

Fill in this information to identify the case:

Debtor Orexigen Therapeutics, Inc.

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

Case number 18-10518

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 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

1. **Who is the current creditor?** Carleson Production Group
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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Carleson Production Group Christopher Carleson 1420 E. Roseville Pkwy, Suite 140-306 Roseville, CA 95661 Contact phone <u>650-245-9194</u> Contact email <u>See summary page</u>	 Contact phone _____ Contact email _____

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

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: ____ _

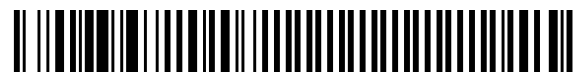
7. How much is the claim? \$ 59532.86. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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 \$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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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 4/01/19 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 05/01/2018
MM / DD / YYYY

/s//s/
Signature

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

Name /s/
First name Middle name Last name

Title _____

Company _____
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) 830-4646 | International (310) 751-2641

Debtor: 18-10518 - Orexigen Therapeutics, Inc.		
District: District of Delaware		
Creditor: Carleson Production Group Christopher Carleson 1420 E. Roseville Pkwy, Suite 140-306 Roseville, CA, 95661 Phone: 650-245-9194 Phone 2: Fax: Email: chris@carlesonproductiongroup.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 59532.86	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: /s/ on 01-May-2018 1:03:30 p.m. Eastern Time Title: Company:		

Fill in this information to identify the case:

Debtor 1 Orexigen Therapeutics, Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Delaware District of DE
(State)
Case number 18-10518

**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?	<u>Carleson Production Group</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Christopher Carleson</u> Name <u>1420 E. Roseville Pkwy, Suite 140-306</u> Number Street <u>Roseville CA 95661</u> City State ZIP Code Contact phone <u>650-245-9194</u> Contact email <u>chris@carlesonproductiongroup.com</u>	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 59,532.86. 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 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: _____

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 \$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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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).

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 03/22/2018
MM / DD / YYYY

Signature

Christopher Carleson

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

Name Christopher Carleson
First name Middle name Last name

Title President

Company Carleson Production Group
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1420 E. Roseville Pkwy, Suite 140-306
Number Street

Roseville CA 95661
City State ZIP Code

Contact phone 650-245-9194 Email chris@carlesonproductiongroup.com

Carleson | production group

PO Box 816
 Roseville Ca 95661
 p.650.245.9194
 f.650.240.1770
 www.carlesonproductiongroup.com

Date	02/07/18
Invoice No.	1024
P.O. Number	
Terms	Due on receipt
Project	17031 - Dr Fujioki Vi...

Bill To
 Orexigen Therapeutics, Inc.
 3344 N. Torrey Pines Court
 Suite 200
 La Jolla, CA 92037

Invoice

Services	Qty	Units	Rate	Total
Dr Fujioka Segments VIDEO REVISIONS Requested by: Kenneth Herman				
HD Digital Editing: FCP, AP, AE CA Sales Tax	7	Hours	110.00 8.75%	770.00 0.00

We appreciate your business! **Invoice Total** \$770.00

Carleson | production group

PO Box 816
 Roseville Ca 95661
 p.650.245.9194
 f.650.240.1770
 www.carlesonproductiongroup.com

Date	12/12/17
Invoice No.	996
P.O. Number	
Terms	Due on receipt
Project	17074 - Making and...

Bill To
 Orexigen Therapeutics, Inc.
 3344 N. Torrey Pines Court
 Suite 200
 La Jolla, CA 92037

