Fill in this information to identify the case:

Debtor Nereid Therapeutics Incorporated

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

Case number 26-10048

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?**

Erik Hett

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)
Erik Hett 167 Park Ave Arlington, MA 02476	
Contact phone 6177772166	Contact phone _____
Contact email erikhett@gmail.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? _____

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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?** $ 4,200 . **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.

services performed

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: _____

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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 06/28/2026
MM / DD / YYYY

/s/Erik Hett
Signature

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

Name: Erik Hett
First name | Middle name | Last name

Title: _____

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

Address: _____

Contact phone _____ Email _____

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Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor:
26-10048 - Nereid Therapeutics Incorporated
District:
District of Delaware

Creditor:
Erik Hett
167 Park Ave
Arlington, MA, 02476
Phone:
6177772166
Phone 2:
Fax:
Email:
erikhett@gmail.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
services performed

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
4,200

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:
Erik Hett on 28-Jun-2026 7:20:29 a.m. Pacific Time
Title:
Company:

VN: E7AC02B27818E12499147D5E6F10BC46

INVOICE

Erik Hett
167 Park Ave
Arlington, MA. 02476
617-777-2166
erikhett@gmail.com

Invoice: 001

Date: **July 9, 2025**

For: Consultation services

To:

Ivan Efremov, PhD
VP - Head of Chemistry
Nereid Therapeutics
451 D Street, Suite 912
Boston, Ma 02210

DESCRIPTION	DATE	HOURS	RATE	AMOUNT
Overview of projects and scope of work with team (zoom call)	5/21/25	1	350.00	350.00
Review relevant publications and slides from team, think through potential experiments and probes	5/22/25	3.5	350.00	1225.00
Probe design for Myc	5/23/25	1.5	350.00	525.00
Probe design and experimentation for Myc and Bcl9	6/4/25	5	350.00	1750.00
Provide feedback to the team and upload slide decks (zoom call)	6/4/25	1	350.00	350.00
			TOTAL	**$ 4,200.00**

Vendor ACH/Direct Deposit Authorization Form

Nereid Therapeutics, Inc.

1. Please Check One:

☑ NEW Direct Deposit ☐ CHANGE Direct Deposit ☐ CANCEL Direct Deposit

2. Vendor/Payee Information

Name: Erik Hett

Address: 167 Park Ave, Arlington, MA 02476

Contact Person's Name (if other than payee):

Telephone Number: 617-777-2166

Email Address: erikhett@gmail.com

3. Financial Institution Information

Bank Name: Bank of America

Bank Address: Bank of America Corporate Center, 100 North Tryon Street, NC1-007-56-06, Charlotte, NC 2825

Name on Bank Account: Erik Hett

Bank Account Number: XXXXXXXX1574

Nine-Digit Bank Routing/Transit Number (ABA): XXXXX0138

Type of Account: ☑ **Checking** ☐ **Savings**

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Nereid Therapeutics to electronically deposit payments to the bank account designated above. It is my responsibility to notify Nereid Therapeutics (ap@Nereidtx.com) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify ap@Nereidtx.com in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Nereid Therapeutics has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.

Print Name: Erik Hett Signature: Erik Hett Date: 11/5/25

Important Information

Please return completed form via email: **ap@Nereidtx.com**