

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?	<u>Diapharm GmbH Co. KG</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Diapharm GmbH Co. KG</u> <u>Hafenweg 18-20</u> <u>Munster, NRW D-48155, Germany</u>	
	Contact phone <u>+49 251609350</u>	Contact phone _____
	Contact email <u>info@diapharm.de</u>	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 _____ <small>MM / DD / YYYY</small>	
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: 2932 ____

7. How much is the claim? \$ 3,538. 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 / Audit report

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 06/12/2018
MM / DD / YYYY

/s/Ralf Sibbing
Signature

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

Name Ralf Sibbing
First name Middle name Last name

Title General Manager - Partner

Company Diapharm GmbH Co. KG
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: Diapharm GmbH Co. KG Hafenweg 18-20 Munster, NRW, D-48155 Germany Phone: +49 251609350 Phone 2: Fax: Email: info@diapharm.de	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 / Audit report	Last 4 Digits: Yes - 2932	Uniform Claim Identifier:
Total Amount of Claim: 3.538	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: Ralf Sibbing on 12-Jun-2018 3:16:58 a.m. Eastern Time Title: General Manager - Partner Company: Diapharm GmbH Co. KG		

Audit Report Purchase Contract

Client: Orexigen Therapeutics Ireland, Limited.
2nd Floor Palmerston House,
Fenian Street,
Dublin 2,
Ireland

Auditee: Siegfried AG Zofingen,
Untere Brühlstrasse 4,
4800 Zofingen,
Switzerland

API: Naltrexone Hydrochloride

Audit date: 2017-08-29 – 2017-09-01

Services: Audit report
CVs of the auditors
CAPA Plan & Declaration (once-off evaluation of CAPA Plan)

Purchase conditions:

The audit report for the third-party shared audit will be sent to the client following written consent from the auditee.

The information contained in the audit report shall be held in confidence and shall not be disclosed in total or parts thereof to any third party except to the relevant authorities.

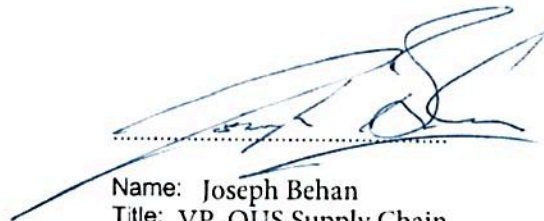
The client is not entitled to make any direct or indirect commercial, scientific and/or additional use of the audit reports.

The audit report will be sent as a PDF File and invoiced on delivery.

Price: € 3,000



Eimear Schulte
Senior Consultant
Diapharm GmbH & Co. KG
Münster, Date:



Name: Joseph Behan
Title: VP, OUS Supply Chain
Orexigen Therapeutics Ireland, Limited
Dublin, Date:



General terms and conditions of Diapharm GmbH & Co. KG apply: www.diapharm.com

Orexigen Legal



Diapharm · Hafenweg 18-20 · D-48155 Münster

Orexigen Therapeutics Ireland, Limited.

2nd Floor Palmerston House
Fenian Street
DO2 WD37 Dublin
IRELAND

INVOICE No.: 184010016534

Please specify in payment and correspondence.

Cust. No.: 12932
Münster, 20.02.2018

According to your order we charge you the following amount.

Service period: February 2018

	Hours/Pieces	Amount
API Audit Report Manufacturer: Siegfried Zofingen, Switzerland API: Naltrexone HCl Audit date: August 2017	1	3.000,00 €

Net Total	3.000,00 €
VAT	-

Invoice Total 3.000,00 €

Payment: 14 days net

Please transfer the amount to the above-mentioned account.

This is a net invoice. Tax liability passes to the beneficiary (VAT-ID: IE 3223814SH) under § 13b UStG (Reverse Charge).

Diapharm GmbH & Co. KG
Hafenweg 18-20
48155 Münster

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Fax: +49 25160935-20

E-Mail:
info@diapharm.com

www.diapharm.com

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Reg. Office: Münster
Amtsgericht Münster, HRA 9343

General Partner:
Diapharm Beteiligungs-GmbH
General Manager:
Dr. Stefan Sandner
Ralf Sibbing
Reg. Office: Münster
Amtsgericht Münster HRB
13581

Deutsche Bank AG Münster
SC: 40-07-00-80
Acc.: 295 733 00
BIC: DEUTDE3B400
IBAN:
DE35400700800029573300

VR-Bank Westmünsterland eG
SC: 42-86-13-87
Acc.: 354 572 110 0
BIC: GENODEM1BOB
IBAN:
DE40428613873545721100

Commerzbank AG Münster
SC: 40-04-00-28
Acc.: 273 345 900
BIC: COBADEFFXXX
IBAN:
DE96400400280273345900