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?**

Beckman Coulter, 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)
Beckman Coulter, Inc. WH Burkley, LLP 601 Grant Street, 9th Floor Pittsburgh, PA 15219, USA	
Contact phone 4124568100	Contact phone _____
Contact email lmartin@bernsteinlaw.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? _____

25122022607100000000000005

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: 5495

7. **How much is the claim?** $ 7243.15 . **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, services provided pursuant to those certain leases

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.** $ 7243.15

11. **Is this claim subject to a right of setoff?**

☑ No

☐ Yes. Identify the property: _____



25122022607100000000000005

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 07/10/2026
MM / DD / YYYY

/s/Lara Martin
Signature

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

Name: Lara Martin
First name | Middle name | Last name

Title: Attorney for Beckman Coulter, Inc.

Company: WH Burkley, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



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:
Beckman Coulter, Inc.
WH Burkley, LLP
601 Grant Street, 9th Floor

Pittsburgh, PA, 15219
USA
Phone:
4124568100
Phone 2:
Fax:
Email:
lmartin@bernsteinlaw.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Authorized agent
Guarantor, surety, indorser, or other codebtor

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Goods sold, services provided pursuant to those certain leases

Last 4 Digits:
Yes - 5495

Uniform Claim Identifier:

Total Amount of Claim:
7243.15

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
No
Amount of 503(b)(9):
No
Based on Lease:
Yes, 7243.15
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:
Lara Martin on 10-Jul-2026 11:45:50 a.m. Pacific Time
Title:
Attorney for Beckman Coulter, Inc.
Company:
WH Burkley, LLP

VN: 8598EAB9B0A22494A4F1C1CF4E3F38A0

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In Re: APPLE TREE LIFE SCIENCES, INC., Debtors.	Bankruptcy No. 25-12177

ADDENDUM TO PROOF OF CLAIM
FILED BY BECKMAN COULTER, INC.

This claim is filed on behalf of Beckman Coulter, Inc. ("Beckman"), which arises from the Debtor's failure to pay certain invoices due and owing from August 2025 through December 2025. As of December 9, 2025 "Filing Date"), Beckman was owed a total of **$7,243.15**for pre-petition goods and services pursuant to certain equipment lease and reagent agreements.

***Beckman reserves all rights to amend, modify, supplement, and/or withdraw this Claim, including, without limitation, its right to request additional attorneys' fees, the right to recalculate the amount necessary to cure any default under the unexpired lease agreement(s) with the Debtor, and the right to calculate and file a claim for damages incurred through the rejection of any and all executory contracts and/or unexpired leases with the Debtor. Nothing herein shall constitute a waiver, release, satisfaction, and/or modification of any other claim(s) Beckman has or may have against the Debtor, which includes but is not limited to any previously filed proof of claim, administrative claim, or other unsecured claim.**

WH BURKLEY, LLP

By: */ s/ Lara S. Martin*
Lara S. Martin, Esq.
Pa. Id. No. 307272
601 Grant Street, 9th Floor
Pittsburgh, PA 15219
lmartin@bernsteinlaw.com
Phone: (412) 456-8102
Fax: (412) 456-8135

Date: 7/10/2026

Counsel for Beckman Coulter, Inc.

EXHIBIT “A”

Account	Customer Name	Transaction	Sales Order	Purchase Order	Class	Transaction Date	Due Date	Days Late	Original Amount	Remaining Amount
[redacted]5495	Initial Therapeutics	31404823	59746008	5022	Invoice	08/04/25	09/03/25	126	$7,243.15	$7,243.15
Total Balance									**$7,243.15**	**$7,243.15**

BECKMAN COULTER

250 South Kraemer Blvd
P.O. Box 8000
Brea CA 92822-8000
United States
Tel: 800-526-3821
FAX: 714-223-4100

FEIDN: 95-1040600
DUNS: 00-825-4708

INVOICE NO.: 31404823

Date: 2025/08/04

INVOICE

Customer Number: [redacted]5495
Service Request:
Customer PO: 5022
PO Date: 2025/07/31
Technician:

Bill To: (108829410)

INITIAL THERAPEUTICS INCORPORATED
ACCOUNTS PAYABLE
285 E GRAND AVE SUITE 2200
SOUTH SAN FRANCISCO, CA 94080-4804

Ship To: INITIAL THERAPEUTICS INCORPORATED (08833389)
2ND FL
285 E GRAND AVE
SOUTH SAN FRANCISCO CA 94080-4804
United States

Payment Terms: Net Due in 30 Days
Due Date: 2025/09/03
Remit To: **Beckman Coulter, Inc.**
Dept. CH 10164
PALATINE IL 60055-0164
United States

Wire & ACH: ABA #[redacted] Acct[redacted]

Item	Description	Part Number	Quantity Ordered	Quantity Shipped	Unit Price / Discount%	Value	Tax Rate
	For work completed on the following item(s):						
	Instrument: Echo(R) 650 System S/N : E6XX-25013 Instance: 843789						
1	SERVICE LABOR			1	660.00	660.00	0.00
	Freight Terms: PREPAID AND ADD						
2	MISCELLANEOUS SERVICE EXPENSE	MISC-EXP		1	2,772.28	2,772.28	0.00
	Freight Terms: PREPAID AND ADD						
3	Crate, Echo, #3	001-16093		1	2,267.00	2,267.00	9.88
	Freight Terms: PREPAID AND ADD						
4	SERVICE TRAVEL			2	660.00	1,320.00	0.00
	Freight Terms: PREPAID AND ADD						
	*IMPORTANT: Due to increasing attempts of Phishing frauds, we kindly ask you to validate any request you may receive for payments and/or bank details by speaking directly with our Accounts Receivable department.						

TAX SUMMARY:

2,267.00	@	9.88 =	223.87
38,018.24	@	0.00 =	0.00

Customer's Contact:
Customer's ph#:
Purchase on-line at our eStore: www.beckmancoulter.com/eStore

Net Amount	Shipping & Handling	Insurance	Other Charges	Subtotal
7,019.28	0.00		0.00	7,019.28

If Customer files any cost reports or claims for reimbursement with federal or state health care programs, Customer shall fully and accurately disclose and claim the amount of any discount for any of the products sold hereto in the fiscal year in which the discount is earned or the following year,and otherwise strictly comply with any applicable federal or state statutes and regulations.

Tax %	Tax Amount	**Total Amount**
	223.87	**USD 7,243.15**