

Fill in this information to identify the case:

Debtor Gritstone bio, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

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 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>Cygnus Technologies, LLC</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? Cygnus Technologies, LLC Accounts Receivable 1523 Olde Waterford Way Leland, NC 28451, United States Contact phone _____ Contact email <u>ar@cygnustechnologies.com</u>	Where should payments to the creditor be sent? (if different) See summary page Contact phone _____ Contact email <u>ar@cygnustechnologies.com</u>
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 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: 3149 ____

7. How much is the claim? \$ 35489.11 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.

Goods Sold; service performed

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)?

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 all that apply:

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

Amount entitled to priority

\$ _____

☐ 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.

\$ _____

* 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.

\$ 26,000.00

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 11/26/2024
MM / DD / YYYY

/s/Sean Reilly
Signature

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

Name Sean Reilly
First name Middle name Last name

Title Accounts Receivable Manager

Company Maravai LifeSciences, LLC
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 (877) 709-4754 | International (424) 236-7233

Debtor: 24-12305 - Gritstone bio, Inc.		
District: District of Delaware		
Creditor: Cygnus Technologies, LLC Accounts Receivable 1523 Olde Waterford Way Leland, NC, 28451 United States Phone: Phone 2: Fax: Email: ar@cygnustechnologies.com	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: Cygnus Technologies, LLC Accounts Receivable PO Box 889233 Los Angeles, California, 90088 United States Phone: Phone 2: Fax: E-mail: ar@cygnustechnologies.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No	
	Acquired Claim: No	
Basis of Claim: Goods Sold; service performed	Last 4 Digits: Yes - 3149	Uniform Claim Identifier:
Total Amount of Claim: 35489.11	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No	Nature of Secured Amount:	
Amount of 503(b)(9): Yes: 26,000.00	Value of Property:	
Based on Lease: No	Annual Interest Rate:	
Subject to Right of Setoff: No	Arrearage Amount:	
	Basis for Perfection:	
	Amount Unsecured:	
Submitted By: Sean Reilly on 26-Nov-2024 6:17:35 p.m. Eastern Time		
Title: Accounts Receivable Manager		
Company: Maravai LifeSciences, LLC		

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

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?**

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?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

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

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

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? \$ _____. 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.
- _____

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 _____
MM / DD / YYYY

Signature

Sean Reilly

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

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

A/R Aging Detail
As of November 26, 2024

Total



CYGNUS TECHNOLOGIES, LLC – REMITTANCE INSTRUCTIONS

Payments by Check in US Funds:

Cygnus Technologies, LLC
PO Box 889233
Los Angeles, CA 90088-9233

Payments by Wire Transfer / ACH in US Funds:

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104
Account Number# 4615042074
ABA Routing# 121000248
Swift# WFBIUS6S

Please Note: Cygnus customers are responsible for originating and intermediary wire fees, consistent with utilizing "OUR" in field 71A of the MT103 SWIFT Instruction

For questions, or information validation, please contact AR
Email: AR@cygnustechnologies.com

Sean Reilly

Accounts Receivable Manager

July 1, 2024

7/16/2024

Customer Number 103149

Bill To

Gritstone Oncology, Inc
Accounts Payable
5959 Horton Street Suite 300
Emeryville CA 94608
United States
(510) 871-6100

Ship To

Gritstone Oncology, Inc
4698 Willow Rd
Pleasanton CA 94588
United States
(925) 276-9550

Purchase Order No.	Date Shipped	Terms	Ship Via	Tracking Number
41821	7/16/2024	Net 30	Fed Ex-OVN	747272907733

Special Instructions

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
F650S	HEK 293 HCP ELISA Kit, 3G	2	0	\$872.00	\$1,744.00
I700-500	TBS/BSA Sample Diluent, 500mL	1	0	\$419.00	\$419.00

All prices are subject to change.
Returns will not be accepted without prior authorization.
Return request must be filed within 5 days from receipt of shipment.

All products are "For Research Only".

Remittance Instructions:

By Check (USD Funds)

Cygnus Technologies, LLC
PO Box 889233
Los Angeles, CA 90088-9233

By ACH/Wire Transfer (USD Funds)

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104
Account: 4615042074
ABA: 121000248
Swift: WFBIUS6S

Buyer is responsible for intermediary wire fees, consistent with utilizing "OUR" in field 71A of the MT103 SWIFT Instruction.

