

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>City of Pleasanton</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> <small>Other names the creditor used with the debtor</small> _____	
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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>City of Pleasanton</u> <u>Finance</u> <u>P.O. BOX 520</u> <u>123 Main Street</u> <u>Pleasanton, CA 94566, USA</u> <div style="display: flex; justify-content: space-between;"> <div> <small>Contact phone</small> <u>925-931-5400</u> <small>Contact email</small> <u>See summary page</u> </div> <div> <small>Contact phone</small> _____ <small>Contact email</small> _____ </div> </div> <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____	
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 _____ <div style="text-align: right;"><small>MM / DD / YYYY</small></div>	
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: 5845 ____

7. How much is the claim? \$ 2004.13 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.

Fire Permits and Utility Bills

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.

\$ _____

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 05/08/2025
MM / DD / YYYY

/s/Erika Newsome
Signature

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

Name Erika Newsome
First name Middle name Last name

Title Junior Accountant

Company City of Pleasanton
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: City of Pleasanton Finance P.O. BOX 520 123 Main Street Pleasanton, CA, 94566 USA Phone: 925-931-5400 Phone 2: Fax: Email: enewsome@cityofpleasantonca.gov	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Fire Permits and Utility Bills	Last 4 Digits: Yes - 5845	Uniform Claim Identifier:
Total Amount of Claim: 2004.13	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: Erika Newsome on 08-May-2025 12:36:17 p.m. Pacific Time Title: Junior Accountant Company: City of Pleasanton		



CITY OF PLEASANTON
P.O. BOX 520
PLEASANTON, CA 94566-0802

FIRE PERMITS

Gritstone Oncology
4698 Willow Rd
Pleasanton, CA 94588

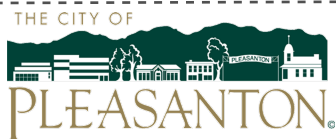
Invoice #
5845-2241-2024

Invoice Date	11/8/2024
Date Due	12/8/2024

BILLING INFORMATION	Facility ID #	Billing Period	Business Address	
	5845	2024	4698 Willow Road	
PAYING IN PERSON Payments may be made at 123 Main Street, Pleasanton between the hours of 8 a.m. and 5 p.m. Monday through Friday BILLING & INSPECTION INQUIRIES Questions regarding your billing and inspections may be directed to the Fire Prevention Staff at (925) 454-2366 between 8 a.m. & 5 p.m. Monday through Friday. THIS BILL IS DUE AND PAYABLE UPON RECEIPT	Description of Services		Amount	
	Base Fee Level		Level 2	\$762.00
	Compressed Gas		>2,250-10,000 cf	\$180.00
	Cryogenics		>55-225 gal	\$138.00
	Flammable & Combustible Liquids Aboveground		>225-1,000 gal	\$221.00
	Hazardous Waste Generator		CESQG	\$152.00
	State Unified Program CERS Surcharge Fee			\$27.00
	State Unified Program General Oversight Fee			\$67.00

Current Billing	\$1,547.00
Past Due Billing	\$0.00
Payments Received	
Total Due	\$1,547.00

Detach and return the portion below with your payment



P.O. BOX 520
PLEASANTON, CA 94566-0802

Make check or money order payable to:
CITY OF PLEASANTON
and return in the envelope provided

Please note Facility ID# on your check to ensure proper credit

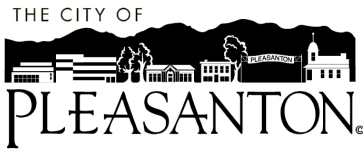
Business Address		
4698 Willow Road		
Billing Period	Invoice Date	Amount Due
2024	11/8/2024	\$1,547.00
Facility ID#	Customer #	Category Code
5845	000000	01
Due Date	Amount Enclosed	
12/8/2024		

Credit Card Number																			
Expiration Date																			

Brendan McVetty
Gritstone Oncology
4698 Willow Rd
Pleasanton, CA 94588

Make Payments To: Fire Permits
City of Pleasanton
P.O. Box 102413
Pasadena, CA 91189-2413

