Fill in this information to identify the case:

Debtor Achaogen, Inc.

United States Bankruptcy Court for the: _____ District of Delaware (State)

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 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. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**
   Dan Pojanamat
   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?
   Dan Pojanamat
   2405 Monet Ter
   Fremont, CA 94539, United States

   Contact phone 6505344440
   Contact email danpojo@outlook.com

   Where should payments to the creditor be sent? (if different)
   Contact phone _____
   Contact email _____

   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? _____

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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: 3693

7. **How much is the claim?** $ 49030.87 . **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.

I purchased Achaogen stock and held it until they declared bankruptcy

9. **Is all or part of the claim secured?**

☑ No

☐ Yes. The claim is secured by a lien on property.

Nature or property:

☐ Real estate: If the claim is secured by the debtor's principle 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 amount 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

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: _____



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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 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 $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.

13. **Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

$_____

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 acknowledgement 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 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 07/08/2019
MM / DD / YYYY

/s/Dan Pojanamat
Signature

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

Name: Dan Pojanamat
First name | Middle name | Last name

Title: _____

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

Address: _____

Contact phone: _____ Email: _____

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KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 249-2747 | International (310) 751-2606

Debtor:
19-10844 - Achaogen, Inc.
District:
District of Delaware

Creditor:
Dan Pojanamat
2405 Monet Ter
Fremont, CA, 94539
United States
Phone:
6505344440
Phone 2:
Fax:
Email:
danpojo@outlook.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
I purchased Achaogen stock and held it until they declared bankruptcy

Last 4 Digits:
Yes - 3693

Uniform Claim Identifier:

Total Amount of Claim:
49030.87

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
No
Amount of 503(b)(9):
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Value of Property:
Annual Interest Rate:
Arrearage Amount:
Basis for Perfection:
Amount Unsecured:

Submitted By:
Dan Pojanamat on 08-Jul-2019 2:29:46 p.m. Eastern Time
Title:
Company:

VN: 88ADE2CED276EEFAA17FE5F49C01CD46

APEX CLEARING
ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201

Account No: 60529181
Account Name: DAN POJANAMAT
Taxpayer Identification Number: ***-**-3863

Account Executive No: A14

ORIGINAL: 02/07/2018

IN ACCOUNT WITH

Ally Invest
(877) 495-5464

CONSOLIDATED 2017 FORMS 1099 AND DETAILS

DAN POJANAMAT
2405 MONET TERRACE
FREMONT, CA 94539 2508

YEAR-END MESSAGES

THIS DOCUMENT INCLUDES YOUR CONSOLIDATED FORM 1099 THAT WE ARE REQUIRED TO PROVIDE TO YOU AND THE INTERNAL REVENUE SERVICE. WE SUGGEST THAT YOU SEEK THE ADVICE OF A TAX PROFESSIONAL WHEN PREPARING YOUR RETURN.

PLEASE VERIFY YOUR PERSONAL INFORMATION FOR ACCURACY AND CONTACT YOUR BROKER TO CORRECT ANY DISCREPANCIES. IF YOU OWN MUTUAL FUNDS, REAL ESTATE TRUSTS (REITS), REMIC SECURITIES OR WHFIT'S INCOME DISTRIBUTIONS MAY BE RECLASSIFIED BY THE ISSUER AFTER THE ORIGINAL 1099 IS SENT. IF YOU HOLD THESE SECURITIES YOU MAY RECEIVE A CORRECTED FORM 1099.
IN ADDITION TO THE 1099 INFORMATION, SUPPLEMENTAL DETAILS ARE PROVIDED TO HELP YOU PREPARE YOUR RETURN. ONLY INFORMATION REPORTED ON FORM 1099 IS SENT TO THE IRS.