SUBTOTAL	\$2,163.00
TAX	\$221.71
HANDLING OR SHIPPING	\$175.00
TOTAL	\$2,559.71

TOTAL CREDIT

PLEASE PAY THIS AMOUNT >>>

\$2,559.71



INVCYG51676



Cygnus Technologies, LLC
1523 Olde Waterford Way
Leland, NC 28451
United States
+1 (910) 454-9442
orders@cygnustechnologies.com

Invoice
#INVCYG51676
#SOCYG51101

7/16/2024

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
Please note Cygnus Technologies is wholly based in the USA for all business and financial transactions. Consignee to pay duties and taxes as required by Customs and these have NOT been included in our Shipping charges. Late payments will accrue interest at a rate equal to the greater of 1.5% per month and the maximum rate permitted by applicable law, from due date until paid, plus Seller's reasonable costs of collections.					





November 26, 2024

Dear Customer,

The following is the proof-of-delivery for tracking number: 747272907733

Delivery Information:

Status:	Delivered	Delivered To:	Receptionist/Front Desk
Signed for by:	T.HOLMES	Delivery Location:	
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		PLEASANTON, CA,
		Delivery date:	Jul 17, 2024 10:59

Shipping Information:

Tracking number:	747272907733	Ship Date:	Jul 16, 2024
		Weight:	7.0 LB/3.18 KG
Recipient:		Shipper:	
PLEASANTON, CA, US,		Leland, NC, US,	

Reference SOCYG51101

FedEx Express proof-of-delivery details appear below; however, no signature is currently available for this shipment. Please check again later for a signature.

Thank you for choosing FedEx

7/22/2024

Customer Number 103149

Bill To

Gritstone Oncology, Inc
Accounts Payable
5959 Horton Street Suite 300
Emeryville CA 94608
United States
(510) 871-6100

Ship To

Gritstone Oncology, Inc
General WH
4698 Willow Rd
Pleasanton CA 94588
United States
(925) 276-9550

Approved by CD

Purchase Order No.	Date Shipped	Terms	Ship Via	Tracking Number
41832	7/22/2024	Net 30	Fed Ex-OVN	407605331159

Special Instructions

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
F1020	E. coli HCP ELISA Kit	3	0	\$872.00	\$2,616.00

All prices are subject to change.					SUBTOTAL	\$2,616.00
Returns will not be accepted without prior authorization.					TAX	\$268.14
Return request must be filed within 5 days from receipt of shipment.						
All products are "For Research Only".						
Remittance Instructions:					HANDLING OR SHIPPING	\$175.00
By Check (USD Funds)					TOTAL	\$3,059.14
Cygnus Technologies, LLC PO Box 889233 Los Angeles, CA 90088-9233						
By ACH/Wire Transfer (USD Funds)						
Wells Fargo Bank, NA 420 Montgomery Street San Francisco, CA 94104 Account: 4615042074 ABA: 121000248 Swift: WFBIUS6S						
Buyer is responsible for intermediary wire fees, consistent with utilizing "OUR" in field 71A of the MT103 SWIFT Instruction.					TOTAL CREDIT	
PLEASE PAY THIS AMOUNT >>>						\$3,059.14
Please note Cygnus Technologies is wholly based in the USA for all business and financial transactions. Consignee to pay duties and taxes as required by Customs and these have NOT been included in our Shipping charges. Late payments will accrue interest at a rate equal to the greater of 1.5% per month and the maximum rate permitted by applicable law, from due date until paid, plus Seller's reasonable costs of collections.						



INVCYG51782



November 26, 2024

Dear Customer,

The following is the proof-of-delivery for tracking number: 407605331159

Delivery Information:

Status:	Delivered	Delivered To:	Shipping/Receiving
Signed for by:	M.CARBONELL	Delivery Location:	
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		PLEASANTON, CA,
		Delivery date:	Jul 23, 2024 09:12

Shipping Information:

Tracking number:	407605331159	Ship Date:	Jul 22, 2024
		Weight:	4.0 LB/1.82 KG
Recipient:		Shipper:	
PLEASANTON, CA, US,		Leland, NC, US,	

Reference SOCYG51132

FedEx Express proof-of-delivery details appear below; however, no signature is currently available for this shipment. Please check again later for a signature.

