

Fill in this information to identify the case:

Debtor 1 ProSomnus Holdings, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Third District of Delaware

Case number 24-10973-JTD

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2024 JUL 15 AM 11:09
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Official Form 410
Proof of Claim

04/22

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 of 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?
Regents of the University of Minnesota, Sponsored Financial Reporting
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor University of Minnesota

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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Tim Pramas, Sr. Associate General Counsel</u> Name	<u>Regents of the University of Minnesota</u> Name
<u>200 Oak St SE, Room 360 McNamara Alumni Center</u> Number Street	<u>PO Box 1450, NW 5957</u> Number Street
<u>Minneapolis, MN 55455</u> City State ZIP Code	<u>Minneapolis, MN 55455</u> City State ZIP Code
Contact phone <u>612-626-7812</u>	Contact phone <u>612-626-7812</u>
Contact email <u>pram0001@umn.edu</u>	Contact email <u>pram0001@umn.edu</u>

Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

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? _____

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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: _____
CON0000000100500

7. How much is the claim? \$ 68,564.50 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.
The University of Minnesota Medical School is conducting an observational study on the safety and effectiveness of the ProSomnus EVO Sleep and Snore Device in the treatment of severe obstructive sleep apnea.

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 amounts 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 one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* 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 \$15,150*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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 acknowledgment 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 a 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 07/09/2024
MM / DD / YYYY

Timothy J Pramas
Signature

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

Name Timothy Joseph Pramas
First name Middle name Last name

Title Senior Associate General Counsel

Company University of Minnesota
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 200 Oak St SE, Suite 360
Number Street

Minneapolis, MN 55455
City State ZIP Code

Contact phone 612-626-7812 Email pram0001@umn.edu

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CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

360 McNamara Alumni Center
200 Oak Street S.E.
Minneapolis, MN 55455

612-624-4100

Direct: 612-626-7812

July 9, 2024

United States Bankruptcy Court
Attn: Claims
824 Market Street, 3rd Floor
Wilmington, DE 19801

Re: *Prosomnus, Inc.*
Court File No. 24-10972-JTD
Prosomnus Holdings, Inc.
24-10973-JTD
Prosomnus Sleep Technologies, Inc.
24-10974-JTD

Dear Court Administrator:

Enclosed for filing are Proof of Claim forms and attached documentation for each of the above-referenced matters for Debtor Regents of the University of Minnesota (listed in the Core 2002 Service List as of May 29, 2024, as "University of Minnesota").

Very truly yours,

Timothy J. Pramas
Senior Associate General Counsel

TJP/mh
Encl.



UNIVERSITY OF MINNESOTA
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INVOICE

Invoice No. 2010925310

REGENTS OF THE UNIVERSITY OF MINNESOTA

PAYABLE WITHIN 30 DAYS

PRO SOMNUS SLEEP TECHNOLOGIES
 ERIN MOSCA, DIRECTOR, MEDICAL AFFAIRS
 ENGINEERING
 5675 GIBRALTAR DR
 PLEASANTON CA 94588-8547

Invoice Date: 10/16/2023
 Contract No: CON000000100500
 Agency No: PST202101
 Federal Tax ID: [REDACTED] 7513

Invoicing Period	Description	Amount
02/01/2023 - 10/12/2023	* Quarterly Infrastructure Costs (includes 30% Overhead) April-June 2023, July-Sept 2023	32,182.00
	* Screen fail prior to dental visit (includes 30% overhead): 4004: 5/12/23, 4005: 6/30/2023, 4006: 6/30/2023, 4007: 7/27/2023, 4008: 8/17/2023	2,275.00
	* Participant Enrollment (includes 30% Overhead): 4001: 4/7/23, 4002: 5/5/23, 4003: 4/20/23	3,354.00
Total \$		37,811.00

Title: A prospective, multi-center, single-arm, open-label, obs

Principal Investigator: Bimaje Akpa

For questions please contact: Tonya Knutson
 E-Mail: knuts055@umn.edu
 Telephone: 612/624-7850

Total Amount Due: \$ 37,811.00

I certify that to the best of my knowledge and belief, all expenditures reported (or payments requested) are for appropriate purposes and were made in accordance with the agreements set forth in the application and award documents.

