Fill in this information to identify the case:

Debtor 1: ACHOAGEN

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: _____ District of DELAWARE

Case number: 19-10844/BLS

Claim #53 Date Filed: 6/17/2019

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

Official Form 410

Proof of Claim

12/15

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

CREAT

ACCOUNTEMPS
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?	**Where should payments to the creditor be sent?** (if different)
ROBERT HALF / RECOVERY DEPT Name	Name
PO BOX 5024 Number Street	Number Street
SAN RAMON CA 94583 City State Zip Code	City State Zip Code
Contact phone 510-925-2947	Contact phone
Contact email AMBER.BAPTISTE@ROBERTHALF.COM	Contact email

RECEIVED
JUN 17 2019
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? _____

19108441906170000000000005

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: 0430 — — —

00430-10172800

7. **How much is the claim?** $6,963.48
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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JUN 17 2019
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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 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 Yes. *Check all that apply:*

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 $2,775* 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 $12,475*) 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 4/01/16 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.

6 6 2019
MM / DD / YYYY

Amber Baptiste
Signature

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

Name: AMBER (First name) _____ (Middle name) BAPTISTE (Last name)

Title: RECOVERY MANAGER

Company: ROBERT HALF INTERNATIONAL
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 2613 (Number) CAMINO RAMON (Street)

SAN RAMON (City) CA (State) 94583 (ZIP Code)

Contact phone: 925-913-2947 Email: AMBER.BAPTISTE@ROBERTHALF.COM

RECEIVED
JUN 17 2019
KURTZMAN CARSON CONSULTANTS

Accountemps®
A Robert Half Company

June 21, 2017

Personal & Confidential
CAROL MALDONADO
ACHAOGEN
1 TOWER PL
3RD FLOOR
SOUTH SAN FRANCISCO, CA 94080

Job Order Number: 00430-0009320251

Dear Carol,

Thank you for selecting Accountemps to meet your staffing needs. SHARON LEE-VISANJI is scheduled to start with Achaogen as a Purchasing on 06-21-2017.

As agreed, we will invoice your firm at the rate of $58.85 per hour. If applicable, overtime will be billed at 1.50 times such rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws may vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate. Applicable sales and service taxes shall be added to all invoices. Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate your acceptance of the terms herein.

Our accounting and operational procedures require you receive this document. This standard document will be sent with each Job Order you place with Accountemps. We acknowledge that Accountemps and Achaogen have a signed agreement. The terms of the signed agreement, along with the terms of this letter, shall govern the services provided by such employee or consultant at Achaogen.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Accountemps
1850 Gateway Drive
Suite 200
San Mateo, CA 94404
(800) 803-8367

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An Equal Opportunity Employer M/F/D/V

PeopleSoft Receivables

Report ID: AR30003
Aging Id: MAIN /
Currency Base Currency
Rate Type:

AGING DETAIL BY BUSINESS UNIT
as of 31-MAY-2019

Run Date 05/21/2019
Run Time 14:51:52

Item	Employee Name	Line	As Of	Ent Typ/Rsn	Cur	Amount	Other
TATUS	00430-101728000	ACHAOGEN				South San Francisc CA	
53145126	Lee-Visanji,Shar	1	04/02/2019	EXDR REG	USD	2,401.20	2,401.20
53192169	Lee-Visanji,Shar	1	04/09/2019	EXDR REG	USD	2,401.20	2,401.20
53241061	Lee-Visanji,Shar	1	04/16/2019	EXDR REG	USD	2,161.08	2,161.08
	Total ACHAOGEN					6,963.48	6,963.48
Total TATUS						6,963.48	6,963.48

Accountemps
A Robert Half Company

Page: 1
Invoice Date: 04/02/2019
Invoice Number: 53145126
Customer Number: 00430-101728000
Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
ACCOUNTS PAYABLE ACHAOGEN
ACHAOGEN
One Tower Place, Suite 300
South San Francisco CA 94080

Please Remit To:
Accountemps
P.O. BOX 743295
Los Angeles CA 90074-3295

Pay Online:https://www.roberthalf.com/pay

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Lee-Visanji,Sharon	03/29/2019	Maldonado,Carol	40.00	HRS REG	$ 60.03	$ 2,401.20
		Purchase Order Number: AGP100437					
	Subtotal for Week-Ended:	03/29/2019		40.00	HRS		$ 2,401.20

Invoice Subtotal: **$ 2,401.20**

TOTAL AMOUNT DUE: **$ 2,401.20**

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:
(800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:
(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps
P.O. BOX 743295
Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00430-101728000	53145126	$ 2,401.20

00430101728000531451260024012O1

Accountemps
A Robert Half Company

Page: 1
Invoice Date: 04/09/2019
Invoice Number: 53192169
Customer Number: 00430-101728000
Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
ACCOUNTS PAYABLE ACHAOGEN
ACHAOGEN
One Tower Place, Suite 300
South San Francisco CA 94080

Please Remit To:
Accountemps
P.O. BOX 743295
Los Angeles CA 90074-3295

Pay Online: https://www.roberthalf.com/pay

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Lee-Visanji,Sharon	04/05/2019	Maldonado,Carol	40.00	HRS REG	$ 60.03	$ 2,401.20
		Purchase Order Number: AGP100437					
	Subtotal for Week-Ended:	04/05/2019		40.00	HRS		$ 2,401.20

Invoice Subtotal: **$ 2,401.20**

TOTAL AMOUNT DUE: **$ 2,401.20**

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Thank you for choosing Accountemps!

