Fill in this information to identify the case:					
Debtor	Orexigen Therapeutics, Inc.				
United States Bankruptcy Court for the District of Delaware					
Case number	18-10518				

RECEIVED

KURTZMANCARSONCAMSHITAN

## 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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	art 1:	Identify the Clai	m						
1.	Who is	s the current or?	Name of the	Jerad Abbott  Name of the current creditor (the person or entity to be paid for this claim)			)		
			Other names	the creditor used	with the debtor	N/A	<u> </u>		····
2.	acquii	nis claim been red from one else?	No Yes.	From whom?					
3.	notice	here should otices and	Where should notices to the creditor be sent?				Where should payments to the creditor be sent? (if different)		
		ents to the or be sent?	Jerad Abl	oott			Jerad Abbot	t	
	O.O.	or be some:	Name				Name		
	Federa	al Rule of	410	Rookery Co	urt			Rookery Court	
		ptcy Procedure	Number	Street		00.404		itreet	
	(FRBP	(FRBP) 2002(g)	Joliet		Illinois	60431	Joliet	Illinois	60431
			City	otoo	State	ZIP Code	City	State	ZIP Code
			United States				United States Country		
	Contact phase 773-490-7763		1	773-490-7763					
			Contact pho	ie			Contact phone		
			Contact email jeradmabbott@gmail.com				Contact email	jeradmabbott@gmail.com	
			Uniform dair	n identifier for elec	ctronic payments	in chapter 13 (if you use	onė): _		
4.		this claim d one already	No No			in the CE language			
			Yes.	Claim numbe	r on court claim	ns registry (if known)	<u>i</u>	Filed on	/ YYYY
5.	anyon	u know if le else has filed of claim for aim?	No Yes. \	Who made the e	earlier filing?				

6. Do you have any number	No						
you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any nu	number you use to identify the debtor:					
7. How much is the claim?	\$ 8,160.00 . Does this	is amount include interest or other charges?					
		es. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
3. What is the basis of the claim?		es 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	RECEIVED					
). Is all or part of the claim	<b>V</b> lo	JUN-1-2 2018					
secured?	Yes. The claim is secured by a lien on property.  Nature of property:	Y. KURTZRIMCARSONCONGINTANO					
		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:						
		any, that show evidence of perfection of a security interest (for the financing statement, or other document that shows the lien					
	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					
	Amount necessary to cure any default as	as of the date of the petition: \$					
	Annual Interest Rate (when case was filed Fixed Variable	ed)%					
0. Is this claim based on a lease?	No Yes. Amount necessary to cure any default as	as of the date of the petition.					
Is this claim subject to a right of setoff?	No						

Official Form 410

12. Is all or part of the claim	П		***************************************				
entitled to priority under 11 U.S.C. § 507(a)?	∐ No	. t # 46 4 1 1		1	Amount entitled to priority		
	<u> </u>	k all that apply:			Amount ondired to priority		
A claim may be partly priority and partly nonpriority. For example,	Dome 11 U.	stic support obl S.C. § 507(a)(1)	igations (including alimony (A) or (a)(1)(B).	and child support) under	\$		
in some categories, the law limits the amount entitled to priority.	Up to service	\$2,850* of dep es for personal	osits toward purchase, le , family, or household use	ase, or rental of property or e. 11 U.S.C. § 507(a)(7).	\$		
	days l	pefore the bank	commissions (up to \$12,8 cruptcy petition is filed or to 11 U.S.C. § 507(a)(4).	50*) earned within 180 he debtor's business ends,	\$ <u>4,707.69</u>		
	☐ Taxes	or penalties ov	ed to governmental units.	 11 U.S.C. § 507(a)(8).	\$		
	☐ Contr	butions to an e	mployee benefit plan. 11	U.S.C. § 507(a)(5).	\$		
	Other	Specify subse	ction of 11 U.S.C. § 507(a	a)() that applies.	\$		
	* Amounts	are subject to adj	ustment on 4/01/19 and every	3 years after that for cases beg	un on or after the date of adjustment.		
13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?  Yes. Indicate the amount of your claim arising from the value of any goods received by the days before the date of commencement of the above case, in which the goods have been such claim							
	\$			· · · · · · · · · · · · · · · · · · ·	is in the second		
Part 3: Sign Below					KELLIVEU		
The person completing	Check the approp	riate box:			JUN-1 2 2018		
this proof of claim must sign and date it. FRBP 9011(b).	I am the cred	litor.		KURTZMANGAGGANGARGATARG			
If you file this claim	I am the creditor's attorney or authorized agent.						
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.						
fined up to \$500,000, imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	Executed on date	06/08/201	18				
3571.	Signature	MM / DD /	A	!			
	Print the name o		ho is completing and sig				
	Name	Jerad First name	Micha Middle n		bbott t name		
Senior Health Science			,				
	Title		herapeutics				
	Company	_	•	f the authorized agent is a service	er.		
	Address	410 Number	Rookery Court				
		Joliet	Street	   Illinois 604	131 USA		
	Contact phone	City 773-490-7	763	State ZIP C			