102413202401058450000000001547003

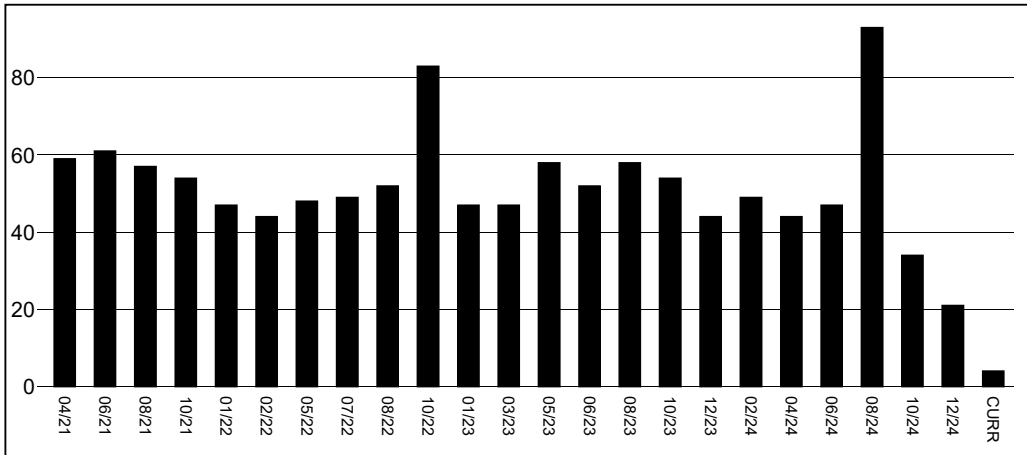


CITY OF PLEASANTON
P.O. BOX 520
PLEASANTON, CA 94566

UTILITY BILL

GRITSTONE ONCOLOGY

Customer Name				Service Address		
GRITSTONE ONCOLOGY				4698 WILLOW RD PLEASANTON, CA 94588-2710		
Bill Number	Account Number	Customer Number	Statement Date		Current Billing Due Date	
1232264	1800	501782	03/05/2025		04/04/2025	
Meter Number	Previous Read Date	Previous Meter Read	Current Read Date	Current Meter Read	Usage (Units)	1 Unit = 1 CCF = 748 Gallons
68600209	12/27/2024	2269	02/26/2025	2273	4	
Credit/debit card transactions will be charged a 2.5% convenience fee				PLEASANTON WATER FIXED CHARGE 15.96		
3333 Busch Rd M-F 7AM-4PM; Email: pwd@cityofpleasantonca.gov				PLEASANTON WATER VAR CHARGE COMMERCIAL 10.33		
Business Hours: 925-931-5500 After Hours: 925-931-5100 (POLICE)				ZONE 7 WATER VAR CHARGE 14.58		
Important Water Quality PFOA/PFOS Info: pfas.cityofpleasantonca.gov				ZONE 7 WATER METER CHARGE 110.41		
				RECYCLED WATER 0.04		
				PLEASANTON SEWER VAR COMMERCIAL 15.67		
				DSRSD SEWER VAR COM/IND/INS 45.47		
This bill is due upon receipt and is delinquent if not paid on the day after the Current Billing Due Date. If delinquent, service may be discontinued and penalties assessed. A cash deposit and reconnection charge may be required to reestablish service. See Municipal Code §14.04.090.						



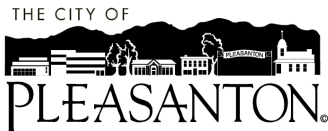
Two-year consumption history chart

Payments Received	809.91
Penalty	0.00
Adjustments	0.00
Deposits Applied	0.00
Previous Balance	0.00
Total Current Billing	\$212.46
Total Amount Due	\$212.46

**10% Late Payment Penalty
will be added after
04/04/2025**

Detach and return the portion below with your payment

Please note **BILL Number** on your check to ensure proper credit



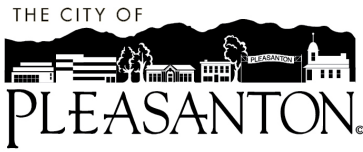
P.O. BOX 520
PLEASANTON, CA 94566-0802

Service Address		
4698 WILLOW RD		
Muni Code	Category Code	Bill Year
000	60	2025
Account	Customer	Bill Number
1800	501782	1232264
Statement Date		Amount Due
03/05/2025		\$212.46
Due Date		Amount Enclosed
04/04/2025		

