

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

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>E*TRADE Financial Corporate Services, Inc.</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Name _____ Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ATTN: President E*TRADE Financial Corporate Services, Inc. 4005 Windward Plaza Drive Alpharetta, GA 30005 USA (678) 319-7783 salesinfo@etrade.com Contact email _____	Where should payments to the creditor be sent? (if different) Name _____ E*TRADE Financial PO Box 3512 Arlington, VA 22203 USA (678) 319-7783 salesinfo@etrade.com 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? _____	

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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: 4 8 6 77. How much is the claim? \$ 200.00

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:** \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

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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:

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.

10/11/2018

Executed on date _____
MM / DD / YYYY

DocuSigned by:

Beverly Lowe

Signature

E132DBEC92E142C...

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

Name

First name

Middle name

Last name

Beverly Lowe

Title

Vice President, Corporate Services

Company

E*TRADE Financial Corporate Services Inc.

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

4005 Windward Plaza Drive
Alpharetta, GA 30005 USA
(678) 319-7783
salesinfo@etrade.com

ZIP Code

Country

Contact phone

Email

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E*TRADE[®]

CORPORATE SERVICES

INVOICE
 INVOICE DATE : 26-JAN-2018
 INVOICE NO : 1000015781
 CUSTOMER NO : 54867
 PAGE NO : Page 1 of 1

BILL TO :
 OREXIGEN THERAPEUTICS, INC.
 3344 N. Torrey Pines Court, Suite 200
 LA JOLLA, CA 92037
 US
 Attn: Accounts Payable

SHIP TO :
 OREXIGEN THERAPEUTICS, INC.
 3344 N. Torrey Pines Court, Suite 200
 LA JOLLA, CA 92037
 US

Customer Name : OREXIGEN THERAPEUTICS, INC.		ETRADE Sales Rep :			
F.O.B	PURCHASE ORDER	SHIP VIA	TERMS	ORDER NUMBER	
			30 NET	OSA066102018129	
ITEM NO.	ITEM DESCRIPTION	QTY ORDERED	QTY SHIPPED	UNIT PRICE	EXTENDED PRICE
DWAC-AST	DWAC FEES - AST	2	2	100.00	200.00
			TAX	SHIPPING	TOTAL
TAX ID # 77-0054242			0.00	0.00	200.00

Invoice Comments :

Invoice Billing Period: October 2017 to December 2017

For your convenience, DWAC fees will be aggregated and billed to you on an annual/semiannual/quarterly basis.

For questions regarding this invoice:

Email : salesinfo@etrade.com

Phone : 800-603-9923. Please enter your corporate id when prompted.

Payment by Check:	Payment by ACH:	Payment by Wire:
E*TRADE FINANCIAL CORPORATE SERVICES	Bank Name : Bank of America	Bank Name : Bank of America
Attn: Accounts Receivable	ABA number : 011000138	ABA number : 026009593
PO Box 3512	ACCT name : E*TRADE FINANCIAL	ACCT name : E*TRADE FINANCIAL
Arlington, VA 22203	ACCT number : 8984-4289	ACCT number : 8984-4289