

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>inVentiv Commercial Services, 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>Syneos Health, Inc.</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>inVentiv Commercial Services, LLC</u> <u>John R. Gardner</u> <u>P.O. Box 17047</u> <u>Raleigh, NC 27619, USA</u>	
	Contact phone <u>919-743-7300</u>	Contact phone _____
	Contact email <u>john.gardner@klgates.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: ____ _

7. How much is the claim? \$ 1,522,672.05. 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 provided

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)?

- No
- Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- 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). \$ _____
- 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). \$ _____
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

Amount entitled to priority

* 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/Emily K. Mather Signature

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

Name Emily K. Mather First name Middle name Last name

Title Attorney

Company K and L Gates LLP 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: inVentiv Commercial Services, LLC John R. Gardner P.O. Box 17047 Raleigh, NC, 27619 USA Phone: 919-743-7300 Phone 2: Fax: Email: john.gardner@klgates.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: Syneos Health, Inc.	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services provided	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 1,522,672.05	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: Emily K. Mather on 14-Jun-2018 10:08:22 a.m. Eastern Time Title: Attorney Company: K and L Gates LLP		

Fill in this information to identify the case:

Debtor Orexigen Therapeutics, Inc., LLC
United States Bankruptcy Court for the District of Delaware
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. 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>inVentiv Commercial Services, 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>Syneos Health, Inc.</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? <u>John R. Gardner, K&L Gates LLP</u> Name <u>P.O. Box 17047</u> Number Street <u>Raleigh, NC 27619</u> City State ZIP Code <u>USA</u> Country Contact phone <u>(919) 743-7300</u> Contact email <u>john.gardner@klgates.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code _____ Country Contact phone _____ Contact email _____
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? _____	

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6. Do you have any number you use to identify the debtor? No
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7. How much is the claim? \$ 1,522,672.05. 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 provided

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 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: _____

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:
- | | |
|---|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <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:

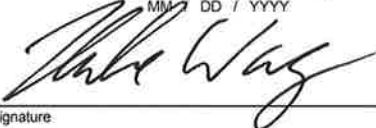
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 6 / 13 / 2018
MM DD / YYYY


Signature

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

Name Theodore Wong
First name Middle name Last name

Title Chief Financial Officer

Company inVentiv Commercial Services, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Atrium Drive
Number Street

Somerset NJ 08873 US
City State ZIP Code Country

Contact phone _____ Email _____

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:) Chapter 11
))
OREXIGEN THERAPEUTICS, INC.) Case No. 18-10518 (KG)
))
 Debtor.))
))
))
))
_____)

**ATTACHMENTS TO PROOF OF CLAIM OF
INVENTIV COMMERCIAL SERVICES, LLC**

- A. Proof of Claim Summary
- B. Outstanding Invoices
- C. Itemized Accounting Exhibit

EXHIBIT A

Proof of Claim Summary

The undersigned, Theodore Wong, is the Chief Financial Officer of inVentiv Commercial Services, LLC, and is authorized to file this Proof of Claim on behalf of inVentiv Commercial Services, LLC (“inVentiv”).

1. Proof of Claim: This Claim is based upon the Master Services Agreement (the “MSA”), dated April 29, 2016, between Orexigen Therapeutics, Inc. (the “Debtor”) and inVentiv, a Syneos Health Inc. company (together, “Syneos”), as well as separate Project Agreements entered into pursuant to the MSA between the Debtor and inVentiv (collectively, the “Contract”).¹ Pursuant to the Contract, Syneos supplies sales representatives to market and sell the Debtor’s pharmaceutical products (the “Services”). Amounts due pre-petition under the Contract have not been paid as of the date hereof.