Invoice

Services	Qty	Units	Rate	Total
"Make an Impact" Event December 3-7 2017 EVENT PRODUCTION FINAL INVOICE Requested by: Chris Quesenberry				
PRE-PRODUCTION				
Executive Producer	40	Hours	100.00	4,000.00
Technical Director	5	Hours	85.00	425.00
Technical Drawings	20	Hours	75.00	1,500.00
ASCAP Music License	1	Project	125.00	125.00
Theme Logo Development Package	1	Project	3,900.00	3,900.00
Media Production: Set Media Animation	39	Hours	125.00	4,875.00
SUBTOTAL				14,825.00
ONSITE EVENT MANAGEMENT				
Producer	50	Hours	100.00	5,000.00
Technical Director/Stage Manager	55	Hours	95.00	5,225.00
Graphics Operator/Designer	50	Hours	85.00	4,250.00
SUBTOTAL				14,475.00
AV HARDWARE: GENERAL SESSION See Line-Item Budget "V3 FINAL" for Detail	1	Project	35,031.75	35,031.75
SUBTOTAL				35,031.75
AV HARDWARE: BREAKOUTS See Line-Item Budget "V3 FINAL" for Detail	1	Project	6,486.00	6,486.00
SUBTOTAL				6,486.00

	Invoice Total
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PO Box 816
 Roseville Ca 95661
 p.650.245.9194
 f.650.240.1770
 www.carlesonproductiongroup.com

Date	12/12/17
Invoice No.	996
P.O. Number	
Terms	Due on receipt
Project	17074 - Making and...

Bill To
 Orexigen Therapeutics, Inc.
 3344 N. Torrey Pines Court
 Suite 200
 La Jolla, CA 92037

Invoice

Services	Qty	Units	Rate	Total
AV HARDWARE: WELCOME RECEPTION See Line-Item Budget "V3 FINAL" for Detail SUBTOTAL	1	Project	585.00	585.00 585.00
AV LABOR See Line-Item Budget "V3 FINAL" for Detail SUBTOTAL	1	Project	20,237.50	20,237.50 20,237.50
OPENING VIDEO PRODUCTION Producer - Director	30	Hours	100.00	3,000.00
HD Digital Editing: FCP, AP, AE	80	Hours	110.00	8,800.00
Stock Footage License Fees	1	Project	240.00	240.00
Library Music Search & License	1	Track	70.00	70.00
Archival Media	1	Project	125.00	125.00
Shipping & Delivery	2	Units	81.60	163.20
SUBTOTAL				12,398.20
PREFERRED CLIENT DISCOUNT AV HARDWARE DISCOUNT Subtotal	-1	DISCOUNT	9,553.89	-9,553.89 -9,553.89
EVENT TRAVEL & RELATED EXPENSE See Line-Item Budget "V3 FINAL" for Detail SUBTOTAL	1	Project	4,415.24	4,415.24 4,415.24
ADDITIONALLY REQUESTED ITEMS & SERVICES				

	Invoice Total
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Carleson | production group

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Project	17074 - Making and...

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 3344 N. Torrey Pines Court
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 La Jolla, CA 92037

Invoice

Services	Qty	Units	Rate	Total
Archival Session Editing: Add PPT Slides to Video	10	Hours	110.00	1,100.00
Still Camera: Leadership Group Photos	1	Unit	250.00	250.00
Graphics Designer Pre-Production	1	Hour	85.00	85.00
Breakout Projectors: Billed As Used	4	Units	275.00	1,100.00
Computer Speakers: Breakouts (14 units X 1.5 Days)	21	Units	20.00	420.00
SUBTOTAL				2,955.00
ONSITE CLOSING CANDIDS VIDEO				
Camera Operator	5	Days	750.00	3,750.00
HD Camera Package	4	Days	650.00	2,600.00
Video Editor	5	Days	950.00	4,750.00
Video Editing Package	4	Days	200.00	800.00
Library Music License	2	Tracks	70.00	140.00
Travel Expense: 2 Persons (Actual Average)	2	Each	549.82	1,099.64
SUBTOTAL				13,139.64
PROJECT GRAND TOTAL				114,994.44
LESS DEPOSIT PAID				
DEPOSIT INVOICE 988	-1	DEPOSIT	56,231.58	-56,231.58
SUBTOTAL				-56,231.58
BALANCE DUE				58,762.86
CA Sales Tax			8.75%	0.00

	Invoice Total	\$58,762.86
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