


Fill in this information to identify the case:

Debtor 1 Gritstone bio, IncDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: _____ District of Delaware Case number 24-12305 (KBO)

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?

Jackson ImmunoResearch Labs, Inc

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?

Jackson ImmunoResearch Labs, Inc

Name

872 West Baltimore Pike

Number Street

West Grove, PA 19390

City State ZIP Code

Contact phone 800-367-5296Contact email Payments@jacksonimmuno.com

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4</u> <u>2</u> <u>1</u> <u>9</u>
7. How much is the claim?	\$ <u>1,098.06</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?	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. <u>Goods Sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

RECEIVED
DEC 27 2024
VERITA GLOBAL

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 12/19/2024

MM / DD / YYYY

Laura Snyder

Signature



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

Name Laura A Snyder
First name Middle name Last name

Title A/R Supervisor

Company Jackson ImmunoResearch Labs, Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 872 West Baltimore Pike
Number Street

West Grove PA 19390

City State ZIP Code

Contact phone 800-367-5296 Email Payments@jacksonimmuno.com

RECEIVED

DEC 27 2024

VERITA GLOBAL



872 W. Baltimore Pike, West Grove, PA 19380
800-367-5296, 610-869-4024, Fax: 610-869-0171
cuserv@jacksonimmuno.com, www.jacksonimmuno.com

INVOICE NO.

1221939

PAGE

1 of 1

INVOICE DATE

07/24/2024

Invoice

Bill To

Gritstone Oncology Inc
ACCOUNTS PAYABLE

5959 Horton St / Suite 300
Emeryville, CA 94608
UNITED STATES

Ship To

Gritstone - Emeryville
PO# 41859
Suite 300
5959 Horton St
Emeryville, CA 94608
UNITED STATES

ORDER
NUMBER

50227040

ORDER
DATE

07/22/2024

SHIP
DATE

07/24/2024

DUE
DATE

08/23/2024

CUSTOMER
NUMBER

104219

PURCHASE
ORDER #

41859

SHIPPING
TYPE

Federal Express
2 Day

TRACKING
NUMBER

277463850009

ITEM NO.

315-035-045

SIZE

1.00 ml

LOT
NUMBER

164109

LOT QTY
SHIPPED

3

QUANTITY
ORDERED

3

TOTAL QTY
SHIPPED

3

QUANTITY
B/O

UNIT
PRICE

167.00

EXTENDED
PRICE

501.00

Peroxidase-conjugated AffiniPure™ Rabbit Anti-Mouse IgG (H+L) (minimal cross-reaction to Human Serum Proteins)

ORDER PLACED BY

Jenna Sattar

PHONE

510-871-6100

TERMS

Net 30

Cust PO#: 41859

SALE AMOUNT

\$501.00

S & H

\$12.00

Tax

\$52.60

TOTAL

\$565.60

F.O.B West Grove, PA FINANCE CHARGE 1.5% Over 30 Days Fed. ID#23-2196619
See "Warranty Limitations" on reverse side.



872 W. Baltimore Pike, West Grove, PA 19380
800-367-5296, 610-869-4024, Fax: 610-869-0171
cuserv@jacksonimmuno.com, www.jacksonimmuno.com

INVOICE NO.

1228168

PAGE

1 of 1

INVOICE DATE

09/24/2024

Invoice

Bill To

Gritstone Oncology Inc
ACCOUNTS PAYABLE

5959 Horton St / Suite 300
Emeryville, CA 94608
UNITED STATES

Ship To

Gritstone Bio Inc
Makda Gebre/ PO# 42162
Suite 300
5959 Horton St
Emeryville, CA 94608
UNITED STATES

ORDER
NUMBER

50233816

ORDER
DATE

09/24/2024

SHIP
DATE

09/24/2024

DUE
DATE

10/24/2024

CUSTOMER
NUMBER

104219

PURCHASE
ORDER #

42162

SHIPPING
TYPE

Federal Express
2 Day

TRACKING
NUMBER

279854858866

ITEM NO.

315-065-045

SIZE

1.00 ml

LOT
NUMBER

123453

LOT QTY
SHIPPED

3

QUANTITY
ORDERED

3

TOTAL QTY
SHIPPED

3

QUANTITY
B/O

UNIT
PRICE

157.00

EXTENDED
PRICE

471.00

Biotin-SP-conjugated AffiniPure™ Rabbit Anti-Mouse IgG (H+L) (minimal cross-reaction to Human Serum Proteins)

ORDER PLACED BY

Jenna Sattar

PHONE

510-871-6100

TERMS

Net 30

Cust PO#: 42162

SALE AMOUNT

\$471.00

S & H

\$12.00

Tax

\$49.46

TOTAL

\$532.46

F.O.B West Grove, PA FINANCE CHARGE 1.5% Over 30 Days Fed. ID#23-2196619
See "Warranty Limitations" on reverse side.