

## Fill in this information to identify the case:

Debtor 1 GRITSTONE BIO, INC.,

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 24-12305

## Official Form 410

## Proof of Claim

☒ Date Stamped Copy Returned  
☐ No self addressed stamped envelope  
☐ No copy to return

04/19

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?  | <u>CITY OF BOSTON</u><br>Name of the current creditor (the person or entity to be paid for this claim)<br>Other names the creditor used with the debtor _____  |  |
| 2. Has this claim been acquired from someone else?   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____   |  |
| 3. Where should notices and payments to the creditor be sent?<br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent?<br><u>City of Boston, Treasury Dept., Bankruptcy Coord.</u><br>Name<br><u>City Hall Room M-5</u><br>Number Street<br><u>One City Hall Square MA 02201</u><br>City State ZIP Code<br>Contact phone <u>617 635 3071</u><br>Contact email _____ | Where should payments to the creditor be sent? (if different)<br><u>Same</u><br>Name<br>Number Street<br>City State ZIP Code<br>Contact phone _____<br>Contact email _____ |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____                                |  |  |
| 4. Does this claim amend one already filed?  | <input checked="" type="checkbox"/> No<br><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<br><input type="checkbox"/> Yes. Who made the earlier filing? _____   |  |

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Original



**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: 6 6 0 0

7. How much is the claim? \$ 2,520.00 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 Department Permits

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.)

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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 \$3,025\* 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 \$13,650\*) 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 4/01/22 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 01/13/2025  
MM / DD / YYYY

  
Signature

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

Name Jerica L. Bradley  
First name Middle name Last name

Title First Assistant Collector-Treasurer

Company City of Boston  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address City Hall Room M-5 One City Hall Square  
Number Street

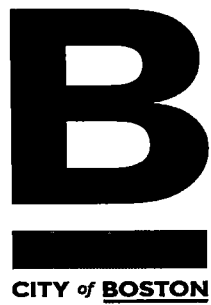
Boston MA 02201  
City State ZIP Code

Contact phone 617 635 3071 Email \_\_\_\_\_

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**JAN 22 2025**

**VERITA GLOBAL**



## Treasury Department Collecting Division

January 13, 2025

Gritstone Claims Processing Center  
c/o KCC dba Verita Global  
222 N. Pacific Coast Hwy., Ste. 300  
El Segundo, CA 90245

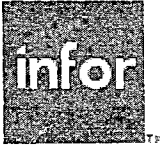
Dear Sir/ Madam:

Enclosed please find one proof of claim and supporting documentation regarding Gritstone Bio, Inc., Docket No: 24-12305 (KBO), a copy of the claim and a SASE.

- Please file the claim enclosed.
- Please return date/time stamped photocopy in return envelope.

Thank you for your assistance,

Irena Shipcka  
*Senior Legal Assistant*  
*City of Boston, Massachusetts*  
*City Hall Room M-5*  
*Boston, MA 02201-1020*  
*Irena.shipcka@boston.gov*



12/23/2024 11:24

**INFORMATION - LICENSE # LABREG563144**

*License Type* BFDLabReg  
*Application Type* BFD Laboratory Registration  
*Description*  
*Primary Applicant*  
*Primary Applicant* Gritstone Bio, Inc.  
*Last Name*  
*Address* 660 Beacon ST 05 Boston MA 02215  
*Location* CA 1.1, CA 1.2, CA 5.1, CA 6.1  
License is Active.  
Current milestone is Renewal.  
Current unpaid amount of \$1,300.00.

**License Description****Status Dates**

*License Date* 5/20/2024 18:51  
*by* Jenelle Finnerty  
*Issued*  
*by*  
*Inactive*  
*by*  
*Last Renewal*  
*by*  
*Next Renewal* 1/1/2025 00:00  
*Expires* 12/31/2024 00:00  
*Grace Exp* 12/31/2024 00:00

**License Description**

*Priority*  
*License Category*  
*Type Of Business* None  
*Business Name*  
*DBA Name*  
*Comments*  
CA 1.1, CA 1.2, CA 5.1, CA 6.1 - Hazardous Material & Inventory Reports Attached  
*Type of Business*  
*Other*

**License Details**

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**Endorsements**

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12/23/2024 11:25

**INFORMATION - LICENSE # ANNUAL563145**

*License Type* BFDAnnualP  
*Application Type* BFD Annual Permit  
*Description*  
*Primary Applicant*  
*Primary Applicant* Gritstone Bio, Inc.  
*Last Name*  
*Address* 660 Beacon ST 05 Boston MA 02215  
*Location* CA 1.1  
License is Active.  
Current milestone is Renewal.  
Current unpaid amount of \$410.00.