On April 26, 2018, Syneos filed a Motion for Relief from Stay to Permit Setoff of Security Deposit (D.I. 260) (the “Setoff Motion”), whereby Syneos sought to setoff pre-petition amounts due and owing to it by the Debtor against an advance deposit of \$2,049,496.00 (the “Advance Deposit”) that Syneos held as security for the Debtor’s payment.² The Setoff Motion was granted by way of an Order entered on May 16, 2018 (D.I. 304) (the “Order Allowing Setoff”), and Syneos has since applied the Advance Deposit to the amounts owing to it pre-petition by the Debtor. This Claim incorporates the application of the Advance Deposit, and only seeks to recover the pre-petition amounts that remain outstanding following the setoff against the Advance Deposit.

¹ Due to its confidential and proprietary nature, the Contract is not attached to the Proof of Claim. A copy of the Contract can be made available upon request to counsel for Syneos at the address listed in paragraph 2.

2. Notices: All notices to Syneos should be addressed to:

Syneos Health, Inc.
c/o John R. Gardner
K&L Gates, LLP
P.O. Box 17047
Raleigh, NC 27619

3. Basis for Claim: Unpaid invoices from Syneos to the Debtor related to Services performed pre-petition and Pass-through expenses incurred pre-petition pursuant to the Contract.

4. Description of debt, including date debt was incurred: Syneos provided Services to the Debtor between January 1, 2018 and the petition date. The outstanding balance of unpaid invoices for pre-petition Services is \$1,522,672.05.³

5. The Claim is evidenced as follows: See **Exhibit B** for copies of the outstanding invoices. See **Exhibit C** for an itemized accounting.

6. Classification of Claim: Syneos' Claim shall be treated as a general unsecured claim.

7. Security Interest: Syneos does not have a security interest in property of the Debtor. Pursuant to the Order Allowing Setoff, Syneos setoff amounts owing to it pre-petition by the Debtor against the Advance Deposit. After application of the Advance Deposit, which constituted Syneos' only security interest in property of the Debtor, Syneos' Claim has been reduced to \$1,522,672.05, which constitutes a general unsecured claim.

8. Judgment: No judgment has been rendered on this Claim.

9. Possible Debtor Setoff and Counterclaim to this Claim: Syneos does not hold a right of setoff with respect to the Claim. As described above, and in accordance with the Order

² The Setoff Motion estimated Syneos' pre-petition claim as being in the amount of \$2,918,512.08, but reserved Syneos' right to claim additional pre-petition costs and expenses as they became finalized.

³ The outstanding balance of \$1,522,672.05 reflects application of the Advance Deposit amount of \$2,049,496.00.

Allowing Setoff, Syneos previously setoff amounts owing to it pre-petition by the Debtor against the Advance Deposit. Syneos does not hold any additional rights of setoff with respect to the Debtor or its Claim.

10. Right to Amend: Syneos specifically reserves its right to amend or supplement this Proof of Claim and amend or supplement the Claim; both or either as to the nature or amount, for any proper purpose.

Dated: June 12, 2018

inVentiv Commercial Services, LLC

By: 

Theodore Wong
Chief Financial Officer

EXHIBIT B

Outstanding Invoices



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 2/13/2018
Invoice: 00017183
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com

FLEET SERVICES

Amount

Fleet Monthly Fee - February 2018	\$	14,445.00
Pass Through Fleet Expenses thru January 2018	\$	1,247.02
Pass Through Fuel Expenses thru December 2017	\$	3,968.85

Total Amount Due:

\$ 19,660.87

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 02/13/2018
Invoice: 00017185
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com; smoglia@orexigen.com; csheldahl@orexigen.com;
cmaynard@orexigen.com; kracette@orexigen.com

DETAILING SERVICES

Amount

Monthly Fixed Fees - February 2018	\$	2,126,732.00
Vacancy Credit - January 2018	\$	(62,610.97)
Salary Reconciliation - January 2018	\$	13,486.54
Bonus Credit	\$	(164.55)
Pass Through Expenses thru - January 2018	\$	248,529.16
<u>Operations Support/Hardware Fees</u>		
Client Sales Team User - February 2018	\$	12,776.00

Total Amount Due:

\$ 2,338,748.18

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037
Tel:858-875-8633

Date: February 20, 2018
Invoice: 00017236
Terms: Net 30

Attn: ap@orexigen.com
cc: Leilani Benedicto, Sr.

