

**Fill in this information to identify the case:**

Debtor Eiger BioPharmaceuticals, Inc

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number 24-80040

**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. <b>Who is the current creditor?</b>  | <u>MATTHEW J BYS</u><br>Name of the current creditor (the person or entity to be paid for this claim)   |  |
|   | Other names the creditor used with the debtor _____   |  |
| 2. <b>Has this claim been acquired from someone else?</b>                       | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____  |  |
| 3. <b>Where should notices and payments to the creditor be sent?</b>            | <b>Where should notices to the creditor be sent?</b>  | <b>Where should payments to the creditor be sent? (if different)</b> |
| Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)                             | <u>MATTHEW J BYS</u><br><u>1115 LAFAYETTE ST</u><br><u>SANTA CLARA, CA 95050</u>  |  |
|   | Contact phone _____   | Contact phone _____  |
|   | Contact email <u>mjb17@hotmail.com</u>  | Contact email _____  |
|   | Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____   |  |
| 4. <b>Does this claim amend one already filed?</b>                              | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____<br>MM / DD / YYYY |  |
| 5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b> | <input checked="" type="checkbox"/> No<br><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? \$ 405053.21. 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.  
Retention Bonus, PTO, severance

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)?

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

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 entitled to administrative priority 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 07/18/2024  
MM / DD / YYYY

/s/Matthew Bys  
Signature

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

Name Matthew Bys  
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 \_\_\_\_\_



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

|   |   |                                  |
|---|---|----------------------------------|
| <b>Debtor:</b><br>24-80040 - Eiger BioPharmaceuticals, Inc<br><b>District:</b><br>Northern District of Texas, Dallas Division   |   |                                  |
| <b>Creditor:</b><br>MATTHEW J BYS<br>1115 LAFAYETTE ST<br>SANTA CLARA, CA, 95050<br><b>Phone:</b><br><b>Phone 2:</b><br><b>Fax:</b><br><b>Email:</b><br>mjb17@hotmail.com | <b>Has Supporting Documentation:</b><br>Yes, supporting documentation successfully uploaded<br><b>Related Document Statement:</b>   |                                  |
|   | <b>Has Related Claim:</b><br>No<br><b>Related Claim Filed By:</b>   |                                  |
|   | <b>Filing Party:</b><br>Creditor  |                                  |
| <b>Other Names Used with Debtor:</b>  | <b>Amends Claim:</b><br>No<br><b>Acquired Claim:</b><br>No  |                                  |
| <b>Basis of Claim:</b><br>Retention Bonus, PTO, severance   | <b>Last 4 Digits:</b><br>No   | <b>Uniform Claim Identifier:</b> |
| <b>Total Amount of Claim:</b><br>405053.21  | <b>Includes Interest or Charges:</b><br>No  |                                  |
| <b>Has Priority Claim:</b><br>No  | <b>Priority Under:</b>  |                                  |
| <b>Has Secured Claim:</b><br>No<br><b>Amount of 503(b)(9):</b><br>No<br><b>Based on Lease:</b><br>No<br><b>Subject to Right of Setoff:</b><br>No                          | <b>Nature of Secured Amount:</b><br><b>Value of Property:</b><br><b>Annual Interest Rate:</b><br><b>Arrearage Amount:</b><br><b>Basis for Perfection:</b><br><b>Amount Unsecured:</b> |                                  |
| <b>Submitted By:</b><br>Matthew Bys on 18-Jul-2024 2:51:10 p.m. Eastern Time<br><b>Title:</b><br><b>Company:</b>  |   |                                  |

Company Code : 66N

Company Name : Eiger BioPharmaceuticals, Inc.

Payroll Cycle (Invoice Number, Invoice Date, On/Off Cycle, Pay Group) = 8956019, 07/15/2024, On Cycle, SM

Employee ID

4078

Leave Accrual

Page No : 1

|

| Employee Name | Department Long Descr | Location Long Descr         |
|---------------|-----------------------|-----------------------------|
| Bys,Matthew J | Administrative        | Eiger BioPharmaceuticals-HQ |

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Run Date : 07/16/2024 01:03:35 PM

| Pay Frequency Descr Long | Supervisor Name | Payroll ID | Service Date | Plan Type |
|--------------------------|-----------------|------------|--------------|-----------|
| Semimonthly              | Apelian, David  | 8956019    | 02/01/2009   | 51        |

| Plan Type Long Descr | Plan Name | Plan Descr Long | Accrual Rate | Current Hours Accrued |
|----------------------|-----------|-----------------|--------------|-----------------------|
| Vacation             | 000ALV    | PTO             | 0.08         | 0.00                  |



| Hours Carry Over | Adjusted YTD | YTD Hours Earned | YTD Hours Bought | YTD Hours Taken |
|------------------|--------------|------------------|------------------|-----------------|
| 160.00           | 0.00         | 0.00             | 0.00             | 0.00            |

| YTD Hours Sold | Balance Hours | Leave Max | Hourly Rate | Balance Amount |
|----------------|---------------|-----------|-------------|----------------|
| 0.00           | 160.00        | 160.00    | \$127.88    | \$20,461.54    |

Accrued Liability Expense

\$20,461.54



2155 Park Boulevard  
Palo Alto, CA 94306

December 12, 2023

Matthew Bys  
Executive Director, Chief of Staff  
1115 Lafayette St  
Santa Clara, CA 95050

Dear Matthew,

Subject to the terms of this Retention Bonus Agreement you shall receive a retention bonus in the total amount of \$59,850.00 (the "Total Retention Award Amount"). The Company or its successor(s) shall pay you \$29,925.00, less taxes and ordinary payroll deductions and withholdings on January 2, 2024, and \$29,925.00, less taxes and ordinary payroll deductions and withholdings on June 14, 2024, provided that you remain employed by the Company or its successor(s) on the payments dates.

In the event that the Company or its successor(s) terminate your employment without Cause, or you terminate your employment for Good Reason before any of the payment dates, you shall be paid the Total Retention Award Amount, less any portion of the Total Retention Award Amount previously paid to you, subject to the execution of a mutual release satisfactory to the Company or its successor(s).

This Retention Bonus Agreement supplements (and does not replace) the terms of your Employment Offer/Agreement dated January 8, 2009. Capitalized terms used herein shall have the same meaning as in your Employment Offer/Agreement.

DocuSigned by:

*Matthew Bys*

B60631BAA384420...

Matthew Bys

DocuSigned by:

*David Apelian*

0F1FCA601024459...

David Apelian

The additional amount of the claim is for severance. There is no supporting evidence to provide. However the company had provided severance to employees in 2 reductions in force it conducted . The company provided one month of severance for each year worked and rounded up for ½ year. I have been with the company for 15 ½ years. My monthly salary is \$22,166.67. Severance for 16 years equals \$354,666.67