Fill in this information to identify the case:

Debtor 1 Apertor Pharmaceuticals, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware District of

Case number 25-12201

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?**
   Alameda County Tax Collector
   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?
   Alameda County Tax Collector
   Name
   1221 Oak Street Rm 131
   Number Street
   Oakland Ca 94612
   City State ZIP Code
   Contact phone 5102726847
   Contact email hareth.normart@acgov.org

   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? _____

25122012603020000000000001

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?** $ 22,437.16. **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.
   Taxes Due on Acct 00-409672-00-001-25-00-00, tax year 2025-26

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: Lien
   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: $ 0.00
   Amount of the claim that is unsecured: $ 22,437.16 (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: $ 22,437.16

   Annual Interest Rate (when case was filed) 18.00 %
   - ☑ 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).	$ 22,437.16
☐ 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 02/24/2026
MM / DD / YYYY

Hareth Normart
Signature

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

Name: Hareth Normart
First name | Middle name | Last name

Title: Tax Spec. III

Company: Alameda County Tax Collector
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 1221 Oak Street Rm 131
Number Street

Oakland | Ca | 94612
City | State | ZIP Code

Contact phone: 5102726847 Email: hareth.normart@acgov.org

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2025-26

For Fiscal Year Beginning July 1, 2025 and Ending June 30, 2026

ALAMEDA COUNTY
UNSECURED PROPERTY TAX STATEMENT

Henry C. Levy, Treasurer and Tax Collector
1221 Oak Street, Room 131
Oakland, California 94612
(510) 272-6800

DUPLICATE

Assessee Account Number	Parcel Number	Tax Rate Area
00-409672-00-001-25-00-00	74-1339-30-1	21-000

Location of Property
1640 S LOOP RD ALAMEDA
Assessed to on January 1, 2025
APERTOR PHARMACEUTICALS INC

APERTOR PHARMACEUTICALS INC
1640 S LOOP RD 200
ALAMEDA CA 94502-7089

Fixed Charges and/or Special Assessments

Description	Phone	Amount

Other Charges

Description	Amount
COST OF COLLECTION	
DELINQUENT PENALTY	1,981.16
PENALTY MONTHS 2	
MONTHLY PENALTY	594.34
FIXED COSTS	50.00
TAX COLLECTOR FEES	
TAX COLLECTOR INTEREST	
ESCAPE INTEREST	
TOTAL OTHER CHARGES	2,625.50

Tax Computation Worksheet

Description	Full Valuation	x Tax Rate	= Tax Amount
LAND			
IMPROVEMENTS			
FIXTURES	708,430		
TOTAL REAL PROPERTY	708,430		
PERSONAL PROPERTY	930,930		
GROSS ASSESSMENT & TAX	1,639,360	1.2085%	19,811.66
HOMEOWNERS EXEMPTION			
OTHER EXEMPTION			
NET ASSESSMENT & TAX	1,639,360	1.2085%	19,811.66
			19,811.66
SUBTOTAL			22,437.16
TOTAL AMOUNT DUE			$22,437.16

Tax-Rate Breakdown

Taxing Agency	Tax Rate	Tax Amount
COUNTYWIDE TAX	1.0000%	16,393.60
COUNTY GO BOND	.0089%	145.93
CITY OF ALAMEDA	.0205%	336.06
SCHOOL UNIFIED	.1236%	2,026.24
SCHOOL COMM COLL	.0394%	645.90
BAY AREA RAPID TRANSIT	.0148%	242.62
EAST BAY REGIONAL PARK	.0013%	21.31
TOTAL	1.2085%	19,811.66

PLEASE READ IMPORTANT MESSAGES

Tax bill is for personal property and/or trade fixtures.

ECHECKS ARE ACCEPTED ONLINE WITHOUT A FEE @ propertytax.alamedacountyca.gov. VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS CREDIT CARDS ARE ACCEPTED ONLINE OR BY PHONE @ (510)272-6800. A CONVENIENCE FEE WILL BE ADDED TO YOUR TOTAL CREDIT CARD PAYMENT.

SUBSCRIBE TO RECEIVE E-MAIL ALERTS ABOUT IMPORTANT PROPERTY TAX DATES ONLINE @ propertytax.alamedacountyca.gov.

PLEASE SEE REVERSE FOR MORE INFORMATION

- **Business Property Valuation** (510) 272-3836
- **Tax Rates** (510) 272-6564
- **Possessory Interest / ILL** (510) 272-3787
- **Boats and Aircraft** (510) 272-3838
- **Exemptions** (510) 272-6587
- **Payments** (510) 272-6800

General Information

Ownership of property on the January 1 lien date preceding the fiscal year for which the property is taxed determines the obligation to pay taxes; the disposal of property after the lien date does not relieve the assessee from the liability for payment of taxes.

The TOTAL AMOUNT DUE must be paid by the date indicated on the payment remittance stub attached to this bill. If the taxes are not paid, a 10% delinquent penalty and a $ 50.00 delinquent fee attaches at 5 p.m. on the date indicated on the stub. If the taxes are unpaid by 5 p.m. on the last day of the second succeeding month after the 10% attaches, an additional penalty of 1.5% attaches to them on the first day of each month thereafter to the time of payment or until a court judgment is entered for the amount of unpaid taxes penalties and costs whichever comes first. **In addition to the penalties, the actual costs of collection incurred by the County up to the time the delinquency is paid may be collected by the Tax Collector.**

When submitting payment, detach the UNSECURED ROLL TAX PAYMENT STUB and send it with your payment to assure proper credit. Do not mail cash.

A fee of $ 61.00 will be imposed on all returned or dishonored payments.

Delinquent tax bills will automatically have a CERTIFICATE OF LIEN FOR UNSECURED PROPERTY TAXES recorded against the assessee at the County Recorder's Office immediately after delinquency occurs. The certificate constitutes a lien upon all personal and real property owned or that may subsequently be acquired before the date on which the lien expires, by the assessee named. The lien has the force, effect and priority of a judgment lien for a period of ten years from the date of recordation, or any extension thereof.

PLEASE SEE BACK FOR MORE INFORMATION

UNSECURED ROLL TAX PAYMENT STUB
FISCAL YEAR 2025-26

ASSESSEE ACCOUNT NUMBER: 00-409672-00-001-25-00-00

PARCEL NUMBER: 74-1339-30-1

PAY THIS AMOUNT BY DEC 31, 2025: $22,437.16

If payment is submitted after this date, contact (510) 272-6800 for the correct amount due.

DUPLICATE

Make checks payable to: Henry C. Levy, Tax Collector, Alameda County

22512 34096720000 5001250000 4000224371b 4

Form 114-USTB (rev.11/05)