Fill in this information to identify the case:

Debtor Red Queen Therapeutics, Inc.

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

Case number 25-12204

Modified Official Form 410

Proof of Claim

04/25

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?**

Altasciences Company Inc.

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)
Altasciences Company Inc. 575 Armand-Frappier Boul. Laval, QC H7V 4B3, Canada	
Contact phone _____	Contact phone _____
Contact email totoole@altasciences.com	Contact email _____

Uniform claim identifier (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?** $ 786.00 . **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.

Services provided and services continuing

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 $3,800* 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 $17,150*) 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 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim entitled to administrative priority 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)(3) 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 07/01/2026
MM / DD / YYYY

/s/Thomas OToole
Signature

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

Name: Thomas OToole
First name | Middle name | Last name

Title: General Counsel

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

Address

Contact phone _____ Email _____



25121772606050114100000239

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic 866-927-7091 | International 310-751-2657

Debtor:
25-12204 - Red Queen Therapeutics, Inc.
District:
District of Delaware

Creditor:
Altasciences Company Inc.
575 Armand-Frappier Boul.
Laval, QC, H7V 4B3
Canada
Phone:
Phone 2:
Fax:
Email:
totoole@altasciences.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:
Services provided and services continuing

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
786.00

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:
Thomas OToole on 01-Jul-2026 12:11:52 p.m. Pacific Time
Title:
General Counsel
Company:
Altasciences Company Inc.

VN: 43416096243F932A2BD4AB005F361264

[redacted]

ALTASCIENCES

GLOBAL MASTER SERVICES AGREEMENT

THIS GLOBAL MASTER SERVICES AGREEMENT is made effective on the date of the last signature (the "Effective Date") by and between **ALTASCIENCES COMPANY INC.** and its Altasciences Affiliates ("**CRO**") having its principal place of business at **575 boul. Armand-Frappier, Laval, Québec, Canada, H7V 4B3**, and its Affiliates, and **RED QUEEN THERAPEUTICS, INC.** ("**Sponsor**"), having its principal place of business at 245 Main Street, Floor 12, Cambridge, MA 02142, USA (each a "Party," and collectively, the "Parties").

WHEREAS Sponsor desires to retain CRO to provide early stage drug development services and related products, upon the terms and conditions hereinafter set forth, and CRO is willing to perform such services as set forth in individual Statements of Work;

WHEREAS the Parties have agreed to enter into this Agreement setting out the general terms and conditions for the performance by CRO of such services to Sponsor;

NOW, **THEREFORE**, in consideration of the promises and the mutual covenants herein contained and other good and valuable consideration, the Parties hereby agree as follows:

1. DEFINITIONS

[redacted]

[redacted]

2. SCOPE OF THE AGREEMENT

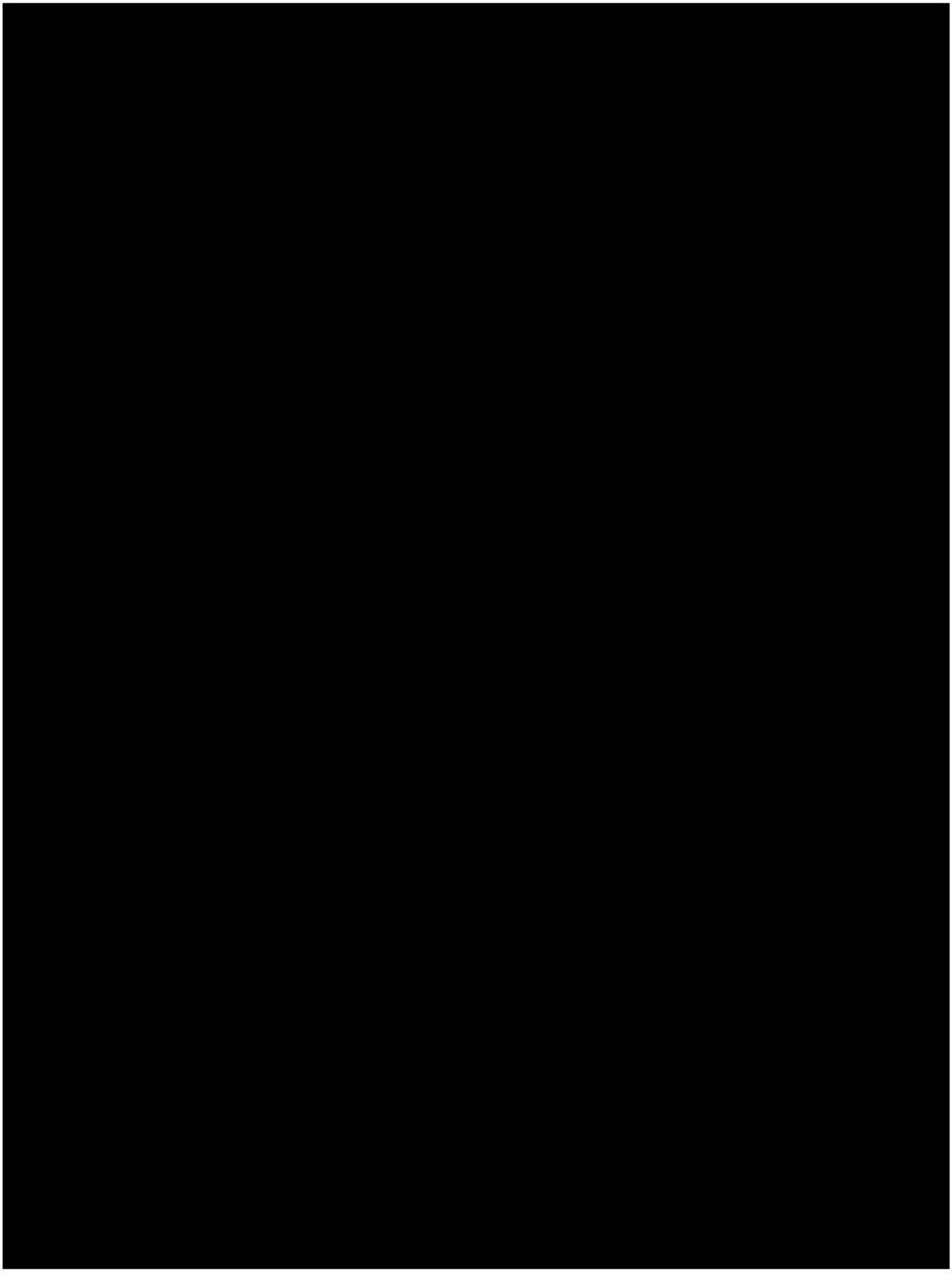
2.1 Scope. This Agreement governs the terms pursuant to which CRO shall perform the Services requested from time to time by Sponsor. The specific details and tasks for each Service shall be separately negotiated and specified in an independent SOW signed by applicable Parties.

