

PLEASE REMIT TO: Associated Wholesale Grocers

5000 KANSAS AVENUE
KANSAS CITY, KS 66106 - 0000

INVOICE DATE: 10/29/2019

VENDOR #: 0008283

INVOICE #: OT0000501879

PO REF:

REF ID:

TERMS: Immediate

DUE DATE: 10/29/2019

AMOUNT DUE: \$510.00

| Qty | Identifier | Description | Ref Date | Reference | Unit Cost | Fees | Total |
|-----|------------|--------------------------------|----------|-----------|-----------|--------|----------|
| 1 | | AnnualRepositrakOct'19-Sept'20 | | | \$510.00 | \$0.00 | \$510.00 |

INVOICE TOTAL:

\$510.00

NOTE: INVOICES NOT PAID WITHIN TERMS WILL BE DEDUCTED FROM NEXT REMITTANCE.

FOR INQUIRIES: WWW.AWGCONNECT.COM/VENDORRELATIONS.ASPX

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AWG Corporate Division

AKORN CONSUMER HEATLH

Bruce Verburg
1925 W Field Court Ste 300
Lake Forest IL 60045-0000

PLEASE REMIT TO: Associated Wholesale Grocers

5000 KANSAS AVENUE
KANSAS CITY, KS 66106 - 0000

INVOICE #: OT0000503545

PO REF:

REF ID:

INVOICE DATE: 11/07/2019

VENDOR #: 0008283

TERMS: Immediate

DUE DATE: 11/07/2019

AMOUNT DUE: \$3.96

| Qty | Identifier | Description | Ref Date | Reference | Unit Cost | Fees | Total |
|-----|------------|--|----------|---------------|-----------|--------|--------|
| 1 | | Driveline Cough Cold Reset Cosentinos | | Merchandising | \$3.96 | \$0.00 | \$3.96 |

INVOICE TOTAL:

\$3.96

NOTE: INVOICES NOT PAID WITHIN TERMS WILL BE DEDUCTED FROM NEXT REMITTANCE.
FOR INQUIRIES: WWW.AWGCONNECT.COM/VENDORRELATIONS.ASPX

TDELLWIG