

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>Burke Herring, 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? Burke Herring, LLC 1569 Solano Avenue Suite 271 Berkeley, CA 94707, United States Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>800.228.2129</u> Contact email <u>info@burkeherring.com</u>	Where should payments to the creditor be sent? (if different) 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?	<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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: __ __ __ __
7. How much is the claim? \$ <u>19110</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<p>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.</p> <p><u>Services performed - cleanroom testing services required by FDA</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div>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.)</div> <div>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.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>



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.

\$ _____

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 12/17/2024
MM / DD / YYYY

/s/Martin J Burke
Signature

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

Name Martin J Burke
First name Middle name Last name

Title Owner

Company Burke Herring LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



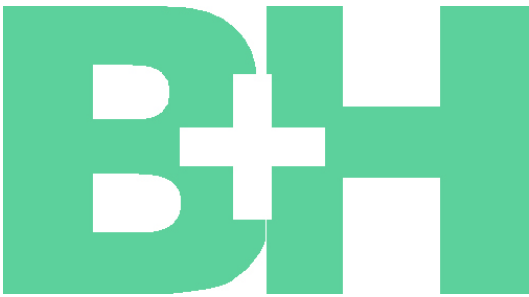
Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 709-4754 | International (424) 236-7233

Debtor: 24-12305 - Gritstone bio, Inc.		
District: District of Delaware		
Creditor: Burke Herring, LLC 1569 Solano Avenue Suite 271 Berkeley, CA, 94707 United States Phone: 800.228.2129 Phone 2: Fax: Email: info@burkeherring.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed - cleanroom testing services required by FDA	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 19110	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: Martin J Burke on 17-Dec-2024 5:07:22 p.m. Eastern Time Title: Owner Company: Burke Herring LLC		

Burke Herring, LLC

1569 Solano Avenue, #271
Berkeley, CA 94707
+18002282129
info@burkeherring.com



INVOICE

BILL TO	SHIP TO	INVOICE	22796
Gritstone Oncology, Inc.	Gritstone Oncology, Inc.	DATE	10/01/2024
5959 Horton St, Suite 300	4698 Willow Rd	TERMS	Net 30
Emeryville, CA 94608	Pleasanton, CA 94588	DUE DATE	10/31/2024
SERVICE DATE(S)	PURCHASE ORDER	QUOTE NUMBER	
July 2024	41488	3470	

SERVICE	QTY	COST	EXTENSION
Testing Services Test a HEPA filter (airflow volume/velocity, leak test) - July 2024, no gowning	98	115.00	11,270.00
Formal Report Formal report - July 2024 TAF testing	1	675.00	675.00
Testing Services Test a BSC (GMP) - July 2024, no gowning	13	205.00	2,665.00
Testing Services Test a BSC (Non-GMP) - Oct 2024	0	205.00	0.00

Thank you for allowing us to service your laboratory equipment. We appreciate your business!

Should you have any additional needs, please reach out to us at 1.800.228.2129 or info@burkeherring.com. We offer testing and certification services for a wide range of laboratory equipment, including biohoods, fumehoods, laminar flow hoods, balance enclosures, robotic enclosures, and cleanrooms; as well as calibration of refrigerators, freezers, incubators, centrifuges, and more.

SUBTOTAL	14,610.00
TAX	0.00
TOTAL	14,610.00
BALANCE DUE	\$14,610.00

Burke Herring, LLC

1569 Solano Avenue, #271
Berkeley, CA 94707
+18002282129
info@burkeherring.com



INVOICE

BILL TO		SHIP TO	INVOICE	22797
Gritstone Oncology, Inc.		Gritstone Oncology, Inc.	DATE	10/01/2024
5959 Horton St, Suite 300		5959 Horton St, Suite 300	TERMS	Net 30
Emeryville, CA 94608		Emeryville, CA 94608	DUE DATE	10/31/2024
SERVICE DATE(S)		PURCHASE ORDER	QUOTE NUMBER	
July 2024		41488	3554	

SERVICE	QTY	COST	EXTENSION
Testing Services dP measurements add on for July TAF project	1	4,500.00	4,500.00

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SUBTOTAL	4,500.00
TAX	0.00
TOTAL	4,500.00
BALANCE DUE	\$4,500.00