Fill in this information to identify the case:

Debtor 1 ATP III GP, Ltd.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 25-12179

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 of 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?**

Analysis Group, 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?

Analysis Group, Inc.
Name

111 Huntington Avenue, 14th Floor
Number Street

Boston MA 02199
City State ZIP Code

Contact phone 617-425-8000

Contact email AGReceivables@analysisgroup.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

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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? _____

25121792604090000000000001

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: 9 8 3 0

7. **How much is the claim?** $ 707,035.84 . **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

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 amounts 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

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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 one:*

	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.

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 acknowledgment 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 a 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 04/01/2026
MM / DD / YYYY

Derek J. Vicino
Signature

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

Name: Derek (First name) J. (Middle name) Vicino (Last name)

Title: Vice President, Finance

Company: Analysis Group, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 111 Huntington Avenue, 14th Floor
Number Street

Boston (City) MA (State) 02199 (ZIP Code)

Contact phone _____ Email _____

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Summary of Proof of Claim of Analysis Group, Inc.
Debtor: ATP III GP, Ltd.
Case No. 25-12179

Analysis Group, Inc. ("Analysis Group") brings this proof of claim for consulting services rendered to the Debtor (defined above) in connection with a litigation matter (the "Litigation"). On June 26, 2025, Analysis Group entered into an engagement letter with Debtor (and Debtor's counsel), pursuant to which Analysis Group agreed to provide services in connection with the Litigation and Debtor agreed to pay Analysis Group for those services. On September 26, 2025 and November 17, 2025, Analysis Group sent invoices to the Debtor's counsel for services rendered. The Debtor failed to remit full payment to Analysis Group in response to these invoices.

The amount of Analysis Group's claim is $707,035.84.

Analysis Group's claim is not listed on Schedule E/F for the Debtor, so Analysis Group is filing this proof of claim. In support of its proof of claim, Analysis Group also attaches to this summary copies of the outstanding invoices referenced above, which have been redacted to remove bank account and other financial and proprietary information of Analysis Group, as well as confidential information regarding the services Analysis Group provided to the Debtor.

Analysis Group is also filing a proof of claim for the above total amount against Debtor ATP Life Science Ventures, L.P., to whom Analysis Group also provided services pursuant to the engagement letter described above.

ANALYSIS GROUP

Main 1 617 425 8000 Fax 1 617 425 8001 AnalysisGroup.com
111 Huntington Avenue 14th Floor Boston, MA 02199

September 26, 2025

Andrew Berdon, Esq.
Quinn Emanuel Urquhart & Sullivan, LLP
51 Madison Avenue, 22nd Floor
New York, NY 10010
andrewberdon@quinnemanuel.com

AG Case No.:	049830
Invoice No.:	1092665
Taxpayer ID:	[redacted]

Re [redacted]

For professional services rendered and expenses incurred in connection with the above referenced case for the period ending August 31, 2025, including:

[redacted]

[redacted]

For the period ending August 31, 2025

Invoice 1092665

Current Billing:

Professional Hours		[redacted]
AG Professional Services	$	558,817.50
Expert Services	$	74,100.00
Total Expenses	$	1,180.73
Total Due and Payable - Current Billing in USD	$	**634,098.23**

[redacted]

For the period ending August 31, 2025

Invoice 1092665

Affiliates and Consultants

Professional	Title	Hours	Rate		P.S. Incurred
M. Robbins	Academic Affiliate	[redacted]	[redacted]	$	74,100.00
Total Affiliates and Consultants		[redacted]		$	74,100.00

Professional Hours

Professional	Title	Hours	Rate		P.S. Incurred
J. Lehmann	Managing Principal	[redacted]	[redacted]	$	70,412.50
M. Carson	Vice President				112,714.00
O. Althans	Manager				107,880.00
S. McCoy	Manager				63,292.50
D. Kurban	Associate				50,240.00
T. Mangoubi	Associate				35,392.00
L. Hallenbeck	Associate				13,268.00
D. Frick	Senior Analyst				14,780.50
I. Gallogly	Senior Analyst				12,257.00
C. Mihm	Senior Analyst				6,386.00
B. Welch	Senior Analyst				65,405.00
J. Kirschner	Analyst				6,790.00
Total Professional Hours		[redacted]		$	558,817.50

Expense Summary

Expense Category		Amount
Airfare (related to expert attending deposition)	$	1,154.02
Meals (related to expert attending deposition)		14.71
Travel Agent Fee (related to expert attending deposition)		12.00
Total Expenses	$	1,180.73

Note: Expenses, which include such items as travel, photocopy, telephone and computer services, may be billed one to two months after being incurred.

