United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. (**Check only one Debtor per claim form.**)

- ☐ Apple Tree Life Sciences, Inc. (Case No. 25-12177)
- ☐ ATP Life Science Ventures, L.P. (Case No. 25-12178)
- ☐ ATP III GP, Ltd. (Case No. 25-12179)
- ☐ Apertor Pharmaceuticals, Inc. (Case No. 25-12201)
- ☐ Initial Therapeutics, Inc. (Case No. 25-12202)
- ☐ Marlinspike Therapeutics, Inc. (Case No. 25-12203)
- ☐ Red Queen Therapeutics, Inc. (Case No. 25-12204)
- ☒ Evercrisp Biosciences, Inc. (Case No. 26-10000)
- ☐ Nine Square Therapeutics, Inc (Case No. 26-10001)
- ☐ Nereid Therapeutics Incorporated (Case No. 26-10048)

The Debtor has listed your claim on Schedule F (E/F Part 2) as a General Unsecured claim in the amount of $1,449.00. If you agree with this characterization and amount, you do not need to complete and return this form. If you disagree, please complete and return this form accordingly.

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

NameID: 16422478

1. Who is the current creditor?

Altogen, Inc.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Altogen Biosystems

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?

Altogen, Inc.
11200 Manchaca Rd, Suite 203
Austin, TX 78748

Address _____
Contact phone _____
Contact email _____

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

Name _____
Number Street _____
City State ZIP Code _____
Country _____
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: 1512

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

$ 1449.00 . **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.

Laboratory reagents. 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 amount should match the amount in line 7.)

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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: _____



26100002606051257460000007

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 8/10/2026
MM / DD / YYYY

D. Ovch
Signature

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

Name: Dmitry (First name) Ovcharenko (Last name)

Title: CEO

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

Address: 11200 Menchaca Rd #203
Number Street

Austin TX 78748 USA
City State ZIP Code Country

Contact phone: 512-383-1051 Email: orders@altogen.com

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26100002606051257460000007

Altogen Biosystems
11200 Menchaca Rd, Ste 203
Austin TX 78748 USA
E-mail: orders@altogen.com

INVOICE

Invoice #	Date	Customer Acct #
12507	20-Jun-25	11512

Billed To:

Evercrisp Biosciences, Inc.
230 Park Avenue - Suite 2800
AP@evercrispbiosciences.com
New York, NY 10169

Shipped To:

Evercrisp Biosciences, Inc.
Attn: Pengcheng Zhang; PO#5920
651 Gateway Blvd, Suite 1600
South San Francisco, CA 94080
212-468-5839

PO#	Order placed by	Payment terms		Date shipped
5920	Johnna Worob	NET 30		20-Jun-25

Product ID	Product Description	Qty	U/M	Price	Total
5071	Kidney Transfection Reagent, 1.5 mL	1	EA	1395.00	1395.00
				Tax:	0.00
				Shipping:	54.00
				Total (USD)	1449.00

Harmonized Tariff Schedule (HS Code): 3822.00.6000	
Non-hazardous	Number of packages: 1
Country of origin: USA	Currency: USD
Weight:	1 lbs (0.45 kg)
Size:	9.2" x 13.2" (23.5 cm x 33.5 cm)
DUNS number:	117124258

Make check payable to **Altogen, Inc.**

FROM:

Evercrisp Biosciences, Inc.
230 Park Avenue - Suite 2800
AP@evercrispbiosciences.com
New York, NY 10169

PO#	5920
Invoice#	12507
Due Date	20-Jul-25
Amount Due (USD)	1449.00
Total Enclosed $	

REMIT TO:

Altogen, Inc.
Accounts Payable
11200 Menchaca Road, Suite 203
Austin TX 78748 USA

Banking Information for Wire Transfer:

JPMorgan Chase Bank, NA
Routing Number: 111000614
Account Number: 335530082
SWIFT Code: CHASUS33
Bank Address: JPMorgan Chase Bank, NA;
6600 S.Mopac Expy, Ste 1000; Austin TX 78749 USA
Bank Contact: Jacquelyn Thomas (Tel. 512-891-5212)