Your Account did not receive the following Forms:

1099-DIV
1099-INT
1099-OID
1099-MISC

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Consolidated 1099 Sections:

Summary Information Page 3
1099-B Proceeds from Broker and Barter Exchange Transactions Page 4

Details:

Investment Details Page 7

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APEX CLEARING
ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201

Account No: 60529181
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Taxpayer Identification Number: ***-**-3863

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FORM 1099-B TOTALS SUMMARY

REALIZED GAIN / LOSS SUMMARY

Refer to Proceeds from Broker and Barter Exchange Transactions for detailed information regarding these summary values. The amounts shown below are for informational purposes only.

SHORT-TERM GAINS OR (LOSSES) - REPORT ON FORM 8949, PART I	PROCEEDS	COST BASIS	MARKET DISCOUNT	WASH SALE LOSS DISALLOWED	REALIZED GAIN OR (LOSS)
Box A (basis reported to IRS)	$37,043.79	$49,991.17	$0.00	$0.00	($12,947.38)
Box A - Ordinary - (basis reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Box B (basis not reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Box B - Ordinary - (basis not reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Total Short-Term	**$37,043.79**	**$49,991.17**	**$0.00**	**$0.00**	**($12,947.38)**
LONG-TERM GAINS OR (LOSSES) - REPORT ON FORM 8949, PART II					
Box D (basis reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Box D - Ordinary - (basis reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Box E (basis not reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Box E - Ordinary - (basis not reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Total Long-Term	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
UNKNOWN TERM - CODE (X) REPORT ON FORM 8949 PART I OR PART II					
Box B or Box E (basis not reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Box B or Box E - Ordinary - (basis not reported to IRS)	$0.00	$0.00	$0.00	$0.00	$0.00
Total Unknown Term	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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Account Executive No: A14

ORIGINAL: 02/07/2018

IN ACCOUNT WITH

Ally Invest
(877) 495-5464

RECIPIENT'S Name, Street Address, City, State, and Zip Code
DAN POJANAMAT
2405 MONET TERRACE
FREMONT, CA 94539 2508

Copy B for recipient
☐ 2nd TIN Notice
☐ FATCA Filing Requirement

Payer's Federal Identification Number: 13-2967453
Payer's Name, Street, City, State, Zip Code:
APEX CLEARING
ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201
Telephone Number: 214-765-1009

2017 FORM 1099-B: PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS — OMB NO. 1545-0715

The information provided below is in accordance with Federal tax regulations and the IRS instructions that govern our reporting requirements. You should review this information carefully when completing your Form 8949 and Schedule D. There may be instances where our reporting requirements will not be consistent with your particular tax accounting position or elections. For these reasons, the IRS requires us to provide you with this reminder: **Taxpayers are ultimately responsible for the accuracy of their tax returns.**

Covered Short-Term Gains or Losses on Gross Proceeds

Report on **Form 8949, Part I** with **Box A** checked

Box 6: Gross Proceeds **Box 5:** Box Not Checked (Covered Security) **Box 3:** Basis Reported to the IRS **Box 2:** Type of Gain or Loss - Short-Term

The 1099-B data referenced by a Box Number is reported to the IRS. The additional information not referenced by a Box Number is not reported to the IRS, but may be helpful to complete your return.

Security Description CUSIP (Box 1a)	Quantity Sold	Date Acquired (Box 1b)	Date Sold or Disposed (Box 1c)	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Accrued Market Discount (Box 1f)	Wash Sale Loss Disallowed (Box 1g)	Gain/Loss Amount	Additional Information
***VALEANT PHARMACEUTICALS INTERNATIONAL INC CUSIP: 91911K102	264.00000	03/28/2016	02/28/2017	$3,866.97	$7,499.67	$0.00	$0.00	($3,632.70)	
	152.00000	04/11/2016	02/28/2017	$2,226.44	$4,999.67	$0.00	$0.00	($2,773.23)	
	174.00000	05/09/2016	02/28/2017	$2,548.68	$5,000.49	$0.00	$0.00	($2,451.81)	
	326.00000	06/16/2016	02/28/2017	$4,775.12	$7,499.69	$0.00	$0.00	($2,724.57)	
	649.00000	11/01/2016	02/28/2017	$9,506.29	$11,991.98	$0.00	$0.00	($2,485.69)	
	964.00000	01/27/2017	02/28/2017	$14,120.29	$12,999.67	$0.00	$0.00	$1,120.62	
Subtotals	**2,529.00000**			**$37,043.79**	**$49,991.17**	**$0.00**	**$0.00**	**($12,947.38)**	
6 ITEMS - TOTAL				**$37,043.79**	**$49,991.17**	**$0.00**	**$0.00**	**($12,947.38)**	

FOOT NOTES
SHORT SALE - Short sales covered in December that settle in January will be reported on your Form 1099-B in the year they are settled.

