Fill in this information to identify the case:

Debtor 1 Eurofins Lancaster Laboratories Inc.

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?**

   Eurofins Lancaster Laboratories 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?**

   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

   Where should notices to the creditor be sent?

   Adrienne Kuhl
   Name

   2425 New Holland Pike
   Number Street

   Lancaster PA 17601
   City State ZIP Code

   Contact phone 717-556-7267

   Contact email adriennekuhl@eurofinsus.com

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

   Name

   Number Street

   City State ZIP Code

   Contact phone _____

   Contact email _____

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MAY 30 2019
KURTZMANCARSONCONSULTANTS

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

19108441905300000000000002

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: 1 5 5 3

7. **How much is the claim?** $ 16,641.50 **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.
   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.)

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   MAY 30 2019
   KURTZMANCARSONCONSULTANTS

   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)?**

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 05/28/2019
MM / DD / YYYY

Signature

RECEIVED
MAY 30 2019
KURTZMANCARSONCONSULTANTS

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

Name: Adrienne (First name) Middle name Kuhl (Last name)

Title: Senior Specialist

Company: Eurofins Lancaster Laboratories Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 2425 New Holland Pike
Number Street

Lancastter PA 17601
City State ZIP Code

Contact phone 717-556-7267 Email adriennekuhl@eurofinsus.com

eurofins | Lancaster Laboratories

May 29, 2019

Achaogen Claims Processing Center
c/o KCC
2335 Alaska Ave
El Segundo CA 90245

Hello,
I enclosed a Proof of Claim in the amount of $16,641.50 owed by Achaogen to Eurofins Lancaster Laboratories Inc.

To acknowledge receipt, please date stamp the enclosed copy and return to my attention in the stamped self-addressed envelope which is also enclosed.

Please let me know if you require any additional information. I can be reached at 717-556-7267 or by email at adriennekuhl@eurofinsus.com

Thank you,

Adrienne Kuhl
Senior Specialist
Eurofins Lancaster Laboratories Inc.

Account #	Name	Invoice #	Invoice Date	Date Due	PO #	Amount Due
41553	Achaogen, Inc.	CUS027-19-004388	3/7/2019	4/6/2019	AGP103329	$ 6,635.00
41553	Achaogen, Inc.	50428770	3/26/2019	4/25/2019	AGP103329	$ 1,427.80
41553	Achaogen, Inc.	50428771	3/26/2019	4/25/2019	AGP103329	$ 1,781.80
41553	Achaogen, Inc.	50429022	3/27/2019	4/26/2019	AGP102716	$ 5,926.90
41553	Achaogen, Inc.	50432552	5/2/2019	6/1/2019	AGP103329	$ 870.00
						$ 16,641.50

INVOICE

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Account:	Achaogen, Inc.		
Account #:	A004225132YY		
Accounting ID:	41553		
Tax Code:		**Currency:**	USD
Issue Date:	07-Mar-2019	**Payment Due Date:**	06-Apr-2019
PO:	AGP103329		
Payment Terms:	Payment due within 30 days of the Invoice Issue Date		
Contact:	Accounts Payable		
Account:	Achaogen, Inc.		
Address:	1 Tower Pl #300 South San Francisco 94080 US		

Invoice: IV-CUS027-19-004388

Eurofins Lancaster Laboratories Inc.

Accounts Receivable Dept.

2425 New Holland Pike
Lancaster, PA 17601

Phone: 17176562300 Fax: 17175560368

ELLIInvoicing@eurofinsus.com

www.eurofinslancasterlabs.com

Study Group # **STUQL18AA0050-Method Feasibility for Molecular Weight by MS on Sisomicin - per NQ-0170241**

Milestone	Unit Price	Total
Final Milestone	6,635.00	6,635.00

Report(s) provided to: Steve Fields

VAT @ %	**USD**	0.00
Total Payment Due	**USD**	6,635.00

Banking Details

Bank:	Regions Bank
Sort Code:	064 000 017
Account #:	013 818 2548
IBAN:	NA
SWIFT:	UPN BUS44

Company Details

D.U.N.S: 06-977-7290

Note: Use alternate Sort Code/ABA 062 005 690 for wire transfers

Terms of sale www.eurofins.com

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Account: **41553 Achaogen, Inc.**
PO#: AGP103329
Invoice: **IV50428770**
Date: 03/26/2019
Due Date **04/25/2019**

2425 New Holland Pike · Lancaster, PA 17601 · 717-656-2300

Accounts Payable
Achaogen, Inc.
Attn: Accounting
One Tower Place
Suite 300
South San Francisco, CA 94080

