

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

JUN 25 2018

KURTZMAN CARSON CONSULTANTS

**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? CORPORATION SERVICE COMPANY
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor CSC

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)

<p>Where should notices to the creditor be sent?</p> <p><u>CORPORATION SERVICE COMPANY</u> Name</p> <p><u>251 Little Falls</u> Number Street</p> <p><u>Wilmington DE 19808</u> City State ZIP Code</p> <p><u>US</u> Country</p> <p>Contact phone <u>302-636-5401 x 63197</u></p> <p>Contact email <u>Joanne.Smith@cscglobal.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>(same)</u> Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Country</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	---

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: _____

7. How much is the claim? \$ 425.00. 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 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: \$ 425.00 (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: _____

RECEIVED

JUN 25 2018

SURTZMAN CARSON CONSULTANTS

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

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. \$ _____

* 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 6/22/2018
MM / DD / YYYY

RECEIVED
JUN 25 2018

Joanne Smith
Signature

KURTZMAN CARSON CONSULTANTS

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

Name JOANNE M. Smith
First name Middle name Last name

Title WORKFLOW COORDINATOR

Company CORPORATION SERVICE COMPANY
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 201 Little Falls
Number Street

Wilmington De 19808 US
City State ZIP Code Country

Contact phone 302-636-5401 Email Joanne.Smith@csaglobal.com

csaglobal.com



CSC®
251 Little Falls Drive
Wilmington, DE 19808-1674
EIN # 510009810

ACCOUNT NO.	INVOICE NO.	INVOICE DATE	AMOUNT DUE
7564231	81106577557	27-FEB-2018	\$ 285.00

Billing Address:

Kris Hanson
Orexigen Therapeutics, Inc.
3344 N Torrey Pines Ct
Ste 200
La Jolla, CA 92037-1024

Shipping Address:

Kris Hanson
Orexigen Therapeutics, Inc.
3344 N Torrey Pines Ct
Ste 200
La Jolla, CA 92037-1024

Order Date: 19-DEC-2017	Order No: 971761
Ordered By: Kris Hanson 7564231 Orexigen Therapeutics, Inc. 3344 N Torrey Pines Ct Ste 200 La Jolla, CA 92037-1024	

Description of Services	Quantity	Unit Cost	Amount
Matter No:2018 MARCH RENEWALS			
RE:OREXIGEN THERAPEUTICS, INC. / Company ID:2251150			
Line:005			
VTQU00 FOREIGN FILING IN VERMONT	0	0.00	0.00
VT4ARM DISBURSEMENT/COST - ANNUAL REPORT/TAX RETURN	1	200.00	200.00
VT410S SERVICE FEE - PREPARE & FILE ANNUAL REPORT/TAX RETURN	1	165.00	165.00
- ANNUAL REPORT MONITORING SERVICE			
VTARDT SPECIAL ARRANGEMENT DISCOUNT	-1	80.00	-80.00
		Subtotal	\$ 285.00
		Total [USD]	\$ 285.00

THANK YOU FOR USING CSC - Jessica McNamara - 800-927-9800

Disclaimer: CSC makes no express or implied warranties, guarantees or representations related to an order's accuracy or completeness or regarding the public record data provided by its suppliers or governmental jurisdiction. CSC disclaims all liability for indirect, consequential, incidental or special damages related to this order. The customer's sole remedy for any errors or omission is limited to a refund of the service fee associated with such order.

TERMS: NET 30 DAYS - Invoices not paid within 30 days are subject to a 1.5% per month finance charge. CSC extends credit to the party requesting service whom it holds responsible for payment in full for all monies expended and services rendered.

Please return this portion with your payment.

Account No:	Invoice No	Invoice Date	Amount Due
7564231	81106577557	27-FEB-2018	\$ 285.00

Credit Card Payment (Optional)

Amount Remitted: \$ _____

Circle one: VISA MC AMEX

Card No. _____

Expiration Date _____

Signature _____

Telephone No. _____

Mail Payment To:

CSC
P.O. Box 13397
Philadelphia, PA 19101-3397
USA

2 000081106577557 0000028500



CSC®
251 Little Falls Drive
Wilmington, DE 19808-1674
EIN # 510009810

ACCOUNT NO.	INVOICE NO.	INVOICE DATE	AMOUNT DUE
7564231	81106578715	27-FEB-2018	\$ 140.00

Billing Address:

Kris Hanson
Orexigen Therapeutics, Inc.
3344 N Torrey Pines Ct
Ste 200
La Jolla, CA 92037-1024

Shipping Address:

Kris Hanson
Orexigen Therapeutics, Inc.
3344 N Torrey Pines Ct
Ste 200
La Jolla, CA 92037-1024

Order Date: 19-DEC-2017	Order No: 971761
Ordered By: Kris Hanson 7564231 Orexigen Therapeutics, Inc. 3344 N Torrey Pines Ct Ste 200 La Jolla, CA 92037-1024	

Description of Services	Quantity	Unit Cost	Amount
Matter No:2018 MARCH RENEWALS			
RE:OREXIGEN THERAPEUTICS, INC. / Company ID:2251150			
Line:003			
NEQU00 FOREIGN FILING IN NEBRASKA	0	0.00	0.00
NE4ARM DISBURSEMENT/COST - ANNUAL REPORT/TAX RETURN	1	55.00	55.00
NE410S SERVICE FEE - PREPARE & FILE ANNUAL REPORT/TAX RETURN	1	165.00	165.00
- ANNUAL REPORT MONITORING SERVICE			
NEARDT SPECIAL ARRANGEMENT DISCOUNT	-1	80.00	-80.00
		Subtotal	\$ 140.00
		Total [USD]	\$ 140.00

THANK YOU FOR USING CSC - Jessica McNamara - 800-927-9800

Disclaimer: CSC makes no express or implied warranties, guarantees or representations related to an order's accuracy or completeness or regarding the public record data provided by its suppliers or governmental jurisdiction. CSC disclaims all liability for indirect, consequential, incidental or special damages related to this order. The customer's sole remedy for any errors or omission is limited to a refund of the service fee associated with such order.

TERMS: NET 30 DAYS - Invoices not paid within 30 days are subject to a 1.5% per month finance charge. CSC extends credit to the party requesting service whom it holds responsible for payment in full for all monies expended and services rendered.

Please return this portion with your payment.

Account No:	Invoice No	Invoice Date	Amount Due
7564231	81106578715	27-FEB-2018	\$ 140.00

Credit Card Payment (Optional)

Amount Remitted: \$ _____

Circle one: VISA MC AMEX

Card No. _____

Expiration Date _____

Signature _____

Telephone No. _____

Mail Payment To:

CSC
P.O. Box 13397
Philadelphia, PA 19101-3397
USA

1 000081106578715 0000014000