

**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**

<p><b>1. Who is the current creditor?</b></p>	<p><u>ADAMAS Consulting LLC</u>  <small>Name of the current creditor (the person or entity to be paid for this claim)</small></p> <p>Other names the creditor used with the debtor _____</p>	
<p><b>2. Has this claim been acquired from someone else?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. From whom? _____</p>	
<p><b>3. Where should notices and payments to the creditor be sent?</b></p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p><b>Where should notices to the creditor be sent?</b></p> <p><u>ADAMAS Consulting LLC</u>  <u>Nicola McKelvie</u>  <u>300 Brickstone Square</u>  <u>Andover, MA 01810, USA</u></p> <p>Contact phone _____                  Contact email <u>See summary page</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Contact phone _____                  Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):                  _____</p>
<p><b>4. Does this claim amend one already filed?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____  <small>MM / DD / YYYY</small></p>	
<p><b>5. Do you know if anyone else has filed a proof of claim for this claim?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



**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: EIG0 \_\_\_\_

7. How much is the claim? \$ 1752.65. 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.  
Expenses incurred for services performed

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)?

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 06/28/2024  
MM / DD / YYYY

/s/Nicola Jane McKelvie  
Signature

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

Name Nicola Jane McKelvie  
First name Middle name Last name

Title Head of Financial Operations

Company ADAMAS Consulting LLC  
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> 24-80040 - Eiger BioPharmaceuticals, Inc <b>District:</b> Northern District of Texas, Dallas Division		
<b>Creditor:</b> ADAMAS Consulting LLC Nicola McKelvie 300 Brickstone Square  Andover, MA, 01810 USA <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> nicola.mckelvie@adamasconsulting.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Trustee, debtor or authorized agent	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Expenses incurred for services performed	<b>Last 4 Digits:</b> Yes - EIG0	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 1752.65	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Nicola Jane McKelvie on 28-Jun-2024 11:41:14 a.m. Eastern Time <b>Title:</b> Head of Financial Operations <b>Company:</b> ADAMAS Consulting LLC		



ADAMAS

ADAMAS Consulting LLC  
3434 Edwards Mill Road  
Suite 112-275  
RALEIGH NC 27612  
United States of America

# INVOICE

<b>Invoice No.</b>	<b>Purchase Order No.</b>
SVUS1-2405SIN0000309	3164
<b>Invoice Date</b>	<b>Customer No.</b>
May-31-2024	EIG001
<b>Due Date</b>	
Jun-30-2024	

**Invoice To**

Eiger Biopharmaceuticals  
2155 Park Boulevard  
Palo Alto CA 94306

Services Description	Services Unit	Quantity	Gr Pr ex VAT	Net Pr ex VAT	Total ex VAT
PTC Costs					1,752.65

<b>Total</b>	<b>\$1,752.65</b>
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**Please Remit To**

HSBC Bank USA NA  
452 5th Ave  
NEW YORK NY 10018  
Routing No (For Checks & ACH): 022000020  
Account No: 037016636  
SWIFT Code: MRMDUS33  
ABA No (For Wire Transfers):

**For any queries, please contact us at:**

Email ar@adamasconsulting.com

Co. Reg. No. 40927547

Project	SVEIGE2302
Column5	(Multiple Items)

Customer Name	Auditee Name	Product	Description	Entity s/be	Currency	Sum of Line Amt - Tax
878 Eiger Biopharmaceuticals	02 Kyrosphere, NC	HOTELS	P03085-02 Hotel LD 10.10.2023	SVUS1	USD	439.42
		SUBSIST	P03085-02 Meal LD 10.10.2023	SVUS1	USD	63.90
			P03085-02 Meal LD 11.10.2023	SVUS1	USD	55.99
			P03085-02 Meal LD 12.10.2023	SVUS1	USD	69.42
		TRAVEL	P03085-02 Uber LD 10.10.2023	SVUS1	USD	34.94
			P03085-02 Uber LD 11.10.2023	SVUS1	USD	107.90
			P03085-02 Uber LD 12.10.2023	SVUS1	USD	33.90
			P03085-02 Uber tip LD 11.10.2023	SVUS1	USD	6.00
			P03085-03 Hot JC 18/09/23	SVUS1	USD	389.61
	03 Frontage Labs, PA	SUBSIST	P03085-03 Meal JC 18/09/23	SVUS1	USD	19.43
			P03085-03 Meal JC 19/09/23	SVUS1	USD	17.34
			P03085-03 Meal JC 21/09/23	SVUS1	USD	90.60
			P03085-03 Snacks JC 19/09/23	SVUS1	USD	8.35
		TRAVEL	P03085-03 Car Rental JC 21/09/23	SVUS1	USD	270.55
			P03085-03 Parking JC 12/09/23	SVUS1	USD	120.00
			P03085-03 Toll JC 09/10/23	SVUS1	USD	12.65
			P03085-03 Toll JC 14/10/23	SVUS1	USD	12.65