Fill in this information to identify the case:

Debtor Initial Therapeutics, Inc.

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

Case number 25-12202

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?**

Apexbio Technology LLC

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)
Apexbio Technology LLC 7505 Fannin St. Suite 442 Houston, TX 77054, USA	
Contact phone 8326968203	Contact phone _____
Contact email sales@apexbt.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? _____

25122022606051258370000006

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?** $ 145 . **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.

Goods sold

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: _____

25122022606051258370000006

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.

$ 145

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 06/30/2026
MM / DD / YYYY

/s/QIAN FAN
Signature

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

Name: QIAN FAN
First name Middle name Last name

Title: AR Specialist

Company: APExBIO Technology LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

25122022606051258370000006

Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor:
25-12202 - Initial Therapeutics, Inc.
District:
District of Delaware

Creditor:
Apexbio Technology LLC
7505 Fannin St. Suite 442
Houston, TX, 77054
USA
Phone:
8326968203
Phone 2:
Fax:
Email:
sales@apexbt.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:
Goods sold

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
145

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
No
Amount of 503(b)(9):
Yes: 145
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:
QIAN FAN on 30-Jun-2026 1:15:55 p.m. Pacific Time
Title:
AR Specialist
Company:
APExBIO Technology LLC

VN: 799AE87C435BA30125E42B5D915100A4

June 30, 2026

Dear Customer,

The following is the proof-of-delivery for tracking number: 880720645182

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	R.Martinez	**Delivery Location:**	
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		SOUTH SAN FRANCISCO, CA,
		Delivery date:	Apr 23, 2025 09:55

Shipping Information:

Tracking number:	880720645182	**Ship Date:**	Apr 22, 2025
		Weight:	

Recipient:

SOUTH SAN FRANCISCO, CA, US,

Shipper:

HOUSTON, TX, US,

FedEx Express proof-of-delivery details appear below; however, no signature is currently available for this shipment. Please check again later for a signature.

Thank you for choosing FedEx

ApexBio Technology LLC
P.O. Box 300128 Houston,TX 77230
Phone:+1-832-696-8203
Fax:+1-855-527-3928
https://www.apexbt.com

Packing Slip #200077483

Order #100084108

Order Date 04/21/2025

Sold To:	Ship To:
Initial Therapeutics, Inc. 285 East Grand Avenue Suite 2200 South San Francisco, California, 94080 United States T: 888-888-8888	Attn: Esraa Mohamed Initial Therapeutics, Inc. 285 East Grand Avenue 2nd Floor, PO#4911 South San Francisco, California, 94080 United States T: 8887109996

Payment Method	Shipping Method
Purchase Order **Purchase Order Number** 4911	Fedex/UPS overnight - Fedex/UPS overnight service Federal Express: 880720645182

Items	Qty
Nilotinib(AMN-107) 10mM (in 1mL DMSO) SKU: A8232-5.1	2

ApexBio Technology LLC
P.O. Box 300128 Houston,TX 77230
Phone:+1-832-696-8203 Fax:+1-855-527-3928
https://www.apexbt.com

Invoice

Bill To:

Initial Therapeutics, Inc.
285 East Grand Avenue
Suite 2200
South San Francisco, California, 94080
United States
T: 888-888-8888

Ship To:

Attn: Esraa Mohamed
Initial Therapeutics, Inc.
285 East Grand Avenue
2nd Floor, PO#4911
South San Francisco, California, 94080
United States
T: 8887109996

Date:	2025-04-22 09:49:08
Order Number:	100084108
Invoice Number:	300078826
PO Number:	4911
Payment Terms:	Net 60days
Shipping:	Fedex/UPS overnight - Fedex/UPS overnight service
Payment:	Purchase Order
Tracking Number:	Federal Express: 880720645182
Ship Date:	2025-04-22 09:49:03

Product Name	Catalog No.	Price	Qty	Subtotal
Nilotinib(AMN-107) 10mM (in 1mL DMSO)	SKU: A8232-5.1	55.0000	2	$110.00

Subtotal	$110.00
Shipping & Handling	$35.00
Grand Total	**$145.00**