

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

INVIVO THERAPEUTICS CORPORATION, *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 24-10137 (MFW)

(Jointly Administered)

Ref. No. 60 & 61

**NOTICE OF FILING OF AMENDED SCHEDULES OF ASSETS AND LIABILITIES  
FOR INVIVO THERAPEUTICS CORPORATION**

**PLEASE TAKE NOTICE** that, on April 10, 2024, InVivo Therapeutics Corporation, a debtor and debtor-in-possession (the “Debtor” and together with InVivo Therapeutics Holdings Corp., the “Debtors”) in the above-captioned chapter 11 cases, filed the *Schedules of Assets and Liabilities for InVivo Therapeutics Corporation (Case No. 24-10137)* [D.I. 60] (the “Schedules”) and the *Statement of Financial Affairs for InVivo Therapeutics Corporation (Case No. 24-10137)* [D.I. 61] (the “SOFA”).

**PLEASE TAKE FURTHER NOTICE** that the Debtor hereby amends the Schedules as set forth on the exhibit attached hereto as Exhibit A (the “Schedules Amendment”). Except for the Schedules Amendment, no changes have been made to the SOFA or the Schedules since they were originally filed. The Debtors reserve their rights to further amend the SOFA and the Schedules, including the Schedules Amendment.

Dated: April 18, 2024  
Wilmington, Delaware

**LANDIS RATH & COBB LLP**

/s/ Joshua B. Brooks

Matthew B. McGuire (No. 4366)  
Joshua B. Brooks (No. 6765)  
George A. Williams III (No. 6964)  
919 Market Street, Suite 1800  
Wilmington, Delaware 19801  
Telephone: (302) 467-4400  
Facsimile: (302) 467-4450  
Email: mcguire@lrclaw.com  
brooks@lrclaw.com  
williams@lrclaw.com

*Counsel for the Debtors and Debtors-In-Possession*

<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are: InVivo Therapeutics Corporation (6670) and InVivo Therapeutics Holdings Corp. (8166). The Debtors’ mailing address is 1500 District Avenue, Burlington, MA 01803.



# **EXHIBIT 1**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

INVIVO THERAPEUTICS CORPORATION, *et*  
*al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 24-10137 (MFW)

(Jointly Administered)

**AMENDED<sup>2</sup> SCHEDULES OF ASSETS AND LIABILITIES FOR  
INVIVO THERAPEUTICS CORPORATION (CASE NO. 24-10137)**

- Summary of Assets and Liabilities
- Schedule E/F: Creditors Who Have Unsecured Claims

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<sup>1</sup>The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: InVivo Therapeutics Corporation (6670) and InVivo Therapeutics Holdings Corp. (8166). The Debtors' mailing address is 1500 District Avenue, Burlington, MA 01803.

<sup>2</sup>This amended filing is only intended to supplement the original *Schedule of Assets and Liabilities*.

**Fill in this information to identify the case:**

Debtor Name: In re : InVivo Therapeutics Corporation  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 24-10137 (MFW)

Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 6,981,985.02

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 6,981,985.02

**Part 2: Summary of Liabilities**

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 0.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 171,925.61 (1)

4. **Total liabilities**

Lines 2 + 3a + 3b .....

\$ 171,925.61 (1)

(1) Amendment - Amount updated herein

**Fill in this information to identify the case:**

Debtor Name: In re : InVivo Therapeutics Corporation  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 24-10137 (MFW)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to Line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
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2.1 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Creditor Name

Creditor's Notice name

Address

Basis for the claim:

City State ZIP Code

Country

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

**3.1 Nonpriority creditor's name and mailing address**

Boston Children's Hospital  
 \_\_\_\_\_  
 Creditor Name

\_\_\_\_\_  
 Creditor's Notice name

Technology and Innovation Development Office  
 \_\_\_\_\_  
 Address

300 Longwood Ave. - Mailstop: BCH3183  
 \_\_\_\_\_

Boston MA 02115  
 \_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 Country

**Date or dates debt was incurred**

**Various**  
 \_\_\_\_\_

**Last 4 digits of account number**  
 \_\_\_\_\_

**As of the petition filing date, the claim is:** \$ 12,505.00 (1)

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade Debt  
 \_\_\_\_\_

(1) Amendment - added herein

**Is the claim subject to offset?**

No

Yes

**3.2 Nonpriority creditor's name and mailing address**

Tiziani Whitmyre, Inc.  
 \_\_\_\_\_  
 Creditor Name

\_\_\_\_\_  
 Creditor's Notice name

2 Commercial Street  
 \_\_\_\_\_  
 Address

Sharon MA 02067  
 \_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 Country

**Date or dates debt was incurred**

1/31/2024  
 \_\_\_\_\_

**Last 4 digits of account number**  
 \_\_\_\_\_

**As of the petition filing date, the claim is:** \$ 680.00 (1)

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade Debt  
 \_\_\_\_\_

(1) Amendment - added herein

**Is the claim subject to offset?**

No

Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors. If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
None Name _____	Line <input type="checkbox"/> Not Listed.Explain _____	_____
Notice Name _____	_____	
Street _____		
_____		
_____		
City _____ State _____ ZIP Code _____		
Country _____		

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a.	Total claims from Part 1	5a. \$ <u>0.00</u>
5b.	Total claims from Part 2	5b. + \$ <u>171,925.61 (1)</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <span style="border: 1px solid black; padding: 2px;"><u>171,925.61 (1)</u></span>

(1) Amendment - Amount updated herein



**Fill in this information to identify the case:**

Debtor Name: In re : InVivo Therapeutics Corporation  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 24-10137 (MFW)

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* Schedule E/F: Creditors Who Have Unsecured Claims, Summary of Assets and Liabilities
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/18/2024  
 MM / DD / YYYY

✘ / s / Richard Christopher  
 \_\_\_\_\_  
 Signature of individual signing on behalf of debtor

Richard Christopher  
 Printed name  
Chief Financial Officer  
 Position or relationship to debtor