

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

Debtor Novan, Inc.

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number 23-10937

**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**

<p><b>1. Who is the current creditor?</b></p>	<p><u>Business Ready Solutions, LLC</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p><b>2. Has this claim been acquired from someone else?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p><b>3. Where should notices and payments to the creditor be sent?</b></p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Business Ready Solutions, LLC</u> <u>PO Box 1559</u> <u>Newburyport, MA 01950</u></p> <p>Contact phone <u>919-433-0650x104</u></p> <p>Contact email <u>See summary page</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Contact phone _____</p> <p>Contact email _____</p>
<p><b>4. Does this claim amend one already filed?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p><b>5. Do you know if anyone else has filed a proof of claim for this claim?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



**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: \_\_\_\_ \_

7. How much is the claim? \$ 3990.40. 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.  
Services Performed

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)?

- No
- Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- 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.

13. Is all or part of the claim 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 10/04/2023  
MM / DD / YYYY

/s/Robert M Callanan  
Signature

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

Name Robert M Callanan  
First name Middle name Last name

Title Principal

Company Business Ready Solutions, LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2954 | International (310) 751-2614

<b>Debtor:</b> 23-10937 - Novan, Inc.		
<b>District:</b> District of Delaware		
<b>Creditor:</b> Business Ready Solutions, LLC PO Box 1559 Newburyport, MA, 01950 <b>Phone:</b> 919-433-0650x104 <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> awasp@businessreadysolutions.net; bcallanan@businessreadysolutions.net	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>
<b>Other Names Used with Debtor:</b>	<b>Filing Party:</b> Creditor	
<b>Amends Claim:</b> No <b>Acquired Claim:</b> No		
<b>Basis of Claim:</b> Services Performed	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 3990.40	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Robert M Callanan on 04-Oct-2023 2:50:04 p.m. Eastern Time <b>Title:</b> Principal <b>Company:</b> Business Ready Solutions, LLC		



Business Ready Solutions, LLC  
 PO Box 1599  
 Newburyport, MA 01950  
 United States  
 (919) 433-0650

<b>Bill To:</b>
Novan, Inc. Attn: Accounts Payable 4105 Hopson Road Morrisville, NC 27560

<b>Date</b>	<b>Invoice</b>
04/30/2023	11777
<b>Account</b>	
NOVAN	

<b>Terms</b>	<b>Due Date</b>	<b>PO Number</b>	<b>Reference</b>
Net 30 days	05/30/2023		

Work Role	Work Type	Consultant	Hours	Rate	Amount
<u>Billable Work Role</u>					
Consultant	*Regular	Lisa Benedict	21.20	160.00	\$3,392.00
<u>Non-Billable Work Role</u>					
Consultant	*Regular	Lisa Benedict	5.30	160.00	\$0.00
<b>Total Work Role:</b>					<b>\$3,392.00</b>

***New address for Check payments*** If paying by check, please make checks payable to: Business Ready Solutions, LLC PO Box 1599 Newburyport, MA 01950	<b>Invoice Subtotal:</b>	\$3,392.00
	<b>Sales Tax:</b>	\$254.40
	<b>Invoice Total:</b>	<b>\$3,646.40</b>
	<b>Payments:</b>	\$0.00
	<b>Credits:</b>	\$0.00
	<b>Balance Due:</b>	<b>\$3,646.40</b>

**Invoice Time Detail**

**Invoice Number:** 11777  
**Company:** Novan, Inc.

**Location: Main Charge To: Novan, Inc. / Importing cash for Bank of America Account**

Date	Staff	Notes	Bill	Hours	Rate	Ext Amt
04/16/2023	Benedict, Lisa	<b>Service Ticket:</b> 15525 Work Performed- prep data, load, post and deposit for March.	Y	2.50	160.00	\$400.00

