

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?** RxCrossroads 3PL LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor RxCrossroads by McKesson

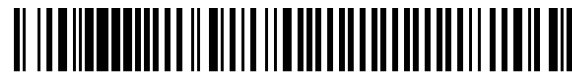
2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p><u>RxCrossroads 3PL LLC</u> <u>Stephanie Hampton</u> <u>6651 Gate Parkway</u> <u>Jacksonville, FL 32256</u></p> <p>Contact phone _____ Contact email <u>stephanie.hampton@mckesson.com</u></p>	<p><u>RxCrossroads by McKesson</u> <u>Lori Ross</u> <u>PO Box 74007100</u> <u>Chicago, IL 60674</u></p> <p>Contact phone _____ Contact email _____</p>

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: 3227 _____

7. How much is the claim? \$ 11767.93. 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.
3PL Service Fees

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: _____



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><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.</p>	<p>\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____</p>
<p>* 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.</p>		
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> 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.</p>	<p>\$ _____</p>

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 07/17/2024
MM / DD / YYYY

/s/Stephanie Hampton
Signature

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

Name Stephanie Hampton
First name Middle name Last name

Title Legal Specialist

Company McKesson Corporation
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: RxCrossroads 3PL LLC Stephanie Hampton 6651 Gate Parkway Jacksonville, FL, 32256 Phone: Phone 2: Fax: Email: stephanie.hampton@mckesson.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: RxCrossroads by McKesson Lori Ross PO Box 74007100 Chicago, IL, 60674 Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor: RxCrossroads by McKesson		Amends Claim: No Acquired Claim: No
Basis of Claim: 3PL Service Fees	Last 4 Digits: Yes - 3227	Uniform Claim Identifier:
Total Amount of Claim: 11767.93		Includes Interest or Charges: Yes
Has Priority Claim: No		Priority Under:
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: Stephanie Hampton on 17-Jul-2024 1:06:52 p.m. Eastern Time Title: Legal Specialist Company: McKesson Corporation		

INVOICE

REPRINT

Page 1 of 2

Invoice Number 335262928	Invoice Date 03/31/2024	Due Date 04/30/2024
Purchase Order No. [REDACTED]		
Billing Period 03/31/2024	Type 3PL Service Fee	
Payment Terms NET 30		

Bill-To:

EIGER BIOPHARMACEUTICALS INC
2155 PARK BLVD
PALO ALTO, CA 94306



Item Description	Qty	Unit Price	Tax	Extended Amount
Program Management Fee	[REDACTED]	[REDACTED]	0.00	8,000.00
Storage-Ambient Product	[REDACTED]	[REDACTED]	0.00	69.00
Distribution Other-Warehouse Shipm't Fee	[REDACTED]	[REDACTED]	0.00	70.00
Pick and Pack-Ambient (each)	[REDACTED]	[REDACTED]	0.00	53.60
Pick and Pack-Ambient (case)	[REDACTED]	[REDACTED]	0.00	5.25
CCF-Manual Order Placement	[REDACTED]	[REDACTED]	0.00	7.50
CCF-Electronic Order Placement	[REDACTED]	[REDACTED]	0.00	9.00
Distribution Other-Internat'l Order Prep	[REDACTED]	[REDACTED]	0.00	25.00
FinServ-Invoice Processing & Collection	[REDACTED]	[REDACTED]	0.00	34.65
Packing Supplies-Ambient Product	[REDACTED]	[REDACTED]	0.00	37.06
Serialization Management (ISS)	[REDACTED]	[REDACTED]	0.00	3,000.00

All the amounts listed in invoice are in USD

Invoice Date
03/31/2024

Invoice No.
335262928



Bill-to:

EIGER BIOPHARMACEUTICALS INC
2155 PARK BLVD
PALO ALTO, CA 94306

Customer No.
100393227

Remit Payment To:(if paid by check)

RxCrossroads 3PL LLC
P. O. Box 74007100
Chicago, IL 60674

NET 30	Up to 04/30/2024 without deduction	11,767.93
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Amount Paid:



RxCrossroads 3PL LLC
1001 Cheri Way, Suite 100
Fairdale, KY 40118

INVOICE

Invoice No. 335262928	Invoice Date 03/31/2024	Due Date 04/30/2024
Purchase Order No. 3PL_Eiger-2098_Feb'24 NT Inv		
Billing Period 03/31/2024		Type 3PL Service Fee

Item Description	Qty	Unit Price	Tax	Extended Amount
Freight - Parcel			0.00	16.87
Passthrough-Pharmalink-831758			0.00	440.00
Total Tax Amount:				0.00
Invoice Amount:				11,767.93
Total Invoice Amount:				11,767.93