

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>Sciensus International B.V.</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)
	See summary page	National Westminster Bank plc 314 Chiswick High Street Chiswick, London W4 5TA, United Kingdom
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Contact phone _____ Contact email <u>John.Bradshaw@sciensus.com</u>	Contact phone _____ Contact email _____
	(see summary page for notice party information)	
	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: 3006 ____

7. How much is the claim? \$ 117220.28. 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.
Product invoice; credit note authorizations.

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/Ramsey Scofield
Signature

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

Name Ramsey Scofield
First name Middle name Last name

Title Senior Associate

Company Linklaters LLP
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: Sciensus International B.V. John Bradshaw 107 Station Street Burton-On-Trent, Staffordsh, DE14 1SZ United Kingdom Phone: Phone 2: Fax: Email: John.Bradshaw@sciensus.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:			
	Has Related Claim: No Related Claim Filed By:			
	Filing Party: Authorized agent			
Disbursement/Notice Parties: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> National Westminster Bank plc 314 Chiswick High Street Chiswick, London, W4 5TA United Kingdom Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS </td> <td style="width: 50%;"> Ramsey Scofield 1290 Avenue of the Americas New York, NY, 10104 United States Phone: Phone 2: Fax: E-mail: ramsey.scofield@linklaters.com </td> </tr> </table>			National Westminster Bank plc 314 Chiswick High Street Chiswick, London, W4 5TA United Kingdom Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS	Ramsey Scofield 1290 Avenue of the Americas New York, NY, 10104 United States Phone: Phone 2: Fax: E-mail: ramsey.scofield@linklaters.com
National Westminster Bank plc 314 Chiswick High Street Chiswick, London, W4 5TA United Kingdom Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS	Ramsey Scofield 1290 Avenue of the Americas New York, NY, 10104 United States Phone: Phone 2: Fax: E-mail: ramsey.scofield@linklaters.com			
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No			
Basis of Claim: Product invoice; credit note authorizations.	Last 4 Digits: Yes - 3006	Uniform Claim Identifier:		
Total Amount of Claim: 117220.28	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: Ramsey Scofield on 22-Jul-2024 3:56:03 p.m. Eastern Time Title: Senior Associate Company: Linklaters LLP				



Eiger BioPharmaceuticals, Inc.
 2155 Park Blvd
 Palo Alto, CA 94306

CREDIT NOTE AUTHORIZATION FORM

Invoice Number: 1003

Customer Name: C1002 Sciensus International

Amount: 18,300 EURO

Reason for Credit Note:

Retention sample for Zokinvy - 1 - 50MG; Refund for payment on the product that needs to be retained as sample by Sciensus. Not to be resold.

Description:

(include product and number of units, if applicable)

Product	Product Description	Quantity	Sales Value	Currency
Lonafarnib	X-LON-EA-50MG-30	1	18,300.00	euro

Account to be Credited:

Customer Name: C1002 Sciensus International

Contact Name (include email): Sammi Heffer (sammi.heffer@sciensus.com)

Credit Note Amount: 18,300 EURO

Back up documentation:

Invoice

3rd Party Confirmation

Invoice Requestor

Eiger Requestor: Gio Matthews

Title: VP, Global Market Access

Date: November 24, 2022

Finance Authorization:

Finance Reviewer Bradford Lees Date: 12/2/2022

Finance Approver _____ Date: _____



Eiger BioPharmaceuticals, Inc.
 2155 Park Blvd
 Palo Alto, CA 94306

CREDIT NOTE AUTHORIZATION FORM

Invoice Number: _____

Customer Name: _____

Amount: _____

Reason for Credit Note:

Description:

(include product and number of units, if applicable)

Product	Product Description	Quantity	Sales Value	Currency
Lonafarnib	X-LON-EA-50MG-30	1	18,300.00	euro

Account to be Credited:

Customer Name: _____

Contact Name (include email): _____

Credit Note Amount: _____

Back up documentation:

Invoice

3rd Party Confirmation

Invoice Requestor

Eiger Requestor: _____

Title: _____

Date: _____

Finance Authorization:

Finance Reviewer Bradford Lees Date: _____

Finance Approver _____ Date: _____



Eiger BioPharmaceuticals, Inc.
 2155 Park Blvd
 Palo Alto, CA 94306

CREDIT NOTE AUTHORIZATION FORM

Invoice Number: 1001

Customer Name: C1002 Sciensus International

Amount: 45,750 EURO

Reason for Credit Note:

Retention sample for Zokinvy - 1 -50MG and 1-75MG; Refund for payment on these products that need to be retained
as samples by Sciensus. Not to be resold.

Description:

(include product and number of units, if applicable)

Product	Product Description	Quantity	Sales Value	Currency	Investigation Notes
Lonafarnib	X-LON-EA-50MG-30	1	18,300.00	euro	Sample bottle held, not for re sale
Lonafarnib	X-LON-EA-75MG-30	1	27,450.00	euro	Sample bottle held, not for re sale
			45,750.00		

Account to be Credited:

Customer Name: C1002 Sciensus International (Netherlands) BV

Contact Name (include email): Sammi Heffer (sammi.heffer@sciensus.com)

Credit Note Amount: 45,750 EUR

Back up documentation:

Invoice

3rd Party Confirmation

Invoice Requestor

Eiger Requestor: Gio Matthews

Title: VP, Global Market Access

Date: March 15, 2022

Finance Authorization:

Finance Reviewer *Bradford Lee* Date: Jun 22, 2022

Finance Approver *Sandy Levy* Date: Jun 22, 2022

Sciensus International B.V.
107 Station Street
Burton-On-Trent
Staffordshire
DE14 1SZ, United Kingdom

T: 03332 079376

F: 0870 6001541

VAT ID: NL821441358B02



Invoice To

Eiger BioPharmaceuticals
2155 Park Boulevard
Palo Alto, CA 94306
United States

Invoice No.: SINV-0026249
Invoice Date: 31/03/2024
Delivery No.:
Due Date: 30/04/2024
Invoice Customer No.: BV-CAN-001773

VAT Number:
VAT Country Code:
Siret No:

Quantity	Product description	Unit price	VAT	Net price
1	Customer : Eiger BioPharmaceuticals Hosp Ref : Your Ref : PO3006 Lonafarnib Service Income 5.3% March 2024			

CONFIDENTIAL : All pricing information is strictly confidential and must not be disclosed to any third party

Net Amount	
VAT Amount	
Invoice Total	€26,187.30

Terms of Payment : 30 days from invoice date

Natwest Bank Plc
314 Chiswick High Street
London
Greater London
W4 5TA
United Kingdom



Internal Ref:

Sciensus International B.V., a private company with limited liability incorporated under the laws of the Netherlands No.34363537 VAT Registered No. NL821441358B02, UK VAT Registered No. GB873342418 Registered office: Bijsterhuizen 3142, 6604 LV Wijchen, The Netherlands

Scofield, Ramsey

From: Aude Ousaci [REDACTED]
Sent: Monday, July 22, 2024 2:13 PM
To: Scofield, Ramsey
Cc: John Bradshaw
Subject: Confirmation of POA for claims forms

Caution: External email.

Hi Ramsey,

As discussed, this email to confirm you are authorised as our attorney, to file and sign the claim forms against Eiger Pharmaceuticals and Eiger Bio Europe on behalf of Sciensus International BV.

Kind regards,

Aude

Aude Florence Ousaci

Senior Legal Counsel

[REDACTED]
[Sciensus.com](https://www.sciensus.com)



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e-mail: generalenquiries@sciensus.com

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