

Fill in this information to identify the case:

Debtor Orexigen Therapeutics, Inc., LLC
 United States Bankruptcy Court for the District of Delaware
 Case number 18-10518

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MAY 01 2018

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**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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

1. Who is the current creditor?
J KNIPPER & 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? <u>J KNIPPER E/O M6620</u> Name <u>1 HEMLOCK WAY</u> Number Street <u>LAKENOOD NJ 08701</u> City State ZIP Code <u>USA</u> Country Contact phone <u>732-987-7120</u> Contact email <u>MIKE.GURZO@KNIPPER.COM</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Country _____ Contact phone _____ Contact email _____
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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: 655

7. How much is the claim? \$ 9183.23 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 RENDERED - PARTIAL MONTH
PRE-PETITION IN 146502 "PRE" PORTION

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 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

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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 all that apply:

Amount entitled to priority

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 \$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.

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 4 26 18
MM / DD / YYYY



Signature

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

Name M. CHARL Sub 20
First name Middle name Last name

Title CONTRACTOR

Company J K MPPER
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1 HEATH CARE WAY
Number Street

LAKEWOOD NY 08701
City State ZIP Code Country

Contact phone 732 287 7120 Email M. Char. Gurdoo

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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: 4/20/2018
Invoice Num: IN146502
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 1 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	12.50	97.85	1,223.13	PT
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)	392.00	0.31	121.52	
SFOF	Literature Fulfillment - 1st Pick	392.00	4.15	1,626.80	PT
SFOF	Additional Picks	3,432.00	0.77	2,642.64	PT
RMA	Stock Materials	1.00	237.70	237.70	PT
SFWH	Warehouse Management & Support	1.00	46.35	46.35	FT
TM	Shipping Record Update Fee//Transportation Management Fee	392.00	0.98	384.16	PT
PUSPS	USPS Postage	1.00	18.59	18.59	PT
PUPS	UPS Shipping	1.00	6,302.33	6,302.33	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

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

Date 4/20/2018
Invoice Num IN146502
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
ST	Monthly Storage	72.00	22.66	1,631.52	
RTP	Fax or Phone Line Maintenance	1.00	113.30	113.30	
SFWH	Return Goods Processing	1.25	46.35	57.94	FT

MAR 1-11 2018
Pre
PETITION
PARTIAL
918 3-73

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

Sales balance 23,506.95 NJ Sales Tax 14.01 **Please remit: 23,520.96** Terms N30

Gurzo, Mike

To: Chris Quesenberry
 Cc: Dougherty, Diane
 Subject: FW: Orexigen March Split
 Attachments: IN146502.pdf

IN 146 502

Chris, here you go:

pre  *DOT*

SOW Information		Invoice #		Invoice Status: Not Paid		Invoice #		Invoice Status: Not Paid	
Description	Measurement	Per Unit \$	Units	Amount	Units	Amount	Units	Amount	
				March 1 to 11		March 12 to 31			
IT - SYSTEM & ONGOING SUPPORT COSTS									
Push Shipments - IS Management: File preparation, file upload, packing generation, order confirmation process, AOC confirmation reports. Includes 10 hours of support per push shipment.	per push shipment	\$1,287.50		\$0.00		\$0.00		\$0.00	
Push Shipments - IS Management: Additional hours will be billed at \$128.75 per hour	per hour	\$128.75		\$0.00		\$0.00		\$0.00	
Push Shipments - Program Management: Support push shipments; estimated at 8 hours per push shipment.	per push shipment	\$782.80		\$0.00		\$0.00		\$0.00	
Push Shipments - Program Management: Additional hours will be billed at \$97.85 per hour	per hour	\$97.85		\$0.00		\$0.00		\$0.00	
Program Management - Includes client relationship management; adherence to SOPs; monitoring of program metrics; coordination of internal resources. Includes 25 hours per month.	per month	\$2,446.25		\$782.80		\$1,663.45		\$1,663.45	
Program Management: Additional hours will be billed at \$97.85 per hour	per hour	\$97.85		\$0.00		\$0.00	12.50	\$1,223.13	
Technology/IS Support - Includes 15 hours per month.	per month	\$1,931.25		\$618.00		\$1,313.25		\$1,313.25	
Technology/IS Support - Additional hours will be billed at \$128.75 per hour	per hour	\$128.75		\$0.00		\$0.00		\$0.00	

Professional Service Admin Fee	per month	\$118.45	\$37.91	\$80.54
Storage - Electronic Data	per month	\$154.50	\$49.44	\$105.06
Standard Sales Roster Management	per month	\$257.50	\$82.40	\$175.10
Web Hosting (SaaS) & Administration (MRC)	per month	\$1,545.00	\$494.40	\$1,050.60
MRC Mobile Licensing - (Only applicable if Orexigen chooses to use the mobile app)	per user month	\$7.73	\$456.07	\$966.25
			\$0.00	\$0.00
REPSHIPMENTS - PROMOTIONAL MATERIALS				
Order Processing Fee (electronic)	per order	\$0.31	\$66.96	\$54.56
Order Processing Fee (paper) - Up to 8 line items	per order	\$1.80	\$0.00	\$0.00
Order Processing Fee (paper) - Additional line items	per line	\$0.05	\$0.00	\$0.00
Literature Fulfillment - 1st Pick	per pick	\$4.15	\$896.40	\$730.40
Literature Fulfillment - Additional Picks	per pick	\$0.77	\$1,519.21	\$1,123.43
Materials - Actual charges will appear on monthly invoice	each	\$1.00	\$140.87	\$96.83
Warehouse Management & Support	per month	\$46.35	\$0.00	\$46.35
Transportation Management Fee & Shipping	per shipment	\$0.98	\$211.68	\$172.48
Record Update Fee			\$0.00	\$0.00
			\$0.00	\$0.00
TELESERVICES HELPDESK				
Training 6 Customer Service Reps	per hour	\$56.65	\$0.00	\$0.00
Training 1 Supervisor	per hour	\$66.95	\$0.00	\$0.00
Teleservices Program Management - Minimum of 10 hours	per month	\$978.50	\$313.12	\$665.38
Teleservices Program Management - Additional hours billed at \$97.85	per hour	\$97.85	\$0.00	\$0.00
Inbound Calls - Includes 200 minutes. Standard hours of coverage 8:30-5:00 EST. Additional coverage available upon request.	per month	\$247.20	\$79.11	\$168.09
Inbound Calls - Additional minutes at \$1.24 per minute	per minute	\$1.24	\$0.00	\$0.00
Script Writing - If required	per hour	\$97.85	\$0.00	\$0.00
After Hours Phone Support - If required	per hour	\$97.85	\$0.00	\$0.00
			\$0.00	\$0.00

