

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>Marken LLP</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? Marken LLP United Parcel Service 2055 Army Trail Rd Addison, IL 60101, United States Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone _____ Contact email <u>bankruptcy@ups.com</u>	Where should payments to the creditor be sent? (if different) Marken LLP 1601 NW 84Th Ave Miami, FL 33126, United States Contact phone <u>484-754-7500</u> Contact email <u>bankruptcy@ups.com</u> 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>3429.56</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 provided.</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>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> Basis for perfection: _____ <small>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.)</small> 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) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></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 01/13/2025
MM / DD / YYYY

/s/Edward McLaurin
Signature

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

Name Edward McLaurin
First name Middle name Last name

Title Bankruptcy Lead

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

Address 2055 Army Trail Rd, Suite 128, Addison, IL, 60101, United States

Contact phone _____ Email bankruptcy@ups.com



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: Marken LLP United Parcel Service 2055 Army Trail Rd Addison, IL, 60101 United States Phone: Phone 2: Fax: Email: bankruptcy@ups.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party:	
Disbursement/Notice Parties: Marken LLP 1601 NW 84Th Ave Miami, FL, 33126 United States Phone: 484-754-7500 Phone 2: Fax: E-mail: bankruptcy@ups.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: services provided.	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 3429.56	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:

Edward Mclaurin on 13-Jan-2025 1:25:48 p.m. Eastern Time

Title:

Bankruptcy Lead

Company:

UPS

Optional Signature Address:

2055 Army Trail Rd

Suite 128

Addinson, IL, 60101

United States

Telephone Number:**Email:**

bankruptcy@ups.com

INVOICE

MARKEN LLP
720 S Hindry Ave
Inglewood, CA, 90301 - USA
United States
Tel: Fax:+1 310 641 8393

Gritstone Bio – GO-012
5959 Horton St., Ste. 300
Emeryville, CA 94608

INVOICE NO LAX71682
DATE Monday, July 8, 2024
CUSTOMER CONTACT
ACCOUNT CODE LA1556

HAWB: 606X28709839	Client Ref: GO-0012	Collection: Monday, May 13, 2024
POD: Thursday, May 16, 2024	Signed: Mark G Szarek	
From: Bio Analytical Research Corporation South Africa (BARC), Johannesburg, South Africa	Service	Taxable (ZN) Charge
To: Gritstone bio, Cambridge, MA, United States	Airline Service Fee	no 95.00
Biological Sample - Human CAT B	Proactive Monitoring	yes 61.00
1 Package at 18.56 kg	Dry Ice Replenishment	yes 96.00
	Customs Process Fee	no 80.00
	Xs @ USD18.66 per 1.00kg	yes 335.88
	Minimum - 1.00kg	yes 344.12
	Fuel and security surcharge @28.00%	yes 190.40
	Total before Tax	1,202.40

HAWB: 606X28709874	Client Ref: GO-0012	Collection: Monday, May 13, 2024
POD: Friday, May 17, 2024	Signed: Simone Romeo	
From: Bio Analytical Research Corporation South Africa (BARC), Johannesburg, South Africa	Service	Taxable (ZN) Charge
To: Vismederi, Siena, Italy	Disbursement Fee	yes 0.24
Human Saliva	Proactive Monitoring	yes 61.00
1 Package at 18.56 kg	Airline Service Fee	no 94.00
	Dry Ice Replenishment	yes 96.00
	Delivery - Siena	yes 795.05
	Customs Process Fee / ISC	no 80.00
	Xs @ USD18.66 per 1.00kg	yes 335.88
	Minimum - 1.00kg	yes 344.12
	Fuel and security surcharge @28.00%	yes 413.01
	Customs Duty	7.86
	Total before Tax	2,227.16

SUB-TOTAL	3,421.70
IMPORT TAX, CUSTOMS DUTY & GOVERNMENT CHARGES	7.86
TOTAL USD	3,429.56

If you have queries or dispute the nature or basis of any charges contained in this invoice, you must provide a written notice to creditcontrol@marken.com within ten (10) days of receipt of this invoice.

This invoice is payable within thirty (30) days from the date of this invoice, unless alternative payment terms have been agreed. Interest shall be payable at 4% for each calendar month during the whole or part of which payment of any amount is overdue, unless alternative terms have been agreed.

Please send your remittance to argso@marken.com at the time of processing payment - including your customer reference, invoice numbers, currency and amount paid by invoice.

Please make payment by bank transfer to:

BANK OF AMERICA, A/C NAME: MARKEN LLP, A/C#: 14160-00820, ACH#: 122000030,
ABA (domestic wires only)#: 026009593, Swift code: BOFAUS3N