Thank you for choosing FedEx

8/15/2024

Customer Number 103149

Bill To

Gritstone Oncology, Inc
Accounts Payable
5959 Horton Street Suite 300
Emeryville CA 94608
United States
(510) 871-6100

Ship To

Gritstone Oncology, Inc
4698 Willow Rd
Pleasanton CA 94588
United States
(925) 276-9550

Purchase Order No.	Date Shipped	Terms	Ship Via	Tracking Number
41976	8/15/2024	Net 30	Fed Ex-OVN	407605337179

Special Instructions

Catalog Number	Item Description	Qty Invoiced	Qty B/orderd	Unit Price	Amount
I028-100	Sample Diluent Buffer, 100mL	1	0	\$158.00	\$158.00

All prices are subject to change.
Returns will not be accepted without prior authorization.
Return request must be filed within 5 days from receipt of shipment.

All products are "For Research Only".

Remittance Instructions:

By Check (USD Funds)

Cygnus Technologies, LLC
PO Box 889233
Los Angeles, CA 90088-9233

By ACH/Wire Transfer (USD Funds)

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104
Account: 4615042074
ABA: 121000248
Swift: WFBUS6S

Buyer is responsible for intermediary wire fees, consistent with utilizing "OUR" in field 71A of the MT103 SWIFT Instruction.

SUBTOTAL \$158.00

TAX \$16.20

HANDLING OR SHIPPING \$175.00

TOTAL \$349.20

TOTAL CREDIT

PLEASE PAY THIS AMOUNT >>>

\$349.20

Please note Cygnus Technologies is wholly based in the USA for all business and financial transactions.
Consignee to pay duties and taxes as required by Customs and these have NOT been included in our Shipping charges.
Late payments will accrue interest at a rate equal to the greater of 1.5% per month and the maximum rate permitted by applicable law, from due date until paid, plus Seller's reasonable costs of collections.



INVCYG52350



November 26, 2024

Dear Customer,

The following is the proof-of-delivery for tracking number: 407605337179

Delivery Information:

Status:	Delivered	Delivered To:	Shipping/Receiving
Signed for by:	T.HOLMES	Delivery Location:	
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		PLEASANTON, CA,
		Delivery date:	Aug 16, 2024 09:57

Shipping Information:

Tracking number:	407605337179	Ship Date:	Aug 15, 2024
		Weight:	1.0 LB/0.45 KG
Recipient:		Shipper:	
PLEASANTON, CA, US,		Leland, NC, US,	

Reference SOCYG51746

FedEx Express proof-of-delivery details appear below; however, no signature is currently available for this shipment. Please check again later for a signature.

Thank you for choosing FedEx

9/23/2024

Customer Number 103149

Bill To

Gritstone Oncology, Inc
Accounts Payable
5959 Horton Street Suite 300
Emeryville CA 94608
United States
(510) 871-6100

Ship To

Gritstone Oncology, Inc
4698 Willow Rd
Pleasanton CA 94588
United States
(925) 276-9550

Purchase Order No.	Date Shipped	Terms	Ship Via	Tracking Number
42145	9/23/2024	Net 30	Fed Ex-OVN	413854220938

Special Instructions

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
F1020	E. coli HCP ELISA Kit	3	0	\$872.00	\$2,616.00
I028-500	Sample Diluent Buffer, 500mL	1	0	\$419.00	\$419.00

All prices are subject to change.
Returns will not be accepted without prior authorization.
Return request must be filed within 5 days from receipt of shipment.

All products are "For Research Only".

Remittance Instructions:

By Check (USD Funds)

Cygnus Technologies, LLC
PO Box 889233
Los Angeles, CA 90088-9233

By ACH/Wire Transfer (USD Funds)

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104
Account: 4615042074
ABA: 121000248
Swift: WFBIUS6S

Buyer is responsible for intermediary wire fees, consistent with utilizing "OUR" in field 71A of the MT103 SWIFT Instruction.

SUBTOTAL \$3,035.00

TAX \$311.09

HANDLING OR SHIPPING \$175.00

TOTAL \$3,521.09

TOTAL CREDIT

PLEASE PAY THIS AMOUNT >>>

\$3,521.09



9/23/2024

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
<p>Please note Cygnus Technologies is wholly based in the USA for all business and financial transactions. Consignee to pay duties and taxes as required by Customs and these have NOT been included in our Shipping charges.</p> <p>Late payments will accrue interest at a rate equal to the greater of 1.5% per month and the maximum rate permitted by applicable law, from due date until paid, plus Seller's reasonable costs of collections.</p>					



