

**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. <b>Who is the current creditor?</b>	<u>Clara Song</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. <b>Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. <b>Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> See summary page	<b>Where should payments to the creditor be sent? (if different)</b>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>8188041127</u> Contact email <u>csong001@yahoo.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. <b>Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<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: \_\_\_\_ \_

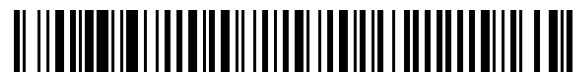
7. How much is the claim? \$ 11657.21. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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.  
Accrued Vacation

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.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Check all that apply:		<b>Amount entitled to priority</b>
<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 checked="" 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).		\$ <u>5322.12</u>
<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)( <u>  </u> ) 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 05/31/2018  
MM / DD / YYYY

/s/Clara K Song  
Signature

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

Name Clara K Song  
First name Middle name Last name

Title Director, Medical Information

Company Orexigen Therapeutics, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3344 North Torrey Pines Ct, Ste 200, La Jolla, CA, 92037, United States

Contact phone 8188041127 Email csong001@yahoo.com



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 830-4646 | International (310) 751-2641

<b>Debtor:</b> 18-10518 - Orexigen Therapeutics, Inc.		
<b>District:</b> District of Delaware		
<b>Creditor:</b> Clara Song  3344 North Torrey Pines Ct, Ste 200 Suite 200 3344 North Torrey Pines Ct, Ste 200 La Jolla, CA, 92037 United States  <b>Phone:</b> 8188041127  <b>Phone 2:</b>   <b>Fax:</b>   <b>Email:</b> csong001@yahoo.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>	
<b>Other Names Used with Debtor:</b>		
	<b>Amends Claim:</b> No  <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Accrued Vacation	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 11657.21	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(4): 5322.12	
<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> Clara K Song on 31-May-2018 12:53:06 p.m. Eastern Time  <b>Title:</b> Director, Medical Information  <b>Company:</b> Orexigen Therapeutics, Inc.		
<b>Optional Signature Address:</b> Clara K Song 3344 North Torrey Pines Ct, Ste 200  La Jolla, CA, 92037 United States  <b>Telephone Number:</b> 8188041127  <b>Email:</b> csong001@yahoo.com		

000323  
 CO: FILE DEPT: CLOCK VCHR NO: 070  
 AVS 105164 000060 0000220082 1

# Earnings Statement



OREXIGEN THERAPEUTICS, INC.  
 3344 N TORREY PINES CT  
 SUITE 200  
 LA JOLLA, CA 92037

Period Beginning: 05/16/2018  
 Period Ending: 05/31/2018  
 Pay Date: 05/31/2018

Taxable Marital Status: Single  
 Exemptions/Allowances:  
 Federal: 5  
 CA: 5

CLARA SONG  
 53038 BANTRY BAY  
 LAKE ELSINORE CA 92532

Social Security Number: XXX-XX-0852

Earnings	rate	hours	this period	year to date
Regular	7687.50		7,687.50	76,875.00
Vacation		16.00		
Bonus				65,705.00
<b>Gross Pay</b>			<b>\$7,687.50</b>	<b>142,580.00</b>

Other Benefits and Information	this period	total to date
Group Term Life	7.49	74.90
Sick Available		0.00
Vac Available		124.42

Deductions	Statutory		
	Federal Income Tax	-1,117.48	25,823.48
	Medicare Tax	-110.14	2,054.17
	CA State Income Tax	-516.64	11,888.02
	Social Security Tax		7,960.80
	CA SUI/SDI Tax		1,149.67
	<b>Other</b>		
	Dental	-8.43*	84.30
	Medical	-89.16*	891.60
	Vision Care	-1.20*	12.00
	401K	-922.50*	9,225.00
	<b>Net Pay</b>	<b>\$4,921.95</b>	
	Checking 1	-4,921.95	
	<b>Net Check</b>	<b>\$0.00</b>	

**Important Notes**  
 YOUR COMPANY PHONE NUMBER IS 858-875-8600

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
 \$6,666.21

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VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

OREXIGEN THERAPEUTICS, INC.  
 3344 N TORREY PINES CT  
 SUITE 200  
 LA JOLLA, CA 92037

Advice number: 0000220082  
 Pay date: 05/31/2018

Deposited to the account of	account number	transit ABA	amount
CLARA SONG	xxxxxxx3587	xxxx xxxx	\$4,921.95

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

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