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?**

Formulatrix 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)
Formulatrix LLC 5 Deangelo Drive Bedford, MA 01730	
Contact phone 7817880228	Contact phone _____
Contact email finance@formulatrix.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? _____

25122022606051258370000 29

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: 4558

7. **How much is the claim?** $ 19761.16 . **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.

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: _____

25122022606051258370000029

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 06/19/2026
MM / DD / YYYY

/s/Mohamed Kotob
Signature

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

Name: Mohamed Kotob
First name | Middle name | Last name

Title: CFO

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

Address

Contact phone _____ Email _____

25122022606051258370000029

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:
Formulatrix LLC
5 Deangelo Drive
Bedford, MA, 01730
Phone:
7817880228
Phone 2:
Fax:
Email:
finance@formulatrix.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:
Yes - 4558

Uniform Claim Identifier:

Total Amount of Claim:
19761.16

Includes Interest or Charges:
Yes

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:
Mohamed Kotob on 19-Jun-2026 12:33:24 p.m. Pacific Time
Title:
CFO
Company:
Formulatrix LLC

VN: 9676EA0C9021713497F4B5D73CD17CAD

FORMULATRIX®

Formulatrix, LLC
5 DeAngelo Dr, Bedford, MA 01730
Phone 1.781.788.0228 | Fax 1.781.207.5522 | www.formulatrix.com

Invoice Date : April 29, 2025
Invoice Number : 16296
Purchase Order : 4914
Payment Terms : 30
Account Number : 4558

Invoice

Bill To:		*Ship To:*
Initial Therapeutics, Inc. 285 East Grand Avenue Suite 2200 South San Francisco, CA 94080 United States		Initial Therapeutics, Inc. Attn: Fred Ward 285 East Grand Avenue 2nd Floor South San Francisco, CA 94080 United States

Item No.	Part #	Description	Price	Quantity	Total (USD)
1	TSCH2	Tempest Chip - Silicone, HV (1uL & 5uL). Pack of 2	2,791.00	1	2,791.00
2	-	Shipping	50.00		50.00
3	CULHI	Import fee	27.00	1	27.00
4	-	Sales Tax	283.23		283.23
Total					**USD 3,151.23**

All of the items contained herein are for Research Use Only.
Please see the following payment terms and instructions:

Terms:

- Invoices unpaid after 30 due date will be subject to an immediate 1.5% finance charge, a pro-rated finance charge of 1.5% per month for each day thereafter, and a collection fee of 100.00
- Customer is responsible for wire transfer fees charged by their originating bank and its intermediaries.
- Payments from outside the U.S. will only be accepted via wire transfer; please do not send checks.
- If payment is remitted by credit card, please process through Paypal and include an additional 3.25% as a service fee. Please use paypal@formulatrix.com as the payee email address on the Paypal website.

3.25% of the Invoice amount is: 102.41

Don't Fall Victim to Cyber Scams!

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5 DeAngelo Dr, Bedford, MA 01730
Phone 1.781.788.0228 | Fax 1.781.207.5522 | www.formulatrix.com

Invoice Date : May 09, 2025
Invoice Number : SIE6364
Purchase Order : 4910
Payment Terms : 30
Account Number : 4558

Invoice

Bill To:	*Ship To:*
Initial Therapeutics, Inc. 285 East Grand Avenue Suite 2200 South San Francisco, CA 94080 United States	Initial Therapeutics, Inc. 285 East Grand Avenue 2nd Floor South San Francisco, CA 94080 United States

Date	Type	Description	Part #	Case #	Serial #	Qty	Rate	Amount (USD)
30-Apr-2025	Travel Costs	Field Service Engineer (FSE) Site Visit	FSESV			1	1200	1,200.00
30-Apr-2025	Labor	Tempest Preventative Maintenance (PM) On-site. Travel costs not included. Systems covered by a service contract are eligible for a 50% discount.	101453	54777	Tempest-0646	1	6800	6,800.00
Total								**USD 8,000.00**

FORMULATRIX®
10 DeAngelo Drive, Bedford, MA 01730 ph: +1 781-788-0228 fax: +1 781-207-5522 web: www.formulatrix.com

Customer Service Report

Date: 2025-05-09	**Customer Name:** Initial Therapeutics
Case #: 54777	**Account #:** 4558
Case Subject: PM (PO Received)	**Customer Contact:** Fred Ward
Product: Tempest	**Customer Address:** 285 E. Grand Ave, Suite 2200 South San Francisco, CA, 94080 United States
Serial #: 646	
Engineer: Donald Emata	

Engineer: Izaz Ahmad	**Date:** 2025-04-10	**Time:** 0.35	**Location:** Remote
Notes: Fred Ward contacted about PM and potential chip replacements. One-time PM quote will be shared soon. He was directed to the e-store for the purchase of chips.			