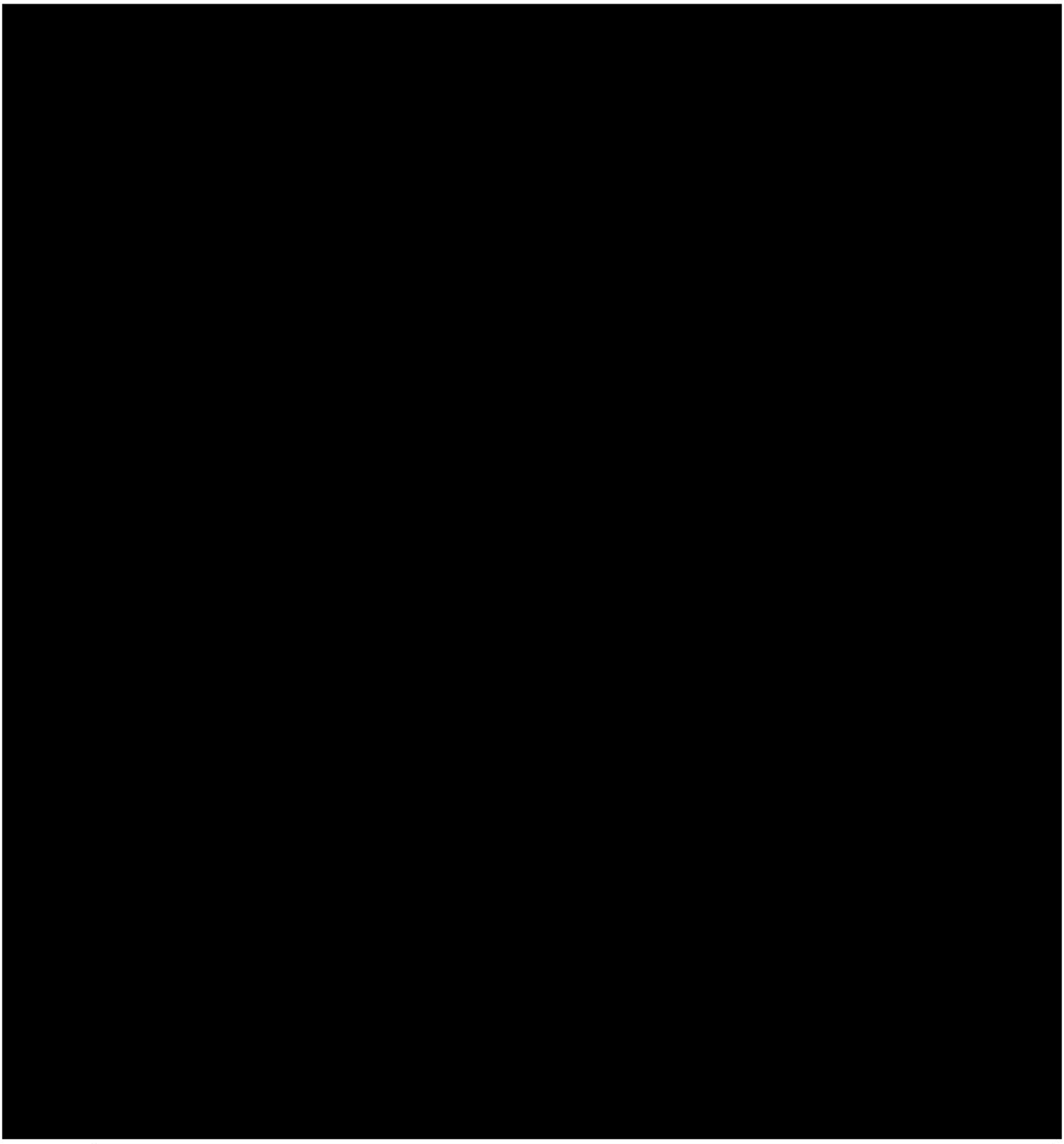
[redacted]