GRITSTONE ONCOLOGY
5959 HORTON ST, STE 300
EMERYVILLE, CA 94608

Checks Payable To: City of Pleasanton
P.O. BOX 101732
Pasadena, CA 91189-1732

10173200006042025501232264000000212464

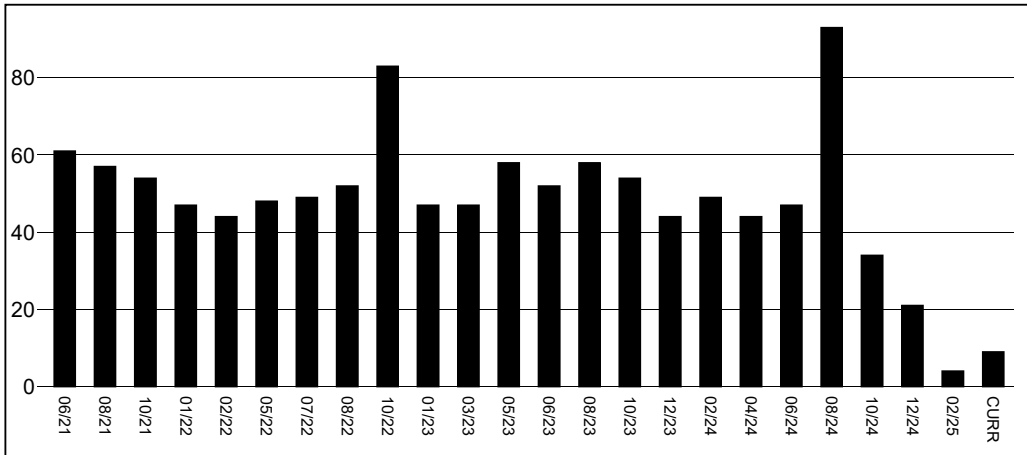


CITY OF PLEASANTON
P.O. BOX 520
PLEASANTON, CA 94566

UTILITY BILL

GRITSTONE ONCOLOGY

Customer Name			Service Address			
GRITSTONE ONCOLOGY			4698 WILLOW RD PLEASANTON, CA 94588-2710			
Bill Number	Account Number	Customer Number	Statement Date		Current Billing Due Date	
1254979	1800	501782	05/02/2025		06/01/2025	
Meter Number	Previous Read Date	Previous Meter Read	Current Read Date	Current Meter Read	Usage (Units)	1 Unit = 1 CCF = 748 Gallons
68600209	02/26/2025	2273	04/28/2025	2282	9	
On 7/1/25 DSRSD sewer rates will increase & no change to City rates			PLEASANTON WATER FIXED CHARGE 16.14			
For details visit www.dsrdsd.com or www.cityofpleasantonca.gov			PLEASANTON WATER VAR CHARGE COMMERCIAL 23.49			
Business Hours: 925-931-5500 After Hours: 925-931-5100 (POLICE)			ZONE 7 WATER VAR CHARGE 32.94			
Annual Water Quality Report : https://bit.ly/2024_CCR			ZONE 7 WATER METER CHARGE 110.87			
This bill is due upon receipt and is delinquent if not paid on the day after the Current Billing Due Date. If delinquent, service may be discontinued and penalties assessed. A cash deposit and reconnection charge may be required to reestablish service. See Municipal Code §14.04.090.			RECYCLED WATER 0.09			
			PLEASANTON SEWER VAR COMMERCIAL 15.67			
			DSRSD SEWER VAR COM/IND/INS 45.47			



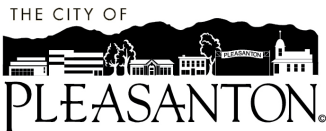
Two-year consumption history chart

Payments Received	0.00
Penalty	0.00
Adjustments	0.00
Deposits Applied	0.00
Previous Balance	0.00
Total Current Billing	\$244.67
Total Amount Due	\$244.67

**10% Late Payment Penalty
will be added after
06/01/2025**

Detach and return the portion below with your payment

Please note **BILL Number** on your check to ensure proper credit



P.O. BOX 520
PLEASANTON, CA 94566-0802

Service Address		
4698 WILLOW RD		
Muni Code	Category Code	Bill Year
000	60	2025
Account	Customer	Bill Number
1800	501782	1254979
Statement Date		Amount Due
05/02/2025		\$244.67
Due Date		Amount Enclosed
06/01/2025		

GRITSTONE ONCOLOGY
5959 HORTON ST, STE 300
EMERYVILLE, CA 94608

Checks Payable To: City of Pleasanton
P.O. BOX 101732
Pasadena, CA 91189-1732

10173200006042025501254979600000244673