Fill in this information to identify the case:

Debtor 1 Marlinspike Therapeutics, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 25-12203

Official Form 410

Proof of Claim

04/19

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?**

BDO USA, P.C.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor BDO USA, LLP

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)
BDO USA, P.C. Attn: Jared Schierbaum Name	BDO USA, P.C. Attn: Fred Jones Name
4250 Lancaster Pike, Suite 120 Number Street	5300 Patterson Ave S.E., Suite 100 Number Street
Wilmington DE 19805 City State ZIP Code	Grand Rapids MI 49512 City State ZIP Code
Contact phone (302) 656-5500	Contact phone (616) 816-6037
Contact email jschierbaum@bdo.com	Contact email Fjones@bdo.com

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Uniform claim identifier for electronic payments in chapter 13 (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? _____



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: 2 8 2 8

7. **How much is the claim?** $ 8,800.00 . **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.
   Professional Services

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: _____
   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 amounts 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

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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 $3,025* 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 $13,650*) 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 4/01/22 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)(2) 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 _____
MM / DD / YYYY

Jared Schierbaum
Signature

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

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Name: Jared (First name) | (Middle name) | Schierbaum (Last name)

Title: Bankruptcy Case Specialist

Company: BDO USA, P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 5300 Patterson Ave S.E., Suite 100
Number Street

Grand Rapids | MI | 49512
City | State | ZIP Code

Contact phone: (616) 816-6037 Email: FJones@bdo.com

12/16/2025

Marlinspike Therapeutics, Inc.
Mallory Latson
245 Main Street
12th Floor
Cambridge, MA 02142

Customer # 0452828

Statement of Account

Date	Invoice	Attention To	Original Amount Due	Payments / Credits	Amount Due	Days Outstanding
11/05/2025	500083307	Mallory Latson	8,800.00	0.00	8,800.00	41

Total Balance: **8,800.00**

	0 - 30 Days	31 - 60 Days	61 - 90 Days	> 90 days	Totals
Amount Due	0.00	8,800.00	0.00	0.00	8,800.00

We appreciate your business. If you haven't already, please forward to or wire directly to our remittance address. When paying via ACH or Wire, please provide remittance information to ARlockbox@bdo.com. For inquiries, please call Nancy White, Credit Analyst, at 616/816-6046 or email at nwhite@bdo.com.

Wire:
PNC Bank, N.A
Pittsburgh, PA
ABA# 031207607
A/C# 8013580178
Swift# PNCCUS33

Mail:
BDO
PO Box 642743
Pittsburgh, PA 15264-2743

Overnight:
PNC Bank Firstside Center
Lockbox Dept # 642743 (BDO)
500 First Ave.
Pittsburgh, PA 15219

Pay Online:
BDO offers a fast, secure, and convenient way to pay invoices 24 hours a day, 7 days a week.
To review your account and make payments via credit card or direct debit, visit www.bdo.com/payments and Sign in or Register.

This invoice was issued by BDO USA, P.C., a Virginia professional corporation and the U.S. member of BDO International Limited, a UK company limited by guarantee.

COPY

BDO

Customer #	0452828
Invoice #	500083307
Invoice Date	November 5, 2025
Due Date	November 5, 2025
Invoice Total	$8,800.00

Marlinspike Therapeutics, Inc.
Mallory Latson
245 Main Street
12th Floor
Cambridge, MA 02142

For professional services rendered in connection with the following:

Agreed upon fees for the preparation of the Company's 2024 federal and state income tax returns.	8,500.00
Administrative and Software Charges.	300.00
Invoice Total:	**$8,800.00**

For invoice inquiries, contact Nancy White, Credit Analyst at 616-816-6046 or nwhite@bdo.com.

Pay Online:	**Mail:**	**Wire and ACH:**	**Overnight:**
To review your account and make payments via credit card or direct debit, visit www.bdo.com/online-payment-portal and Sign in or Register.	BDO PO Box 642743 Pittsburgh, PA 15264-2743	PNC Bank, N.A. Pittsburgh, PA ABA# 031207607 A/C# 8013580178 Swift# PNCCUS33	PNC Bank Firstside Center Lockbox Department 500 First Avenue Pittsburgh, PA 15219 Attn: Lockbox # 642743 (BDO)

When paying via ACH or Wire, please send remittance information to ARLockbox@bdo.com.