REMITTANCE ADDRESS:
Eurofins Lancaster Laboratories, Inc., Dept #1999, PO Box 11407, Birmingham AL 35246-1999

		Gross Amount:	$1,547.00
SDG:	NG-2019746		
Samples:	NS-09945805-NS-09945806	**10.00% Discount Amount:**	$-119.20
		TOTAL PAYMENT DUE	**$1,427.80**

Report(s) Provided 03/26/2019 to: Steven Fields

BILLING SUMMARY DETAIL

Sample: NS-09945805

A000045 Sulfate Authentic Substance, Vial #1, 1 Vial Lot Number:CEH008-23 Client Protocol ID:18-041553-170460

Analysis	*Base Price*	*Discount Price*	*Sample Total*
*1H NMR (subcontracted)	$155.00	$155.00	$155.00
*H-1 (QS) NMR (subcontracted)	$200.00	$200.00	$200.00
			$355.00

Sample: NS-09945806

A000045 Sulfate Authentic Substance, Vial #2, 1 Vial Lot Number:CEH008-23 Client Protocol ID:18-041553-170460

Analysis	*Base Price*	*Discount Price*	*Sample Total*
Appearance (visual) (1-P-QM-WI-9059442)	$72.00	$64.80	$64.80
Report Writing	$1,120.00	$1,008.00	$1,008.00
			$1,072.80

TOTAL PAYMENT DUE **$1,427.80**

Indicates an item which is excluded from applied discounts and/or surcharges* **Terms: Net 30 days. **Tax ID# 41-1982923**

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Account: **41553 Achaogen, Inc.**
PO#: AGP103329
Invoice: **IV50428770**
Date: 03/26/2019
Due Date **04/25/2019**

2425 New Holland Pike · Lancaster, PA 17601 · 717-656-2300

Sample Group Total	$1,427.80
TOTAL PAYMENT DUE	**$1,427.80**

INVOICE

TOTAL PAYMENT DUE **$1,427.80**

Indicates an item which is excluded from applied discounts and/or surcharges* **Terms: Net 30 days.

Tax ID# 41-1982923

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Account: **41553 Achaogen, Inc.**
PO#: AGP103329
Invoice: **IV50428771**
Date: 03/26/2019
Due Date **04/25/2019**

2425 New Holland Pike · Lancaster, PA 17601 · 717-656-2300

Accounts Payable
Achaogen, Inc.
Attn: Accounting
One Tower Place
Suite 300
South San Francisco, CA 94080

REMITTANCE ADDRESS:
Eurofins Lancaster Laboratories, Inc., Dept #1999, PO Box 11407, Birmingham AL 35246-1999

		Gross Amount:	$1,901.00
SDG:	NG-2019749		
Samples:	NS-09945815-NS-09945816	**10.00% Discount Amount:**	$-119.20
		TOTAL PAYMENT DUE	**$1,781.80**

Report(s) Provided 03/26/2019 to: Steven Fields

BILLING SUMMARY DETAIL

Sample: NS-09945815

A000029 Sulfate Authentic Substance, Vial #1, 1 Vial Lot Number:NS001-03 Client Protocol ID:18-041553-170457

Analysis	*Base Price*	*Discount Price*	*Sample Total*
*1H NMR (subcontracted)	$155.00	$155.00	$155.00
*H-1 (QS) NMR (subcontracted)	$200.00	$200.00	$200.00
			$355.00

Sample: NS-09945816

A000029 Sulfate Authentic Substance, Vial #2, 1 Vial Lot Number:NS001-03 Client Protocol ID:18-041553-170457

Analysis	*Base Price*	*Discount Price*	*Sample Total*
Appearance (visual) (1-P-QM-WI-9059442)	$72.00	$64.80	$64.80
Report Writing	$1,120.00	$1,008.00	$1,008.00
			$1,072.80

TOTAL PAYMENT DUE **$1,781.80**

**Indicates an item which is excluded from applied discounts and/or surcharges*

Terms: Net 30 days.

Tax ID# 41-1982923

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Account: **41553** **Achaogen, Inc.**
PO#: AGP103329
Invoice: **IV50428771**
Date: 03/26/2019
Due Date **04/25/2019**

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Sample Group Charges	*Base Price*	*Discount Price*	*Total Price*
*Subcontracting Administration Charge - 2019	$354.00	$354.00	$354.00
Sample Group Total			$1,781.80

TOTAL PAYMENT DUE **$1,781.80**

ANCL

TOTAL PAYMENT DUE **$1,781.80**

**Indicates an item which is excluded from applied discounts and/or surcharges*

Terms: Net 30 days.