3. FINANCIAL ARRANGEMENTS

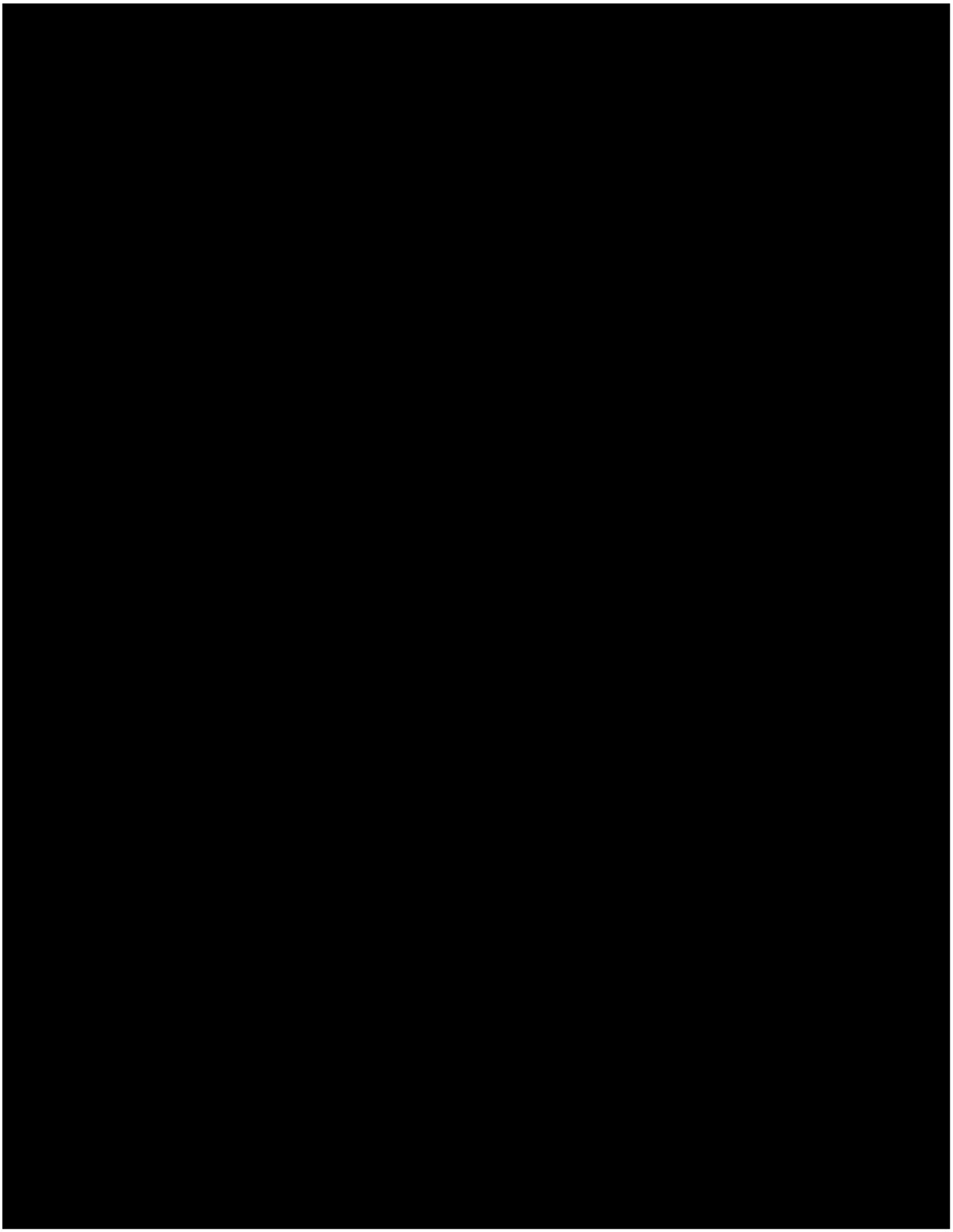
3.1 Fees and payment milestones. For the Services rendered, Sponsor agrees to pay to CRO the total fee indicated in the SOW.

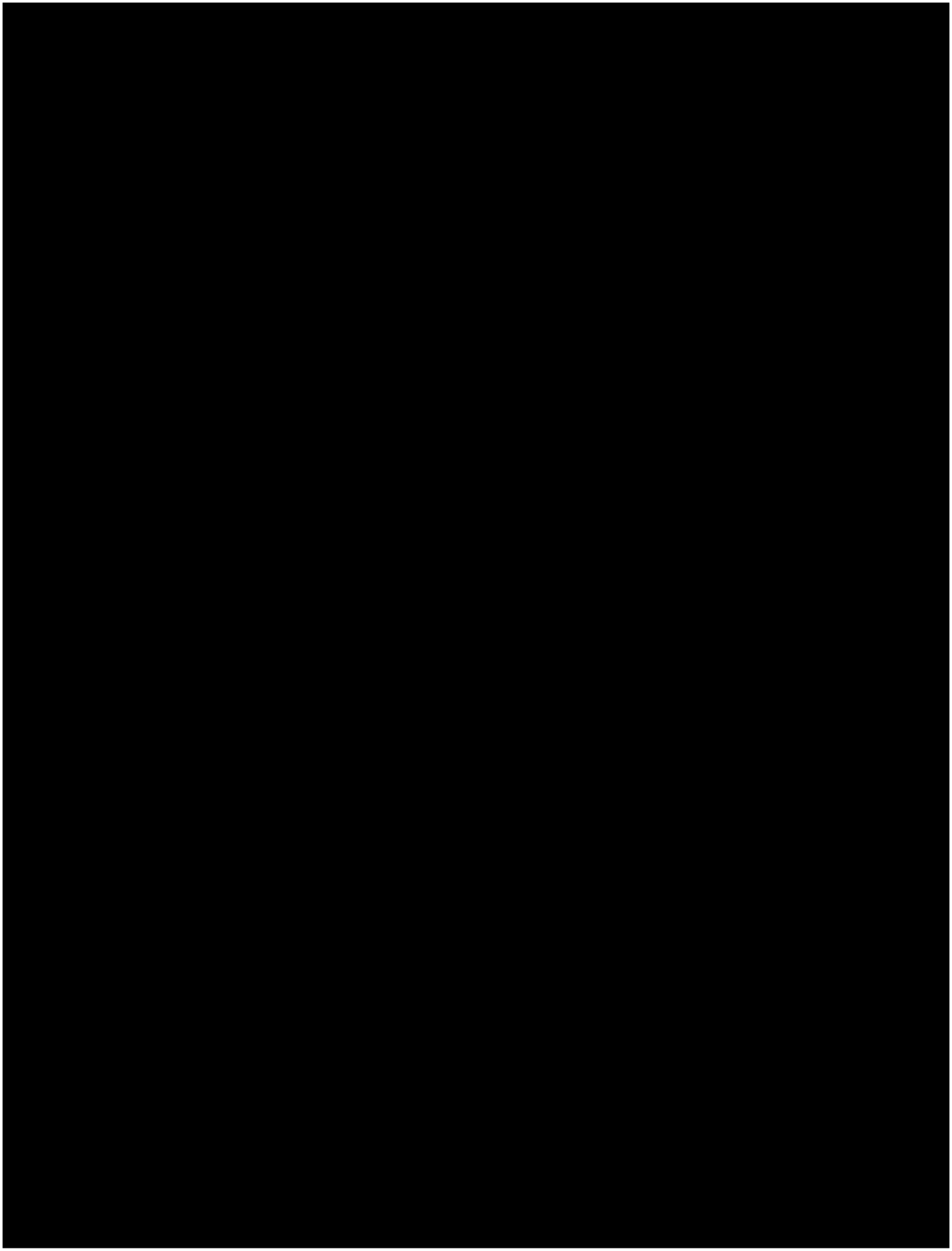
3.2 Payment terms. Payments for all undisputed invoices are due within thirty (30) days of the date of receipt of such invoice. [redacted]

