

Kun

Fill in this information to identify the case:

Debtor 1 Orexigen Therapeutics, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 18-10518 (KG)

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MAY 10 2018

FILED
2018 MAY -8 PM 3:18
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Official Form 410

Proof of Claim

KURTZMAN CARSON CONSULTANTS

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?** Intouch Solutions, 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?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

<p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <p><u>Christopher Shirling, CFO</u> Name</p> <p><u>7045 College Blvd.</u> Number Street</p> <p><u>Overland Park KS 66211</u> City State ZIP Code</p> <p>Contact phone <u>913-948-7117</u></p> <p>Contact email <u>chris.shirling@intouchsol.com</u></p>	<p><u>Constance Mullinix, SVP Finance</u> Name</p> <p><u>7045 College Blvd.</u> Number Street</p> <p><u>Overland Park KS 66211</u> City State ZIP Code</p> <p>Contact phone <u>913-956-4312</u></p> <p>Contact email <u>connie.mullinix@intouchsol.com</u></p>
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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: 1 5 3 9

7. How much is the claim? \$ 75,294.22. 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 & reimbursable expenses

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)?

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 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 05/07/2018
MM / DD / YYYY

Christopher D. Shirling
Signature

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

Name Christopher D. Shirling
First name Middle name Last name

Title CEO

Company Intouch Solutions
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7045 College Blvd.
Number Street

Overland Park KS 66211
City State ZIP Code

Contact phone 913-948-7117 Email Chris.Shirling@intouchsol.com



Invoice

Intouch Solutions Inc
7045 College Boulevard
Overland Park, KS 66211
USA

Orexigen Therapeutics, Inc.
Attn: Accounts Payable
3344 N. Torrey Pines Court, Suite 200
La Jolla, CA 92037
USA

Invoice date April 12, 2018
Invoice number PIN-000001508
Payment terms NET30
P.O.NO Contrave TV to Text

Project name TV to Text (February 1 - March 11) Project ID P000003139

DESCRIPTION	AMOUNT
Fee	\$11,047.38
Total Amount Due	\$11,047.38



Invoice

Intouch Solutions Inc
7045 College Boulevard
Overland Park, KS 66211
USA

Orexigen Therapeutics, Inc.
Attn: Accounts Payable
3344 N. Torrey Pines Court, Suite 200
La Jolla, CA 92037
USA

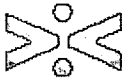
Invoice date April 12, 2018
Invoice number PIN-000001509
Payment terms NET30
P.O.NO Contrave Emails

Project name Priority One Emails (February 1 - March 11) Project ID P000001538

DESCRIPTION	AMOUNT
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Fee	\$46,345.41
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Total Amount Due	\$46,345.41
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Invoice

Intouch Solutions Inc
7045 College Boulevard
Overland Park, KS 66211
USA

Orexigen Therapeutics, Inc.
Attn: Accounts Payable
3344 N. Torrey Pines Court, Suite 200
La Jolla, CA 92037
USA

Invoice date April 12, 2018
Invoice number PIN-000001510
Payment terms NET30
P.O.NO Contrave Emails

Project name Priority One Emails (March 12 - April 11) Project ID P000001539

DESCRIPTION	AMOUNT
Fee	\$13,401.43
Total Amount Due	\$13,401.43



Invoice

Intouch Solutions Inc
7045 College Boulevard
Overland Park, KS 66211
USA

Orexigen Therapeutics, Inc.	Invoice date	April 13, 2018
Attn: Accounts Payable	Invoice number	PIN-000001511
3344 N. Torrey Pines Court, Suite 200	Payment terms	NET30
La Jolla, CA 92037	P.O.NO	Contrave TV to Text
USA		

Project name TV to Text (March 12- April 11) Project ID P000003139

DESCRIPTION	AMOUNT
OOP	\$4,500.00
Total Amount Due	\$4,500.00