Engineer: Muhammad Waqas	**Date:** 2025-04-10	**Time:** 0.25	**Location:** Remote
Notes: Quote prepared.			

Engineer: Izaz Ahmad	**Date:** 2025-04-10	**Time:** 0.2	**Location:** Remote
Notes: Quote shared. Waiting on PO			

Engineer: Muhammad Waqas	**Date:** 2025-04-22	**Time:** 0.5	**Location:** Remote
Notes: PO received, payment terms & conditions checked, Case updated, assigned to FSE, PO accepted in CRM, and introducing FSE with the customer to schedule PM.			

Engineer: Donald Emata	**Date:** 2025-04-30	**Time:** 3	**Location:** On Site
Notes: Performed annual Preventative Maintenance per technical documentation. Cleaned and lubed instrument. Performed all alignments, tuning and setups. Verified all system operations to be functional. Performed the gravimetric volume test with passing results. The instrument is operational.			

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Formulatrix, LLC
5 DeAngelo Dr, Bedford, MA 01730
Phone 1.781.788.0228 | Fax 1.781.207.5522 | www.formulatrix.com

Invoice Date : May 21, 2025
Invoice Number : 16437
Purchase Order : 4962
Payment Terms : 30
Account Number : 4558

Invoice

Bill To:		*Ship To:*
Initial Therapeutics, Inc. 285 East Grand Avenue Suite 2200 South San Francisco, CA 94080 United States		Initial Therapeutics, Inc. Attn: Fred Ward 285 East Grand Avenue 2nd Floor South San Francisco, CA 94080 United States

Item No.	Part #	Description	Price	Quantity	Total (USD)
1	232795	Tempest Nozzle Strip - Silicone, 0.4mm ID	22.00	12	264.00
2	TSCH6	Tempest Chip - Silicone, HV (1uL & 5uL). Pack of 6	6,935.00	1	6,935.00
3	-	Shipping	50.00		50.00
4	CULHI	Import Fee	83.00	1	83.00
5	-	Sales Tax	724.05		724.05
Total					**USD 8,056.05**

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- Customer is responsible for wire transfer fees charged by their originating bank and its intermediaries.
- Payments from outside the U.S. will only be accepted via wire transfer; please do not send checks.
- If payment is remitted by credit card, please process through Paypal and include an additional 3.25% as a service fee. Please use paypal@formulatrix.com as the payee email address on the Paypal website.

3.25% of the Invoice amount is: 261.82

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Formulatrix, LLC
5 DeAngelo Dr, Bedford, MA 01730
Phone 1.781.788.0228 | Fax 1.781.207.5522 | www.formulatrix.com

Invoice Date : July 11, 2025
Invoice Number : 16732
Purchase Order : 4914 - 4910 - 4962 - FC
Payment Terms : 30
Account Number : 4558

Invoice

Bill To:		*Ship To:*
Initial Therapeutics, Inc. 285 East Grand Avenue Suite 2200 South San Francisco, CA 94080 United States		Initial Therapeutics, Inc. 285 East Grand Avenue 2nd Floor South San Francisco, CA 94080 United States

Item No.	Part #	Description	Price	Quantity	Total (USD)
1	-	Finance Charges on USD 2,868.00/- for invoice # 16296 From May 29, 2025 to Jul 09, 2025 @ 1.5% per month.	60.23	1	60.23
2	-	Finance Charges on USD 7,332.00/- for invoice # 16437 From Jun 21, 2025 to Jul 09, 2025 @ 1.5% per month.	69.65	1	69.65
3	-	Finance Charges on USD 8,000.00/- for invoice # SIE6364 From Jun 09, 2025 to Jul 09, 2025 @ 1.5% per month.	124.00	1	124.00
4	-	Collection Fee	100.00	3	300.00
Total					**USD 553.88**

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- Customer is responsible for wire transfer fees charged by their originating bank and its intermediaries.
- Payments from outside the U.S. will only be accepted via wire transfer; please do not send checks.
- If payment is remitted by credit card, please process through Paypal and include an additional 3.25% as a service fee. Please use paypal@formulatrix.com as the payee email address on the Paypal website.

3.25% of the Invoice amount is: 18.00

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