Your claim can be filed electronically [illegible]

ID: 27062481 PIN: Kbpqsxu8

Claim #223 Date Filed: 7/15/2026

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 $2,149.62. 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: 16376009

1. Who is the current creditor?

Eppendorf North America, 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)

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Where should notices to the creditor be sent?

Eppendorf North America, Inc. ← Address is a lockbox
~~P.O. Box 13275~~
~~Newark, NJ 07101-3275~~
175 Freshwater BLVD
Enfield CT 06082
Address

Contact phone 860-253-3400
Contact email AR@Eppendorf.com

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

Name

Number Street

City State ZIP Code

Country

Contact phone _____

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? _____



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: 8215 4100008215

7. **How much is the claim?** $ 214.31 . **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.
   Service Performed

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: _____

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.

- [x] 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)?**

- [x] 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:

- [x] 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 07/08/2026
MM / DD / YYYY

Linda Rupaka
Signature

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

Name: Linda (First name) T. (Middle name) Rupaka (Last name)

Title: Cash Manager

Company: Eppendorf North America Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 175 (Number) Freshwater Blvd (Street)
Enfield (City) CT (State) 06082 (ZIP Code) USA (Country)

Contact phone: 860-253-3445 Email: rupaka.l@eppendorf.com

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Invoice

Please note this on your correspondence

NINE SQUARE THERAPEUTICS INC
****EPROCUREMENT ORDERS****
ATTN: ACCOUNTS PAYABLE
2 TOWER PL
SOUTH SAN FRANCISCO CA 94080
USA

Customer No.	Invoice no.	Date
4100006952	4009207602	17-JUN-2025

Contact: Accounts Receivable
Telephone: +1 800 645 3050
Fax: +1 860 741 6236
Email: ar@eppendorf.com
Paym. Due Date: 17-JUL-2025

Currency: **USD**

Payment terms:
within 30 days due net

Delivery address:
4100006952
NINE SQUARE THERAPEUTICS INC
Marissa Riedel
285 E Grand Ave
SOUTH SAN FRANCISCO CA 94080
USA

Terms of delivery:
FOB Shipper (Incoterms 2020)

Please visit www.eppendorfna.com/terms to view Eppendorf North America's Terms and Conditions of Sale.

Item	Qty & UOM	Part NO. & Description	Unit price	Total price
		Delivery Number: Shipped Via: Customer Service Shipped date:		
		P.O. Number: 5942 Sales Order Number: 8800589597 / 17-JUN-2025		
		4982000020 Pipette service freight cost Serial No Q17891H Service Workorder: WO00776727 Service Type: CA -		
20	**1 EA**	**0082130030** Pipette service freight cost	**26.00**	**26.00**
		4982000020 3x4 Calibration incl. PM Serial No Q17891H Service Workorder: WO00776727 Service Type: CA -		
40	**1 EA**	**0082000141** 3x4 Calibration incl. PM	**48.00**	**48.00**
		4982000020 Combitip Sensor M4 Serial No Q17891H Service Workorder: WO00776727 Service Type: RS - Repair Service		
60	**1 EA**	**4982811002** Combitip Sensor M4	**79.20**	**79.20**
		4982000020 Chassis Serial No Q17891H Service Workorder: WO00776727 Service Type: RS - Repair Service		

eppendorf

Invoice

Please note this on your correspondence

NINE SQUARE THERAPEUTICS INC
****EPROCUREMENT ORDERS****
ATTN: ACCOUNTS PAYABLE
2 TOWER PL
SOUTH SAN FRANCISCO CA 94080
USA

Customer No.	Invoice no.	Date
4100006952	4009207602	17-JUN-2025

Item	Qty & UOM	Part NO. & Description	Unit price	Total price
80	1 EA	4982810006 Chassis	33.30	33.30
		4982000020 Lid blank Serial No Q17891H Service Workorder: WO00776727 Service Type: RS - Repair Service		
100	1 PC	4982008137 Lid blank	15.20	15.20

Items Total		**201.70**
Tax		**12.61**
Total	**USD**	**214.31**

COUNTRY OF ORIGIN:

Eppendorf is an equal opportunity employer and federal contractor or subcontractor. Consequently, the parties agree that, as applicable, they will abide by the requirements of 41 CFR 60-1.4(a), 41 CFR 60-300.5(a) and 41 CFR 60-741.5(a) and that these laws are incorporated herein by reference. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. These regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability. The parties also agree that, as applicable, they will abide by the requirements of Executive Order 1349 6 (29 CFR Part 471, Appendix A to Subpart A), relating to the notice of employee rights under federal labor laws.