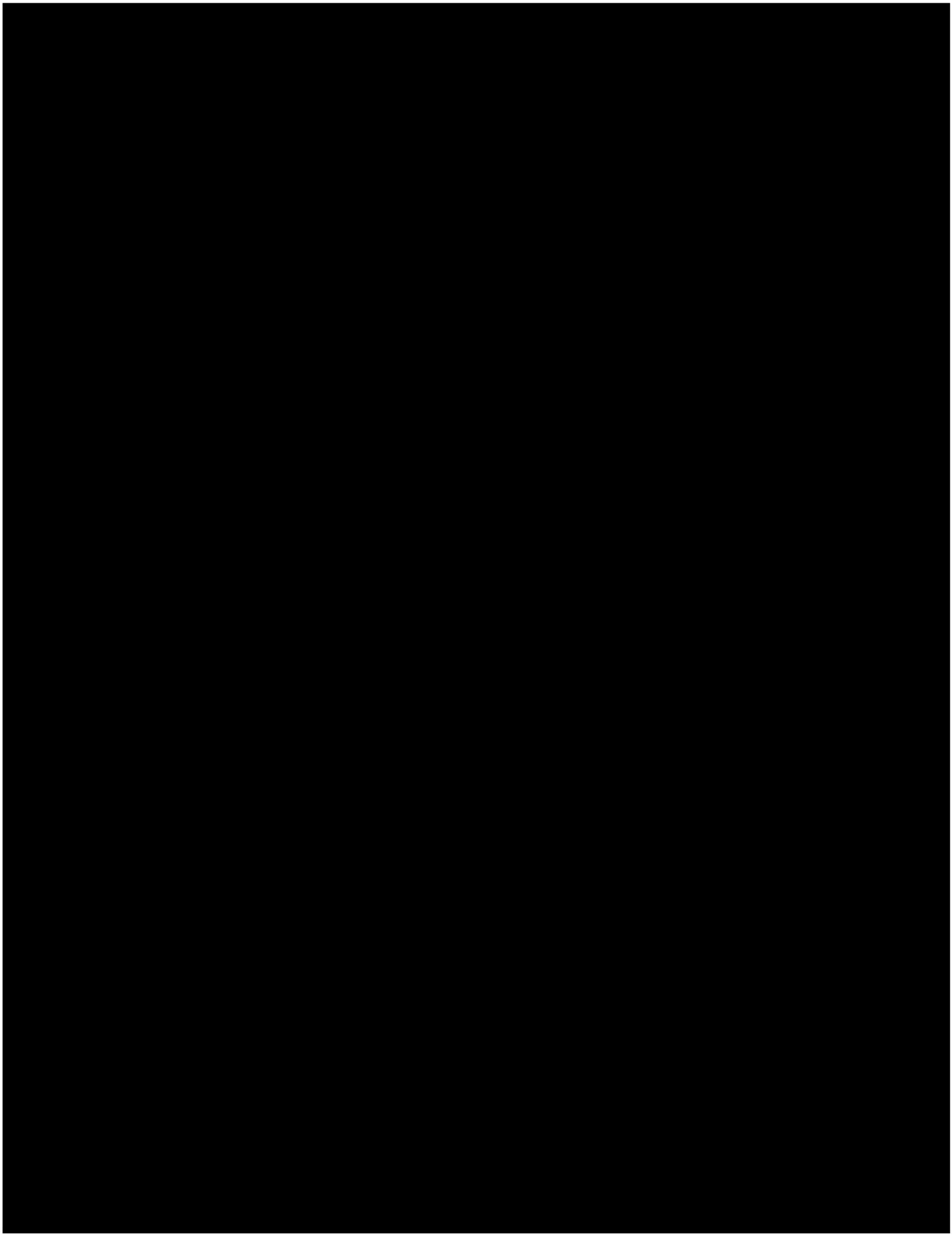


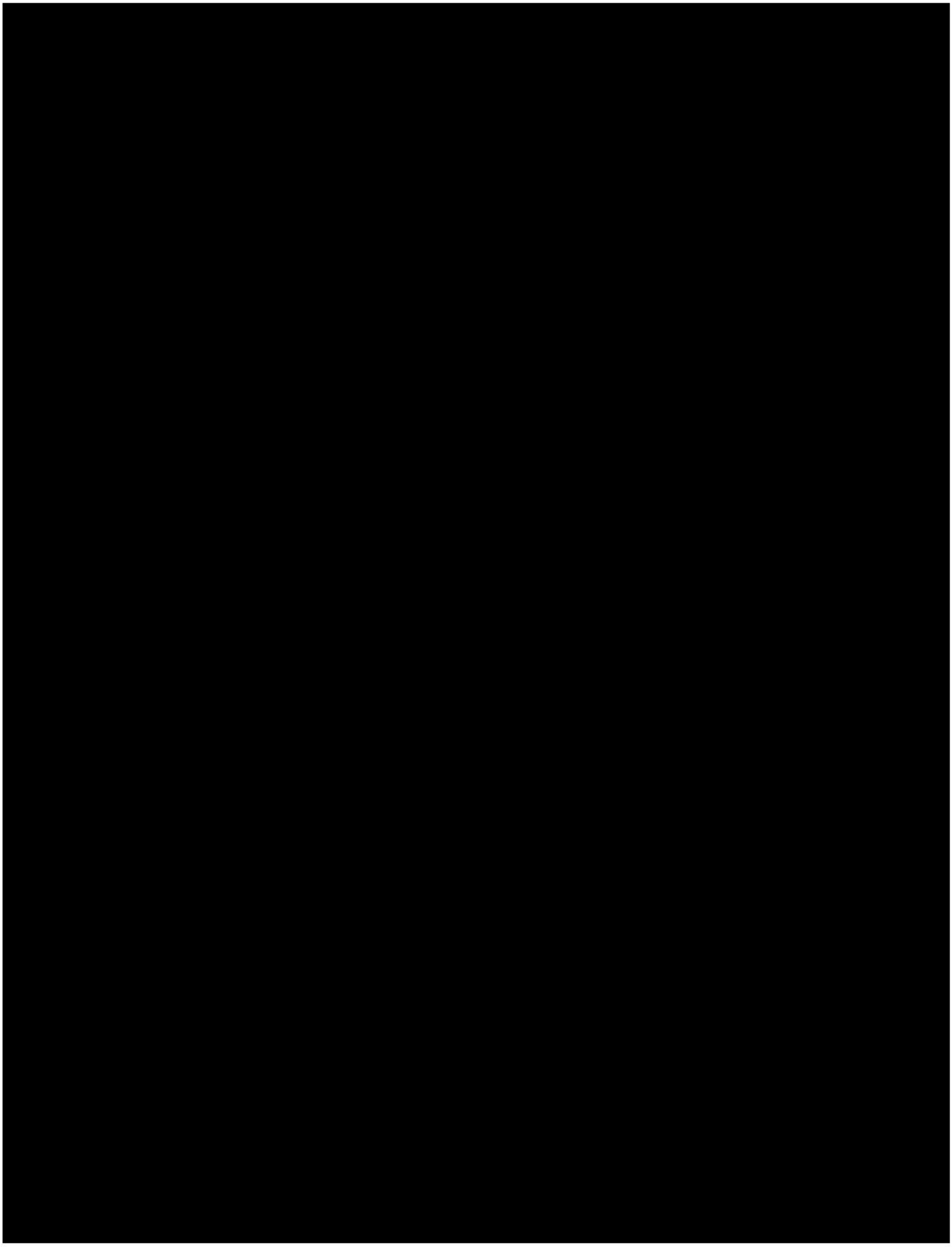








