Fill in this information to identify the case:

Debtor 1 allphamed Pharbil Arzneimittel GmbH

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of Delaware_____

Case number 19-10844

Official Form 410

Proof of Claim

04/19

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?**

allphamed Pharbil Arzneimittel GmbH
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?

allphamed Pharbil Arzneimittel GmbH
Name

12 Hildebrandstraße
Number Street

Göttingen DE 37081
City State ZIP Code

Contact phone +49 551 382106

Contact email heiko.borstelmann@nextpharma.com

Where should payments to the creditor be sent? (if different)

allphamed Pharbil Arzneimittel GmbH
Name

12 Hildebrandstraße
Number Street

Göttingen DE 37081
City State ZIP Code

Contact phone +49 551 382106

Contact email heiko.borstelmann@nextpharma.com

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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? _____

☐ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

19108441904290000000000006

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: 8 2 1 1

7. **How much is the claim?** $ 26,553.00 . **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 amounts 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

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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)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check one:*

	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 $3,025* 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 $13,650*) 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 4/01/22 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 04/18/2019
MM / DD / YYYY

Signature

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

Name: Heiko Borstelmann
First name Middle name Last name

Title: Finance Director Germany

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

Address: 12 Hildebrandstraße 12
Number Street

Göttingen DE 37081
City State ZIP Code

Contact phone: +49 551 382 106 Email: heiko.borstelmann@nextpharma.com

allphamed PHARBIL Arzneimittel GmbH
Hildebrandstraße 12, D-37081 Göttingen

allphamed PHARBIL Arzneimittel GmbH
Postfach 3333 · D-37023 Göttingen

Achaogen Inc.

One Tower Place, Suite 300

US CA940 South San Francisco
United States of America

Please quote in case of correspondence or queries		
Customer No.	Order no.	Invoice no.
1368211	**17694**	**16112**

Date:	2019-MAR-29
Your order from:	2019-MAR-29
Your order no.:	POGA100660
Your VAT no:	
Tax no. :	
Processed by:	Frau Sabine Roddewig
Telephone:	+49-551-382- 163
Fax:	+49-551-382- 19163
E-Mail:	sabine.roddewig@nextpharma.com
The delivery was carried out	in
For Delivery Note:	

Invoice

Article no	Description	Batch no.	Qty.	Price EUR	Amount	VAT
Balancing of upfront payment Q1/2019 = 60,448.00 EUR against activities (details see attachment)						
The performance was carried out in March 2019						
55420005	**Other/Additional**		1,000 ST	15.765,000/ ST	15.765,00 EUR	%

				Value of goods:	15.765,00 EUR
				Net amount:	15.765,00 EUR
%	VAT	15.765,00	EUR	VAT sum:	0,00 EUR
				Gross amount:	15.765,00 EUR

Delivery address:
Achaogen Inc.

One Tower Place, Suite 300
US CA940 South San Francisco

Recipient of benefit:
Achaogen Inc.

c/o Paulina Le
One Tower Place, Suite 300
US CA940 South San Francisco

Terms of delivery: ex works
Delivery by: LKW
Payment within: 30 days net
Tax free service

Buchhaltung

Delivery is carried out according to our currently valid General Standard Terms and Conditions and prices.

allphamed PHARBIL Arzneimittel GmbH
Hildebrandstraße 12, D-37081 Göttingen

allphamed PHARBIL Arzneimittel GmbH
Postfach 3333 · D-37023 Göttingen

Achaogen Inc.

One Tower Place, Suite 300

US CA940 South San Francisco
United States of America

Please quote in case of correspondence or queries		
Customer No.	Order no.	Invoice no.
1368211	**17591**	**16054**

Date:	2019-MAR-26
Your order from:	2019-MAR-22
Your order no.:	WO No.: #14004
Your VAT no:	
Tax no. :	
Processed by:	Frau Ellen Weber
Telephone:	+49-551-382- 439
Fax:	+49-551-382- 19439
E-Mail:	ellen.weber@nextpharma.com
The delivery was carried out	in
For Delivery Note:	

Invoice

Article no	Description	Batch no.	Qty.	Price EUR	Amount	VAT
	Billing for project C-Scape					
	According to SOW#01, date:28/02/2017					
	WO No.: #14004					
	Storage					
	Offer version: COE-GÖETTINGEN SOLIDS-201609-04-02					
	Period of performance: February- March 2019					
55410011	**Storage** 2.2.4: 2-8°C, storage place (SP)/month 20 SP/month; 2 months E30450 1 SP/month K30061 3 SP/month K30067 4 SP/month K50653 1 SP/month K50655 1 SP/month K50654 1 SP/month K50656 1 SP/month K50649 1 SP/month K50651 1 SP/month K50650 1 SP/month K50652 1 SP/month K00219 1 SP/month K00220 1 SP/month K00221 1 SP/month K00222 1 SP/month		40,000 ST	150,000/ ST	6.000,00 EUR	%
55410011	**Storage** 2.2.4: 15-25°C, storage place (SP)/month 4 SP/month; 2 months K20571 2 SP/month		8,000 ST	120,000/ ST	960,00 EUR	%

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allphamed PHARBIL Arzneimittel GmbH
Hildebrandstraße 12, D-37081 Göttingen

Continuation of invoice: 16054 Date: 26.03.19

Article no	Description	Batch no.	Qty.	Price EUR	Amount	VAT
K20572	1 SP/month					
K50648	1 SP/month					
55410021	**Projekt management hours**		6,000 ST	140,000/ ST	840,00 EUR	%

			Value of goods:	7.800,00 EUR
			Net amount:	7.800,00 EUR
%	VAT	7.800,00 EUR	VAT sum:	0,00 EUR
			Gross amount:	7.800,00 EUR

Delivery address:
Achaogen

7000 Shoreline Court,Suite 37
US CA940 South San Francisco

Terms of delivery: ex works
Delivery by: LKW
Payment within: 30 days net
Tax free service

Recipient of benefit:
Achaogen Inc.

c/o Paulina Le
One Tower Place, Suite 300
US CA940 South San Francisco

Buchhaltung

Delivery is carried out according to our currently valid General Standard Terms and Conditions and prices.