

Fill in this information to identify the case:

Debtor Orexigen Therapeutics, Inc

United States Bankruptcy Court for the: _____ District of Delaware

Case number 18-10518(KG)

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APR 05 2018

KURTZMAN CARSON CONSULTANTS

Official Form 410

Proof of Claim

04/16

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? J Knipper and Company, Inc.
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

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>J Knipper and Company, Inc c/o M Gurzo</u> Name <u>1 Healthcare Way</u> Number Street <u>Lakewood NJ 08701</u> City State ZIP Code Contact phone <u>848-373-7120</u> Contact email <u>mike.gurzo@knipper.com</u>	<u>J Knipper and Company, Inc c/o M Gurzo</u> Name <u>1 Healthcare Way</u> Number Street <u>Lakewood NJ 08701</u> City State ZIP Code Contact phone <u>848-373-7120</u> Contact email <u>mike.gurzo@knipper.com</u>

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

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: 6 5 5

7. How much is the claim? \$ 65,480.05. 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.
Marketing and Sample Drug Distribution Services

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.)

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: _____

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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).

Amount entitled to priority

\$ _____

Up to \$2,850* 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 \$12,850*) 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.

\$ _____

* Amounts are subject to adjustment on 4/01/19 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

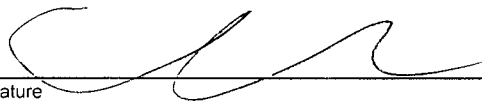
I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date 04/02/2018
MM / DD / YYYY

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Signature

KURTZMAN CARSON CONSULTANTS

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

Name Michael R. Gurzo
First name Middle name Last name

Title Controller

Company J Knipper and Company, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1 Healthcare Way
Number Street
Lakewood NJ 08701
City State ZIP Code

Contact phone 848-373-7120 Email mike.gurzo@knipper.com



Healthcare Marketing Solutions

Invoice

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701
732-905-7878

Orexigen Therapeutics, Inc.
3344 North Torrey Pines Court,
Suite 200
La Jolla, CA 92037

Date: 3/19/2018
Invoice Num: IN146019
Page: 1 of 2
Customer account: 655
Payment Terms: Net 30 Days
PO No.: NA
Sales Executive: Don Conners
Client Services: Amelia Luongo

Category	Text	Quantity	Unit Price	Amount	Tax
Orexigen Job #33584002					
On-Going Rep Fulfillment					
4 NJ Recipients					
SFAM	Program Management Monthly Support - includes 25 hours per month	1.00	2,446.25	2,446.25	PT
SFAM	Additional hours of Support	1.25	97.85	122.31	
SFIT	Technology//IS Monthly Support includes 15 hours per month	1.00	1,931.25	1,931.25	
SFAM	Professional Services - Admin Fee	1.00	118.45	118.45	PT
SF	Storage - Electronic Data	1.00	154.50	154.50	
SF	Standard Sales Roster Management	1.00	257.50	257.50	
SF	Web Hosting (SaaS) & Administration (MRC)	1.00	1,545.00	1,545.00	
SF	MRC Mobile Licensing - per user, per month	184.00	7.73	1,422.32	
SFOF	Order Processing Fee (electronic)	279.00	0.31	86.49	
SFOF	Literature Fulfillment - 1st Pick	279.00	4.15	1,157.85	PT
SFOF	Additional Picks	1,916.00	0.77	1,475.32	PT
RMA	Stock Materials	1.00	148.81	148.81	PT
SFWH	Warehouse Management & Support	1.00	46.35	46.35	FT
TM	Shipping Record Update Fee//Transportation Management Fee	279.00	0.98	273.42	PT
PUSPS	USPS Postage	1.00	18.34	18.34	PT
PUPS	UPS Shipping	1.00	3,582.85	3,582.85	PT
SFTS	Teleservice - Program Management	1.00	978.50	978.50	
SFTS	Inbound Calls include 200 minutes	1.00	247.20	247.20	