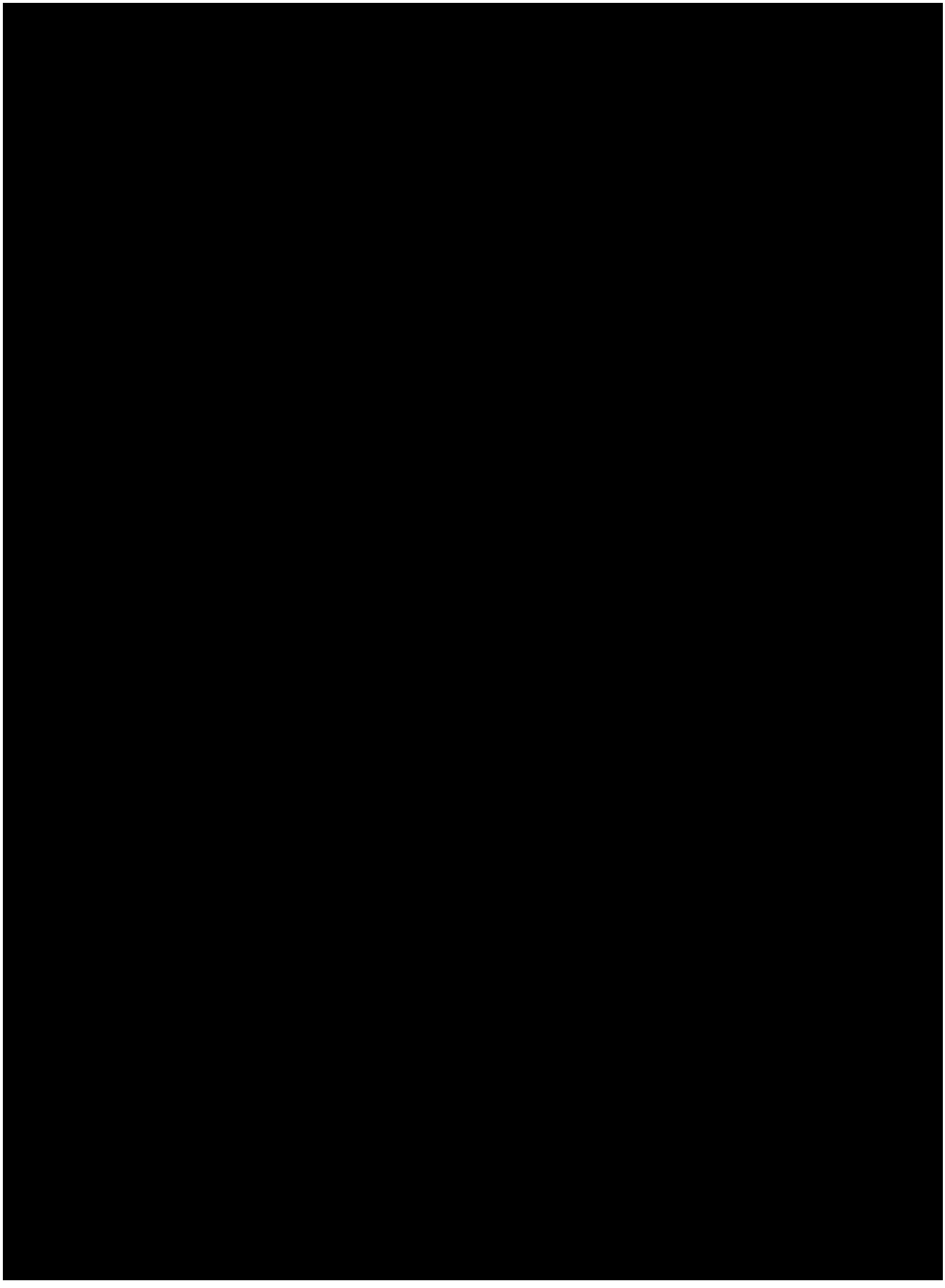




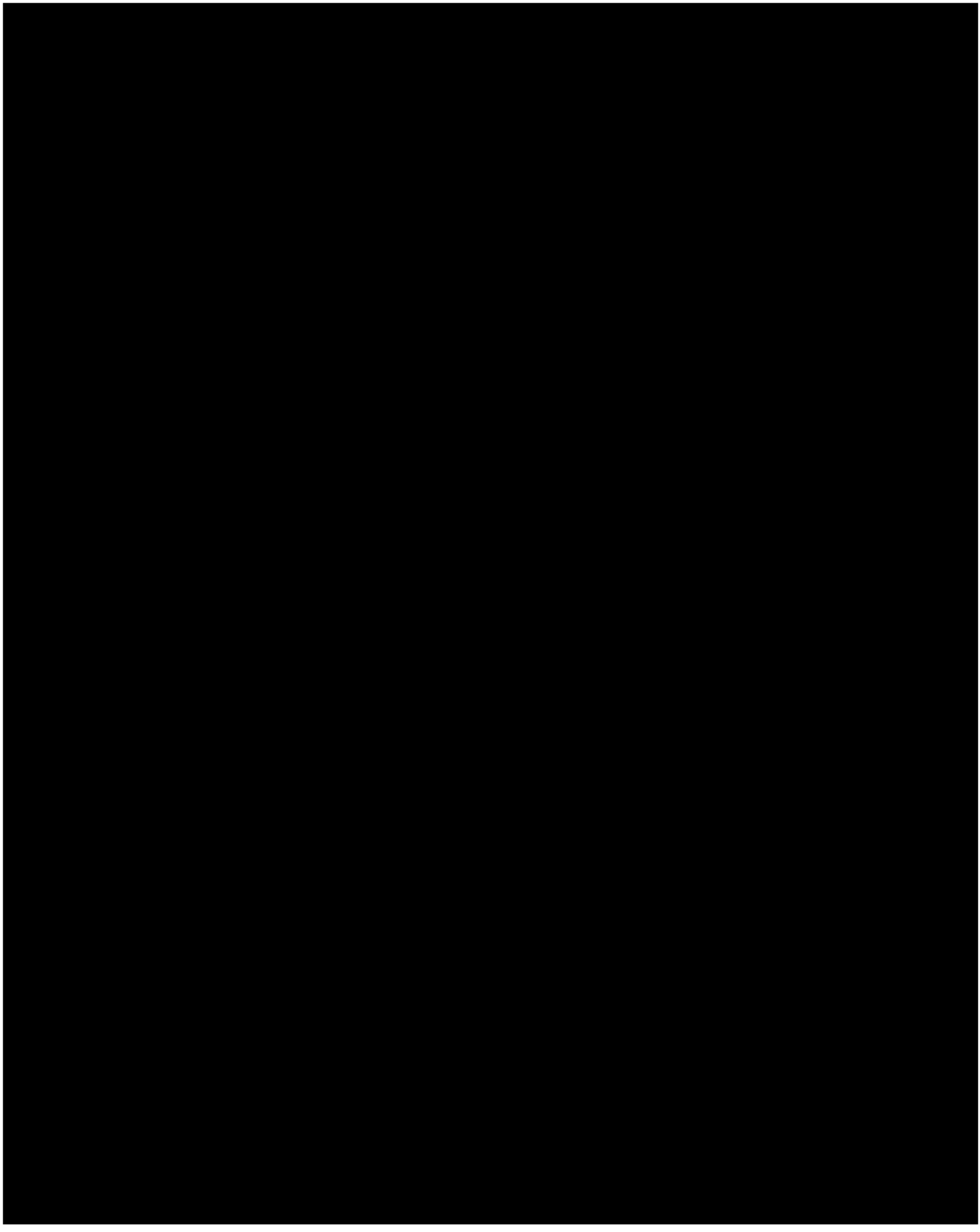
[redacted]

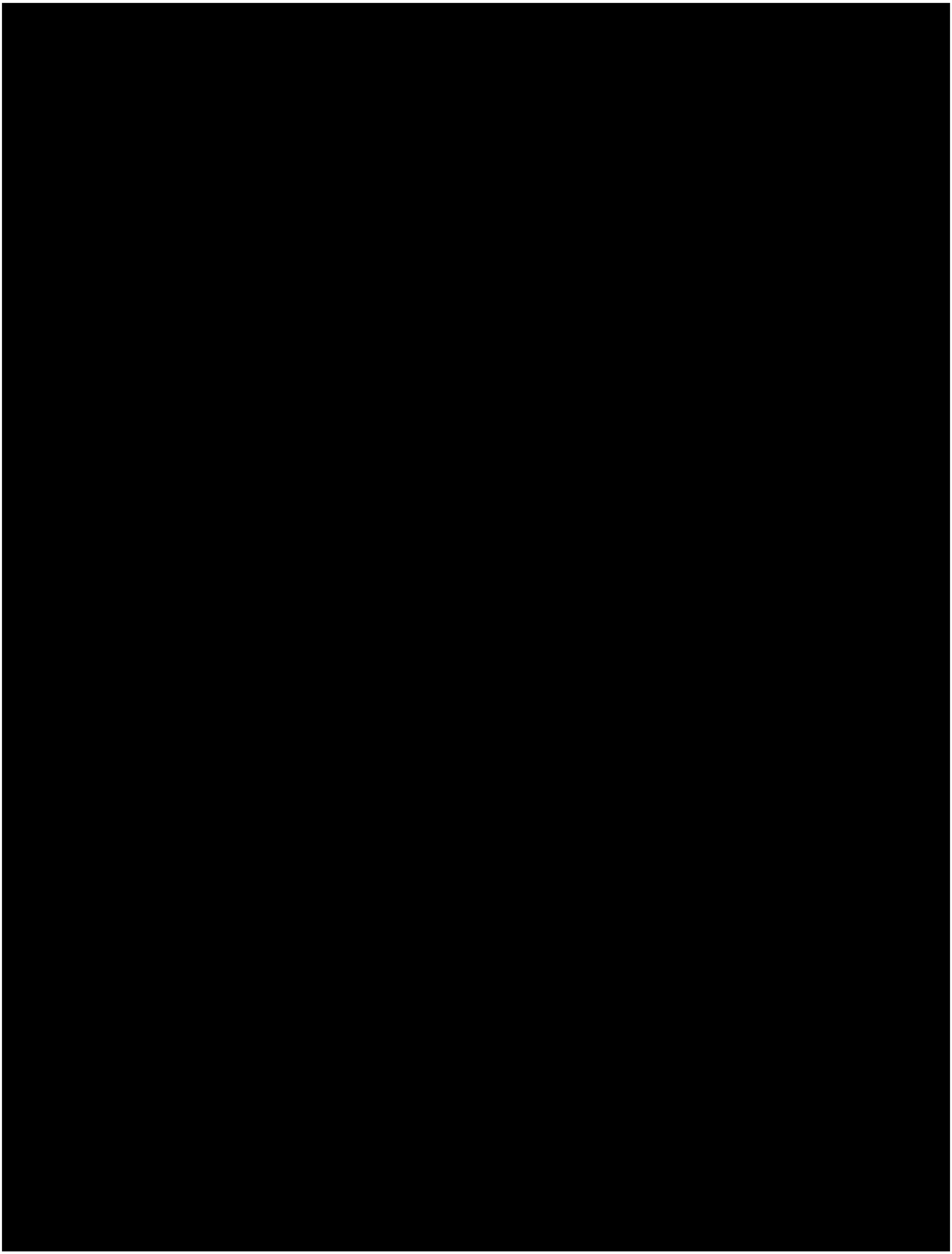
IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by duly authorized representatives.

