

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. Who is the current creditor?	<u>KACI SCHIERMEYER</u> 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?	<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>KACI SCHIERMEYER</u> <u>6201 Springlake Drive</u> <u>Huntsville, AL 35811</u>	
	Contact phone _____	Contact phone _____
	Contact email <u>kaciluschiermeyer@yahoo.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 _____ MM / DD / YYYY	
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? \$ 4000.00. 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.
Unpaid for work performed by Contract Employee

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.

	Amount entitled to priority
<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes. Check all that apply:	
<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 checked="" 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).	\$ <u>4000.00</u>
<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 07/16/2024
MM / DD / YYYY

/s/Kaci Schiermeyer
Signature

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

Name Kaci Schiermeyer
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

Debtor: 24-80040 - Eiger BioPharmaceuticals, Inc District: Northern District of Texas, Dallas Division		
Creditor: KACI SCHIERMEYER 6201 Springlake Drive Huntsville, AL, 35811 Phone: Phone 2: Fax: Email: kaciluschiermeyer@yahoo.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Unpaid for work performed by Contract Employee	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 4000.00	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 4000.00	
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: Kaci Schiermeyer on 16-Jul-2024 9:37:25 a.m. Eastern Time Title: Company:		

Totals & Taxes

Lines Net Total	1,000.00
Header Tax Totals	0.00
<hr/>	
Shipping	0.00
Handling	0.00
<hr/>	
Total Tax	0.00
Net Total	1,000.00
Total	1,000.00

Comments

[Mute Comments](#) ▼

Enter Comment

[Add File](#) | [URL](#)

Send Comment notification to a user by typing @name (ex. @JohnSmith)

[Add Comment](#)

Payments

Status Ready to Pay

Paid-in-Full Date None

Payment Reconciliation Details

Status	Date	Type	Description	Amount
--------	------	------	-------------	--------

History

On 03/20/24 at 09:09 AM, Nikki Sutton
Updated Status from Pending Approval to Approved



Totals & Taxes

Lines Net Total	1,500.00
Header Tax Totals	0.00
<hr/>	
Shipping	0.00
Handling	0.00
<hr/>	
Total Tax	0.00
Net Total	1,500.00
Total	1,500.00

Comments

Mute Comments 

Enter Comment

Add File | URL 

Send Comment notification to a user by typing @name (ex. @JohnSmith)

Add Comment

Payments



Status Ready to Pay

Payments

Paid-in-Full Date None

Payment Reconciliation Details

Status	Date	Type	Description	Amount
--------	------	------	-------------	--------

History



On 03/27/24 at 08:15 AM, Nikki Sutton
Updated Status from Pending Approval to Approved

Totals & Taxes

Lines Net Total	1,500.00
Header Tax Totals	0.00
<hr/>	
Shipping	0.00
Handling	0.00
<hr/>	
Total Tax	0.00
Net Total	1,500.00
Total	1,500.00

Comments

[Mute Comments](#) 

Enter Comment

[Add File](#) | [URL](#)

Send Comment notification to a user by typing @name (ex. @JohnSmith)

[Add Comment](#)

Payments



Payments

Status Ready to Pay

Paid-in-Full Date None

Payment Reconciliation Details

Status	Date	Type	Description	Amount
--------	------	------	-------------	--------

History



On 03/27/24 at 08:16 AM, Nikki Sutton
Updated Status from Pending Approval to Approved

Invoice #034 is Approved to Pay by Eiger BioPharmaceuticals

From: do_not_reply@eiger.coupa.com

To: kaciluschiemeyer@yahoo.com

Date: Wednesday, March 27, 2024 at 10:16 AM CDT

Powered by  **coupa**



Invoice #034 is Approved to Pay by Eiger BioPharmaceuticals

Hello Kaci,

Your Invoice #034 has been approved to pay by your customer, Eiger BioPharmaceuticals . No further action is required but you can click below for real time status or additional details.

If your customer's process is to mark the Invoice as 'Paid' in Coupa, you will get a notification at that time with instructions for payment details.

If you have any questions you can simply contact your customer through normal channels or enter a comment on the Invoice.

[View Invoice](#)

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Payments

Log In Now



Kaci Schiermeyer
161 River Walk Trail
New Market, AL 35761
256-468-5211

INVOICE NO. 034

03/22/2024

BILL TO

PO#3209
EIGER BIOPHARMACEUTICALS
2155 PARK BLVD.
PALO ALTO, CA 94306

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
30 hours	Renamed/Uploaded documents to Zen. Compiled documents for Batch Packages <i>TIMESHEET ATTACHED</i>	\$50 per hour	\$1500
	SUBTOTAL		\$1500
	SALES TAX		0
	SHIPPING & HANDLING		0
	TOTAL DUE BY DATE		03/29/2024