Healthcare Marketing Solutions

Invoice

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701
732-905-7878

Date: 3/19/2018
Invoice Num: IN146019
Page: 2 of: 2
Customer account: 655
Payment Terms: Net 30 Days
PO No.: NA
Sales Executive: Don Conners
Client Services: Amelia Luongo

Orexigen Therapeutics, Inc.
3344 North Torrey Pines Court,
Suite 200
La Jolla, CA 92037

Category	Text	Quantity	Unit Price	Amount	Tax
ST	Monthly Storage	70.00	22.66	1,586.20	
SFWH	QA/QC and Receipt of Materials	1.00	15.34	15.34	FT
RTP	Fax or Phone Line Maintenance	1.00	113.30	113.30	
SFWH	Return Goods Processing	1.00	46.35	46.35	FT
LF	Destruction of Materials ER#11134	1.00	250.00	250.00	PT

Remit to: J. Knipper and Company, Inc.
Lockbox # 3662
PO Box 8500
Philadelphia, PA 19178-3662

Sales balance NJ Sales Tax
18,023.90 19.10

Please remit: 18,043.00

Terms N30



Healthcare Marketing Solutions

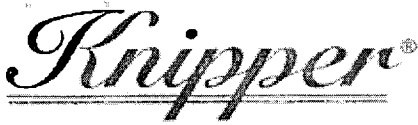
Invoice

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701
732-905-7878

Orexigen Therapeutics, Inc.
3344 North Torrey Pines Court,
Suite 200
La Jolla, CA 92037

Date: 2/20/2018
Invoice Num: IN145904
Page: 1 of: 2
Customer account: 655
Payment Terms: Net 30 Days
PO No.: NA
Sales Executive: Don Conners
Client Services: Amelia Luongo

Category	Text	Quantity	Unit Price	Amount	Tax
Orexigen Job #33584002					
On-Going Rep Fulfillment					
Job #33584005					
SalesForce.Com Push Shipment					
January 2018 - 15 NJ Recipients					
SFAM	Push Shipments - Program Management includes 8 hours of Support	1.00	782.80	782.80	PT
SFIT	Push Shipments - IS Management includes 10 hours of support	1.00	1,287.50	1,287.50	
SFAM	Program Management Monthly Support - includes 25 hours per month	1.00	2,446.25	2,446.25	PT
SFAM	Additional hours of Support	10.50	97.85	1,027.43	
SFIT	Technology//IS Monthly Support includes 15 hours per month	1.00	1,931.25	1,931.25	
SFAM	Professional Services - Admin Fee	1.00	118.45	118.45	PT
SF	Storage - Electronic Data	1.00	154.50	154.50	
SF	Standard Sales Roster Management	1.00	257.50	257.50	
SF	Web Hosting (SaaS) & Administration (MRC)	1.00	1,545.00	1,545.00	
SF	MRC Mobile Licensing - per user, per month	184.00	7.73	1,422.32	
SFOF	Order Processing Fee (electronic)	356.00	0.31	110.36	
SFOF	Literature Fulfillment - 1st Pick	356.00	4.15	1,477.40	PT
SFOF	Additional Picks	1,755.00	0.77	1,351.35	PT
RMA	Stock Materials	1.00	193.72	193.72	PT
SFWH	Warehouse Management & Support	1.00	46.35	46.35	PT
TM	Shipping Record Update Fee//Transportation Management Fee	356.00	0.98	348.88	PT



Healthcare Marketing Solutions

Invoice

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701
732-905-7878

Orexigen Therapeutics, Inc.
3344 North Torrey Pines Court,
Suite 200
La Jolla, CA 92037

Date: 2/20/2018
Invoice Num: IN145904
Page: 2 of: 2
Customer account: 655
Payment Terms: Net 30 Days
PO No.: NA
Sales Executive: Don Conners
Client Services: Amelia Luongo

Category	Text	Quantity	Unit Price	Amount	Tax
PUSPS	USPS Postage	1.00	18.59	18.59	PT
PUPS	UPS Shipping	1.00	8,024.15	8,024.15	PT
SFTS	Teleservice - Program Management	1.00	978.50	978.50	
SFTS	Inbound Calls include 200 minutes	1.00	247.20	247.20	
ST	Monthly Storage	71.00	22.66	1,608.86	
SFWH	QA/QC and Receipt of Materials	25.00	15.34	383.50	FT
RTP	Fax or Phone Line Maintenance	1.00	113.30	113.30	
SFWH	Return Goods Processing	1.25	46.35	57.94	FT

