

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?** Healthgrades Operating 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?	Where should payments to the creditor be sent? (if different)
<u>Healthgrades Operating Company, Inc.</u> <u>1801 California</u> <u>Suite 800</u> <u>Denver, Colorado 80202, United States</u>	
Contact phone <u>303-298-4559</u>	Contact phone _____
Contact email <u>See summary page</u>	Contact email _____
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: VMLI ____

7. How much is the claim? \$ 55,646.28. 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 05/31/2018
MM / DD / YYYY

/s/Chadwick Picard
Signature

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

Name Chadwick Picard
First name Middle name Last name

Title Accounting Manager

Company Healthgrades Operating Company, Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 999 18th St. Suite 600, Denver, CO, 80202

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: Healthgrades Operating Company, Inc. 1801 California Suite 800 Denver, Colorado, 80202 United States Phone: 303-298-4559 Phone 2: Fax: Email: AcctsReceivable@healthgrades.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: Yes - VMLI
	Uniform Claim Identifier:
Total Amount of Claim: 55,646.28	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: Chadwick Picard on 31-May-2018 2:14:22 p.m. Eastern Time Title: Accounting Manager Company: Healthgrades Operating Company, Inc	
Optional Signature Address: Chadwick Picard 999 18th St. Suite 600 Denver, CO, 80202 Telephone Number: Email:	



Digital Order Report

Order Number: 285 - 5

Insertion Header ID: 848

Revision Number:

From: **VML, Inc.**

250 Richards Road

Kansas City MO 64116

Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: **Healthgrades**

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Start Date	End Date	Ad Unit	Ad Size	Placement Name	Rate Type	Purch. Imp.	CPM	Net Media Cost
1/1/2018	3/31/2018	728x90	728X90	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_DSK_STB_728x90 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content	CPM	130,662	\$17.00	\$2,221.25
1/1/2018	3/31/2018	300x600	300X600	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_DSK_STB_300x600 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content	CPM	75,000	\$36.00	\$2,700.00
1/1/2018	3/31/2018	300x250	300X250	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_DSK_STB_300x250 Health Engaged Patients - Run of Health on HG Properties	CPM	587,120	\$10.00	\$5,871.20
1/1/2018	3/31/2018	300x600	300X600	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_DSK_STB_300x600 Health Engaged Patients - Run of Health on HG Properties	CPM	85,000	\$15.00	\$1,275.00
1/1/2018	3/31/2018	728x90	728X90	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_DSK_STB_728x90 Health Engaged Patients - Run of Health on HG Properties	CPM	551,352	\$7.00	\$3,859.46

X

Buyer Authorized Signature

Date



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Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: **Healthgrades**

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Start Date	End Date	Ad Unit	Ad Size	Placement Name	Rate Type	Purch. Imp.	CPM	Net Media Cost
1/1/2018	1/31/2018	300x250	300X250	01.01.18-01.31.18_HEG_DIS_NAT_NA_F35-64_SD_MOB_STB_300x250 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content	CPM	67,250	\$24.00	\$1,614.00
1/1/2018	3/31/2018	Healthgrades Package		Patient Target Women's Health Package	CPM	1,417,473	\$10.94	\$15,507.15
1/1/2018	3/31/2018	300x250	300X250	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_300x250 Patient Target Women's Health Package - 1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	300x600	300X600	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_300x600 Patient Target Women's Health Package - 1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	728x90	728X90	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_728x90 Patient Target Women's Health Package - 1st Party Healthsystem CRM Patient Data				

X

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250 Richards Road

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Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: **Healthgrades**

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Start Date	End Date	Ad Unit	Ad Size	Placement Name	Rate Type	Purch. Imp.	CPM	Net Media Cost
1/1/2018	3/31/2018	320x50	320X50	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_320x50 Patient Target Women's Health Package - 1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	Healthgrades Package		Patient Target Weight Loss	CPM	1,102,377	\$10.94	\$12,060.00
1/1/2018	3/31/2018	300x250	300X250	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_300x250 Patient Target Weight Loss-1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	300x600	300X600	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_300x600 Patient Target Weight Loss-1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	728x90	728X90	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_DSK_STB_728x90 Patient Target Weight Loss-1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	320x50	320X50	01.01.18-03.31.18_HEG_DIS_NAT_1C A_F30-60_SD_CRD_STB_320x50 Patient Target Weight Loss-1st Party Healthsystem CRM Patient Data				
1/1/2018	3/31/2018	Healthgrades Package		Weight Loss Treaters and Content Mobile	CPM	242,730	\$17.00	\$4,126.41

X

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Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: **Healthgrades**

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Start Date	End Date	Ad Unit	Ad Size	Placement Name	Rate Type	Purch. Imp.	CPM	Net Media Cost
1/1/2018	1/31/2018	320x50	320X50	01.01.18-01.31.18_HEG_DIS_NAT_NA_F35-64_SD_MOB_STB_320x50 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content				
1/1/2018	1/31/2018	300x250	300X250	01.01.18-01.31.18_HEG_DIS_NAT_NA_F35-64_SD_DSK_STB_300x250 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content				
1/1/2018	3/31/2018	Healthgrades Package		RON Health Engaged Patients	CPM	651,352	\$7.00	\$4,559.46
1/1/2018	3/31/2018	320x50	320X50	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_MOB_STB_320x50 Health Engaged Patients - Run of Health on HG Properties				
1/1/2018	3/31/2018	300x250	300X250	01.01.18-03.31.18_HEG_DIS_NAT_NA_F35-64_SD_MOB_STB_300x250 Health Engaged Patients - Run of Health on HG Properties				
1/1/2018	3/31/2018	Healthgrades Package		Run of Health AV	CPM	158,908	\$0.00	\$0.00

