

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>1. Who is the current creditor?</p>	<p><u>Sherpa Clinical Packaging 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 <u>PCI Pharma Services</u></p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p>Where should notices to the creditor be sent?</p> <p><u>Sherpa Clinical Packaging LLC</u> <u>PCI Pharma Services</u> <u>Melissa Wojtylak, PCI Pharma Services</u> <u>3001 Red Lion Road</u> <u>Philadelphia, PA 19114, USA</u></p> <p>Contact phone <u>267-279-3390</u> Contact email <u>melissa.wojtylak@pci.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Contact phone _____ Contact email _____</p>
<p>(see summary page for notice party information) Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>		
<p>4. Does this claim amend one already filed?</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>5. Do you know if anyone else has filed a proof of claim for this claim?</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: ____ _

7. How much is the claim? \$ 0.00. 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.
See attachment

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 07/22/2024
MM / DD / YYYY

/s/John Knapp, Jr.
Signature

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

Name John Knapp, Jr.
First name Middle name Last name

Title Attorney

Company Miller Nash
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: Sherpa Clinical Packaging LLC PCI Pharma Services Melissa Wojtylak, PCI Pharma Services 3001 Red Lion Road Philadelphia, PA, 19114 USA Phone: 267-279-3390 Phone 2: Fax: Email: melissa.wojtylak@pci.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
	(Empty)	
Disbursement/Notice Parties: John R. Knapp, Jr., Miller Nash LLP 605 5th Ave S Ste 900 Seattle, WA, 98104 USA Phone: 206-777-7430 Phone 2: Fax: E-mail: john.knapp@millernash.com		
Other Names Used with Debtor: PCI Pharma Services	Amends Claim: No Acquired Claim: No	
Basis of Claim: See attachment	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 0.00	Includes Interest or Charges: No	
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: John Knapp, Jr. on 22-Jul-2024 2:31:17 p.m. Eastern Time Title: Attorney Company: Miller Nash		

United States Bankruptcy Court for the Northern District of Texas

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- Eiger BioPharmaceuticals, Inc. (Case No. 24-80040)
 EB Pharma LLC (Case No. 24-80042)
 EigerBio Europe Limited (Case No. 24-80044)
 EBPI Merger Inc. (Case No. 24-80041)
 Eiger BioPharmaceuticals Europe Limited (Case No. 24-80043)

Modified 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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

1. **Who is the current creditor?** Sherpa Clinical Packaging LLC
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor PCI Pharma Services

2. **Has this claim been acquired from someone else?** No
 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)
	<u>John R. Knapp, Jr., Miller Nash LLP</u> Name 605 5th Ave S, Ste 900 Number Street Seattle WA 98104 City State ZIP Code USA Country Contact phone <u>(206) 777-7430</u> Contact email <u>john.knapp@millernash.com</u>	<u>Melissa Wojtylak, PCI Pharma Services</u> Name 3001 Red Lion Road Number Street Philadelphia PA 19114 City State ZIP Code USA Country Contact phone <u>(267) 279-3390</u> Contact email <u>melissa.wojtylak@pci.com</u>

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: _____

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Amount of the claim that is secured: \$ _____
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10. Is this claim based on a lease? No
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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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

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).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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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 07/22/2024
MM / DD / YYYY

/s/ John R. Knapp, Jr.
Signature

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

Name John R. Knapp, Jr.
First name Middle name Last name

Title Attorney

Company Miller Nash LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 605 5th Ave S, Ste 900
Number Street

Seattle WA 98104 USA
City State ZIP Code Country

Contact phone (206) 777-7430 Email john.knapp@millernash.com

Attachment to Proof of Claim of Sherpa Clinical Packaging LLC

In re Eiger BioPharmaceuticals, Inc., Chapter 11 Case No. 24-80040 (DRJ)

1. Sherpa Clinical Packaging LLC ("Creditor") holds a claim in an unliquidated amount (the "Claim") against Eiger BioPharmaceuticals, Inc. (the "Debtor") as of April 1, 2024 (the "Petition Date"). Because the amount is unliquidated at this time, the amount stated on the proof of claim form is \$0.00.
2. Creditor and the Debtor are party to contracts or executory contracts, including without limitation those described as being with "Sherpa" in the Amended Notice of Cure Amounts and Potential Assumption and Assignment of Executory Contracts and Unexpired Leases in Connection with the Remaining Assets Sale Transactions, Ex. A, at 55 [Dkt. # 351]. The Debtor's counsel has provided Creditor's counsel with copies of the referenced executory contracts. As of the filing of this proof of claim, the Debtor has not yet assumed or rejected these executory contracts. Creditor reserves all rights with respect to any contracts or executory contracts, including without limitation (i) to assert any portion of the Claim and any amounts owed after the Petition Date as a condition to assumption or assignment of executory contracts under Section 365(b) and/or (f), or (ii) to assert additional damages arising from any rejection of any executory contracts. Creditor is reviewing its records to identify all components of its contracts or executory contracts with the Debtor and to determine whether there are any amounts to be liquidated.
3. Creditor reserves all rights to supplement, amend, or withdraw this proof of claim at any time, including without limitation to add an amount once known.