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

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?**
   DE LAGE LANDEN FINANCIAL SERVICES, 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)** |
|---|---|
| DE LAGE LANDEN FINANCIAL SERVICES, INC<br>Name | _____<br>Name |
| 1111 Old Eagle School Rd.<br>Number Street | _____<br>Number Street |
| Wayne PA 19087<br>City State ZIP Code | _____<br>City State ZIP Code |
| Contact phone 610 386 2569 | Contact phone _____ |
| Contact email achesbro@leasedirect.com | Contact email _____ |

RECEIVED
MAR 18 2026
VERITA GLOBAL

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? _____

25122012603180000000000001

**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: 4 6 5 5

7. **How much is the claim?** $ 97,051.77. **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.
   Lease 500-50464655

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: Cytiva Biacore S200

   **Basis for perfection:** UCC-1
   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:** $ 97,051.77

   **Amount of the claim that is unsecured:** $ 0.00 (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:** $ 97,051.77

   **Annual Interest Rate** (when case was filed) 7.00 %
   - ☑ Fixed
   - ☐ Variable

RECEIVED
MAR 18 2026
VERITA GLOBAL

10. ~~**Is this claim based on a lease?**~~
    - ☐ No
    - ☑ Yes. **Amount necessary to cure any default as of the date of the petition.** $ 97,051.77

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 03/16/2026
MM / DD / YYYY

Andrew Chesbro
Signature

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

Name: Andrew Chesbro
First name Middle name Last name

Title: Litigation & Bankruptcy Specialist

Company: DE LAGE LANDEN FINANCIAL SERVICES, INC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

RECEIVED
MAR 18 2026
VERITA GLOBAL

Address: 1111 Old Eagle School Rd.
Number Street

Wayne PA 19087
City State ZIP Code

Contact phone ~~610-386-2569~~ Email achesbro@leasedirect.com

[redacted]

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
CSC 800-858-5294

B. E-MAIL CONTACT AT FILER (optional)
FILINGDEPT@CSCINFO.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

801 ADLAI STEVENSON DR [247957254]
SPRINGFIELD, IL 62703
US

Delaware Department of State
U.C.C. Filing Section
Filed: 09:48 AM 01/20/2023
U.C.C. Initial Filing No: 2023 0512656

Service Request No: 20230201445

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
APERTOR PHARMACEUTICALS, INC.

OR

| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---|---|---|---|
| | | | |

| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---|---|---|---|---|
| 2 TOWER PL FL 14 | SOUTH SAN FRANCISCO | CA | 94080 | US |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

| 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---|---|---|---|
| | | | |

| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---|---|---|---|---|
| | | | | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
DE LAGE LANDEN FINANCIAL SERVICES, INC.

OR

| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---|---|---|---|
| | | | |

| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---|---|---|---|---|
| 1111 OLD EAGLE SCHOOL ROAD | WAYNE | PA | 19087 | US |

4. COLLATERAL: This financing statement covers the following collateral:
All equipment of any make or manufacture financed by or leased to Debtor by Secured Party under Contract Number 500-50464655, together with all components, additions, upgrades, attachments, accessions, substitutions, replacements and proceeds of the foregoing.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

# Statement of Account

| | |
|---|---|
| Date: | 12/15/2025 |
| To: | NA |
| From: | Andrew Chesbro 610-386-2569 |
| | achesbro@leasedirect.com |

| | |
|---|---|
| Customer Name: | Apertor Pharmaceuticals, Inc. |
| DLL Lease Number: | 500-50464655 |
| Date of Lease: | 3/13/2023 |
| Original Term: | 36 |
| Base Payment with Sales Tax: | $ 11,355.00 |

| | | | |
|---|---|---|---|
| Past due/billed payments: | $ 90,840.00 | 8/15/2025 | 8 |
| Property Tax: | $ - | | |
| Late Charges: | $ 3,974.25 | | |
| Finance Charges: | $ - | | |
| Insurance: | $ 2,237.52 | | |
| Doc Fees: | $ - | | |
| Other: | $ 0.00 | | |
| Total Presently Due: | | $97,051.77 (A) | |
| | | | |
| Base Payment with Sales Tax: | $ 11,355.00 | | |
| # Remaining payments to be discounted: | - | | |
| Booked Residual Value (BRV): | $ - | | |
| Remaining payments & BRV discounted at: | 3% | $0.00 (B) | |
| | | | |
| Equipment Sale Proceeds (Net): | | $ - (C) | |
| | | | |
| Total DLL Unrecovered Investment: | | $97,051.77 (A+B+C) | |