**Subtotal: \$400.00****Location: Main Charge To: Novan, Inc. / Set up of reports in Management Reporter**

Date	Staff	Notes	Bill	Hours	Rate	Ext Amt
04/15/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- review reports pbc and tie-out recon, prep for meeting next Monday.	Y	0.80	160.00	\$128.00
04/17/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 GTM session with Amphone regarding- reports layouts and resetup for GL account categories.	Y	2.00	160.00	\$320.00
04/20/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- fix and reconfig some reports columns and rows per session with Amphone on Monday.	Y	2.30	160.00	\$368.00
04/20/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- fix and reconfig some reports columns and rows per session with Amphone on Monday.	NC	0.80	160.00	\$0.00
04/20/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- fix and reconfig some reports columns and rows formatting	NC	1.50	160.00	\$0.00
04/21/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- after discussing with Bob try again to add accounts with account categories. Multiple errors.	NC	1.50	160.00	\$0.00
04/21/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- after discussing with Bob try again to add accounts with account categories. Multiple errors. Continue building layouts.	Y	1.50	160.00	\$240.00
04/24/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 GTM session with Amphone regarding- report details	Y	1.30	160.00	\$208.00
04/24/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- update GL accounts/categories and report layouts per Amphone.	Y	3.00	160.00	\$480.00
04/25/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 GTM session with Amy and Amphone regarding- reports 1 hr Work Performed- continue reporting, Amy and Amphone agree to proposed acct cat. splits	Y	4.50	160.00	\$720.00
04/25/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534	NC	1.50	160.00	\$0.00

		Work Performed- test various other layouts of rows and columns on client version. Reports error out and returns partial data.				
04/26/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534	Y	3.30	160.00	\$528.00
		Work Performed- map out new acct cat. split ups and groups				

**Subtotal: \$2,992.00**

<b>Invoice Time Total:</b>	<b>Billable Hours:</b>	<b>21.20</b>
	<b>Nonbillable Hours:</b>	<b>5.30</b>



Business Ready Solutions, LLC  
 PO Box 1599  
 Newburyport, MA 01950  
 United States  
 (919) 433-0650

<b>Bill To:</b>
Novan, Inc. Attn: Accounts Payable 4105 Hopson Road Morrisville, NC 27560

<b>Date</b>	<b>Invoice</b>
06/30/2023	11855
<b>Account</b>	
NOVAN	

<b>Terms</b>	<b>Due Date</b>	<b>PO Number</b>	<b>Reference</b>
Net 30 days	07/30/2023		

Work Role	Work Type	Consultant	Hours	Rate	Amount
<u>Billable Work Role</u>					
Consultant	*Regular	Lisa Benedict	2.00	160.00	\$320.00
<u>Non-Billable Work Role</u>					
Consultant	*Regular	Lisa Benedict	3.00	160.00	\$0.00
<b>Total Work Role:</b>					<b>\$320.00</b>

***New address for Check payments*** If paying by check, please make checks payable to: Business Ready Solutions, LLC PO Box 1599 Newburyport, MA 01950	<b>Invoice Subtotal:</b>	\$320.00
	<b>Sales Tax:</b>	\$24.00
	<b>Invoice Total:</b>	<b>\$344.00</b>
	<b>Payments:</b>	\$0.00
	<b>Credits:</b>	\$0.00
	<b>Balance Due:</b>	<b>\$344.00</b>



**Invoice Time Detail**

**Invoice Number:** 11855  
**Company:** Novan, Inc.

**Location: Main Charge To: Novan, Inc. / Set up of reports in Management Reporter**

<b>Date</b>	<b>Staff</b>	<b>Notes</b>	<b>Bill</b>	<b>Hours</b>	<b>Rate</b>	<b>Ext Amt</b>
06/02/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- review docs pbc and created from those docs to resume report build out.	NC	2.00	160.00	\$0.00
06/02/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- review docs pbc and created from those docs to resume report build out.	Y	2.00	160.00	\$320.00
06/06/2023	Benedict, Lisa	<b>Service Ticket:</b> 15534 Work Performed- reports review	NC	1.00	160.00	\$0.00

**Subtotal: \$320.00**

<b>Invoice Time Total:</b>	<b>Billable Hours:</b>	<b>2.00</b>
	<b>Nonbillable Hours:</b>	<b>3.00</b>