RED QUEEN THERAPEUTICS, INC.		**ALTASCIENCES COMPANY INC.**	
By:	[redacted]	By:	[redacted]
Name:		Name:	
Title:		Title:	
Date:	7/25/2023	Date:	7/21/2023











[redacted]

[redacted]

ALTASCIENCES

STATEMENT OF WORK

CRO Study Number [redacted]

Sponsor Study Number [redacted]

THIS STATEMENT OF WORK is made on the date of the last signature (the "**Effective Date**") by and between ALTASCIENCES COMPANY INC. ("**CRO**"), having its principal place of business at 575, boul. Armand-Frappier, Laval, Québec, Canada, H7V 4B3 and its affiliates, and RED QUEEN THERAPEUTICS, INC. ("**Sponsor**"), having its principal place of business at **245** Main Street, Floor 12, Cambridge, MA 02142, USA (each a "**Party**," and collectively, the "**Parties**") (the "**Statement of Work**") pursuant to the GLOBAL MASTER SERVICES AGREEMENT dated 25 July, 2023 between Sponsor and CRO (the "**Agreement**").

NOW THEREFORE, THE PARTIES AGREE TO THE FOLLOWING:

1. SERVICES

The Services are to be performed by CRO in connection with [redacted]

1. SERVICES SPECIFICATIONS

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

1.3 Samples Storage

[redacted]

Following the period of Sample storage as indicated in the Agreement, the CRO will store the Samples on behalf of the Sponsor for the price of $1.00 US dollars per tube per month.

The Sponsor agrees to pay to the CRO the sample storage service fee on a quarterly basis as per Section 3.2 of the Agreement.

[redacted]

[redacted]

[redacted]

[redacted]

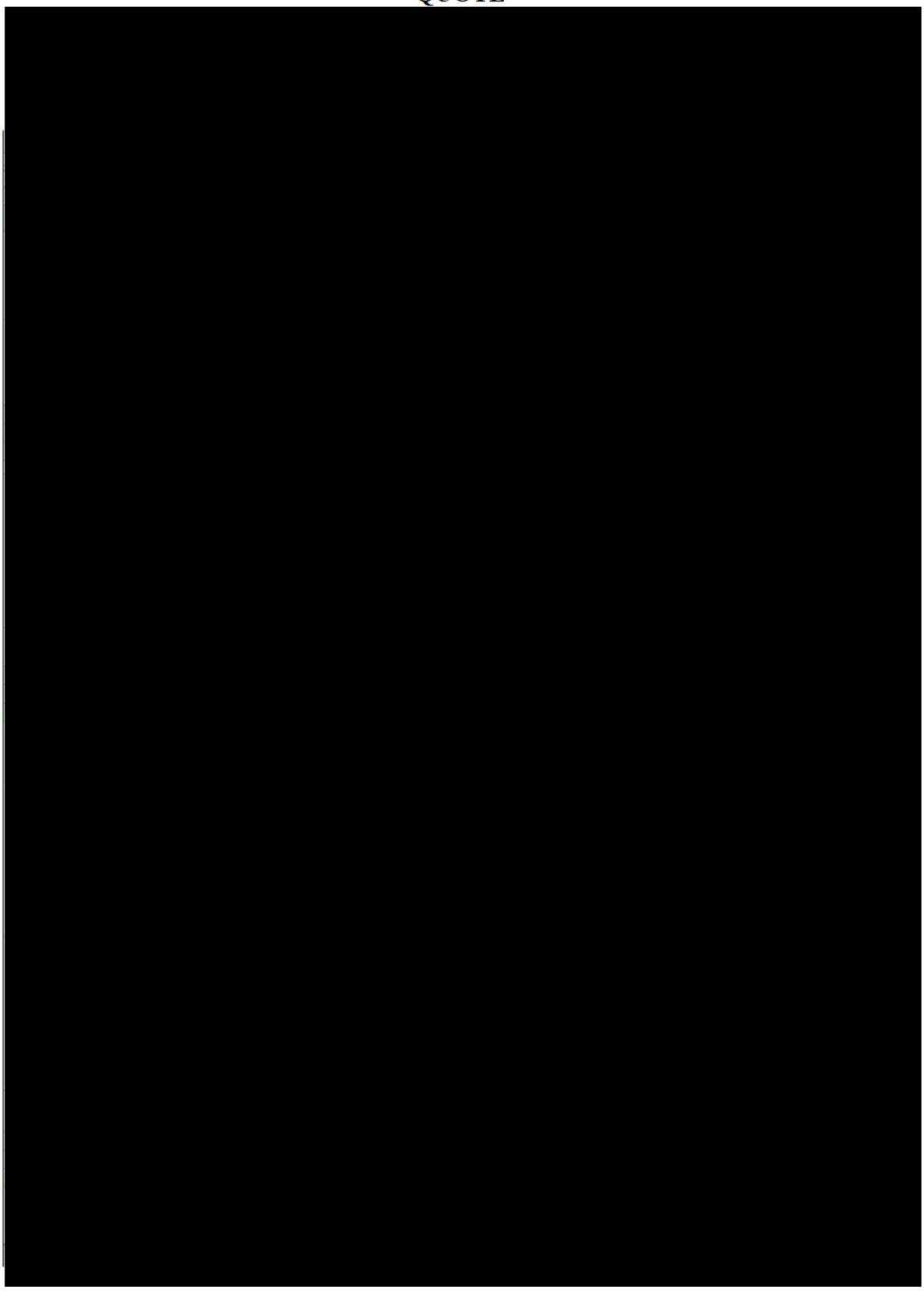
IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by duly authorized representatives.