DocuSign Envelope ID: 1BF7F489-76C2-46A7-B1C0-7AFF3266C36B

500-50464655 3/13/23

# De Lage Landen Financial Services, Inc. | Cytiva — Lease Agreement ("Lease")

**LESSEE**

| Full Legal Name | Tax ID# | Purchase Order Requisition Number | Phone Number |
|---|---|---|---|
| Apertor Pharmaceuticals, Inc. | | | (925) 978-6927 |

| Billing Address | City | State | Zip | County | Send Invoice to Attention of: |
|---|---|---|---|---|---|
| 2 Tower Pl Fl 14 | South San Francisco | CA | 94080 | | |

**EQUIPMENT**

| Make | Model Number | Serial Number | Quantity | Description (Attach Separate Schedule A If Necessary) |
|---|---|---|---|---|
| | | | | Cytiva Quote #Q-351699 V1 |

**PAYMENT INFORMATION**

| Number of Lease Payments | Lease Payment | (PLUS) | Applicable Sales Tax | (EQUALS) | Total Lease Payment |
|---|---|---|---|---|---|
| 1 | $0.00 | + | | = | |
| 35 | $11,355.00 | + | as applies | = | |
| | | + | | = | |

Term of Lease In Months: 36

Payment Frequency: ☑ Monthly ☐ Quarterly ☐ Other

End of Lease Option: ☐ FMV ☐ 10% ☑ $1 ☐ Other

**End of Lease Purchase Option shall be FMV unless another option is selected.**

| Security Deposit | (PLUS) | First Period Payment | (PLUS) | Other | (EQUALS) | Total Payment Enclosed |
|---|---|---|---|---|---|---|
| | + | $147,000.00 | | | = | $147,000.00 |

**1. Lease:** You ("Lessee") agree to lease from us ("Lessor") the equipment, including without limitation, any hardware, reagents and other consumables (including software and/or software license fees ("Software"), if any, "Equipment") listed above and on any attached schedule (the "Lease"). You authorize us to adjust Lease Payments by up to 15% if the Equipment cost or taxes differ from the supplier's estimate. Further, we may adjust the Lease Payments set forth herein in an amount proportionate to any increase (from the date we calculated your Lease Payments to the date we countersign the Lease) in the interpolated like-term Interest Rate Swap as published in the ICE Report Center daily update referencing USD Rates 1100 (https://www.theice.com/marketdata/reports/180). You agree to pay a fee of $150.00 to reimburse our expenses for preparing financing statements, other documentation costs and ongoing administration costs during the Lease term. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return your deposit when the Lease ends, without interest, unless otherwise required by law. If a Payment is not made when due, you will pay us a late charge of 5% for each Payment or $10.00, whichever is greater. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY LEASE TERM OR PROVISION. If you are required to report the components of your payments to us hereunder to certain state and/or federal agencies or public health coverage programs such as Medicare, Medicaid, SCHIP or others, we will upon your written request, provide you with a detailed outline of the components of your payment(s) which may include equipment, service, software and other related components. You acknowledge and agree that although some or all of the Equipment subject to this Lease has not yet been delivered and/or installed, you irrevocably direct and authorize us to pay the equipment supplier, in full, for all of the Equipment, regardless of any payment terms that may have been agreed to by you and the equipment supplier.

**2. Term:** You agree that this Lease shall commence on the date this Lease is executed by us (the "Commencement Date") even though some or all of the Equipment has not been delivered to you, installed and/or tested. The Lease Payments shall be payable beginning on the Commencement Date or any later date we designate and thereafter until all Rent paid. If we designate Lease Payments to begin after the Commencement Date, you will pay an Interim Lease Payment for Equipment use for the period from the Commencement Date until the first Lease Payment due date, calculated on the amount of the Lease Payments, the number of days in the period, and a year of 360 days. Your Lease obligations are absolute, unconditional, and are not subject to abatement, right of recoupment, cancellation, reduction, setoff, defense or counterclaim for any reason whatsoever, including without limitation, the occurrence of any of the following events: a) Failure by the equipment supplier to deliver or delay in the delivery of all or any portion of the Equipment to you; b) Defects in all or any portion of the Equipment at, or any time after, the time of delivery of such Equipment; c) Unsuitability of all or any portion of the Equipment for your purposes; d) Inability for you to use all or any portion of the Equipment; e) Misrepresentations by any person about any Equipment or Equipment warranties; or f) Any other problem or objection relating to all or any portion of the Equipment.

**3. Title:** Unless you have a $1.00 purchase option, we own the Equipment and you have the right to use the Equipment during the Lease term, provided you comply with the terms of this Lease. If you have a $1.00 purchase option or this Lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds therefrom, and authorize us to file financing statements on your behalf.

**4. Equipment Use, Maintenance and Warranties:** We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You must, at your cost, keep the Equipment in good working condition. If Lease Payments include third-party maintenance and/or service costs, you agree that (i) we are not responsible to provide the maintenance or service, (ii) you will make all maintenance and service related claims to the third party, and (iii) any maintenance or service claims will not impact your Lease Payment obligations. The Equipment cannot be moved from the location above without our prior written consent.