Accountemps
P.O. BOX 743295
Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00430-101728000	53192169	$ 2,401.20

00430101728000531921690024012O3

Accountemps
A Robert Half Company

Page:	1
Invoice Date:	04/16/2019
Invoice Number:	53241061
Customer Number:	00430-101728000
Fed Tax ID:	94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
ACCOUNTS PAYABLE ACHAOGEN
ACHAOGEN
One Tower Place, Suite 300
South San Francisco CA 94080

Please Remit To:
Accountemps
P.O. BOX 743295
Los Angeles CA 90074-3295

Pay Online: https://www.roberthalf.com/pay

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Lee-Visanji,Sharon	04/12/2019	Maldonado,Carol	36.00	HRS REG	$ 60.03	$ 2,161.08
		Purchase Order Number: AGP100437					
	Subtotal for Week-Ended:	04/12/2019		36.00	HRS		$ 2,161.08

Invoice Subtotal: **$ 2,161.08**

TOTAL AMOUNT DUE: **$ 2,161.08**

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:
(800) 356-1994 / inquiries.srm@roberthalf.com

For qualified temporary accounting and finance professionals please call:
(800) 803-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Accountemps!

Accountemps
P.O. BOX 743295
Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00430-101728000	53241061	$ 2,161.08

00430101728000532410610021610 88

Accountemps
A Robert Half Company

Week Ending Date: 3/29/19

Online Timesheet

Employee ID	Name (Last, First Middle)
3015494328	Lee-Visanji, Sharon

Job Order Number	Client Company Name	Report To
0009320251	Achaogen	Maldonado, Carol

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period
Sat	3/23/19								☐
Sun	3/24/19								☐
Mon	3/25/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Tue	3/26/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Wed	3/27/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Thu	3/28/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Fri	3/29/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐

Total Weekly Hours: 40.00

Missed Meals 0.00

*I certify that I am familiar with RHI's Meal and Rest Period Policy for Temporary Employees (see Welcome Brochure) and that I checked the box in the "Missed, Late, Short Meal Period" section above for all days that I was not relieved of all duty for meal periods or that I was impeded or discouraged from taking meal periods. I also am permitted a net 10-minute rest period for each 4 hours worked or major portion thereof. I understand that rest periods may not be combined with meal periods or skipped to leave early. Contact your Staffing Professional or RHI Branch Mgr immediately if you have questions about this policy. If you are not satisfied, contact Customer Service at 1-888-744-9202.

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 3/31/19 2:40:33 PM PDT

by Sharon Lee-Visanji

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 4/1/19 8:21:41 AM PDT

by Paul Boyer

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Accountemps
A Robert Half Company

Week Ending Date: 4/5/19

Online Timesheet

Employee ID	Name (Last, First Middle)
3015494328	Lee-Visanji, Sharon

Job Order Number	Client Company Name	Report To
0009320251	Achaogen	Maldonado, Carol

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period
Sat	3/30/19								☐
Sun	3/31/19								☐
Mon	4/1/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Tue	4/2/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Wed	4/3/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Thu	4/4/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Fri	4/5/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
							Total Weekly Hours:	40.00	Missed Meals 0.00

*I certify that I am familiar with RHI's Meal and Rest Period Policy for Temporary Employees (see Welcome Brochure) and that I checked the box in the "Missed, Late, Short Meal Period" section above for all days that I was not relieved of all duty for meal periods or that I was impeded or discouraged from taking meal periods. I also am permitted a net 10-minute rest period for each 4 hours worked or major portion thereof. I understand that rest periods may not be combined with meal periods or skipped to leave early. Contact your Staffing Professional or RHI Branch Mgr immediately if you have questions about this policy. If you are not satisfied, contact Customer Service at 1-888-744-9202.

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 4/7/19 6:42:33 PM PDT

by Sharon Lee-Visanji

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 4/8/19 8:26:12 AM PDT

by Paul Boyer

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Accountemps
A Robert Half Company

Week Ending Date: 4/12/19

Online Timesheet

Employee ID	Name (Last, First Middle)
3015494328	Lee-Visanji, Sharon

Job Order Number	Client Company Name	Report To
0009320251	Achaogen	Maldonado, Carol

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period
Sat	4/6/19								☐
Sun	4/7/19								☐
Mon	4/8/19	7:30 AM	11:30 AM					4.00	☐
Tue	4/9/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Wed	4/10/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Thu	4/11/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
Fri	4/12/19	8:30 AM	12:00 PM	12:30 PM	5:00 PM			8.00	☐
							Total Weekly Hours:	36.00	Missed Meals 0.00

*I certify that I am familiar with RHI's Meal and Rest Period Policy for Temporary Employees (see Welcome Brochure) and that I checked the box in the "Missed, Late, Short Meal Period" section above for all days that I was not relieved of all duty for meal periods or that I was impeded or discouraged from taking meal periods. I also am permitted a net 10-minute rest period for each 4 hours worked or major portion thereof. I understand that rest periods may not be combined with meal periods or skipped to leave early. Contact your Staffing Professional or RHI Branch Mgr immediately if you have questions about this policy. If you are not satisfied, contact Customer Service at 1-888-744-9202.

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 4/14/19 3:54:39 PM PDT

by Sharon Lee-Visanji

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 4/15/19 8:56:58 AM PDT

by Paul Boyer

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