INVCYG53127



November 26, 2024

Dear Customer,

The following is the proof-of-delivery for tracking number: 413854220938

Delivery Information:

Status:	Delivered	Delivered To:	Shipping/Receiving
Signed for by:	D.MORAN	Delivery Location:	
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		PLEASANTON, CA,
		Delivery date:	Sep 25, 2024 13:53

Shipping Information:

Tracking number:	413854220938	Ship Date:	Sep 23, 2024
		Weight:	5.0 LB/2.27 KG
Recipient:		Shipper:	
PLEASANTON, CA, US,		Leland, NC, US,	

Reference SOCYG52524

FedEx Express proof-of-delivery details appear below; however, no signature is currently available for this shipment. Please check again later for a signature.

Thank you for choosing FedEx

10/4/2024

Customer Number 103149

Bill To

Gritstone Oncology, Inc
Accounts Payable
5959 Horton Street Suite 300
Emeryville CA 94608
United States
(510) 871-6100

Ship To

Gritstone Oncology, Inc
4698 Willow Rd
Pleasanton CA 94588
United States
(925) 276-9550

24-089 GritHEKAAEMS1024

Purchase Order No.	Date Shipped	Terms	Ship Via	Tracking Number
42085	10/4/2024	Net 30	Fed Ex-OVN	

Special Instructions

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
Milestone for Mass Spectrometry	AAE-MS Initiation Invoice SOW: 07232024-AC-02	1			\$13,000.00

All prices are subject to change.
Returns will not be accepted without prior authorization.
Return request must be filed within 5 days from receipt of shipment.

All products are "For Research Only".

Remittance Instructions:

By Check (USD Funds)

Cygnus Technologies, LLC
PO Box 889233
Los Angeles, CA 90088-9233

By ACH/Wire Transfer (USD Funds)

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104
Account: 4615042074
ABA: 121000248
Swift: WFBIUS6S

Buyer is responsible for intermediary wire fees, consistent with utilizing "OUR" in field 71A of the MT103 SWIFT Instruction.

SUBTOTAL \$13,000.00

TAX \$0.00

HANDLING OR SHIPPING \$0.00

TOTAL \$13,000.00

TOTAL CREDIT

PLEASE PAY THIS AMOUNT >>>

\$13,000.00



10/4/2024

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
<p>Please note Cygnus Technologies is wholly based in the USA for all business and financial transactions. Consignee to pay duties and taxes as required by Customs and these have NOT been included in our Shipping charges.</p> <p>Late payments will accrue interest at a rate equal to the greater of 1.5% per month and the maximum rate permitted by applicable law, from due date until paid, plus Seller's reasonable costs of collections.</p>					



Project Source (Check box or write in any unique situation):

☐ Quote Number: 07232024-AC-02

☐ Internal project / New Product ☐ Internal project / Re-supply

Purchase Order(s) if applicable: 42085

Distributor If Applicable	NA
Company Name:	Gritstone Bio
Customer/Contact Name:	Vidya Sundararaman
Contact Email:	vsundararaman@gritstone.com
Contact Phone Number:	
Customer Address:	
Project Number and Title	24-089 GritHEKAAEMS1024

Project Summary

Project Type (AAE/silver stain, AAE/Mass Spec, Antibody only, Antibody and ELISA, other): AAE-MS

Type and Number of Animals: NA

Contract Phases (One or Two?): NA

Projected End Date: 26Nov2024

Notes: F650s

JI 02 Oct 2024

Testing methods for custom development projects (check all that apply)

☐ AAE/SS

☒ AAE/MS

☐ 2D WB

☐ 1D WB

Does Customer have any existing business agreements? (Check all that apply)

☐ MSA

☐ CDA

☐ NDA

☐ Quality Agreement

☐ Supplier Agreement

☐ Other, _____

☒ N/A

Does Customer have any new business agreements?

