

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>Clarivate Analytics US LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Thomson Reuters Scientific LLC</u>	
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? 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>Clarivate Analytics US LLC</u> <u>Cara Tamker</u> <u>1500 Spring Garden Street Fourth Floor</u> <u>Philadelphia, PA 19130</u> Contact phone _____ Contact phone _____ Contact email <u>cara.tamker@clarivate.com</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 _____ MM / DD / YYYY	
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: 8031 ____

7. How much is the claim? \$ 41,000.58. 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.
goods and services

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 06/14/2018
MM / DD / YYYY

/s/Cara Tamker
Signature

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

Name Cara Tamker
First name Middle name Last name

Title Legal Counsel

Company Clarivate Analytics
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: Clarivate Analytics US LLC Cara Tamker 1500 Spring Garden Street Fourth Floor Philadelphia, PA, 19130 Phone: Phone 2: Fax: Email: cara.tamker@clarivate.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor: Thomson Reuters Scientific LLC	Amends Claim: No Acquired Claim: No	
Basis of Claim: goods and services	Last 4 Digits: Yes - 8031	Uniform Claim Identifier:
Total Amount of Claim: 41,000.58	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: Cara Tamker on 14-Jun-2018 2:20:38 p.m. Eastern Time Title: Legal Counsel Company: Clarivate Analytics		

INTELLECTUAL PROPERTY & SCIENCE

—Order Form

 Order Form Date: **June 29, 2016**
Thomson Reuters (Scientific) LLC ("TR")
 1500 Spring Garden Street
 Fourth Floor
 Philadelphia, Pennsylvania 19130
 USA

This Order Form is subject to the agreement and term referenced below, which outline the terms & conditions under which we will provide you the Products / Services described below:

CLIENT DETAILS

Contracting Entity ("CLIENT")	Orexigen Therapeutics, Inc.	Bill To Contact	Christi Cordeiro
Client Address	3344 N TORREY PINES CT STE 200 LA JOLLA, CA 92037-1024, UNITED STATES	Bill To Address	3344 N TORREY PINES CT STE 200 LA JOLLA, CA 92037-1024, UNITED STATES Phone: (858) 875-8600 Email: ccordeiro@orexigen.com

PRODUCT(S)/SERVICE(S) DETAILS

Product(s) / Service(s)	# of End Users/ License Level	Type of License	Term	Year 1 Fees	Frequency of Payment
CORTELLIS REGULATORY INTELLIGENCE LATIN AMERICA BUNDLE (12 MODULES)					
CORTELLIS REGULATORY INTELLIGENCE NORTH AMERICA BUNDLE (2 MODULES)					
CORTELLIS REGULATORY INTELLIGENCE EUROPE BUNDLE (36 MODULES)					
CORTELLIS REGULATORY INTELLIGENCE APAC BUNDLE (15 MODULES)					
ORTELLIS REGULATORY INTELLIGENCE GLOBAL REGULATORY COMPARISON	8 Named End User(s)	Limited License	Jul 1, 2016 – Jun 30, 2017	\$82,600.00	Quarterly
CORTELLIS REGULATORY INTELLIGENCE MEA BUNDLE (14 MODULES)					
CORTELLIS REGULATORY INTELLIGENCE GLOBAL REGULATORY COMPARISON EXPORT					
FDA ADVISORY COMMITTEE MEETINGS ANALYTICS					
FDA WARNING & UNTITLED LETTERS ANALYTICS					
TOTAL FEES (USD)				\$82,600.00	

AGREEMENT

Governing Terms & Conditions	Please refer to IP & Science Terms here: http://ipscience.thomsonreuters.com/tob/		
Governing Law and Jurisdiction	State of Delaware	Renewal Term	12 months

ADDITIONAL TERMS

LICENSE LEVELS AND END USER LICENSE DEFINITION

Named End User(s): You may issue the login details to your named Employee/Member.

Employee/Member: In relation to a commercial or government entity, an employee of that entity; or in relation to an academic institution, (i) an employee, current student or full faculty member of that institution and (ii) any other persons who are permitted to access the institution's information services on an occasional basis from computer terminals physically located in the institution's library facilities.

DELIVERY METHOD AND HOST

The Delivery method and Host for all Product(s) / Service(s) are Internet and TR respectively unless otherwise specified here.


SIGNATURE

This Order Form is effective when signed and returned to us within ninety (90) days from the Order Form Date. We may, in our sole discretion, accept this Order Form if returned to us after such date. Modifications require our prior approval and void any previous signatures.

Signed on behalf of TR

Signed on behalf of Orexigen Therapeutics, Inc.

Signature



Signature



Print Name **Arben Morina**

Print Name **DANIEL COOPER**

Title Vice President, Global Operations

Title **VP DRUG SAFETY / PHARMACOVIGILANCE**

Date Jun 29, 2016

Date **5 JULY 2016**