Description	Amount
Orexigen Telesolutions - #2070 February 2018 Activity	
Fixed Fee <i>February 2018</i>	\$ 57,920.00
Expenses - As Reported Through January 2018 <i>Please see 'Expense' Tab For Detail</i>	\$ -
Total Amount Due:	\$ 57,920.00

Balances past due 30 days are subject to a 1.5% monthly finance charge

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company
500 Atrium Drive, Somerset, NJ 08873 1.800.416.0555



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 2/28/2018
Invoice: 00017282
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com; smoglia@orexigen.com; csheldahl@orexigen.com;
cmaynard@orexigen.com; kracette@orexigen.com

DETAILING SERVICES

Amount

Fee Adjustment February 2018 (2 days)	\$ 233,824.00
Monthly Fixed Fees - February 2018 (CREDIT)	\$ (2,126,732.00)

Total Amount Due:

\$ (1,892,908.00)

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 03/01/2018
Invoice: 00017291
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com; smoglia@orexigen.com; csheldahl@orexigen.com;
cmaynard@orexigen.com; kracette@orexigen.com

DETAILING SERVICES

Amount

Monthly Fixed Fees - February 2018
*Per 2nd Ammendment dated 2/1/18

\$ 706,134.00

Total Amount Due:

\$ 706,134.00

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
 3344 N. Torrey Pines Court
 Suite 200
 La Jolla, CA 92037

Date: 04/06/2018
 Invoice: 00017503
 Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com; smoglia@orexigen.com; csheldahl@orexigen.com;
 cmaynard@orexigen.com; kracette@orexigen.com

DETAILING SERVICES

Amount

Monthly Fixed Fees - March 2018	pre-petition \$ 228,552.55	\$ 706,134.00
Vacancy Credit - February 2018		\$ (7,416.00)
Salary Reconciliation - February 2018		\$ 8,136.96
Bonus Payment		\$ 1,198,695.38
Pass Through Expenses thru - February 2018		\$ 231,425.17
<u>Operations Support/Hardware Fees</u>		
Client Sales Team User - March 2018		\$ 12,174.00

↳ post-petition

Total Amount Due: \rightarrow pre-petition = \$1,659,394.06 \$ ~~2,149,149.51~~

Please include your complete invoice number and remit payment to:
 inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
 a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 04/06/2018
Invoice: 00017504
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com

FLEET SERVICES

Amount

Fleet Monthly Fee - March 2018

Pre-petition \$4,350.82

\$ ~~13,674.00~~

Pass Through Fleet Expenses thru February 2018

\$ 3,651.00

Pass Through Fuel Expenses thru January 2018

\$ 3,132.06

Total Amount Due:

pre-petition \$ 11,133.88

\$ ~~20,457.06~~

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037
Tel:858-875-8633

Date: April 9, 2018
Invoice: 00017508
Terms: Net 30

Attn: ap@orexigen.com
cc: Leilani Benedicto, Sr.

Description	Amount
Orexigen Telesolutions - #2070 March 2018 Activity	
Fixed Fee March 2018	pre-petition \$18,429.09 \$ 57,920.00
Expenses - As Reported Through February 2018 Please see 'Expense' Tab For Detail	\$ -
Total Amount Due: Balances past due 30 days are subject to a 1.5% monthly finance charge	→ pre-petition = <u>\$18,429.09</u> \$ 57,920.00

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company
500 Atrium Drive, Somerset, NJ 08873 1.800.416.0555



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 04/16/2018
Invoice: 00017552
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com; smoglia@orexigen.com; csheldahl@orexigen.com;
cmaynard@orexigen.com; kracette@orexigen.com

