


Fill in this information to identify the case:

Debtor 1 Gritstone

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?	<u>Kenmore Square Hotel</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Hotel Commonwealth</u>	
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?  <u>Hotel Commonwealth</u> Name <u>500 Commonwealth Avenue</u> Number Street <u>Boston</u> <u>MA</u> <u>02215</u> City State ZIP Code Contact phone <u>6175325017</u> Contact email <u>sara.degon@hotelcommonwealth.cor</u>	Where should payments to the creditor be sent? (if different)  Name Number Street City State ZIP Code Contact phone Contact email
RECEIVED NOV 21 2024 VERITA GLOBAL		
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: \_\_\_\_\_

7. How much is the claim? \$ 13,000.00 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.  
Parking Fees

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:** \$ \_\_\_\_\_

**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)?

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.

Executed on date 11/14/2024

MM / DD / YYYY

Sara Degon

Signature

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

Name

Sara Amy Degon

First name

Middle name

Last name

Title

Accounting Manager

Company

Kenmore Square Hotel dba Hotel Commonwealth

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

500 Commonwealth Avenue

Number Street

Boston

MA

02019

City

State

ZIP Code

Contact phone

6175325017

Email sara.degon@hotelcommonwealth.com

RECEIVED

NOV 21 2024

VERITA GLOBAL

# **Hotel** BOSTON KENMORE SQUARE **Commonwealth**

**Gritstone Bio**  
**959 Horton Street**  
**Gritstone Bio**  
**Suite 300**  
**Emeryville CA 94608**  
**United States**

Guest Name : Gritstone Bio  
 Company Name : Gritstone Bio  
 Group Name :  
 Invoice No. : 61151

Room No. :  
 Arrival :  
 Departure :  
 Folio No. : 598281  
 Invoice No. : 61151  
 AR No. : GRITSTONE  
 Conf. No. :  
 Cashier No. : 140  
 Custom Ref. :  
 Page No. : 1 of 1

## INVOICE

Date	Description	Charges	Credits
09/23/24	Monthly Parking PO 38921 - October 2024 Parking	13,000.00	
		<b>Total Charges</b>	13,000.00
		<b>Total Credits</b>	0.00
		<b>Balance</b>	<b>13,000.00</b>

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

OFFICIAL HOTEL OF THE BOSTON RED SOX

500 Commonwealth Avenue | Boston, MA 02215  
 Phone: 617.933.5000 | FAX: 617.266.6886 | Reservation: 866.784.4000  
[www.hotelcommonwealth.com](http://www.hotelcommonwealth.com)

## Sara Degon

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**From:** Sara Degon  
**Sent:** Monday, September 23, 2024 10:12 AM  
**To:** AP  
**Subject:** Gritstone October 2024 Parking Invoice 61151  
**Attachments:** Gritstone October 2024 Parking Invoice 61151.pdf

Good morning,

Please find the October parking invoice attached.

Thank you,

**Sara Degon**  
Accounting Manager  
**Hotel Commonwealth**  
500 Commonwealth Avenue  
Boston, MA 02215  
[www.hotelcommonwealth.com](http://www.hotelcommonwealth.com)  
p: 617-532-5017

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