Tax ID# 41-1982923

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Account: **41553 Achaogen, Inc.**
PO#: AGP102716
Invoice: **IV50429022**
Date: 03/27/2019
Due Date **04/26/2019**

2425 New Holland Pike · Lancaster, PA 17601 · 717-656-2300

Accounts Payable
Achaogen, Inc.
Attn: Accounting
One Tower Place
Suite 300
South San Francisco, CA 94080

REMITTANCE ADDRESS:
Eurofins Lancaster Laboratories, Inc., Dept #1999, PO Box 11407, Birmingham AL 35246-1999

		Gross Amount:	$6,546.00
SDG:	NG-2027427		
Samples:	NS-09975651-NS-09975652	**10.00% Discount Amount:**	$-619.10
Quote:	NQ-0170241.0001		
		TOTAL PAYMENT DUE	**$5,926.90**

Report(s) Provided 03/27/2019 to: Steven Fields

BILLING SUMMARY DETAIL

Sample: NS-09975651

Sisomicin freebase, 1 Container Lot Number:05-052A-170525 Client Sample ID:041553 Client Protocol ID:18-041553-178415.02

Analysis	*Base Price*	*Discount Price*	*Sample Total*
*13C NMR (subcontracted)	$200.00	$200.00	$200.00
*1H NMR (subcontracted)	$155.00	$155.00	$155.00
			$355.00

TOTAL PAYMENT DUE **$5,926.90**

Indicates an item which is excluded from applied discounts and/or surcharges* **Terms: Net 30 days. **Tax ID# 41-1982923**

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Account: **41553 Achaogen, Inc.**
PO#: AGP102716
Invoice: **IV50429022**
Date: 03/27/2019
Due Date **04/26/2019**

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Sample: NS-09975652

Sisomicin Freebase Primary Reference Standard, 1 container Lot Number:05-052A-170525 Client Protocol ID:18-041553-178415.02

Analysis	*Base Price*	*Discount Price*	*Sample Total*
Appearance (visual)	$72.00	$64.80	$64.80
Identification by FTIR-ATR	$150.00	$135.00	$135.00
Identification by Molecular Weight by LC-MS-TOF	$420.00	$378.00	$378.00
Purity and Impurities by HPLC-UV	$432.00	$388.80	$388.80
Report Writing	$1,120.00	$1,008.00	$1,008.00
Residue on Ignition	$155.00	$139.50	$139.50
Water Content by Coulometric KF (Oven Method)	$166.00	$149.40	$149.40
			$2,263.50

Sample Group Charges	*Base Price*	*Discount Price*	*Total Price*
HPLC Setup and Suitability Charge - for Purity and Impurities (per 20 preparations)	$1,140.00	$1,026.00	$1,026.00
LC/MS Setup and Suitability Charge - for Identification by MW (per 10 preparations)	$1,499.00	$1,349.10	$1,349.10
Subcontracting Administration Charge - 2019	$342.00	$307.80	$307.80
Karl Fischer Setup Charge - (per 5 samples)	$207.00	$186.30	$186.30
Shipper Charge (for Controlled Temperature) - Shipping - FedEx	$488.00	$439.20	$439.20
Sample Group Total			$5,926.90

TOTAL PAYMENT DUE **$5,926.90**

TOTAL PAYMENT DUE **$5,926.90**

Indicates an item which is excluded from applied discounts and/or surcharges* **Terms: Net 30 days. **Tax ID# 41-1982923**

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Account: **41553 Achaogen, Inc.**
PO#: AGP103329
Invoice: **IV50432552**
Date: 05/02/2019
Due Date **06/01/2019**

2425 New Holland Pike · Lancaster, PA 17601 · 717-656-2300

Accounts Payable
Achaogen, Inc.
Attn: Accounting
One Tower Place
Suite 300
South San Francisco , CA 94080

REMITTANCE ADDRESS:
Eurofins Lancaster Laboratories, Inc., Dept #1999, PO Box 11407, Birmingham AL 35246-1999

TOTAL PAYMENT DUE **$870.00**

Plazomicin LWS, 6 vials Lot Number: CL6-007 (completed prior to 4/15/19)
Reference NG-2027042

BILLING SUMMARY DETAIL

Line Item	*Base Price*	*Total Price*
Preparation of Aliquoting Record	$870.00	$870.00
Invoice Total		$870.00

TOTAL PAYMENT DUE **$870.00**

TOTAL PAYMENT DUE **$870.00**

Terms: Net 30 days.

Tax ID# 41-1982923

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