This invoice was issued by BDO USA, P.C., a Virginia professional service corporation and the U.S. member of BDO International Limited, a UK company limited by guarantee.

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BDO

Tel: 617-422-0700
Fax: 617-422-0909
www.bdo.com

One International Place
Boston, MA 02110

January 29, 2025

Raj Chopra, CEO
Marlinspike Therapeutics, Inc.
245 Main Street
Cambridge, MA 02142

Re: Statement of Work - Related to the Agreement and Terms and Conditions Dated January 12, 2023 as Entered Into With Marlinspike Therapeutics, Inc.

This Statement of Work ("SOW") is provided to Marlinspike Therapeutics, Inc. ("Client" or "Company" or "you") for tax services.

Client acknowledges that Client previously executed a letter dated January 12, 2023 and accompanying Terms and Conditions (collectively, the "Master Terms") which are incorporated by reference into this SOW. The Master Terms along with this SOW, constitute the agreement ("Agreement") between BDO USA ("BDO" or "we") and Client.

To the extent there is any conflict or inconsistency between the Master Terms and any SOW, unless otherwise agreed to in writing, the Master Terms shall prevail.

The SOW is effective on January 29, 2025. Any term or condition incorporated into this SOW that is an addition to the terms and conditions contained in the Master Terms applies only to the services (described below) provided under this SOW.

Russia Sanctions

By executing this Agreement, you represent that Client is not owned or controlled, directly or indirectly, by one or more Russian citizen(s), Russian national(s), persons physically located in Russia or entity(s) organized under the laws of Russia. You agree that if at any time while BDO is providing services to Client the foregoing representation is no longer true, you will immediately notify BDO.

Scope of Services

BDO agrees to provide the tax compliance services as described herein. We understand that Client will be responsible for the preparation of any required filings not specifically listed herein.

- Federal Form 1120
- Massachusetts Form 355

Any service not specifically described as Services in this SOW is outside the scope of this Agreement.

Fee Arrangement

BDO's fee for Services will be 6,000 and $2,500 for refundable payroll credit. We will also bill you for reasonable out-of-pocket expenses and internal charges for certain support activities. Internal charges include certain flat-rate amounts that reflect an allocation of estimated costs associated with computer usage and various technology fees.

The fee provided above was determined based on the assumption that the information needed to complete the Services is provided no later than the due date agreed to with the client engagement

BDO USA refers to BDO USA, P.C., a Virginia professional corporation, also doing business in certain jurisdictions with an alternative identifying abbreviation, such as Corp. or P.S.C.

BDO USA, P.C., is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

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team. Delays in receipt of the requested information cause inefficiencies and impacts the ability to appropriately schedule the resources needed to complete the Services. Failure to provide the information by the specified date will result in an increase of the stated fee for reasons set forth above.

Billing Arrangement

BDO's fees and expenses for Services will be billed as appropriate as time and expenses are incurred.

If you have any questions pertaining to this SOW, please contact Kenneth Rochester.

BDO values your business and looks forward to many years of providing quality professional services to your Company.

Very truly yours,

BDO USA

By: _____
Name: Kenneth Rochester
Title: Principal

By signing below, the authorized signatory represents that he/she has power and authority and has obtained all approvals, authorizations, and consents necessary to enter into this Agreement on behalf of the Client set forth below for whom the authorized signatory is executing this Agreement. The authorized signatory represents that this Agreement constitutes the legal, valid, and binding obligation of the Client set forth below for whom the authorized signatory is executing this Agreement and is enforceable against the client in accordance with its terms. Client acknowledges and agrees that the authorized signatory is duly authorized to bind the applicable entities party hereto.

Accepted and Agreed to by:

MARLINSPIKE THERAPEUTICS, INC.

DocuSigned by:
By: Raj Chopra
8FA77180DD1D4C4...
Name: Raj Chopra
Title: Authorized Signatory