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?**
   CAS, a division of the American Chemical Society
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor Chemical Abstracts Service

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)
See summary page	
Contact phone _____	Contact phone _____
Contact email legaladmin@cas.org	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: 9029

7. **How much is the claim?** $ 15707.13 . **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.

online subscription access to SciFinder, a scientific research tool

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 07/19/2019
MM / DD / YYYY

/s/Debra Schrader
Signature

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

Name: Debra Schrader
First name Middle name Last name

Title: Managing Corporate Counsel

Company: CAS, a division of the American Chemical Society
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

19108441907190000000000017

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:
CAS, a division of the American Chemical Society
Debra Schrader
2540 Olentangy River Road

Columbus, OH, 43202
United States
Phone:
Phone 2:
Fax:
Email:
legaladmin@cas.org

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:
Chemical Abstracts Service

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
online subscription access to SciFinder, a scientific research tool

Last 4 Digits:
Yes - 9029

Uniform Claim Identifier:

Total Amount of Claim:
15707.13

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:
Debra Schrader on 19-Jul-2019 6:08:24 p.m. Eastern Time
Title:
Managing Corporate Counsel
Company:
CAS, a division of the American Chemical Society

VN: 82E1CB3033F1254C1E2B9A77ACA136D6

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/achaogen.
ID: 24579518 PIN: tO0H0f9I

Fill in this information to identify the case:

Debtor Achaogen, Inc.

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. 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.

Part 1: Identify the Claim

NameID: 13768392

1. **Who is the current creditor?**
   ~~SciFinder~~ CAS, a division of the American Chemical Society
   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?
   ~~SciFinder~~ CAS
   2540 Olentangy River Rd
   Columbus, OH 43202
   Attn: Legal Administration
   Address
   Contact phone 614-447-3600
   Contact email LegalAdmin@cas.org

   Where should payments to the creditor be sent? (if different)
   CAS
   Name
   L-3000
   Number Street
   Columbus Oh 43260
   City State ZIP Code
   Franklin
   Country
   Contact phone 614 447-3948
   Contact email caslemit@cas.org

   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? _____

19108441906200136300028O7

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: 9029

7. **How much is the claim?** $ 15707.13. **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.
   Subscription access services to SciFinder

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 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: _____



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 07/17/2019
MM / DD / YYYY

Lara Pritchett
Signature

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

Name: Lara (First name) Pritchett (Middle name) (Last name)

Title: Assistant Director, Finance

Company: CAS, a division of the American Chemical Society
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 2540 Olentangy River Road
Number Street

Columbus OH 43202
City State ZIP Code Country

Contact phone: 614-447-3600 Email: lpritchett@cas.org



19108441906200136300028O7

CAS
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

Employer Identification:53-0196572N

INVOICE

Customer Copy

REMIT TO
Chemical Abstracts Service L-3000 Columbus, Ohio 43260

CUSTOMER ACCOUNT NUMBER	349029
INVOICE NUMBER	90981519
PURCHASE ORDER NUMBER	14007
INVOICE DATE	12/06/2018
BILLING PERIOD	12/01/2018 - 12/31/2018
PAGE	1 of 1

BILL TO

Achaogen Inc
Ste 300
1 Tower Pl
SOUTH SAN FRANCISCO CA 94080-1832

IF YOUR BILLING ADDRESS HAS CHANGED, PLEASE MAKE THE CHANGES ABOVE

PAYER			
349029		**PAY THIS AMOUNT IN US DOLLARS**	**$ 4,272.08**

PAYMENT TERMS

Net 60 days from date of invoice. Interest, at a rate of 1.5% per month, accrues on any unpaid amount.

DESCRIPTION	QTY	UNIT PRICE	TOTAL	EXTENDED VALUE
SciFinder Enterprise Fee PatentPak MethodsNow	1.00		4,272.08	
			TOTAL	**$ 4,272.08**

REMITTANCE INFORMATION

1. Always use customer account number and invoice number in corresponding.
2. If a purchase order is required please reference the purchase order on the payment slip or reference this invoice number on your purchase order.
3. You are responsible for tariffs, custom charges, and sales tax (if applicable).
4. To order or for more information, call CAS Customer Center at 1-614-447-3731 or 1-800-753-4227. TELEFAX: 614-447-3751. INTERNET: help@cas.org.
5. Wire Data: Bank Account 4209550626, ABA Routing No. 041000124,SWIFTCODE: PNCCUS33
   c/o PNC, 2941 Olentangy River Road, Columbus, Ohio 43202-1505 USA.
   Fax remittance copy to 1-614-447-3809 or email to casremit@cas.org.

CAS
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

Employer Identification:53-0196572N

INVOICE

Customer Copy

REMIT TO
Chemical Abstracts Service L-3000 Columbus, Ohio 43260

CUSTOMER ACCOUNT NUMBER	349029
INVOICE NUMBER	90983874
PURCHASE ORDER NUMBER	14007
INVOICE DATE	01/10/2019
BILLING PERIOD	01/01/2019 - 01/31/2019
PAGE	1 of 1

BILL TO

Achaogen Inc
Ste 300
1 Tower Pl
SOUTH SAN FRANCISCO CA 94080-1832

IF YOUR BILLING ADDRESS HAS CHANGED, PLEASE MAKE THE CHANGES ABOVE

PAYER			
349029		**PAY THIS AMOUNT IN US DOLLARS**	**$ 4,485.42**

PAYMENT TERMS

Net 60 days from date of invoice. Interest, at a rate of 1.5% per month, accrues on any unpaid amount.

DESCRIPTION	QTY	UNIT PRICE	TOTAL	EXTENDED VALUE
SciFinder Enterprise Fee PatentPak MethodsNow	1.00		4,485.42	
			TOTAL	**$ 4,485.42**

REMITTANCE INFORMATION

1. Always use customer account number and invoice number in corresponding.
2. If a purchase order is required please reference the purchase order on the payment slip or reference this invoice number on your purchase order.
3. You are responsible for tariffs, custom charges, and sales tax (if applicable).
4. To order or for more information, call CAS Customer Center at 1-614-447-3731 or 1-800-753-4227. TELEFAX: 614-447-3751. INTERNET: help@cas.org.
5. Wire Data: Bank Account 4209550626, ABA Routing No. 041000124,SWIFTCODE: PNCCUS33
   c/o PNC, 2941 Olentangy River Road, Columbus, Ohio 43202-1505 USA.
   Fax remittance copy to 1-614-447-3809 or email to casremit@cas.org.

CAS
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

Employer Identification:53-0196572N

INVOICE

Customer Copy

REMIT TO
Chemical Abstracts Service L-3000 Columbus, Ohio 43260

CUSTOMER ACCOUNT NUMBER	**349029**
INVOICE NUMBER	90986177
PURCHASE ORDER NUMBER	14007
INVOICE DATE	02/11/2019
BILLING PERIOD	02/01/2019 - 02/28/2019
PAGE	1 of 1

BILL TO

Achaogen Inc
Ste 300
1 Tower Pl
SOUTH SAN FRANCISCO CA 94080-1832

IF YOUR BILLING ADDRESS HAS CHANGED, PLEASE MAKE THE CHANGES ABOVE

PAYER			
349029		**PAY THIS AMOUNT IN US DOLLARS**	**$ 4,485.42**

PAYMENT TERMS

Net 60 days from date of invoice. Interest, at a rate of 1.5% per month, accrues on any unpaid amount.

DESCRIPTION	QTY	UNIT PRICE	TOTAL	EXTENDED VALUE
SciFinder Enterprise Fee PatentPak MethodsNow	1.00		4,485.42	
			TOTAL	**$ 4,485.42**

REMITTANCE INFORMATION

1. Always use customer account number and invoice number in corresponding.
2. If a purchase order is required please reference the purchase order on the payment slip or reference this invoice number on your purchase order.
3. You are responsible for tariffs, custom charges, and sales tax (if applicable).
4. To order or for more information, call CAS Customer Center at 1-614-447-3731 or 1-800-753-4227. TELEFAX: 614-447-3751. INTERNET: help@cas.org.
5. Wire Data: Bank Account 4209550626, ABA Routing No. 041000124,SWIFTCODE: PNCCUS33
   c/o PNC, 2941 Olentangy River Road, Columbus, Ohio 43202-1505 USA.
   Fax remittance copy to 1-614-447-3809 or email to casremit@cas.org.

CAS
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

Employer Identification:53-0196572N

INVOICE

Customer Copy

REMIT TO
Chemical Abstracts Service L-3000 Columbus, Ohio 43260

CUSTOMER ACCOUNT NUMBER	349029
INVOICE NUMBER	90988014
PURCHASE ORDER NUMBER	14007
INVOICE DATE	03/07/2019
BILLING PERIOD	03/01/2019 - 03/31/2019
PAGE	1 of 1

BILL TO

Achaogen Inc
Ste 300
1 Tower Pl
SOUTH SAN FRANCISCO CA 94080-1832

IF YOUR BILLING ADDRESS HAS CHANGED, PLEASE MAKE THE CHANGES ABOVE

PAYER		PAY THIS AMOUNT IN US DOLLARS	$ 2,165.38
349029			

PAYMENT TERMS

Net 60 days from date of invoice. Interest, at a rate of 1.5% per month, accrues on any unpaid amount.

DESCRIPTION	QTY	UNIT PRICE	TOTAL	EXTENDED VALUE
SciFinder Enterprise Fee PatentPak MethodsNow	1.00		4,485.42	
Payment			-2,320.04	
			TOTAL	**$ 2,165.38**

REMITTANCE INFORMATION

1. Always use customer account number and invoice number in corresponding.
2. If a purchase order is required please reference the purchase order on the payment slip or reference this invoice number on your purchase order.
3. You are responsible for tariffs, custom charges, and sales tax (if applicable).
4. To order or for more information, call CAS Customer Center at 1-614-447-3731 or 1-800-753-4227. TELEFAX: 614-447-3751. INTERNET: help@cas.org.
5. Wire Data: Bank Account 4209550626, ABA Routing No. 041000124,SWIFTCODE: PNCCUS33
   c/o PNC, 2941 Olentangy River Road, Columbus, Ohio 43202-1505 USA.
   Fax remittance copy to 1-614-447-3809 or email to casremit@cas.org.

CAS
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

Employer Identification:53-0196572N

INVOICE

Remittance Copy

REMIT TO
Chemical Abstracts Service L-3000 Columbus, Ohio 43260

CUSTOMER ACCOUNT NUMBER	**349029**
INVOICE NUMBER	90991076
PURCHASE ORDER NUMBER	14007
INVOICE DATE	04/30/2019
BILLING PERIOD	04/01/2019 - 04/02/2019
PAGE	1 of 1

BILL TO

Achaogen Inc
Ste 300
1 Tower Pl
SOUTH SAN FRANCISCO CA 94080-1832

IF YOUR BILLING ADDRESS HAS CHANGED, PLEASE MAKE THE CHANGES ABOVE

PAYER			
349029		**PAY THIS AMOUNT IN US DOLLARS**	**$ 299.03**

PAYMENT TERMS

Net 60 days from date of invoice. Interest, at a rate of 1.5% per month, accrues on any unpaid amount.

DESCRIPTION	QTY	UNIT PRICE	TOTAL	EXTENDED VALUE
SciFinder Enterprise Fee PatentPak MethodsNow	1.00		299.03	
			TOTAL	**$ 299.03**

REMITTANCE INFORMATION

1. Always use customer account number and invoice number in corresponding.
2. If a purchase order is required please reference the purchase order on the payment slip or reference this invoice number on your purchase order.
3. You are responsible for tariffs, custom charges, and sales tax (if applicable).
4. To order or for more information, call CAS Customer Center at 1-614-447-3731 or 1-800-753-4227. TELEFAX: 614-447-3751. INTERNET: help@cas.org.
5. Wire Data: Bank Account 4209550626, ABA Routing No. 041000124,SWIFTCODE: PNCCUS33
   c/o PNC, 2941 Olentangy River Road, Columbus, Ohio 43202-1505 USA.
   Fax remittance copy to 1-614-447-3809 or email to casremit@cas.org.

QUOTE

CAS®
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

SCIFINDER®
A CAS SOLUTION

2540 Olentangy River Road
Columbus, Ohio 43202

DATE: 10/06/2016

BILL TO: Arthur Culang
Achaogen Inc
Ste 371
7000 Shoreline Ct
SOUTH SAN FRANCISCO, CA 94080-1945 US

C/O:

ACCOUNT NUMBER: 43131
QUOTE NUMBER: 00031832

PRODUCT	TERM	LICENSE FEE
SciFinder Enterprise	01/01/2017 - 12/31/2017	$37,555
PatentPak		$7,510
MethodsNow		$3,755
SciFinder Enterprise	01/01/2018 - 12/31/2018	$39,435
MethodsNow		$3,945
PatentPak		$7,885
SciFinder Enterprise	01/01/2019 - 12/31/2019	$41,405
MethodsNow		$4,140
PatentPak		$8,280
TOTAL COMMITMENT:	01/01/2017 - 12/31/2019	$153,910

INSTRUCTIONS:

Unless you have a separate written agreement with CAS that specifically applies to the Product(s) listed above, Product usage is governed by the applicable terms at www.cas.org/legal. To accept this Quote, please sign below and return it to orders@cas.org, prior to the first day of the Term set forth above.

I accept the Terms and Total Commitment above:

A Culang — ANDREW CALABRESE — 11/29/16

Signature | **Printed Name** | **Date**

ADDITIONAL INFORMATION:

This Quote does not include, and Customer is responsible for, any applicable tariffs, VAT, customer charges, or sales tax.

For more information contact your Account Consultant, or CAS Customer Center at 1-800-753-4227 or help@cas.org (Customers outside North America: intsales@cas.org).

Tax Registration No: 53-0196572

THIS IS NOT AN INVOICE. An invoice will be sent separately.

ADDITIONAL DETAILS:

If after the first twelve (12) months of the thirty-six (36) month Term, Licensee has a significant change in its business, CAS agrees to discuss your account status.

CONFIDENTIAL- NOT TO BE SHARED WITH ANY THIRD PARTY.

CAS®
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

TERMS OF USE

SciFinder® & SciFinder^n
Enterprise-Wide Access Plan
for
Commercial & Government Users

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