

Fill in this information to identify the case:

Debtor 1 Novan, Inc.
 Debtor 2 EPI Health, LLC
 (Spouse, if filing)
 United States Bankruptcy Court for the: District of Delaware
 Case number 23-10937

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

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? Allegro Biopharma Associates, L.L.C.
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor Hilary Anne Partin

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?	Where should payments to the creditor be sent? (if different)
	<u>Hilary Partin</u> Name <u>2321 Heartley Drive</u> Number Street <u>Raleigh NC 27615</u> City State ZIP Code Contact phone <u>9196004406</u> Contact email <u>hpartin@allegrobpa.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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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? 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? \$ 17,355.00 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.
Wages for consulting services performed

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

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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 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

\$ _____

\$ _____

\$ 15,150.00

\$ _____

\$ _____

\$ _____

* 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.

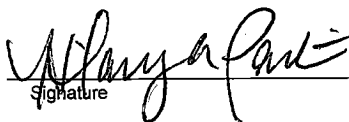
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 07/28/2023
MM / DD / YYYY


Signature

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

Name Hilary Anne Partin
First name Middle name Last name

Title Chief Executive Officer

Company Allegro Biopharma Associates
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2321 Heartley Drive
Number Street

Raleigh NC 27615
City State ZIP Code

Contact phone 9196004406 Email hpartin@allegrobpa.com

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July 28, 2023

Novan Claims Processing Center
c/o KCC
Case #: 23-10937
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245
T: (888) 251-2954

To Whom It May Concern:

Enclosed is the Proof of Claim (Official Form 410) and supporting documentation from Allegro Biopharma Associates, L.L.C. to be submitted to case # 23-10937 (Debtors: Novan, Inc. and EPI Health, LLC). As indicated on the supporting invoice, Novan is in arrears for payment of Allegro consulting wages for June 2023, totaling \$17,355.00. Upon receipt and filing of this claim, please return the stamped self-addressed envelope with confirmation of receipt.

Regards,

A handwritten signature in black ink, appearing to read 'Hilary A. Partin', is written over a faint horizontal line.

Hilary A. Partin
Chief Executive Officer
Allegro Biopharma Associates, L.L.C.

Enc: Proof of Claim (Official Form 410)
Allegro Invoice for Novan, June 2023
Prepaid return envelope



Allegro Biopharma Associates, c/o Hilary Partin
EIN: 85-2860609
Phone: 919.600.4406
finance@allegrobpa.com

BILL TO:
Novan, Inc.

Attn: Accounts Payable

Invoice: 2023-NOV-009 Consulting by: Hilary Partin
Date: 30-Jun-23 Date Range: 01-Jun-23 through 30-Jun-23

Amount due:	\$ 17,355.00
Due date:	30-Jul-23

Date	Description	# of hours
6/3/2023	Inspection prep meetings, BIMO checklist completion	12.0
6/4/2023	Inspection prep meetings, document organization, team emails	10.0
6/5/2023	Inspection support	9.0
6/6/2023	Inspection support	8.0
6/7/2023	Inspection support, TI inspection check in	5.5
	Total hours	44.5
	Rate	\$ 390
Total	Total hours * rate	\$ 17,355.00

It is assumed that each billable day also includes time for email correspondence; this activity will not be listed separately unless it exceeds normal standards. All payments to be submitted via ACH. Account details on file.

Please direct all inquiries to finance@allegrobpa.com. Thank you for the privilege of consulting on this project!

Kind Regards,

Hilary A Partin