AG ANALYSIS GROUP

Main 1 617 425 8000 Fax 1 617 425 8001 AnalysisGroup.com
111 Huntington Avenue 14th Floor Boston, MA 02199

September 26, 2025

Andrew Berdon, Esq.
Quinn Emanuel Urquhart & Sullivan, LLP
51 Madison Avenue, 22nd Floor
New York, NY 10010
andrewberdon@quinnemanuel.com

AG Case No.: 049830
Invoice No.: 1092665
Taxpayer ID: [redacted]

Re [redacted]

REMITTANCE

Current Billing:

Professional Hours		[redacted]
AG Professional Services	$	558,817.50
Expert Services	$	74,100.00
Total Expenses	$	1,180.73
Total Due and Payable - Current Billing in USD	$	**634,098.23**

Remit To:
Regular Mail:
Analysis Group#1
PO Box 845512
Boston, MA 02284-5512

Overnight Delivery:
Analysis Group#1
Attn: Lockbox Operations 845512
1 Cabot Road, Suite 202
Medford, MA 02155

Please Send Remittance Email To:
AGReceivables@analysisgroup.com

Wire Instructions:
[redacted]
Routing / ABA No.: [redacted]
Account No.: [redacted]
Swift Code: [redacted]

Direct Deposit (EFT or ACH):
Routing / ABA No.: [redacted]
Account No.: [redacted]

Please Send Remittance Email To:
AGReceivables@analysisgroup.com

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PLEASE RETURN THIS PAGE WITH YOUR REMITTANCE

AG ANALYSIS GROUP

Main 1 617 425 8000 Fax 1 617 425 8001 AnalysisGroup.com
111 Huntington Avenue 14th Floor Boston, MA 02199

November 17, 2025

Andrew Berdon, Esq.
Quinn Emanuel Urquhart & Sullivan, LLP
51 Madison Avenue, 22nd Floor
New York, NY 10010
andrewberdon@quinnemanuel.com

AG Case No.: 049830
Invoice No.: 1095509
Taxpayer ID: [redacted]

Re [redacted]

For professional services rendered and expenses incurred in connection with the above referenced case for the period ending October 31, 2025, including:

[redacted]

Current Billing:

Professional Hours		[redacted]
AG Professional Services	$	38,413.00
Expert Services	$	29,000.00
Total Expenses	$	5,524.61
Total Due and Payable - Current Billing in USD	**$**	**72,937.61**

SUMMARY OF PRIOR BILLINGS THAT REMAIN UNPAID

0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
$79,707.50	$634,098.23	$0.00	$0.00	$0.00	$713,805.73

[redacted]

For the period ending October 31, 2025

Invoice 1095509

Affiliates and Consultants

Professional	Title	Hours	Rate		P.S. Incurred
M. Robbins	Academic Affiliate	[redacted]	[redacted]	$	29,000.00
Total Affiliates and Consultants		[redacted]		$	**29,000.00**

Professional Hours

Professional	Title	Hours	Rate		P.S. Incurred
J. Lehmann	Managing Principal	[redacted]	[redacted]	$	12,792.50
M. Carson	Vice President	[redacted]	[redacted]		4,233.00
O. Althans	Manager	[redacted]	[redacted]		12,180.00
S. McCoy	Manager	[redacted]	[redacted]		9,207.50
Total Professional Hours		[redacted]		$	**38,413.00**

Expense Summary

Expense Category		Amount
Airfare (for attendance at deposition and trial)	$	2,464.26
Ground Transportation (for attendance at deposition and trial)		1,278.70
Lodging (for attendance at deposition and trial)		1,726.85
Meals (while attending trial)		54.80
Total Expenses	$	**5,524.61**

Note: Expenses, which include such items as travel, photocopy, telephone and computer services, may be billed one to two months after being incurred.

ANALYSIS GROUP

Main 1 617 425 8000 Fax 1 617 425 8001 AnalysisGroup.com
111 Huntington Avenue 14th Floor Boston, MA 02199

November 17, 2025

Andrew Berdon, Esq.
Quinn Emanuel Urquhart & Sullivan, LLP
51 Madison Avenue, 22nd Floor
New York, NY 10010
andrewberdon@quinnemanuel.com

AG Case No.: 049830
Invoice No.: 1095509
Taxpayer ID: [redacted]

Re [redacted]

PERMITTANCE

Current Billing:

Professional Hours	[redacted]	
AG Professional Services	$	38,413.00
Expert Services	$	29,000.00
Total Expenses	$	5,524.61
Total Due and Payable - Current Billing in USD	$	72,937.61

Remit To: Regular Mail: Analysis Group#1 PO Box 845512 Boston, MA 02284-5512 Overnight Delivery: Analysis Group#1 Attn: Lockbox Operations 845512 1 Cabot Road, Suite 202 Medford, MA 02155 **Please Send Remittance Email To:** AGReceivables@analysisgroup.com	Wire Instructions: [redacted] Routing / ABA No.: [redacted] Account No.: [redacted] Swift Code: [redacted] Direct Deposit (EFT or ACH): Routing / ABA No.: [redacted] Account No.: [redacted] **Please Send Remittance Email To:** AGReceivables@analysisgroup.com

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