

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.

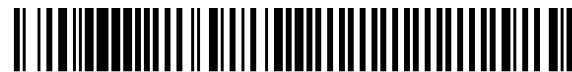
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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>Dr. Ohad Etzion</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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Dr. Ohad Etzion</u> <u>Yitzhack I. Rager BLVD 151</u> <u>Beer Sheva, Not applic 8410101, Israel</u>	<u>Mor Research Application LTD</u> <u>Lena Shot</u> <u>40 Tuval Street</u> <u>Ramat Gan, Not applic 5252247</u>
	Contact phone <u>+972-8-6244240</u>	Contact phone <u>+972-3-6233227</u>
	Contact email <u>ruthieb@bgu.ac.il</u>	Contact email _____
	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 _____ <small>MM / DD / YYYY</small>	
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: ____ _

7. How much is the claim? \$ 9550.00. 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.
Final payment according to research agreement

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 07/23/2024
MM / DD / YYYY

/s/Ohad Etzion
Signature

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

Name Ohad Etzion
First name Middle name Last name

Title Head of Gastroenterology and Liver Disease Institute

Company Soroka Medical Center
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: Dr. Ohad Etzion Yitzhack I. Rager BLVD 151 Beer Sheva, Not applic, 8410101 Israel Phone: +972-8-6244240 Phone 2: +972-544-892990 Fax: Email: ruthieb@bgu.ac.il	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: Mor Research Application LTD Lena Shot 40 Tuval Street Ramat Gan, Not applic, 5252247 Phone: +972-3-6233227 Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor:		Amends Claim: No Acquired Claim: No
Basis of Claim: Final payment according to research agreement		Last 4 Digits: No Uniform Claim Identifier:
Total Amount of Claim: 9550.00		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: Ohad Etzion on 23-Jul-2024 5:44:51 a.m. Eastern Time Title: Head of Gastroenterology and Liver Disease Institute Company: Soroka Medical Center		

AMENDMENT NUMBER 1 TO

CLINICAL STUDY AGREEMENT – INVESTIGATOR INITIATED STUDY (IIS)

This Amendment Number 1 (the “**Amendment**”), effective as of March __, 2022 (the “**Amendment Effective Date**”) is entered into by and between **Eiger Biopharmaceuticals, Inc.** (“**Eiger**”) and **Clalit Health Services through Soroka University Medical Center**, (“**Soroka**”) (“**Institution**,” and, along with Eiger, a “**Party**” or “**Parties**”) and amends and is made a part of the Clinical Study Agreement – Investigator Initiated Study (IIS) by and between the parties dated March 23, 2021 (the “**Agreement**”).

The parties agree as follows:

1. All capitalized but undefined terms used in this Amendment have the meanings ascribed to those terms in the Agreement, except to the extent modified in this Amendment. All terms of the Agreement remain in full force and effect except to the extent expressly modified in this Amendment.
2. Exhibit B to the Agreement is hereby deleted in its entirety and replaced with the Exhibit B attached hereto.
3. The Agreement, as hereby amended, and any attachments thereto, constitute the entire agreement between the parties with respect to the subject matter and supersede all prior agreements, arrangements, dealings, and writings between the Parties. This Amendment may not be amended except in writing executed by the duly authorized representatives of both Parties.
4. The Parties may execute and transmit this Amendment by fax or via email in Portable Document Format (PDF) in any number of counterparts, each of which will be deemed an original and all of which together constitute one and the same document binding on all Parties.

The Parties have caused the execution of this Amendment by their respective authorized representatives, effective as of the Amendment Effective Date.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have caused this Amendment Number 1 to the Clinical Study Agreement – Investigator Initiated Study (IIS) to be executed by their duly authorized representatives as of the date first written above.

EIGER BIOPHARMACEUTICALS, INC.

SOROKA UNIVERSITY MEDICAL CENTER,

By: Sriram Ryali

Name: Sriram Ryali

Title: CFO

Date: April 28, 2022

By: [Signature]

Name: [Signature]

Title: [Signature]

Date: 10.5.21

David Ezer, CPA
Chief Financial Officer
Soroka Medical Center
Yarden Nevo
Associate Director General

The undersigned, as Principal Investigator, hereby acknowledges having reviewed and received a copy of this Amendment, with Exhibits.

ד"ר אהוד עציון
מומחה לטיפול פנימית
ומומחה לגסטרואנטרולוגיה
ומחלות כבד
מ.ר. 0000000000

Signature: [Signature]

Printed Name: Dr. Ohad Etzion

Date: 2. May - 2022

Exhibit B

Materials Supplied by Eiger

- Lonafarnib and Ritonavir (LNF 50 mg capsules in bottles and RTV 100 mg tablets in bottles)

Budget

Eiger will reimburse Institution for all reasonable and documented Study-related fees and costs directly incurred by the Institution for the conduct of the Study, up to a maximum of \$200,000 in total under the Agreement. Such amount covers all supported Study-related fees and expenses as outlined below.

Amounts in US Dollars (USD) and include 18% overhead.

Item	Amount (USD)
Fee per patient 5,000	100,000
Pharmacy Fee, Per Year	1,000
Monitoring	11,250
Data management	23,600
Samples shipment	6,400
Total	142,250

- HDV RNA quantification testing at Quest Diagnostics™

Pharmaco-Kinetic (PK) Sub-Study

Item	Amount (USD)
Fee per patient 2,500	37,500

- PK samples analysis at Altascience.

Invoicing and Payment Schedule

Institution shall invoice Eiger by the 15th day of each month for Study-related fees, expenses incurred and Subjects enrolled in the preceding month in accordance with the above budget. Institution shall provide detailed invoices outlining such expenses such that Eiger can track the itemized expenses and Subject enrollment per the total budget above. Institution shall provide monthly enrollment updates to Company.

Institution shall send invoices via email addressed to invoices@eiger.coupahost.com. All invoices must reference the Purchase Order Number assigned by the Company.

Company shall pay invoices within 30 days of receipt to the extent not disputed and not exceeding such budget.

From: רותי בכור
Sent: 08:00 2023 יולי 18 יום שלישי
To: 'Bradford Lees'; ruthie.bekore@gmail.com; Edward Dy
Cc: אורחד עציון ד"ר; ohadet34@yahoo.com; Ingrid Choong
Subject: RE: Soroka Medical Center - Eiger June 2022 Finance Update

Hi Brad,

Thank you.

The invoice is until May 30th.

Final payment will be of the amount: 9,550 USD, scheduled to Q1 2024.

Kind Regards,
Ruthie

Ruthie Bekore, MPH

(T) 972-8-6244240 | (F) 972-8-6244343 Ruthieb@clalit.org.il |
Research Authority | Soroka Medical Center



From: Bradford Lees <blees@eigerbio.com>
Sent: Tuesday, July 18, 2023 2:48 AM
To: רותי בכור <RuthieB@clalit.org.il>; ruthie.bekore@gmail.com; Edward Dy <edy@eigerbio.com>
Cc: אורחד עציון ד"ר <OhadEt@clalit.org.il>; ohadet34@yahoo.com; Ingrid Choong <ichoong@eigerbio.com>
Subject: RE: Soroka Medical Center - Eiger June 2022 Finance Update

Hi Ruthie,

Acknowledging receipt of your email and the attached invoice.

Were the invoiced charges performed prior to June 30, 2023? Is there any pending work to be performed on this contract?

Thanks,
Brad

From: RuthieB@clalit.org.il <RuthieB@clalit.org.il>
Sent: Monday, July 10, 2023 1:47 AM
To: Bradford Lees <blees@eigerbio.com>; ruthie.bekore@gmail.com; Edward Dy <edy@eigerbio.com>
Cc: OhadEt@clalit.org.il; ohadet34@yahoo.com; Ingrid Choong <ichoong@eigerbio.com>; Sandy Leng <sleng@eigerbio.com>
Subject: RE: Soroka Medical Center - Eiger June 2022 Finance Update

Dear Brad,

[Can you please confirm receiving my previous email and invoice?](#)

Kind Regards,
Ruthie

Ruthie Bekore, MPH

(T) 972-8-6244240 | (F) 972-8-6244343 Ruthieb@clalit.org.il |
Research Authority | Soroka Medical Center



From: רותי בכור
Sent: Tuesday, July 4, 2023 9:53 AM
To: 'Bradford Lees' <blees@eigerbio.com>; ruthie.bekore@gmail.com; Edward Dy <edy@eigerbio.com>