☒ No

☐ Yes – confirm it has been sent to Maravai legal

Catalog Number for custom development project

☐ F (Generic Kit)

☐ C (Custom Kit)

☒ N/A

Finance

Classification*:

Milestone; Milestone for AAE/Mass Spec, AAE/silver stain; Contract Testing / Other: Milestone for MS

Pricing

Name of Organization to Bill: Gritstone Bio

Total Contract Price: \$26,000

Phase	Amount to Bill	Date Billed	Initials
Phase 1A	\$13,000	02 OCT 2024	JL
Phase 1B	\$13,000		
Phase 2A			
Phase 2B			

Name of person creating this form: Samantha Casterlin

Date Created: 01Oct2024

*Milestone (custom antibody & assay qualification Phase 1 & 2, ELISA projects)

*Milestone for Mass Spec, AAE (Realized at end even if we have a start payment)

*Contract Testing / Other (catch-all for all other custom testing service **Notes on Form Use:**

- If using form for a single-phase project, like an AAE analysis, fill out pricing in Phase 1A box only.
- Completed forms are stored in Cygnus Docs\New Product Launch Meeting Minutes\Project initiation forms.
- For Cygnus internal projects, use "Cygnus" as the Company Name on this form.

10/4/2024

Customer Number 103149

Bill To

Gritstone Oncology, Inc
Accounts Payable
5959 Horton Street Suite 300
Emeryville CA 94608
United States
(510) 871-6100

Ship To

Gritstone Oncology, Inc
4698 Willow Rd
Pleasanton CA 94588
United States
(925) 276-9550

24-088 GritEcoliAAEMS1024 AAE_MS Initiation Invoice

Purchase Order No.	Date Shipped	Terms	Ship Via	Tracking Number
42085	10/4/2024	Net 30	Fed Ex-OVN	

Special Instructions

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
Milestone for Mass Spectrometry	AAE_MS Initiation invoice SOW07232024-AC-01	1			\$13,000.00

All prices are subject to change.
Returns will not be accepted without prior authorization.
Return request must be filed within 5 days from receipt of shipment.

All products are "For Research Only".

Remittance Instructions:

By Check (USD Funds)

Cygnus Technologies, LLC
PO Box 889233
Los Angeles, CA 90088-9233

By ACH/Wire Transfer (USD Funds)

Wells Fargo Bank, NA
420 Montgomery Street
San Francisco, CA 94104
Account: 4615042074
ABA: 121000248
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SUBTOTAL \$13,000.00

TAX \$0.00

HANDLING OR SHIPPING \$0.00

TOTAL \$13,000.00

TOTAL CREDIT

PLEASE PAY THIS AMOUNT >>>

\$13,000.00



INVCYG53416

10/4/2024

Catalog Number	Item Description	Qty Invoiced	Qty B/order	Unit Price	Amount
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Project Source (Check box or write in any unique situation):

☐ Quote Number: 07232024-AC-01

☐ Internal project / New Product ☐ Internal project / Re-supply

Purchase Order(s) if applicable: 42085

Distributor If Applicable	NA
Company Name:	Gritstone Bio
Customer/Contact Name:	Vidya Sundararaman
Contact Email:	vsundararaman@gritstone.com
Contact Phone Number:	
Customer Address:	
Project Number and Title	24-088 GritEcoliAAEMS1024

Project Summary

Project Type (AAE/silver stain, AAE/Mass Spec, Antibody only, Antibody and ELISA, other): AAE-MS

Type and Number of Animals: NA

Contract Phases (One or Two?): NA

Projected End Date: 26Nov2024

Notes: F1020

JI 02 OCT 2024

Testing methods for custom development projects (check all that apply)

☐ AAE/SS

☒ AAE/MS

☐ 2D WB

☐ 1D WB

Does Customer have any existing business agreements? (Check all that apply)

☐ MSA

☐ CDA

☐ NDA

☐ Quality Agreement

☐ Supplier Agreement

☐ Other, _____

☒ N/A

Does Customer have any new business agreements?

☒ No

☐ Yes – confirm it has been sent to Maravai legal

Catalog Number for custom development project

☐ F (Generic Kit)

☐ C (Custom Kit)

☒ N/A

Finance

Classification*:

Milestone; Milestone for AAE/Mass Spec, AAE/silver stain; Contract Testing / Other: Milestone for MS

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Phase 2A			
Phase 2B			

Name of person creating this form: Samantha Casterlin

Date Created: 01Oct2024

*Milestone (custom antibody & assay qualification Phase 1 & 2, ELISA projects)

*Milestone for Mass Spec, AAE (Realized at end even if we have a start payment)

*Contract Testing / Other (catch-all for all other custom testing service **Notes on Form Use:**

- If using form for a single-phase project, like an AAE analysis, fill out pricing in Phase 1A box only.
- Completed forms are stored in Cygnus Docs\New Product Launch Meeting Minutes\Project initiation forms.
- For Cygnus internal projects, use "Cygnus" as the Company Name on this form.