**License Description****Status Dates**

*License Date* 5/20/2024 18:55  
*by* Jenelle Finnerty  
*Issued* 9/17/2024 13:18  
*by* HSNINTFC  
*Inactive*  
*by*  
*Last Renewal* 9/17/2024 13:48  
*by* Jenelle Finnerty  
*Next Renewal* 10/1/2024 00:00  
*Expires* 9/30/2024 00:00  
*Grace Exp* 9/30/2024 00:00

**License Description**

*Priority*  
*License Category* APF  
*Type Of Business* None  
*Business Name*  
*DBA Name*  
*Comments*  
CA 1.1: Chemical & Waste Storage Room - Hazardous Material & Inventory Reports Attached  
*Type of Business*  
*Other*

**License Details**

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**Endorsements**

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12/23/2024 11:25

**INFORMATION - LICENSE # ANNUAL563146**

*License Type* BFDAnnualP  
*Application Type* BFD Annual Permit  
*Description*  
*Primary Applicant*  
*Primary Applicant* Gritstone Bio, Inc.  
*Last Name*  
*Address* 660 Beacon ST 05 Boston MA 02215  
*Location* CA 1.2  
License is Active.  
Current milestone is Renewal.  
Current unpaid amount of \$180.00.

**License Description****Status Dates**

*License Date* 5/20/2024 18:57  
*by* Jenelle Finnerty  
*Issued* 9/17/2024 13:18  
*by* HSNINTFC  
*Inactive*  
*by*  
*Last Renewal* 9/17/2024 13:48  
*by* Jenelle Finnerty  
*Next Renewal* 10/1/2024 00:00  
*Expires* 9/30/2024 00:00  
*Grace Exp* 9/30/2024 00:00

**License Description**

*Priority*  
*License Category* APF  
*Type Of Business* None  
*Business Name*  
*DBA Name*  
*Comments*  
CA 1.2: pH neutralization - Hazardous Material & Inventory Reports Attached  
*Type of Business*  
*Other*

**License Details**

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**Endorsements**

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12/23/2024 11:25

**INFORMATION - LICENSE # ANNUAL563147**

*License Type* BFDAnnualP  
*Application Type* BFD Annual Permit  
*Description*  
*Primary Applicant*  
*Primary Applicant* Gritstone Bio, Inc.  
*Last Name*  
*Address* 660 Beacon ST 05 Boston MA 02215  
*Location* CA 5.1  
License is Active.  
Current milestone is Renewal.  
Current unpaid amount of \$210.00.

**License Description****Status Dates**

*License Date* 5/20/2024 18:59  
*by* Jenelle Finnerty  
*Issued* 9/17/2024 13:18  
*by* HSNINTFC  
*Inactive*  
*by*  
*Last Renewal* 9/17/2024 13:48  
*by* Jenelle Finnerty  
*Next Renewal* 10/1/2024 00:00  
*Expires* 9/30/2024 00:00  
*Grace Exp* 9/30/2024 00:00

**License Description**

*Priority*  
*License Category* APF  
*Type Of Business* None  
*Business Name*  
*DBA Name*  
*Comments*  
CA 5.1: Compressed Gas Use and Storage - Hazardous Material & Inventory Reports  
*Attached*  
*Type of Business*  
*Other*

**License Details**

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**Endorsements**





12/23/2024 11:25

**INFORMATION - LICENSE # ANNUAL563148**

*License Type* BFDAnnualP  
*Application Type* BFD Annual Permit  
*Description*  
*Primary Applicant*  
*Primary Applicant Last Name* Gritstone Bio, Inc.  
*Address* 660 Beacon ST 05 Boston MA 02215  
*Location* CA 6.1  
License is Active.  
Current milestone is Renewal.  
Current unpaid amount of \$420.00.

**License Description****Status Dates**

*License Date* 5/20/2024 19:04  
*by* Jenelle Finnerty  
*Issued* 9/17/2024 13:19  
*by* HSNINTFC  
*Inactive*  
*by*  
*Last Renewal* 9/17/2024 13:48  
*by* Jenelle Finnerty  
*Next Renewal* 10/1/2024 00:00  
*Expires* 9/30/2024 00:00  
*Grace Exp* 9/30/2024 00:00

**License Description**

*Priority*  
*License Category* APF  
*Type Of Business* None  
*Business Name*  
*DBA Name*  
*Comments*  
CA 6.1: Process Development and Cell Culture - BSL2/2+ - Research - 2,501SqFt - Hazardous  
Material & Inventory Reports Attached  
*Type of Business*  
*Other*

**License Details**

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**Endorsements**

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

IN RE:

GRITSTONE BIO INC.,

Debtor(s)

Chapter 11

Docket No: 24-12305 (KBO)

CERTIFICATE OF SERVICE

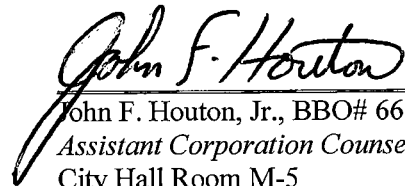
I, John F. Houton, Jr., Assistant Corporation Counsel for the City of Boston, Massachusetts, hereby certify that on January 13, 2025, a true copy of the attached proof(s) of claim and supporting documentation were served via mail, postage prepaid:

Gritstone Claims Processing Center  
c/o KCC dba Verita Global  
222 N. Pacific Coast Hwy., Ste. 300  
El Segundo, CA 90245

Dated: January 13, 2025

THE CITY OF BOSTON  
ADAM N. CEDERBAUM  
CORPORATION COUNSEL

By its attorney,

  
John F. Houton, Jr., BBO# 668948  
Assistant Corporation Counsel  
City Hall Room M-5  
One City Hall Square  
Boston, Massachusetts 02201  
(617) 635-3071