**5. Assignment:** You agree not to transfer, sell, sublease, assign, pledge or encumber the Equipment or any rights under this Lease without our prior written consent, and if you do, even with our consent, you will still be fully responsible for all your Lease obligations. You agree that we may sell, assign, or transfer ("Transfer") the Lease to a third party, and the third party will have our Transferred rights, but none of our obligations, and such rights will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

**6. Risk of Loss and Insurance:** You shall bear risk of Equipment loss or damage. If any such loss or damage occurs you still must satisfy all of your Lease obligations. You will (i) keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost, (ii) list us as the insurance sole loss payee and (iii) give us written proof of the insurance. If you do not provide such insurance, we have the right, without obligation, to obtain insurance against theft and physical damage and add an insurance fee (which may include a profit) to the amount due from you. We have no responsibility for any Equipment losses or injuries and you will reimburse us and defend us against any such claims, which obligation will survive Lease termination. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

**7. Taxes:** You agree to pay when due, either directly or as a reimbursement to us, all taxes (including, without limit, sales, use, and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

**8. Default and Remedies:** You are in default on this Lease if: a) you fail to pay a Lease Payment or any other amount when due; or b) you breach any other obligation under the Lease or any other lease with us; or c) the Lessee principal owner or any Lease guarantor dies; or d) you or any guarantor becomes insolvent, bankrupt, merges, or is sold; or e) you, your owner(s) or any guarantor(s) are listed on a US or foreign government sanctions list or are subject to sanctions therefrom. Upon default, we may: a) declare the entire balance of unpaid Lease Payments for the full Lease term immediately due and payable; b) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end-of-Lease fair market value ("FMV") or fixed price purchase option (the "Residual") with future Lease Payments and Residual discounted to the date of default at the lesser of (i) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by us; or (ii) 3% per annum, but only to the extent permitted by law; c) charge you interest on all monies due at the rate of 18% per year from the date of default until paid; d) charge you a return-check or non-sufficient funds charge (NSF Charge") of $25.00 for a check that is returned; and/or e) require you to immediately return the Equipment to us or we may peaceably repossess it. Upon default, you will also pay all expenses including but not limited to reasonable attorneys fees, legal costs, cost of storage and shipping incurred by us in the enforcement and attempted enforcement of any remedies under this Lease. Any return or repossession will not be considered a Lease termination or cancellation. If the Equipment is returned or repossessed we may sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

**9. End of Lease, Return, Purchase Option, and Renewal:** You will give us at least 90 days but not more than 120 days written notice (to our address below) before the Initial Lease term (or any renewal term) expiration of your intention to purchase or return the Equipment, whereupon you may: a) purchase all, but not less than all, of the Equipment as indicated above or b) return all of the Equipment in good working condition at your cost how, when and where we direct. If the Equipment is returned to us, you shall remove all patient information from the Equipment prior to return. Any FMV purchase option amount will be determined by us based on the Equipment's in place value. If you don't notify us, or if you don't a) purchase or b) return the Equipment as provided herein, this Lease will automatically renew at the same Payment amount for consecutive 60-day periods. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us. If such vesting requires a written conveyance, you hereby convey to us any title you have or hereafter acquire in the Software and relinquish any subsequent title in the Software. If licensor's consent is required because the License limits transfers of the Software, then you shall assist us in obtaining consent.

**10. Miscellaneous:** You agree that the Lease is a Finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of these rights. You agree that we are authorized, without notice to you, to supply missing information or correct obvious errors in the Lease. **This Lease was made in Pennsylvania ("PA"); is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to the exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waive trial by jury.** You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder. You authorize us to contact you about your accounts in any way, including at any number or email address at which we believe we can reach you, even if you are charged for such contact by a provider. For information about our privacy practices, please review our privacy statement at dllgroup.com/usprivacy.

**LESSEE SIGNATURE**

You agree that this is a non-cancelable lease. The Equipment is: ☐ NEW ☐ USED

| Signature | Date |
|---|---|
| X DocuSigned by: Edmund Graziani 153D60C61EEA479... | 3/13/2023 |
| Title: CEO | Printed Name: Edmund Graziani |

Legal Name of Corporation: Apertor Pharmaceuticals, Inc.

**LESSOR**

**De Lage Landen Financial Services, Inc.**
Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087
**PHONE: (800) 276-1415 • FAX: (800) 743-0177**

Commencement Date: 3/13/2023 | Lease Number: 500-50464655

Accepted By:

**GUARANTY**

I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. **This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania and I consent to exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.**

| Signature | Print Name | Date |
|---|---|---|
| X | | |

20CYV001

©2020 All Rights Reserved. Printed in the U.S.A. 20CYV001 6/20