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?**

EVERSANA Life Science Services, LLC
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)
EVERSANA Life Science Services, LLC Aaron Fettes 190 N. Milwaukee Street Milwaukee, WI 53202	
Contact phone _____	Contact phone _____
Contact email aaron.fettes@eversana.com	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: ___ ___ ___ ___

7. **How much is the claim?** $ 13,928.01 . **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 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.

		Amount entitled to priority
☐	No	
☑	Yes. *Check all that apply:*	
☐	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)(2) that applies.	$ 13,928.01

* 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 07/22/2019
MM / DD / YYYY

/s/Meredith Martin
Signature

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

Name: Meredith Martin
First name Middle name Last name

Title: Associate Counsel

Company: EVERSANA Life Science Services, LLC
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:
EVERSANA Life Science Services, LLC
Aaron Fettes
190 N. Milwaukee Street

Milwaukee, WI, 53202
Phone:
Phone 2:
Fax:
Email:
aaron.fettes@eversana.com

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

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Authorized agent

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
services performed

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
13,928.01

Includes Interest or Charges:
No

Has Priority Claim:
Yes

Priority Under:
11 U.S.C. §507(a)(2): 13,928.01

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:
Meredith Martin on 22-Jul-2019 3:58:22 p.m. Eastern Time
Title:
Associate Counsel
Company:
EVERSANA Life Science Services, LLC

VN: C933F6BD9CCDA63B2FFFB3458F2452BB

EVERSANA™
190 N Milwaukee
Milwaukee, WI 53202

Account statement Original

Page	Page 1 of 1
Date and time	7/22/2019 5:59 PM
Customer account	000013

ACHAOGEN

1 TOWER PLACE
SUITE 300
ACCOUNTS PAYABLE
SOUTH SAN FRANCISCO, CA 94080

Date	Invoice	Client PO	Due	Currency	Debit	Credit	Balance
		Opening			**0.00**		
02/11/19			02/11/19	USD	0.00	-16,757.99	-16,757.99
04/01/19	MC10317		05/01/19	USD	15,424.00	0.00	-1,333.99
06/01/19	MC10453		07/01/19	USD	15,262.00	0.00	13,928.01
		Closing			**13,928.01**		

EVERSANA™

EVERSANA Life Science Services
formerly Dohmen Life Science Services
2200 Powell St. Suite 800
Emeryville, CA 94608
Phone: 510-595-8289 FAX: 510-595-8183

INVOICE

INVOICE #: MC10317
Date: 4/1/2019
P.O. No:
Terms:

Bill to:

Achaogen
ATTN: Accounts Payable
1 Tower Place
Suite 300
South San Francisco, CA 94080

Remit payment to:

EVERSANA Life Science Services
24740 Network Place
CHICAGO, IL 60673-1247

Description	*Quantity*	*Units*	*Unit Cost*	*Amount*
Customary Monthly Infrastructure Fee (March 2019)	1	Month	$8,480.00	$8,480.00
Project Management Services	1	Month	$1,880.00	$1,880.00
Information and literature fulfillment	8	Inquiry cases	$17.00	$136.00
Adverse Event Reports (initial or follow-up), including Report Reconciliation Processes	1	Case(s)	$128.00	$128.00
Routine Report Types (>2): 1. Weekly Spreadsheet of Cases 2. Monthly Spreadsheet of Cases 3. Weekly Dossier Requests	3	Report(s)	$125.00	$375.00
Sales force territory alignment integration, maintenance and reporting	1	Month	$495.00	$495.00
On-call after-hours services	1	Month	$2,980.00	$2,980.00
Call Recording for Quality & Assurance	1	Month	$500.00	$500.00
Medical Inquiry System Software Service	1	Month	$2,895.00	$2,895.00
Medical Inquiry System Software Service Waived as a professional courtesy	1	Month	($2,895.00)	($2,895.00)
Expense - Additional Phone Lines	2	Lines	$225.00	$450.00
			Total Due:	$15,424.00

Please make all checks payable to: EVERSANA Life Science Services Tax ID#: 82-3870266
TERMS: 1.5% service charge per month will be applied if payment not received within terms.
THANK YOU!

EVERSANA™

EVERSANA Life Science Services
formerly Dohmen Life Science Services
2200 Powell St. Suite 800
Emeryville, CA 94608
Phone: 510-595-8289 FAX: 510-595-8183

INVOICE

INVOICE #: MC10453
Date: 6/1/2019
P.O. No:
Terms:

Bill to:

Achaogen
ATTN: Accounts Payable
1 Tower Place
Suite 300
South San Francisco, CA 94080

Remit payment to:

EVERSANA Life Science Services
24740 Network Place
CHICAGO, IL 60673-1247

Description	*Quantity*	*Units*	*Unit Cost*	*Amount*
Customary Monthly Infrastructure Fee (May 2019)	1	Month	$8,480.00	$8,480.00
Project Management Services	1	Month	$1,880.00	$1,880.00
Information and literature fulfillment	6	Inquiry cases	$17.00	$102.00
Routine Report Types (>2): 1. Weekly Spreadsheet of Cases 2. Monthly Spreadsheet of Cases 3. Weekly Dossier Requests	3	Report(s)	$125.00	$375.00
Sales force territory alignment integration, maintenance and reporting	1	Month	$495.00	$495.00
On-call after-hours services	1	Month	$2,980.00	$2,980.00
Call Recording for Quality & Assurance	1	Month	$500.00	$500.00
Medical Inquiry System Software Service	1	Month	$2,895.00	$2,895.00
Medical Inquiry System Software Service Waived as a professional courtesy	1	Month	($2,895.00)	($2,895.00)
Expense - Additional Phone Lines	2	Lines	$225.00	$450.00
			Total Due:	$15,262.00

