| Fill in this information to identify the case: | |
|--|--|
| Debtor 1 Eiger BioPharmaceuticals, Inc., et al. | |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Northern District of Texas | |
| Case number 24-80040 (SGJ) | |

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 of 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.

| 1. Who is the current creditor? | FIONA MCPHEE Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor FIONA MCPHEE, DPHIL | | | | | |
|--|---|---|-------------|------------------|--|--|
| 2. Has this claim been acquired from someone else? | ☑ No ☐ Yes. From whom? | | | | | |
| 3. Where should notices and payments to the | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | | | | |
| creditor be sent? | FIONA MCPHEE | FIONA MCPHEE | | | | |
| Federal Rule of | Name | Name | | | | |
| Bankruptcy Procedure (FRBP) 2002(g) | 27 Nassau Court, Merley Road, Westward Ho! | 51 Pleasant Street PMB 308 | | | | |
| | Number Street | Number Street | 244 | 02148 | | |
| | Devon EX39 1GZ | Malden | MA State | UZ 140 ZIP Co | | |
| | City State ZIP Code | City | | 217 00 | | |
| DEPENKEN | Contact phone +4407421262852 | Contact phone 203-715-0148 | | | | |
| | Contact email MCPHEEF@GMAIL.COM | Contact email | | | | |
| MAY 2 1 2024 | | | | | | |
| | Uniform claim identifier for electronic payments in chapter 13 (if you u | ise one): | | ` | | |
| NANCARSON CONSULTANTS | | | | | | |
| 4. Does this claim amend one already filed? | ✓ No ☐ Yes. Claim number on court claims registry (if known) | | Filed on | | | |
| | E 100. Chamilton on Court and Program (Court of Court of | | ММ | / DD / YYYY | | |
| | ☑ No | | | | | |



24800402405210000000000000

Give Information About the Claim as of the Date the Case Was Filed 6. Do you have any number 1 No you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: debtor? $2,612.\underline{50}$. Does this amount include interest or other charges? 7. How much is the claim? **U** No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. 8. What is the basis of the claim? 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. For services performed in March, 2024 9. Is all or part of the claim **☑** No secured? $\ \square$ 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: (The sum of the secured and unsecured Amount of the claim that is unsecured: \$_ amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$_ MAY 2 1 2024 Annual Interest Rate (when case was filed)___ ☐ Fixed ☐ Variable KURTZMANCARSONCONSULTANTS 10. Is this claim based on a lease? ☐ Yes. Amount necessary to cure any default as of the date of the petition. ☑ No 11, Is this claim subject to a right of setoff? ☐ Yes. Identify the property:

| 11 U.S.C. § Up to \$3,33 personal, fa Wages, sai bankruptcy 11 U.S.C. § Taxes or pe Contributio Other. Spe * Amounts are services the approprial I am the credit I am the truste I am a guarant I amount of the claim | support obligations (including § 507(a)(1)(A) or (a)(1)(B). 50* of deposits toward purchasemity, or household use. 11 Usuries, or commissions (up to y petition is filed or the debtor § 507(a)(4). The penalties owed to government on some to an employee benefit placed by subsection of 11 U.S.C. (state box: tor. tor's attorney or authorized agree, or the debtor, or their author, surety, endorser, or other authorized signature on this | ase, lease, or rental of J.S.C. § 507(a)(7). \$15,150*) earned with some sends, which all units. 11 U.S.C. § 507(a) and 11 U.S.C. § 507(a) that applies and every 3 years after the orized agent. Bankrupt codebtor. Bankruptcy some serves. | f property or s hin 180 days chever is earl 507(a)(8). (5). ies. hat for cases b otcy Rule 3005. | services for \$s before the ier. \$s \$s egun on or after the date of | of adjustment. | | | | | | | |
|---|--|--|--|---|---|--|--|--|--|--|--|--|
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| Taxes or portion of the claim | penalties owed to government ons to an employee benefit placetify subsection of 11 U.S.C.; subject to adjustment on 4/01/25 liate box: tor. tor's attorney or authorized agree, or the debtor, or their authorized, and authorized signature on this | an. 11 U.S.C. § 507(a) § 507(a)() that appli and every 3 years after the gent. orized agent. Bankrupt codebtor. Bankruptcy | otcy Rule 3005. | 4. | of adjustment. | | | | | | | |
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| inderstand that a nount of the claim | n authorized signature on this | s <i>Proof of Claim</i> serve | | | | | | | | | | |
| nount of the claim | n authorized signature on this n, the creditor gave the debto | s Proof of Claim serve | e ae an aaka | | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | | |
| | ii, aic acaibi gare ale deble | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment 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 <i>Proof of Claim</i> and have a 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 05/06/2024 | | | | | | | | | | | | |
| Im | 201 | | | | , | | | | | | | |
| | 7 1900 | | · | | | | | | | | | |
| Signature | | | | | | | | | | | | |
| int the name of | the person who is complet | ing and signing this | claim: | | | | | | | | | |
| eme . | | | | MCPHEE | | | | | | | | |
| | | Middle name | | Last name | | | | | | | | |
| tie . | DK | | | | | | | | | | | |
| XIIIMIIV | SELF EMPLOYED | | | | | | | | | | | |
| | Identify the corporate servicer as | the company if the author | ai Inegs bezre | a servicer. | | | | | | | | |
| ldmee | 51 PLEASANT STREE | T PMB 308 | | | | | | | | | | |
| Miess | Number Street | | | | | | | | | | | |
| | MALDEN | | MA | 02148 | | | | | | | | |
| • | City | | State | ZIP Code | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | MCPHEEF@GM/ | | | | | | | | |
| e e | int the name of me e mpany | Signature Int the name of the person who is complete Interpretation of the person who is complete Interpretatio | Signature Int the name of the person who is completing and signing this me FIONA First name Middle name DR SELF EMPLOYED Identify the corporate servicer as the company if the authority the corporate servicer as the company if the authority the Street MALDEN City | Signature Int the name of the person who is completing and signing this claim: me FIONA First name Middle name DR SELF EMPLOYED Identify the corporate servicer as the company if the authorized agent is others ST PLEASANT STREET PMB 308 Number Street MALDEN MA City State | Signature Int the name of the person who is completing and signing this claim: me FIONA FIONA MCPHEE First name Middle name Last name BR SELF EMPLOYED Identify the corporate servicer as the company if the authorized agent is a servicer. ST PLEASANT STREET PMB 308 Number Street MALDEN MA 02148 | | | | | | | |

- Submitted to the coupa supplier portal on March 29, 2024.

- Dr. Colin Histop and Matthew Bys were included in the communication.

Fiona McPhee Invoice

Period covered: March 1st - March 29th, 2024

Address: 51 Pleasant Street PMB 308, Malden MA 02148

Invoice number: 9

Date: 03/29/2024

Prepared for: Eiger BioPharmaceuticals

| Work undertaken | Hours | | | |
|---------------------------|----------|--|--|--|
| General consultation | 9.5 | | | |
| Remittance (\$275 / hour) | \$2612.5 | | | |

Specified Hours:

| Date | Activity | Time Spent/h | Invoice # | Time for Invoice / hr | Invoice Amount/ \$ | Sumitted to Coupa | Submitted for Dates |
|-----------|--|--------------|-----------|--------------------------------|--------------------------|----------------------|---------------------|
| 3/1/2024 | Virology Datastream NDA | 0.75 | | | | | |
| 3/5/2024 | prioritized samples for Eloi | 1.5 | | | | | |
| 3/5/2024 | review of EA Genomics document and response | 1 | | | | | |
| 3/13/2024 | review Quantigen proposal and answer Monica's questions | 0.75 | | | | | |

| 3/13/202 | compile and provide Lisa with tables/publications of resistance data | 1 | | | | | |
|----------|--|-----|---|-----|--------|-----------|----------------------|
| 3/13/202 | Beth's Virology Meeting | 1 | | | | | |
| 3/13/202 | EA Genomics Meeting - proposal | 0.5 | | | | | |
| 3/13/202 | compiling more resistance report table examples for Lisa/team | 1 | | | | | |
| 3/14/202 | review lit for HBV GT assay | 0.5 | | | | | |
| 3/14/202 | Plate and vendor discussion | 1 | | | | | |
| 3/29/202 | Status update with Colin | 0.5 | 9 | 9.5 | 2612.5 | 3/29/2024 | 3/1/2024 - 3-29-2024 |