Remit to: J. Knipper and Company, Inc.
Lockbox # 3662
PO Box 8500
Philadelphia, PA 19178-3662

Sales balance NJ Sales Tax
25,933.10 73.47

Please remit: 26,006.57

Terms N30

For billing inquiries, please call 732-905-7878



Healthcare Marketing Solutions

Invoice

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701
732-905-7878

Date: 1/22/2018
Invoice Num: IN145648
Page: 1 of: 2
Customer account: 655
Payment Terms: Net 30 Days
PO No.: NA
Sales Executive: Don Conners
Client Services: Amelia Luongo

Orexigen Therapeutics, Inc.
3344 North Torrey Pines Court,
Suite 200
La Jolla, CA 92037

Category	Text	Quantity	Unit Price	Amount	Tax
Orexigen Job #33584002					
On-Going Rep Fulfillment					
Job #33584005					
SalesForce.Com Push Shipment					
December 2017 - 14 NJ Recipients					
SFAM	Program Management Monthly Support - includes 25 hours per month	1.00	2,375.00	2,375.00	PT
SFIT	Technology//IS Monthly Support includes 15 hours per month	1.00	1,875.00	1,875.00	
SFAM	Push Shipments - Program Management includes 8 hours of Support	1.00	760.00	760.00	PT
SFIT	Push Shipments - IS Management includes 10 hours of support	1.00	1,250.00	1,250.00	
SFAM	Professional Services - Admin Fee	1.00	115.00	115.00	PT
SF	Storage - Electronic Data	1.00	150.00	150.00	
SF	Standard Sales Roster Management	1.00	250.00	250.00	
SF	Web Hosting (SaaS) & Administration (MRC)	1.00	1,500.00	1,500.00	
SF	MRC Mobile Licensing - per user, per month	184.00	7.50	1,380.00	
SFOF	Order Processing Fee (electronic)	220.00	0.30	66.00	
SFOF	Literature Fulfillment - 1st Pick	220.00	3.95	869.00	PT
SFOF	Additional Picks	1,518.00	0.75	1,138.50	PT
RMA	Stock Materials	1.00	138.32	138.32	PT
SFWH	Warehouse Management & Support	1.00	45.00	45.00	PT
TM	Shipping Record Update Fee//Transportation Management Fee	220.00	0.95	209.00	PT
PUSPS	USPS Postage	1.00	28.47	28.47	PT



Healthcare Marketing Solutions

Invoice

J. Knipper and Company, Inc.
One Healthcare Way
Lakewood, NJ 08701
732-905-7878

Date: 1/22/2018
Invoice Num: IN145648
Page: 2 of: 2
Customer account: 655
Payment Terms: Net 30 Days
PO No.: NA
Sales Executive: Don Conners
Client Services: Amelia Luongo

Orexigen Therapeutics, Inc.
3344 North Torrey Pines Court,
Suite 200
La Jolla, CA 92037

Category	Text	Quantity	Unit Price	Amount	Tax
PUPS	UPS Shipping	1.00	6,624.82	6,624.82	PT
SFTS	Teleservice - Program Management	1.00	950.00	950.00	
SFTS	Inbound Calls include 200 minutes	1.00	240.00	240.00	
ST	Monthly Storage	47.00	22.00	1,034.00	
SFWH	QA/QC and Receipt of Materials	13.00	15.00	195.00	FT
RTP	Fax or Phone Line Maintenance	1.00	110.00	110.00	
SFWH	Return Goods Processing	1.25	45.00	56.25	FT

Remit to: J. Knipper and Company, Inc.
Lockbox # 3662
PO Box 8500
Philadelphia, PA 19178-3662

Sales balance NJ Sales Tax
21,359.36 71.12

Please remit: 21,430.48

Terms N30