DS

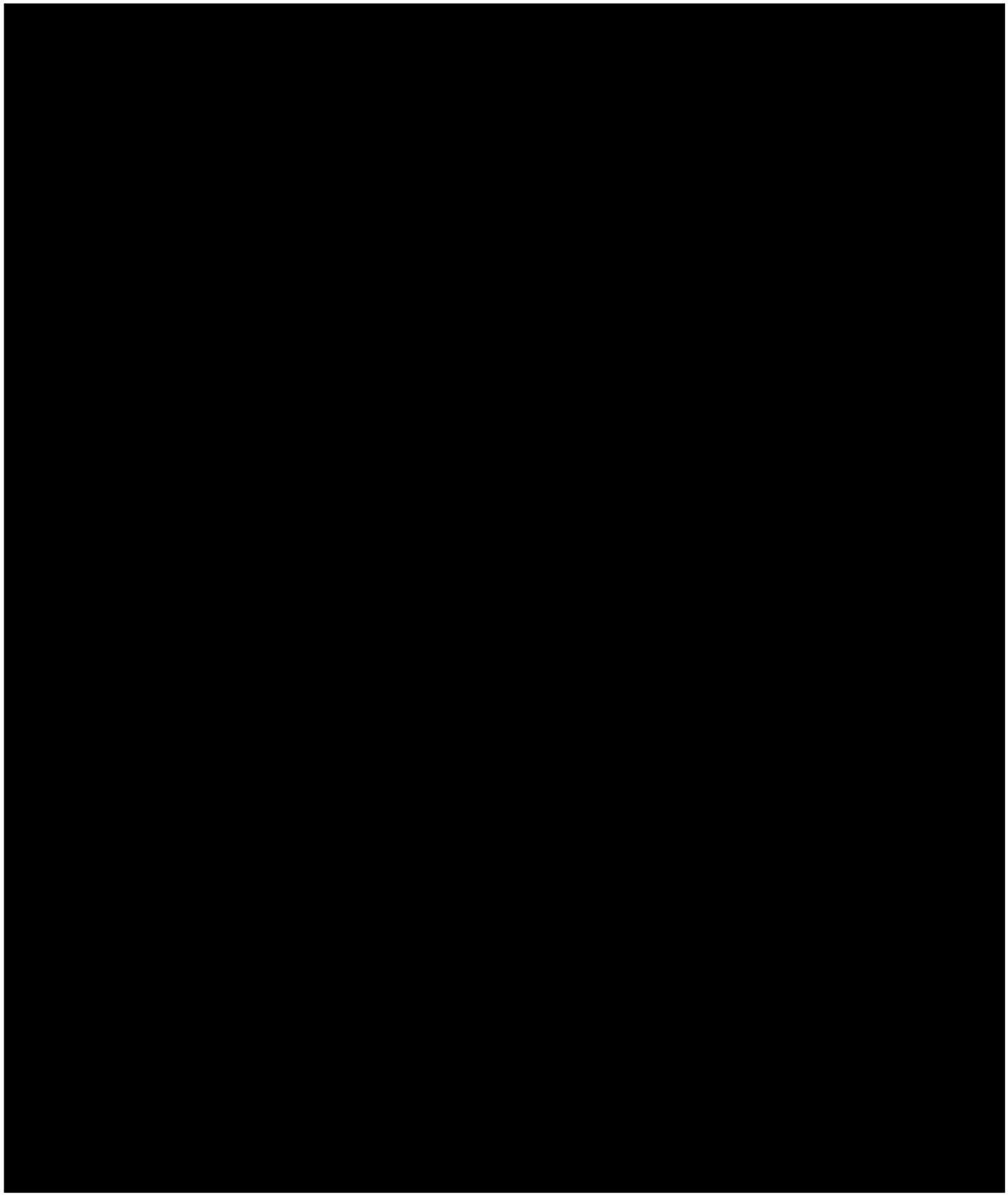
RED QUEEN THERAPEUTICS, INC.	**ALTASCIENCES COMPANY INC.**
By: [redacted]	By: [redacted]
Name	Name:
Title:	Title:
Date: 7/31/2023	Date: 7/28/2023

[redacted]

EXHIBIT 1
QUOTE









Altasciences Company Inc
575 Armand-Frappier Blvd
Laval, QC H7V 4B3
Canada

INVOICE

Date	Invoice Number	Payment Terms
20/Oct/2025	[redacted]	Net 30 days
Due Date	**Protocol Number**	**Project Number**
19/Nov/2025		[redacted]

Bill To:	Remit To:
Red Queen Therapeutics, Inc. Attn: Accounts Payable 245 Main Street , Floor 12 Cambridge, MA 02142 United States of America	Altasciences Company Inc 575 Armand-Frappier Blvd Laval, QC H7V 4B3 Canada

Purchase Order Number

Storage Period Start Date	Storage Period End Date
Oct 1, 2025	Dec 31, 2025

Description	Quantity	Unit of Measure	Unit Price	Extended Amount
Long-term sample storage	262	Tube	1.00	786.00

Sub Total :	**786.00**
Grand Total:	**USD 786.00**

INSTRUCTIONS FOR PAYMENT

By Wire Transfer	By Check Remit To
Altasciences Company Inc 575 Armand-Frappier Blvd Laval, QC H7V 4B3 Canada Phone # +1 450-973-6077	Altasciences Company Inc 575 Armand-Frappier Blvd Laval, QC H7V 4B3 Canada

If you have questions or queries for this invoice, please contact: receivables@altasciences.com