

Fill in this information to identify the case:

Debtor 1 Gritstone Bio, Inc.Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 24-12305

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 of 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?

Effectus Group LLC

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?

☒ No☐ 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?

Effectus Group LLC

Name

1735 Technology Dr, Ste 780

Number Street

San JoseCA95110

City

State

ZIP Code

Contact phone 408-850-9707Contact email billings@effectusgroup.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone _____

Contact email _____

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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: _____

7. How much is the claim? \$ 1,980.00 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.
Services performed, accounting consulting

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal 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 amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

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Annual Interest Rate (when case was filed) 18.00 %

☒ 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ 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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 acknowledgment 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 a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

11/05/2024

Executed on date

MM / DD / YYYY

DocuSigned by:

Mike Montgomery

Signature

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

Name	Mike	Montgomery
	First name	Middle name Last name
Title	Managing Partner & CEO	
Company	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	1735 Technology Dr, Ste 780	
	Number	Street
	San Jose	CA 95110
	City	State ZIP Code
Contact phone	408-850-9707	Email mike@effectusgroup.com

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Invoice

Effectus Group, LLC
1735 Technology Drive, Suite 780
San Jose, CA 95110

Bill To

Gritstone Oncology, Inc.
5959 Horton St, Ste 300
Emeryville CA 94608
United States

Invoice No.: IN-072355
Date: 8/15/2024
Due Date: 9/14/2024
Billing Period: Aug 1 to 15, 2024

Description	Project	Terms	P.O. Number
TA-Life Sciences Tech Acctg	Accounting for Gritstone's Equity Financing in Q2 2024	Net 30	

Consultant	Description	Hours	Rate	Amount
Austin Smith		2	\$220.00	\$440.00

	Total Hours	2	Total	\$440.00
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Electronic Payment Instructions:

Bank Name: Wells Fargo
Account Number: 3906600493
Routing Number for Direct Deposits, Electronic Payments:
121042882
Routing Number for Wire Transfers - Domestic: 121000248

Mail To:

Effectus Group, LLC
PO Box 888389
Los Angeles CA 90088-8389
United States

Bill.com:

0236796313340590



IN-072355



Invoice

Effectus Group, LLC
1735 Technology Drive, Suite 780
San Jose, CA 95110

Bill To

Gritstone Oncology, Inc.
5959 Horton St, Ste 300
Emeryville CA 94608
United States

Invoice No.: IN-072612
Date: 9/15/2024
Due Date: 10/15/2024
Billing Period: Sep 1 to 15, 2024

Description	Project	Terms	P.O. Number
TA-Life Sciences Tech Acctg	Accounting for On-call Accounting Advisory Services	Net 30	

Consultant	Description	Hours	Rate	Amount
Boyang Zhao		0.5	\$220.00	\$110.00

Total Hours	0.5	Total	\$110.00
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Electronic Payment Instructions:

Bank Name: Wells Fargo
Account Number: 3906600493
Routing Number for Direct Deposits, Electronic Payments: 121042882
Routing Number for Wire Transfers - Domestic: 121000248

Mail To:

Effectus Group, LLC
PO Box 888389
Los Angeles CA 90088-8389
United States

Bill.com:

0236796313340590



IN-072612



Invoice

Effectus Group, LLC
1735 Technology Drive, Suite 780
San Jose, CA 95110

Bill To

Gritstone Oncology, Inc.
5959 Horton St, Ste 300
Emeryville CA 94608
United States

Invoice No.: IN-072786
Date: 9/30/2024
Due Date: 10/30/2024
Billing Period: Sep 16 to 30, 2024

Description	Project	Terms	P.O. Number
TA-Life Sciences Tech Acctg	Accounting for On-call Accounting Advisory Services	Net 30	

Consultant	Description	Hours	Rate	Amount
Austin Smith		1.5	\$220.00	\$330.00
Boyang Zhao		1.5	\$220.00	\$330.00

Total Hours	3	Total	\$660.00
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Electronic Payment Instructions:

Bank Name: Wells Fargo
Account Number: 3906600493
Routing Number for Direct Deposits, Electronic Payments: 121042882
Routing Number for Wire Transfers - Domestic: 121000248

Mail To:

Effectus Group, LLC
PO Box 888389
Los Angeles CA 90088-8389
United States

Bill.com:

0236796313340590



IN-072786



Invoice

Effectus Group, LLC
1735 Technology Drive, Suite 780
San Jose, CA 95110

Bill To

Gritstone Oncology, Inc.
5959 Horton St, Ste 300
Emeryville CA 94608
United States

Invoice No.: IN-072937
Date: 10/15/2024
Due Date: 11/14/2024
Billing Period: Oct 1 to 15, 2024

Description	Project	Terms	P.O. Number
TA-Life Sciences Tech Acctg	Accounting for On-call Accounting Advisory Services	Net 30	

Consultant	Description	Hours	Rate	Amount
Christie Hutchinson		2.5	\$220.00	\$550.00
Austin Smith		1	\$220.00	\$220.00

Total Hours	3.5	Total	\$770.00
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Electronic Payment Instructions:

Bank Name: Wells Fargo
Account Number: 3906600493
Routing Number for Direct Deposits, Electronic Payments: 121042882
Routing Number for Wire Transfers - Domestic: 121000248

Mail To:

Effectus Group, LLC
PO Box 888389
Los Angeles CA 90088-8389
United States

Bill.com:

0236796313340590



IN-072937