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Account Name: DAN POJANAMAT
Taxpayer Identification Number: ***-**-3863

Account Executive No: A14

ORIGINAL: 02/07/2018

IN ACCOUNT WITH

Ally Invest
(877) 495-5464

END OF 2017 FORM 1099-B

END OF 2017 CONSOLIDATED FORMS 1099

Form 1099-B (OMB No. 1545-0715)

Brokers and barter exchanges must report proceeds from (and in some cases, basis for) transactions to you and the IRS on Form 1099-B. Reporting is also required when your broker knows or has reason to know that a corporation in which you own stock has had a reportable change in control or capital structure. You may be required to recognize gain from the receipt of cash, stock, or other property that was exchanged for the corporation's stock. If your broker reported this type of transaction to you, the corporation is identified in box 1a.

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

CUSIP number. Shows the CUSIP (Committee on Uniform Security Identification Procedures) number or other applicable identifying number.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Applicable check box on Form 8949. Indicates where to report this transaction on Form 8949 and Schedule D, and which check box is applicable. See the instructions for your Schedule D and/or Form 8949.

Box 1a. Shows a brief description of the item or service for which amounts are being reported. For regulated futures contracts and forward contracts, "RFC" or other appropriate description may be shown. For Section 1256 option contracts, "Section 1256 option" or other appropriate description may be shown. For a corporation that had a reportable change in control or capital structure, this box may show the class of stock as C (common), P (preferred), or O (other).

Box 1b. This box may be blank if box 5 is checked or if the securities sold were acquired on a variety of dates. For short sales, the date shown is the date you acquired the security delivered to close the short sale.

Box 1c. Shows the trade date of the sale or exchange. For short sales, the date shown is the date the security was delivered to close the short sale. For aggregate reporting in boxes 8 through 11, no entry will be present.

Box 1d. Shows the cash proceeds, reduced by any commissions or transfer taxes related to the sale, for transactions involving stocks, debt, commodities, forward contracts, non-Section 1256 option contracts, or securities futures contracts. May show the proceeds from the disposition of your interest(s) in a widely held fixed investment trust. May also show the aggregate amount of cash and the fair market value of any stock or other property received in a reportable change in control or capital structure arising from the corporate transfer of property to a foreign corporation. Losses on forward contracts or non-Section 1256 option contracts are shown in parentheses. This box does not include proceeds from regulated futures contracts or Section 1256 option contracts. Report this amount on Form 8949 or on Schedule D (whichever is applicable) as explained in the Instructions for Schedule D.

Box 1e. Shows the cost or other basis of securities sold. If the securities were acquired through the exercise of a noncompensatory option granted or acquired on or after January 1, 2014, the basis has been adjusted to reflect your option premium. If the securities were acquired through the exercise of a noncompensatory option granted or acquired before January 1, 2014, your broker is permitted, but not required, to adjust the basis to reflect your option premium. If the securities were acquired through the exercise of a compensatory option, the basis has not been adjusted to include any amount related to the option that was reported to you on a Form W-2. If box 5 is checked, box 1e may be blank. See the Instructions for Form 8949, Instructions for Schedule D, or Pub. 550 for details.

Box 1f. Shows the amount of accrued market discount. For details on market discount, see Schedule D (Form 1040) instructions, Instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1f may be blank.

Box 1g. Shows the amount of nondeductible loss in a wash sale transaction. For details on wash sales, see Schedule D (Form 1040) instructions, Instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1g may be blank.

