

**Fill in this information to identify the case:**

Debtor Zosano Pharma Corporation

United States Bankruptcy Court for the District of Delaware

Case number 22-10506

**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. 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? Buford M. Williams, Jr  
 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?  
 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?  
Buford M. Williams, Jr  
 Name  
945 Biltmore Way  
 Number Street 23320  
Chesapeake, VA 2346  
 City State ZIP Code  
 Country \_\_\_\_\_  
 Contact phone 757-814-7176  
 Contact email buoffwilliams@midsping.com

Where should payments to the creditor be sent? (if different)  
 Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Contact phone \_\_\_\_\_  
 Contact email \_\_\_\_\_

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KURTZMAN CARSON CONSULTANTS 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? \_\_\_\_\_