DETAILING SERVICES

Amount

Monthly Fixed Fees - April 2018	\$	706,134.00
Vacancy Credit - March 2018 - pre-petition (\$10,112.97)	\$	(30,203.35)
Backfill Recruiting - March 2018	\$	19,977.00
Salary Reconciliation - March 2018	\$	443.64
Bonus Payment	\$	7,843.55
Pass Through Expenses thru - March 2018 - pre-petition	\$	118,742.45
<u>Operations Support/Hardware Fees</u>		
Client Sales Team User - April 2018	\$	12,174.00

pre-petition \$ 108,742.45

Total Amount Due:

\$ ~~835,111.29~~

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 04/16/2018
Invoice: 00017554
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com

<u>FLEET SERVICES</u>	Amount
Fleet Monthly Fee - April 2018	\$ 13,674.00
Pass Through Fleet Expenses thru March 2018 - pre-petition	\$ 1,543.67
Pass Through Fuel Expenses thru February 2018 - pre-petition	\$ 3,214.13
	<i>pre-petition</i> <u>\$4,757.80</u>
Total Amount Due:	<u>\$ 18,431.80</u>

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company
500 Atrium Drive, Somerset, NJ 08873 1.800.416.0555



Orexigen Therapeutics, Inc.
3344 N. Torrey Pines Court
Suite 200
La Jolla, CA 92037

Date: 05/16/2018
Invoice: 00017786
Terms: 30 Days

Attn: Accounts Payable - ap@orexigen.com

FLEET SERVICES

Amount

Fleet Monthly Fee - May 2018	\$	12,234.00
Pass Through Fleet Expenses thru April 2018	\$	527.61
Pass Through Fuel Expenses thru April 2018	\$	4,132.50

pre-petition
\$1,468.70



Total Amount Due:

\$ ~~16,894.11~~

Please include your complete invoice number and remit payment to:
inVentiv Commercial Services, LLC - ATTN: ACCOUNTS RECEIVABLE
a SYNEOS HEALTH company
500 Atrium Drive, Somerset, NJ 08873 1.800.416.0555

EXHIBIT C

Itemized Accounting

inVentiv Comercial Pre-Petition Claim

	<u>Incurring to 3/11</u>	
Invoice Number	Amount	Description
#00017183	19,660.87	Fleet - Feb '18 Fee & Exps thru Jan '18
#00017185	2,338,748.18	Sales Team - Feb '18 Fee, Jan '18 Vacancy, Salary Rec, & Exps
#00017236	57,920.00	Tele Solutions Team - Feb '18 Fee
#00017282	(1,892,908.00)	Sales Team - Feb '18 Old Fee Reversal & Fees thru 2/2/18
#00017291	706,134.00	Sales Team - Feb '18 New Fee
#00017503	720.96	Sales Team -Feb '18 Vacancy & Salary Rec
#00017503	231,425.17	Sales Team - Expenses incurred 2/19/18 & Prior
#00017504	3,132.06	Fleet - Fuel Exps incurred 1/16/18 & Prior
#00017504	3,651.00	Fleet - Fleet Exps incurred 1/31/18 & Prior
#00017503	1,198,695.38	Sales Team - Q4 2017 Bonus Paid 3/2/18
#00017552	118,742.45	Sales Team - Actual Mar '18 Exps
#00017554	4,757.80	Fleet - Actual Exps - Processed Through AP in March
#00017503	228,552.55	Sales Team/Ops Support - Mar '18 Fees
#00017508	18,429.09	Tele Solutions Team - Mar '18 Fee
#00017504	4,350.82	Fleet - Mar '18 Fee
#00017552	(10,112.97)	Sales Team - Actual Mar '18 Vacancy & Salary Rec
#00017786	1,468.70	Fleet - Fuel Purchased 1/21/18 through 3/11/18
	100,000.00	Sales Team - Downsize Close Out (Feb '18 Benefits for Downsized Reps)
	438,800.00	Sales Team - Estimated Q1 2018 Bonus (\$150K in total for 3 month 50 Reps amd 1 FTM plus 1 month of 104 Displaced and 3 FTM's -\$250- plus tax)
TOTAL--Pre Deposit Setoff	3,572,168.05	
Security Deposit	(2,049,496.00)	
TOTAL	<u>1,522,672.05</u>	