

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

Debtor EPI Health, LLC

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

Case number 23-10938

**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>Diteba Laboratories Inc.</u></p> <p><small>Name of the current creditor (the person or entity to be paid for this claim)</small></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><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Diteba Laboratories Inc.</u> <u>1680 Tech Avenue, Unit 1</u> <u>Mississauga, Ontario L4W 5S9, Canada</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p>
	<p>Contact phone <u>416-399-1665</u></p> <p>Contact email <u>steven.vergaard@diteba.com</u></p>	<p>Contact phone _____</p> <p>Contact email _____</p>
	<p><small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small></p> <p>_____</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 _____ <small>MM / DD / YYYY</small></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: EPIH \_\_\_\_\_

7. How much is the claim? \$ 64,680.00. 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.  
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)?

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:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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 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 08/11/2023  
MM / DD / YYYY

/s/Steven M. Overgaard  
Signature

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

Name Steven M. Overgaard  
First name Middle name Last name

Title CEO

Company Diteba Laboratories Inc.  
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> 23-10938 - EPI Health, LLC		
<b>District:</b> District of Delaware		
<b>Creditor:</b> Diteba Laboratories Inc. 1680 Tech Avenue, Unit 1  Mississauga, Ontario, L4W 5S9 Canada <b>Phone:</b> 416-399-1665 <b>Phone 2:</b> 905-625-7995 <b>Fax:</b>  <b>Email:</b> steven.overgaard@diteba.com	<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>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> services performed	<b>Last 4 Digits:</b> Yes - EPIH	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 64,680.00	<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> Steven M. Overgaard on 11-Aug-2023 2:57:24 p.m. Eastern Time  <b>Title:</b> CEO  <b>Company:</b> Diteba Laboratories Inc.		



June 2, 2023

Invoice No:

EPIHDTB-230001-DTB01 - 2

Due Date:

July 2, 2023

Diteba Laboratories Inc.
1680 Tech Avenue Unit #1
Mississauga, ON L4W 5S9
Canada

EPI Health, LLC
174 Meeting St., Ste. 200
Charleston, SC 29401
United States

Currency: USD
Terms: Net 30
Client PO Number: EPIHDTB-230001-DTB00

Project EPIHDTB-230001- Rhofade IVRT Release Testing: 30 Samples
DTB01

Lot: WECD, WEBD - BEG, MID, END - RUSH Testing

= 2(6\*4,620) = 55,440

Professional Services
Fee

Table with Billing Phase and Fee columns. Rows include WECD, WEBD (BEG, MID, END) RUSH with fee 55,440.00, Total Fee 55,440.00, and Total this Invoice 55,440.00.

1/2% charge per month on overdue invoices
Please make cheques payable to Diteba Laboratories Inc.

Wire Information

Beneficiary Bank: RBC
Beneficiary Bank Address: 987 Gordon St.
Guelph, ON N1G 4W3
Beneficiary Bank SWIFT: ROYCCAT2
Beneficiary Bank Code: 003

Beneficiary Account #: Canada (CAD) 039561015643
USA and International (USD) 039564001756
US Correspondent Bank Info (if applicable)
JP Morgan Chase, New York
ABA: 021000021

ACH Payments

Beneficiary Bank: RBC
Beneficiary Bank Code: 003
From Canada
Beneficiary Account #: 1015643 4001756
Beneficiary Transit: 03956



June 26, 2023

Invoice No:

EPIHDTB-230001-DTB01 - 3

Due Date:

July 26, 2023

Diteba Laboratories Inc.
1680 Tech Avenue Unit #1
Mississauga, ON L4W 5S9
Canada

EPI Health, LLC
174 Meeting St., Ste. 200
Charleston, SC 29401
United States

Currency: USD
Terms: Net 30
Client PO Number: EPIHDTB-230001-DTB00

Project EPIHDTB-230001-DTB01 Rhofade IVRT Release Testing: 30 Samples

Lots:

RCAD T=36M, rec'd Jun 07

TEBC T=12M, rec'd Jun 09

= 2 X \$4,620 = 9,240

Professional Services Fee

Table with 2 columns: Billing Phase, Fee. Rows include Lots: RCAD, TEBC (9,240.00), Total Fee (9,240.00), Total Fee (9,240.00), and Total this Invoice (\$9,240.00).

Outstanding Invoices

Table with 3 columns: Number, Date, Balance. Rows include Number 2 (55,440.00), Total (55,440.00), and Total Now Due (\$64,680.00).

1/2% charge per month on overdue invoices
Please make cheques payable to Diteba Laboratories Inc.

Wire Information

Beneficiary Bank: RBC
Beneficiary Bank Address: 987 Gordon St. Guelph, ON N1G 4W3
Beneficiary Bank SWIFT: ROYCCAT2
Beneficiary Bank Code: 003

Beneficiary Account #: Canada (CAD) 039561015643
USA and International (USD) 039564001756
US Correspondent Bank Info (if applicable)
JP Morgan Chase, New York
ABA: 021000021

ACH Payments

Beneficiary Bank: RBC
Beneficiary Bank Code: 003
From Canada
Beneficiary Account #: 1015643 4001756
Beneficiary Transit: 03956

DITEBA.COM

DITEBA LABORATORIES INC.
1680 Tech Avenue, Unit 1
Mississauga, ON L4W 5S9 Canada

info@diteba.com
+1 800 671 9053

1/2% charge per month on overdue invoices  
Please make cheques payable to Diteba Laboratories Inc.

**Wire Information**

Beneficiary Bank: RBC  
Beneficiary Bank Address: 987 Gordon St.  
Guelph, ON N1G 4W3  
Beneficiary Bank SWIFT: ROYCCAT2  
Beneficiary Bank Code: 003

Beneficiary Account #: **Canada (CAD)**  
039561015643

**USA and International (USD)**  
039564001756  
US Correspondent Bank Info (if applicable)  
JP Morgan Chase, New York  
ABA: 021000021

**ACH Payments**

Beneficiary Bank: RBC  
Beneficiary Bank Code: 003

**From Canada**  
Beneficiary Account #: CAD USD  
1015643 4001756  
Beneficiary Transit: 03956

**DITEBA.COM**

**DITEBA LABORATORIES INC.**  
1680 Tech Avenue, Unit 1  
Mississauga, ON L4W 5S9 Canada

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+1 800 671 9053