X

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Kansas City MO 64116

Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: **Healthgrades**

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Start Date	End Date	Ad Unit	Ad Size	Placement Name	Rate Type	Purch. Imp.	CPM	Net Media Cost
1/1/2018	3/31/2018	300x250	300X250	01.01.18- 03.31.18_HEG_AVL_NAT_N A_F35- 64_SD_DSK_STB_300x250 Ru n of Health AV				
1/1/2018	3/31/2018	728x90	728X90	01.01.18- 03.31.18_HEG_AVL_NAT_N A_F35- 64_SD_DSK_STB_728x90 Ru n of Health AV				
2/1/2018	3/31/2018	300x250	300x250	02.01.18- 03.31.18_HEG_DIS_NAT_NA _F35- 64_SD_DSK_STB_300x250 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content	CPM	423,175	\$24.00	\$10,156.20
2/1/2018	3/31/2018	Healthgrades Package		2nd Weight Loss Treaters and Content Mobile Package	CPM	355,814	\$17.00	\$6,048.84
2/1/2018	3/31/2018	300x250	300x250	02.01.18- 03.31.18_HEG_DIS_NAT_NA _F35- 64_SD_MOB_STB_300x250 Weight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content				
2/1/2018	3/31/2018	320 x 50	320x50	02.01.18- 03.31.18_HEG_DIS_NAT_NA _F35- 64_SD_MOB_STB_320x50 W eight Loss Treaters/Content - Weight Management Specialists, PCPs, Weight Management Content				

Media Totals: 5,848,213

\$69,998.97

X

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250 Richards Road

Kansas City MO 64116

Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: Healthgrades

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Invoices should be sent to:

VML, Inc.
250 Richards Road

Kansas City MO 64116

Direct Billing Questions to:

Accounts Payable - VML

Billable Media Based on: DCM

X

Buyer Authorized Signature

Date



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From: VML, Inc.

250 Richards Road

Kansas City MO 64116

Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: Healthgrades

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Client Disclaimer:

N/A

X

Buyer Authorized Signature

Date



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From: **VML, Inc.**

250 Richards Road

Kansas City MO 64116

Phone: 816-218-6818

Fax:

Date: 2/28/2018

Client: Contrave

Product: Contrave

Campaign:

Estimate Group: General

Estimate: Q1 Contrave C-18-CONTRVM-0001

Buyer: Erica Schwartz

To: **Healthgrades**

Attn:

Phone:

Fax:

Billing Code:

E-mail:

Terms and Conditions:

Acceptance of the order by Media Company is confirmation of the Media Company's understanding of and agreeing to the following terms:
 All ads must run equally throughout the duration of the campaign unless otherwise noted.
 This order is governed by the 4's/IAB Standard Terms and Conditions for Internet Advertising for Media Buys One Year or Less (Version 3.0)
 As it relates to Section XIII of the 4A's/IAB Standard Terms and Conditions, VML will contract with DoubleClick DART for Advertisers as its 3rd Party Ad Server for delivery tracking and reconciliation.
 In order to facilitate prompt and appropriate payment, all billing and confirmation shall be sent to:
 VML
 Attn: Accounts Payable
 250 Richards Rd.
 Kansas City, MO 64116
 accounts payable@vml.com

DocuSigned by:

Keenan Klingler

3/1/2018

0A43CF2E13BD4A5...

X

Buyer Authorized Signature

Date



Invoice

Date 3/12/2018
Invoice # 54520
Terms Net 30
Due Date 4/11/2018
PO #
Initials KV

Remit To Address

Healthgrades Operating Company, Inc.
8503 Solution Center
Chicago, IL 60677-8005

Bill To

Accounts Payable
VML, Inc.
250 Richards Road
Kansas City MO 64116

Ship To

Accounts Payable
VML, Inc.
250 Richards Road
Kansas City MO 64116

Item	Quantity	Description	Rate	Amount
National Advertising	1	Contrace: Display February 2018	16,344.39	16,344.39

Total \$16,344.39

Amount Due
16,344.39



Invoice

Date 2/23/2018
Invoice # 53865
Terms Net 30
Due Date 3/25/2018
PO #
Initials KV

Remit To Address

Healthgrades Operating Company, Inc.
8503 Solution Center
Chicago, IL 60677-8005

Bill To

Accounts Payable
VML, Inc.
250 Richards Road
Kansas City MO 64116

Ship To

Accounts Payable
VML, Inc.
250 Richards Road
Kansas City MO 64116

Item	Quantity	Description	Rate	Amount
National Advertising	1	Contrace: Display January 2018	25,015.24	25,015.24

Total \$25,015.24

Amount Due
25,015.24



Invoice

Date 4/18/2018
Invoice # 55421
Terms Net 30
Due Date 5/18/2018
PO #
Initials KV

Remit To Address

Healthgrades Operating Company, Inc.
8503 Solution Center
Chicago, IL 60677-8005

Bill To

Accounts Payable
VML, Inc.
250 Richards Road
Kansas City MO 64116

Ship To

Accounts Payable
VML, Inc.
250 Richards Road
Kansas City MO 64116

Item	Quantity	Description	Rate	Amount
National Advertising	1	Contrace: Display March 2018	14,286.65	14,286.65

Total \$14,286.65

Amount Due
14,286.65