Your claim can be filed electronically on KCC's website at https://epoc.kcclic.net/ZosanoPharma.

Fill in this information to identify the case:				
Debtor	Zosano Pharma Corporation			
United States Bankruptcy Court for the District of Delaware				
Case number	<u>22-10506</u>			

## Official Form 410

## **Proof of Claim**

Identify the 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.

Г	identity the Clan		<u></u>
1.	Who is the current creditor?	CSP Technologies, Inc.  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?	Where should notices to the creditor be sent?  Derek F. Meek Name	Where should payments to the creditor be sent? (if different)  Andrew Barres  Name  960 West Verteran Blud  Number Street
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Burr & Forman LLP, 420 N 20th St, Ste 3400  Number Street  Birmingham AL 35203  City State ZIP Code  USA  Country	Number Street  Auburn AL 36832  City State ZIP Code
	AUG 1 8 2022	Contact phone 205-251-3000 Contact email dmeek@burr.com	Contact phone 518-419-0247  Contact email andrew Barrose Aptar.
	DATESTA BURSULTAN	Uniform claim identifier for electronic payments in chapter 13 (if you use	e one):
<b>1</b> .	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed onMM_/_DD_/_YYYY_
5.	Do you know if anyone else has filed a proof of claim for	<ul><li>No</li><li>☐ Yes. Who made the earlier filing?</li></ul>	