Fill in this information to identify the case:

Debtor 1 Evercrisp Biosciences, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 1:26-bk-10000

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?

Creative PEGWorks
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Creative Biotechnology LLC

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?

Creative PEGWorks
Name

400 Park Office Dr STE 311
Number Street

Durham NC 27713
City State ZIP Code

Contact phone 9197483734

Contact email jason.zhou@creativepegworks.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

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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? _____



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?** $ 3,500.00 . **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.
   Goods sold

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 $3,800* 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:

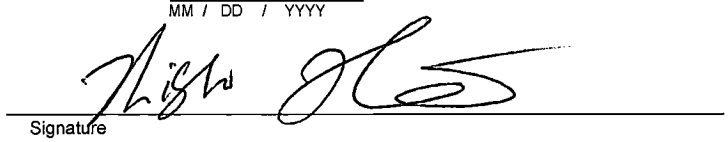
☑ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 03/30/2026
MM / DD / YYYY



Signature

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

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Name: Zhiguo Zhou
First name | Middle name | Last name

Title: President

Company: Creative PEGWorks
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 400 Park Offices Dr STE 311
Number Street

Durham | NC | 27713
City | State | ZIP Code

Contact phone: 336-251-9219 Email: jason.zhou@creativepegworks.com

Creative PEGWorks

Invoice

Invoice #: CBT43681

PO Box 16863
Chapel Hill, NC 27516, USA
Tel: (+1) 919-748-3734
Email: solutions@creativepegworks.com

Balance Due
$3,500.00

Bill To
Evercrisp Biosciences, Inc.
AP@evercrispbiosciences.com
230 Park Avenue - Suite 2800
New York
10169 New York
U.S.A

Ship To
Jojo Das/ Evercrisp Biosciences, Inc.
651 Gateway Blvd, Suite 1600
South San Francisco
94080 California
U.S.A

Invoice Date :	07.10.2025
Terms :	Net 30
Due Date :	08.09.2025
Order Number :	CPW32386
Reference# :	PO# 5889

#	Item & SKU#	Qty	Price	Amount
1	Custom-690-5g DBCO-PEG-NHS, MW 10k	1	3,450.00	3,450.00

Subtotal	3,450.00
Sales Tax Exempt (0%)	0.00
Shipping charge	50.00
Total	**$3,500.00**

Note:

Our bank has changed recently! Please update with below bank account information!

Payment Link:

Payment Options:

Payment Options:
Credit card orders require advance payment. Purchase Order (PO) payment term is Net 30.
1) Pay by credit card, click the PAY INVOICE button at upper right corner. You may also call 919-748-3734 to pay.

2) Check payable to: Creative PEGWorks. Mail to: P.O. Box 16863, Chapel Hill, NC 27516, USA
3) Bank transfer. Bank name: Wells Fargo Bank. Account name: Creative Biotechnology LLC. Account number: 9144326619. SWIFT code: WFBIUS6S. ABA #: 121000248. ACH R/T #: 053000219.

Creative PEGWorks

Packing Slip

Package# CPW3771

400 Park Offices Dr., STE 311
Durham, North Carolina 27709
U.S.A

Ship To
Evercrisp Biosciences, Inc.
Jojo Das/ Evercrisp Biosciences, Inc.
651 Gateway Blvd, Suite 1600
South San Francisco
94080 California
U.S.A

Sales Order# :	CPW32386
Order Date :	06.10.2025
Total Qty :	1

#	Item & Description	Qty
1	DBCO-PEG-NHS, MW 10k Custom-690-5g	1 qty

Bill To: Evercrisp Biosciences, Inc.
230 Park Avenue - Suite 2800
New York, NY 10169
AP Phone: 212-468-5839
AP Email: AP@evercrispbiosciences.com

evercrisp

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES
BILLS OF LADING AND PACKAGES

PO # **5889**

Date: 6/9/2025

Vendor: Creative PEGWorks
PO BOX 16863
Chapel Hill, NC 27516
Account Number: N/A

Ship To: Evercrisp Biosciences, Inc.
651 Gateway Blvd, Suite 1600
South San Francisco, CA 94080
Attn: Jojo Das

Ship Via	FOB	Prepaid Freight	Delivery Date	Terms
FEDEX	Destination	Prepay & Add		Net 30

Buyer	Requisitioner
Julianne DeWitt, jdewitt@bioprocure.com, 8887109996	Jojo Das, jdas@evercrispbio.com, 0000000000

Line	Qty	U/M	Item Code/Description	Unit Price	Amount	Tax
1	1.00	btl	Part# Custom Desc: DBCO-PEG-NHS, MW 10k (5g-bottle) Need On or Before: 6/16/2025 Note to Supplier: Please send to Attn: Jojo Das	3,450.00	3,450.00	Yes

Total	USD 3,450.00

Evercrisp Accounting

Authorized Signature

Creative PEGWorks

SHIPMENT ORDER

Shipment Order# SHIP03748

Shipment Date	Shipping Carrier	**TRACKING#**
07.08.2025	**FedEx**	**882612693635**

Ship To
Evercrisp Biosciences, Inc.
Jojo Das/ Evercrisp Biosciences, Inc.
651 Gateway Blvd, Suite 1600
South San Francisco
94080 California
U.S.A

Sales Order# :	CPW32386
Order Date :	06.10.2025
Total Qty :	1

#	Item & Description	Qty
1	DBCO-PEG-NHS, MW 10k	1 qty

FedEx

April 06, 2026

Dear Customer,

The following is the proof-of-delivery for tracking number: 882612693635

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	A.Deep	**Delivery Location:**	
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		SOUTH SAN FRANCISCO, CA,
		Delivery date:	Jul 10, 2025 10:17

Shipping Information:

Tracking number:	882612693635	**Ship Date:**	Jul 9, 2025
		Weight:	

Recipient:	**Shipper:**
SOUTH SAN FRANCISCO, CA, US,	DURHAM, NC, 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