Fill in this information to identify the case:

Debtor Nine Square Therapeutics, Inc.

United States Bankruptcy Court for the: _____ District of Delaware (State)

Case number 26-10001

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?**

Cayman Chemical Company 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)
Cayman Chemical Company Inc. 1180 East Ellsworth Road Ann Arbor, MI 48108	
Contact phone _____	Contact phone _____
Contact email legaladmin@caymanchem.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? _____

26100012606050100390000018

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: 7591

7. **How much is the claim?** $ 426.35 . **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: _____

26100012606050100390000018

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 06/17/2026
MM / DD / YYYY

/s/Jacqueline Howe
Signature

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

Name: Jacqueline Howe
First name Middle name Last name

Title: Legal Administrator

Company: Cayman Chemical Company Incorporated
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

2610001260605010039000018

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic 866-927-7091 | International 310-751-2657

Debtor:
26-10001 - Nine Square Therapeutics, Inc.
District:
District of Delaware

Creditor:
Cayman Chemical Company Inc.
1180 East Ellsworth Road
Ann Arbor, MI, 48108
Phone:
Phone 2:
Fax:
Email:
legaladmin@caymanchem.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 - 7591

Uniform Claim Identifier:

Total Amount of Claim:
426.35

Includes Interest or Charges:
No

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:
Jacqueline Howe on 17-Jun-2026 8:19:06 a.m. Pacific Time
Title:
Legal Administrator
Company:
Cayman Chemical Company Incorporated

VN: 07031C5BEB4FF9A1408CBFF43B94D3EB

INVOICE

Remit to:
Cayman Chemical Company Inc
16875 Collections Center Drive
Chicago, IL 60693
USA

Sales order	SO2036646
Invoice number	02045186
Invoice date	06/02/2025
Page	1 of 1
Purchase order	5988
Payment	Net 30 Days
Credit card type	None
Invoice account	17591
Mode of delivery	FXSOS
Cayman DEA #	
Customer DEA #	

Cayman Chemical Company Inc
1180 East Ellsworth Road
Ann Arbor, MI 48108
USA

Toll-Free: 800-364-9897
Phone: 734-971-3335
Fax: 734-971-3640
www.caymanchem.com
custserv@caymanchem.com

Bill to:
Nine Squre Therapeutics Corp
285 East Grand Ave Suite 2200
South San Francisco, CA 94080
USA

Contact:
Matt Lucey
mlucey@bioprocure.com
401-742-8431

Ship to:
Helen Wong | PO: 5988
285 East Grand Ave
Suite 2200
South San Francisco, CA 94080
USA

Invoice Notes

Item number	Config	Batch number	Description	Qty	Unit price	Disc %	Amount
17811	5 mg	0620810-77	BAM15	1.00	79.00	0.00 %	79.00
70455	5 g	0492047-22	TMPD (hydrochloride)	1.00	34.00	0.00 %	34.00
21121	1 g	0679206-22	Adenosine 5'-diphosphate (potassium salt hydrate)	1.00	62.00	0.00 %	62.00

Additional charges

Description	Amount
Flat Rate Shipping	44.00

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Round-off	Total	
175.00	0.00	44.00	219.00	21.65	0.00	240.65	**USD**

Due date: 7/2/2025

Interest at the rate of 1.5% per month will be charged on all accounts over 30 days.

Please remit in U.S. dollars drawn on a U.S. bank F.I.D. # 84-0845784

INVOICE

Remit to:
Cayman Chemical Company Inc
16875 Collections Center Drive
Chicago, IL 60693
USA

Sales order	SO2034272
Invoice number	02041281
Invoice date	05/15/2025
Page	1 of 1
Purchase order	5932
Payment	Net 30 Days
Credit card type	None
Invoice account	17591
Mode of delivery	FXSOS
Cayman DEA #	
Customer DEA #	

Cayman Chemical Company Inc
1180 East Ellsworth Road
Ann Arbor, MI 48108
USA

Toll-Free: 800-364-9897
Phone: 734-971-3335
Fax: 734-971-3640
www.caymanchem.com
custserv@caymanchem.com

Bill to:
Nine Squre Therapeutics Corp
285 East Grand Ave Suite 2200
South San Francisco, CA 94080
USA

Contact:
Toni Olson
tolson@bioprocure.com
401-742-8431

Ship to:
Maike Roth/PO# 5932
285 East Grand Ave
Suite 2200
South San Francisco, CA 94080
USA

Invoice Notes

Item number	Config	Batch number	Description	Qty	Unit price	Disc %	Amount
21533	10 mg	0723249-4	Zosuquidar (hydrochloride)	1.00	125.00	0.00 %	125.00

Additional charges

Description	Amount
Flat Rate Shipping	44.00

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Round-off	Total	
125.00	0.00	44.00	169.00	16.70	0.00	185.70	**USD**

Due date: 6/14/2025

Interest at the rate of 1.5% per month will be charged on all accounts over 30 days.

Please remit in U.S. dollars drawn on a U.S. bank F.I.D. # 84-0845784