Box 2. The short-term and long-term boxes pertain to short-term gain or loss and long-term gain or loss. If the Ordinary box is checked, your security may be subject to special rules. For example, gain on a contingent payment debt instrument subject to the noncontingent bond method generally is treated as ordinary interest income rather than as capital gain. Please see the Instructions for Form 8949, Pub. 550, or Pub. 1212 for more details on whether there are any special rules or adjustments that might apply to your security. If box 5 is checked, box 2 may be blank.

Box 3. If checked, the basis in box 1e has been reported to the IRS and one or more of the check boxes in box 2 must be checked. If box 3 is checked on Form(s) 1099-B and NO adjustment is required, see the instructions for your Schedule D as you may be able to report your transaction directly on Schedule D. If the Ordinary check box in box 2 is checked, an adjustment may be required.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. If checked, the securities sold were noncovered securities and boxes 1b, 1e, 1f, 1g, and 2 may be blank. Generally, a noncovered security means: stock purchased before 2011, stock in most mutual funds purchased before 2012, stock purchased in or transferred to a dividend reinvestment plan before 2012, debt acquired before 2014, options granted or acquired before 2014, and securities futures contracts entered into before 2014.

Box 6. If the exercise of a noncompensatory option resulted in a sale of a security, indicates whether the amount in box 1d was adjusted for premium.

Box 7. If checked, you cannot take a loss on your tax return based on gross proceeds from a reportable change in control or capital structure reported in box 1d. See the Form 8949 and Schedule D instructions. The broker should advise you of any losses on a separate statement.

Box 12. If checked, proceeds are from a transaction involving collectibles.

Box 13. Shows the cash you received, the fair market value of any property or services you received, and the fair market value of any trade credits or scrip credited to your account by a barter exchange. See Pub. 525.

Boxes 14-16. Shows state(s)/local income tax information.

Form 1099-B (OMB No. 1545-0715)

Regulated Futures Contracts, Foreign Currency Contracts, and Section 1256 Option Contracts (Boxes 8 Through 11):

Box 8. Shows the profit or (loss) realized on regulated futures, foreign currency, or Section 1256 option contracts closed during 2017.

Box 9. Shows any year end adjustment to the profit or (loss) shown in box 8 due to open contracts on December 31, 2016.

Box 10. Shows the unrealized profit or (loss) on open contracts held in your account on December 31, 2017. These are considered closed out as of that date. This will become an adjustment reported as unrealized profit or (loss) on open contracts 12/31/2017 in 2018.

Box 11. Boxes 8, 9, and 10 are all used to figure the aggregate profit or (loss) on regulated futures, foreign currency, or Section 1256 option contracts for the year. Include this amount on your 2017 Form 6781.

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ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201

Account No: 60529181
Account Name: DAN POJANAMAT
Taxpayer Identification Number: ***-**-3863

Account Executive No: A14

ORIGINAL: 02/07/2018

IN ACCOUNT WITH

Ally Invest
(877) 495-5464

2017 INVESTMENT DETAILS

DETAILS OF 2017 INVESTMENT ACTIVITY

Date	Security Description	CUSIP	Transaction Description	Quantity	Price	Amount	Additional Information
02/01/2017	ACHAOGEN INC COM	004449104	PURCHASE	247.000	$16.21	$4,008.52	
02/06/2017	ACHAOGEN INC COM	004449104	PURCHASE	465.000	$17.19	$7,997.65	
02/28/2017	ACHAOGEN INC COM	004449104	PURCHASE	1,578.000	$23.46	$37,024.70	
01/27/2017	***VALEANT PHARMACEUTICALS INTERNATIONA	91911K102	PURCHASE	964.000	$13.48	$12,999.67	
02/28/2017	***VALEANT PHARMACEUTICALS INTERNATIONA	91911K102	SELL	2,529.000	$14.65	$37,043.79	

END OF 2017 DETAILS

THIS STATEMENT IS NOT A SUBSTITUTE FOR FORM 1099 AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY.