

Fill in this information to identify the case:

Debtor Tricida, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 23-10024

**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 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>ICON Plc</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? 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>ICON Plc</u> <u>Dave Hill</u> <u>South County Business Park</u> <u>Leopardstown</u> <u>Dublin, 18 D18, Ireland</u>	<u>Pharmaceutical Research Associates, Inc.</u> <u>4130 Parklake Avenue</u> <u>Suite 400</u> <u>Raleigh, NC 27612, United States</u>
	Contact phone _____	Contact phone _____
	Contact email <u>dave.hill@iconplc.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: 4153 ____

7. How much is the claim? \$ 2,073,078.79. 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:

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.

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 03/08/2023
MM / DD / YYYY

/s/Dave Hill
Signature

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

Name Dave Hill
First name Middle name Last name

Title Director of Finance

Company ICON Plc
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 866-476-0898 | International 001-310-823-9000

Debtor: 23-10024 - Tricida, Inc.		
District: District of Delaware		
Creditor: ICON Plc Dave Hill South County Business Park Leopardstown Dublin, 18, D18 Ireland Phone: Phone 2: Fax: Email: dave.hill@iconplc.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: Pharmaceutical Research Associates, Inc. 4130 Parklake Avenue Suite 400 Raleigh, NC, 27612 United States Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Provided	Last 4 Digits: Yes - 4153	Uniform Claim Identifier:
Total Amount of Claim: 2,073,078.79	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: Dave Hill on 08-Mar-2023 3:08:57 p.m. Eastern Time Title: Director of Finance Company: ICON Plc		

ICON Plc claim

Services	Passthrough	Investigators	Total
495,223.21			495,223.21
469,937.58	20,043.11		489,980.69
245,499.13	43,644.57		289,143.70
182,075.37	104,487.21		286,562.58
	52,766.70	459,401.91	512,168.61
1,392,735.29	220,941.59	459,401.91	2,073,078.79

INVOICE No	9000002657
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Project No TRCA303X-TRC303

Bill To
 Tricida Inc
Attn: Accounts Payable
 7000 Shoreline Ct, Ste 201
 S San Francisco 94080
 United States
Tax Id:

Date October 19 2022
 Terms 30 NET
 Due Date November 18 2022

Reference Information			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Sarah Fawcett
Reference		e-mail	Sarah.Fawcett@iconplc.com
Reference #2			

Description	Amount (USD)
September 2022 Services	495,223.21
Amount Due (USD):	495,223.21

<u>Remittance Information</u>	
<u>Remit To</u>	<u>Electronic (Wire) Payments</u>
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York. NY 10005

Enquiries to credit_control_iconirl@iconplc.com
 TIN: 54-1204111

INVOICE No	9000004023
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Project No TRCA303X-TRC303

Bill To
 Tricida Inc
Attn: Accounts Payable
 7000 Shoreline Ct, Ste 201
 S San Francisco CA 94080
 United States
Tax Id:

Date November 18 2022
 Terms 30 NET
 Due Date December 18 2022

Reference Information			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Sarah Fawcett
Reference		e-mail	Sarah.Fawcett@iconplc.com
Reference #2			

Description	Amount (USD)
October 2022 Services	469,937.58
Amount Due (USD):	469,937.58

<u>Remittance Information</u>	
<u>Remit To</u>	<u>Electronic (Wire) Payments</u>
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York. NY 10005

Enquiries to credit_control_iconirl@iconplc.com
 TIN: 54-1204111

INVOICE No	9000005501
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Project No TRCA303X-TRC303

Bill To
 Tricida Inc
Attn: Accounts Payable
 7000 Shoreline Ct, Ste 201
 S San Francisco CA 94080
 United States

Date December 13 2022
 Terms 30 NET
 Due Date January 12 2023

Tax Id:

Reference Information			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Wioleta Barefoot
Reference		e-mail	Wiola.Barefoot@iconplc.com
Reference #2			

Description	Amount (USD)
November 2022 Services	245,499.13
Amount Due (USD):	245,499.13

Remittance Information	
Remit To	Electronic (Wire) Payments
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York. NY 10005

Enquiries to credit_control_iconirl@iconplc.com
 TIN: 54-1204111

INVOICE No	9000008263
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Project No TRCA303X-TRC303

Bill To
Tricida Inc
Attn: Accounts Payable
7000 Shoreline Ct, Ste 201
S San Francisco CA 94080
United States
Tax Id:

Date January 27 2023
Terms 30 NET
Due Date February 26 2023

Reference Information			
Purchase Order#		Project Mgr	Mieder Palm-Forster
Protocol No	TRCA-303	AR Contact	Sowmya Reddy Vadicharla
Reference		e-mail	Sowmya.Vadicherla@iconplc.com
Reference #2			

Description	Amount (USD)
December 2022 Services	182,075.37
Amount Due (USD):	182,075.37

<u>Remittance Information</u>	
<u>Remit To</u>	<u>Electronic (Wire) Payments</u>
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York. NY 10005

Enquiries to credit_control_iconirl@iconplc.com
TIN: 54-1204111

INVOICE No	9000003349
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Project No TRCA303X-TRC303

Bill To
Tricida Inc
Attn: Accounts Payable
7000 Shoreline Ct, Ste 201
S San Francisco 94080
United States
Sponsor VAT #:

Date October 28 2022
Terms 30 NET
Due Date November 27 2022

<u>Reference Information</u>			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Sarah Fawcett
Reference		e-mail	Sarah.Fawcett@iconplc.com
Reference #2			

Description	Amount (USD)
Pass Through Invoice Oct-22	20,043.11
Amount Due (USD):	20,043.11

<u>Remittance Information</u>	
<u>Remit To</u>	<u>Electronic (Wire) Payments</u>
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York NY 10005

INVOICE No	9000004837
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Project No TRCA303X-TRC303

Bill To
Tricida Inc
Attn: Accounts Payable
7000 Shoreline Ct, Ste 201
S San Francisco CA 94080
United States
Sponsor VAT #:

Date November 25 2022
Terms 30 NET
Due Date December 25 2022

Reference Information			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Wioleta Barefoot
Reference		e-mail	Wiola.Barefoot@iconplc.com
Reference #2			

Description	Amount (USD)
Pass Through Invoice Nov-22	43,644.57
Amount Due (USD):	43,644.57

Remittance Information	
Remit To	Electronic (Wire) Payments
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York NY 10005

INVOICE No	9000006199
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Project No TRCA303X-TRC303

Bill To
Tricida Inc
Attn: Accounts Payable
7000 Shoreline Ct, Ste 201
S San Francisco CA 94080
United States
Sponsor VAT #:

Date December 23 2022
Terms 30 NET
Due Date January 22 2023

<u>Reference Information</u>			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Imran Shaik
Reference		e-mail	Imran.Shaik@iconplc.com
Reference #2			

Description	Amount (USD)
Pass Through Invoice Dec-22	104,487.21
Amount Due (USD):	104,487.21

<u>Remittance Information</u>	
<u>Remit To</u>	<u>Electronic (Wire) Payments</u>
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York NY 10005

INVOICE No	9000008277
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Project No TRCA303X-TRC303

Bill To
Tricida Inc
Attn: Accounts Payable
7000 Shoreline Ct, Ste 201
S San Francisco CA 94080
United States
Sponsor VAT #:

Date January 27 2023
Terms 30 NET
Due Date February 26 2023

<u>Reference Information</u>			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Imran Shaik
Reference		e-mail	Imran.Shaik@iconplc.com
Reference #2			

Description	Amount (USD)
Pass Through Invoice Jan-23	52,766.70
Amount Due (USD):	52,766.70

<u>Remittance Information</u>	
<u>Remit To</u>	<u>Electronic (Wire) Payments</u>
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York NY 10005

INVOICE No	9000008708
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Project No TRCA303X-TRC303

Bill To
 Tricida Inc
Attn: Accounts Payable
 7000 Shoreline Ct, Ste 201
 S San Francisco CA 94080
 United States
Tax Id:

Date January 27 2023
Terms 30 NET
Due Date February 26 2023

Reference Information			
Purchase Order#		Project Mgr	Gabriella Salerno Pimentel
Protocol No	TRCA-303	AR Contact	Imran Shaik
Reference		e-mail	Imran.Shaik@iconplc.com
Reference #2			

Description	Amount (USD)
Q1 2023 INV PY Advance	459,401.91
Amount Due (USD):	459,401.91

Remittance Information	
Remit To	Electronic (Wire) Payments
Pharmaceutical Research Associates, Inc.	Bank Name JP Morgan Chase NA
4130 Parklake Avenue	Account# 804794219
Suite 400 Raleigh	Sort/Routing Code 021000021
NC 27612	SWIFT Code CHASUS33
United States	IBAN Number
	Bank Address 4 Chase Metrotech Center 7th Floor East
	New York. NY 10005

Enquiries to credit_control_iconirl@iconplc.com
 TIN: 54-1204111