Please use the following to pay via ACH:
 Account Name: Regents of the University of Minnesota Sponsored Accounts Receivable
 Bank Name: Wells Fargo Bank, N.A.
 Bank Address: 6th & Marquette Ave, Mpls, MN 55417
 RTN/ABA: [REDACTED] Account Number: [REDACTED]
 Remittance email: neuxx017@umn.edu

Make Check Payable To: **REGENTS OF THE UNIVERSITY OF MINNESOTA**
 Mail To: **NW 6957
 PO Box 1450
 Minneapolis, MN 55485-5957**

Regents of the University of Minnesota
 Nicole Pilman
 Director
 Sponsored Financial Reporting

Customer: 5054801
 DUNS #: 555917996

PLEASE REFERENCE ABOVE INVOICE NUMBER ON REMITTANCE



UNIVERSITY OF MINNESOTA
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INVOICE

Invoice No. 2010954740

REGENTS OF THE UNIVERSITY OF MINNESOTA

PAYABLE WITHIN 30 DAYS

PROSOMNUS SLEEP TECHNOLOGIES
ERIN MOSCA, DIRECTOR, MEDICAL AFFAIRS
ENGINEERING
5675 GIBRALTAR DR
PLEASANTON CA 94588-8547

Invoice Date: 03/21/2024
Contract No: CON000000100500
Agency No: PST202101
Federal Tax ID: ██████████7513

Invoicing Period	Description	Amount
10/13/2023 - 03/21/2024	* Quarterly Infrastructure Costs (includes 30% Overhead) Oct-Dec 2023, Jan-Feb 15, 2024	24,136.50
	* Study close-out	1,625.00
	* Archiving	975.00
	* Annual renewal: 9/27/2023	975.00
	* Screen fail prior to dental visit (includes 30% overhead) 4009: 10/12/2023, 4010: 12/1/2023, 4012: 12/1/2023	1,365.00
	* Participant Enrollment (includes 30% Overhead) 4011: 10/16/2023 (prorated initial procedures) 4003: through 2/15/2024 (prorated second-half of study)	1,118.00
Total \$		30,194.50

Title: A prospective, multi-center, single-arm, open-label, obs

Principal Investigator: Bimaje Akpa

For questions please contact: Mai Vang
E-Mail: vangx732@umn.edu
Telephone: 612/625-0288

Total Amount Due: \$ 30,194.50

I certify that to the best of my knowledge and belief, all expenditures reported (or payments requested) are for appropriate purposes and were made in accordance with the agreements set forth in the application and award documents.

Please use the following to pay via ACH:
Account Name: Regents of the University of Minnesota Sponsored Accounts Receivable
Bank Name: Wells Fargo Bank, N.A.
Bank Address: 6th & Marquette Ave, Mpls, MN 55417
RTN/ABA: ██████████ Account Number: ██████████
Remittance email: neuxx017@umn.edu

Make Check Payable To: **REGENTS OF THE UNIVERSITY OF MINNESOTA**
Mail To: NW 5957
PO Box 1450
Minneapolis, MN 55485-5957

Regents of the University of Minnesota
Nicole Pilman
Director
Sponsored Financial Reporting

Customer: 5054881
DUNS #: 555917996

PLEASE REFERENCE ABOVE INVOICE NUMBER ON REMITTANCE



UNIVERSITY OF MINNESOTA
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INVOICE

Invoice No. 2010961429

REGENTS OF THE UNIVERSITY OF MINNESOTA

PAYABLE WITHIN 30 DAYS

PROSOMNUS SLEEP TECHNOLOGIES
ERIN MOSCA, DIRECTOR, MEDICAL AFFAI
ENGINEERING
5675 GIBRALTAR DR
PLEASANTON CA 94588-8547

Invoice Date: 04/24/2024
Contract No: CON000000100500
Agency No: PST202101
Federal Tax ID: ██████████7513

Invoicing Period	Description	Amount
03/22/2024 04/24/2024	Amount Due Per Agreement	559.00

Total \$ 559.00

Title: A prospective, multi-center, single-arm, open-label, obs

Principal Investigator: Bimaje Akpa

For questions please contact: Mai Vang
E-Mail: vangx732@umn.edu
Telephone: 612/625-0288

Total Amount Due: \$ 559.00

I certify that to the best of my knowledge and belief, all expenditures reported (or payments requested) are for appropriate purposes and were made in accordance with the agreements set forth in the application and award documents.

Please use the following to pay via ACH:
Account Name: Regents of the University of Minnesota Sponsored Accounts Receivable
Bank Name: Wells Fargo Bank, N.A.
Bank Address: 6th & Marquette Ave, Mpls, MN 55417
RTN/ABA: ██████████ Account Number: ██████████
Remittance email: neuxx017@umn.edu

Regents of the University of Minnesota
Nicole Pilman
Director
Sponsored Financial Reporting

Make Check Payable To: REGENTS OF THE UNIVERSITY OF MINNESOTA
Mail To: NW 5957
PO Box 1450
Minneapolis, MN 55485-5957

Customer: 5054881
DUNS #: 555917996

PLEASE REFERENCE ABOVE INVOICE NUMBER ON REMITTANCE