Please make all checks payable to: EVERSANA Life Science Services Tax ID#: 82-3870266
TERMS: 1.5% service charge per month will be applied if payment not received within terms.
Effective June 1, 2019 EVERSANA will apply late payment charges as specified in the contractual agreement and terms.
Late payment fees will be invoiced separately. Please contact an EVERSANA account representative for additional details.
THANK YOU!

Invoice Date	Month	Year	InvoiceID	ClientID	Client	Invoice DetailID	Quantity	Units	UnitCost	Total InvoiceDetail	Description	Rev Category	RevCategory Desc	Sort Order
01-Apr-19	March	2019	10317	247	Achaogen	67631	1	Month	$8,480.00	$8,480.00	Customary Monthly Infrastructure Fee (March 2019)	1	Infrastructure	2
01-Apr-19	March	2019	10317	247	Achaogen	67940	1	Month	$1,880.00	$1,880.00	Project Management Services	1	Infrastructure	3
01-Apr-19	March	2019	10317	247	Achaogen	67934	8	Inquiry cases	$17.00	$136.00	Information and literature fulfillment	6	Fulfillment	20
01-Apr-19	March	2019	10317	247	Achaogen	67935	1	Case(s)	$128.00	$128.00	Adverse Event Reports (initial or follow-up), including Report Reconciliation Processes	3	Complaint Reporting	30
01-Apr-19	March	2019	10317	247	Achaogen	67937	3	Report(s)	$125.00	$375.00	Routine Report Types (>2): 1. Weekly Spreadsheet of Cases 2. Monthly Spreadsheet of Cases 3. Weekly Dossier Requests	1	Infrastructure	70
01-Apr-19	March	2019	10317	247	Achaogen	67938	1	Month	$495.00	$495.00	Sales force territory alignment integration, maintenance and reporting	7	Sales Rep Integration	80
01-Apr-19	March	2019	10317	247	Achaogen	67939	1	Month	$2,980.00	$2,980.00	On-call after-hours services	4	After-hours Coverage	90
01-Apr-19	March	2019	10317	247	Achaogen	67944	1	Month	$500.00	$500.00	Call Recording for Quality & Assurance	1	Infrastructure	95
01-Apr-19	March	2019	10317	247	Achaogen	67941	1	Month	$2,895.00	$2,895.00	Medical Inquiry System Software Service	1	Infrastructure	152
01-Apr-19	March	2019	10317	247	Achaogen	67942	1	Month	-$2,895.00	($2,895.00)	Medical Inquiry System Software Service Waived as a professional courtesy	1	Infrastructure	153
01-Apr-19	March	2019	10317	247	Achaogen	67943	2	Lines	$225.00	$450.00	Expense - Additional Phone Lines	1	Infrastructure	240
01-Jun-19	May	2019	10453	247	Achaogen	69431	1	Month	$8,480.00	$8,480.00	Customary Monthly Infrastructure Fee (May 2019)	1	Infrastructure	2

01-Jun-19	May	2019	10453	247	Achaogen	69438	1	Month	$1,880.00	$1,880.00	Project Management Services	1	Infrastructure	3
01-Jun-19	May	2019	10453	247	Achaogen	69432	6	Inquiry cases	$17.00	$102.00	Information and literature fulfillment	6	Fulfillment	20
01-Jun-19	May	2019	10453	247	Achaogen	69435	3	Report(s)	$125.00	$375.00	Routine Report Types (>2): 1. Weekly Spreadsheet of Cases 2. Monthly Spreadsheet of Cases 3. Weekly Dossier Requests	1	Infrastructure	70
01-Jun-19	May	2019	10453	247	Achaogen	69436	1	Month	$495.00	$495.00	Sales force territory alignment integration, maintenance and reporting	7	Sales Rep Integration	80
01-Jun-19	May	2019	10453	247	Achaogen	69437	1	Month	$2,980.00	$2,980.00	On-call after-hours services	4	After-hours Coverage	90
01-Jun-19	May	2019	10453	247	Achaogen	69442	1	Month	$500.00	$500.00	Call Recording for Quality & Assurance	1	Infrastructure	95
01-Jun-19	May	2019	10453	247	Achaogen	69439	1	Month	$2,895.00	$2,895.00	Medical Inquiry System Software Service	1	Infrastructure	152
01-Jun-19	May	2019	10453	247	Achaogen	69440	1	Month	-$2,895.00	($2,895.00)	Medical Inquiry System Software Service Waived as a professional courtesy	1	Infrastructure	153
01-Jun-19	May	2019	10453	247	Achaogen	69441	2	Lines	$225.00	$450.00	Expense - Additional Phone Lines	1	Infrastructure	240