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?**
   Colette C. Muenzen
   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?
   Colette C. Muenzen
   691 Westover Rd.
   Stamford, CT 06902, USA

   Contact phone 650 207-9131
   Contact email cmuenzen@earthlink.net

   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: ___ ___ ___ ___

7. **How much is the claim?** $ 10,104.00 . **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.

See summary page

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 08/05/2019
MM / DD / YYYY

/s//s/ / Colette C. Muenzen / Aug. 5, 2019
Signature

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

Name */s/ / Colette C. Muenzen / Aug. 5, 2019*
First name Middle name Last name

Title Shareholder

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

Address _____

Contact phone _____ Email _____



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:
Colette C. Muenzen
691 Westover Rd.
Stamford, CT, 06902
USA
Phone:
650 207-9131
Phone 2:
Fax:
Email:
cmuenzen@earthlink.net

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:
Purchased 800 shares of company stock at cost basis of 10,104.00 USD which have lost all value.

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
10,104.00

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:
/s/ / Colette C. Muenzen / Aug. 5, 2019 on 05-Aug-2019 1:07:32 a.m. Eastern Time
Title:
Shareholder
Company:

VN: C04BFB3FD336EB873A7E9CABC5906881

Fidelity INVESTMENTS

Transaction Confirmation
Confirm Date: June 20, 2018

Brokerage Account Number
[redacted]3275-[redacted]

COLETTE C MUENZEN

0100002552

COLETTE C MUENZEN
691 WESTOVER RD
STAMFORD CT 06902-1315

Online	Fidelity.com
FAST(sm)-Automated Telephone	800-544-5555
Premium Services	800-544-4442
8am - 11pm ET, Mon - Fri	

REFERENCE NO.	TYPE	REG.REP.	TRADE DATE	SETTLEMENT DATE	CUSIP NO.	ORDER NO.		
18171-0CB2VH	1*	L##	06-20-18	06-22-18	004449104	18171-G3RNV		

DESCRIPTION and DISCLOSURES

You Bought		ACHAOGEN INC COM	Principal Amount	5,108.00
	400	WE HAVE ACTED AS AGENT.	Settlement Amount	5,108.00
at	12.7700			

Symbol:
AKAO

0100002552

ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

Fidelity INVESTMENTS

Transaction Confirmation
Confirm Date: June 21, 2018

Brokerage Account Number
[redacted]3850 [redacted]

COLETTE C MUENZEN

0100002594

FMT CO CUST [redacted]
FBO COLETTE C MUENZEN
691 WESTOVER RD
STAMFORD CT 06902-1315

Online	Fidelity.com
FAST(sm)-Automated Telephone	800-544-5555
Premium Services	800-544-4442
8am - 11pm ET, Mon - Fri	

REFERENCE NO.	TYPE	REG.REP.	TRADE DATE	SETTLEMENT DATE	CUSIP NO.	ORDER NO.		
18172-0FFGGC	1*	L##	06-21-18	06-25-18	004449104	18172-P09DX		

DESCRIPTION and DISCLOSURES

You Bought — ACHAOGEN INC COM — Principal Amount 4,996.00
400 — WE HAVE ACTED AS AGENT. — Settlement Amount 4,996.00
at 12.4900
Symbol:
AKAO

REFERENCE NO.	TYPE	REG.REP.	TRADE DATE	SETTLEMENT DATE	CUSIP NO.	ORDER NO.		
18172-0C4DTV	1*	L##	06-21-18	06-25-18	05463X106	18172-J7BMS		

DESCRIPTION and DISCLOSURES

You Bought — AXOGEN INC COM — Principal Amount 14,148.75
275 — WE HAVE ACTED AS AGENT. — Settlement Amount 14,148.75
at 51.4500
Symbol:
AXGN

0100002594

ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE