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?**

Crelux GmbH

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)
See summary page	Crelux GmbH Am Haag 16 Gräfelfing, Bavaria 82166, Germany
Contact phone 2016938737	Contact phone _____
Contact email aandrews@archerlaw.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? _____

26100482607090000000003

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?** $ 63617.82 . **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 Provided - See Attachment

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: _____

26100482607090000000000003

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 07/09/2026
MM / DD / YYYY

/s/Alexander J. Andrews
Signature

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

Name: Alexander J. Andrews
First name | Middle name | Last name

Title: Associate

Company: Archer and Greiner P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



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:
Crelux GmbH
Archer and Greiner P.C.
Attn: Alexander Andrews
Court Plaza South, West Wing
21 Main Street, Suite 353
Hackensck, NJ, 07601
U.S.
Phone:
2016938737
Phone 2:
Fax:
Email:
aandrews@archerlaw.com

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

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Authorized agent

Disbursement/Notice Parties:
Crelux GmbH
Am Haag 16
Gräfelfing, Bavaria, 82166
Germany
Phone:
Phone 2:
Fax:
E-mail:
DISBURSEMENT ADDRESS

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Services Provided - See Attachment

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
63617.82

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:
Alexander J. Andrews on 09-Jul-2026 12:57:40 p.m. Pacific Time
Title:
Associate
Company:
Archer and Greiner P.C.

VN: 3C4936C44117D54FD35D60D8E8AC125B

Docusign Envelope ID: 6867A874-1CAB-839C-815F-716DC1C35266

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	Chapter 11
Apple Tree Life Sciences, Inc., et al.,[1]	Case No. 25-12177 (LSS)
Debtors.	(Jointly Administered)

STATEMENT IN SUPPORT OF PROOF OF CLAIM

Crelux GmbH ("Crelux") hereby makes the following statement in support of its annexed proof of claim (the "Claim") filed in the above-captioned bankruptcy proceedings against Nereid Therapeutics Incorporated ("Debtor").

Pursuant to six purchase orders submitted to Crelux by the Debtor, Crelux performed certain pharmaceutical testing, development, and manufacturing services. Crelux issued invoices for the services provided.

As of January 15, 2025 (the "Petition Date"), the Debtor was indebted to Crelux in the aggregate amount of **€61,873.00** on account of unpaid invoices issued for services provided by Crelux. As of the Petition Date, the indebtedness in U.S. Dollars was approximately **$63,617.82** based on an exchange rate of 1.0282 €/$ on January 15, 2025. This exchange rate is sourced from the website of the U.S. Federal Reserve: Foreign Exchange Rates – H.10 Weekly published at the following link: https://www.federalreserve.gov/releases. True and accurate copies of the outstanding invoices are attached hereto as **Exhibit A** and are summarized in the table below:

[1] The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number include: Apple Tree Life Sciences, Inc. (4506); ATP Life Science Ventures, L.P. (8224); ATP III GP, Ltd. (6091); Apertor Pharmaceuticals, Inc. (3161); Initial Therapeutics, Inc. (2453); Marlinspike Therapeutics, Inc. (4757); Red Queen Therapeutics, Inc. (8563); Evercrisp Biosciences, Inc. (4437); Nine Square Therapeutics, Inc. (4503); and Nereid Therapeutics Incorporated (8493). The location of the Debtors' service address in these chapter 11 cases is 230 Park Avenue, Suite 2800, New York, NY 10169.

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PO No.	Invoice No.	Date	Amount (EUR)
3797 NER02	NER250310-7176	March 10, 2025	€11,300.00
3797 NER02	NER250325-7238	March 25, 2025	€21,150.00
4026 NER1_2	NER250430-7377	April 30, 2025	€5,900.00
3797 NER02_AM5	NER250523-7428	May 23, 2025	€4,323.00
4026 ER01/NER01_AM2	NER250526-7432	May 26, 2025	€14,950.00
NER02	NER250725-7649	July 25, 2025	€4,250.00
		Prepetition Total	**€61,873.00**

Crelux expressly reserves all rights accruing as a creditor. The filing of this Claim is not intended to be and shall not be construed as: (i) an election of remedy; (ii) a waiver of any past, present, or future amounts due and payable to Crelux by the Debtor or any other person or entity; (iii) a waiver, release, modification, limitation, or discharge of any rights, claims, remedies, privileges, or defenses that Crelux has or may have under the Bankruptcy Code, applicable law, or otherwise, against the Debtor or any other person, entity, or property; (iv) consent by Crelux to the jurisdiction of this Court; or (v) a waiver of the right to challenge the jurisdiction of this Court with respect to the subject matter of this Claim, any objection or other proceedings commenced with respect thereto, or any other proceedings commenced in the Debtor's case involving or affecting Crelux. This Claim is made without prejudice to the filing of additional proofs of claim with respect to any other indebtedness or liability to Crelux. Crelux expressly reserves the right to modify, amend, and/or supplement this Claim as circumstances warrant, or assert a priority administrative claim.

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/s/ Thomas Meins

Thomas Meins
Managing Director

7/9/2026

Docusign Envelope ID: 6867A874-1CAB-839C-815F-716DC1C35266

EXHIBIT A

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CRELUX GmbH
Am Haag 16
D-82166 Gräfelfing
Germany

CRELUX GmbH – Am Haag 16 82166 Gräfelfing

Nereid Therapeutics, Inc.
451 D Street, Suite 912
Boston MA 02210
USA
ap@nereidtx.com
jreilly@nereidtx.com
sbrantley@nereidtx.com

Alexander Lee Satz
Managing Director

phone: +49 89 7007600
fax: +49 89 700760222
crelux_invoice@wuxiapptec.com
www.crelux.com

Your reference	Our reference	Date
		March 10..2025

Invoice No. NER250310-7176

Date of Delivery: March 10.2025
Delivered to: j.withka@biopharmaworks.com
PO: 3797
NER02

Pos	Product	Price	Quantity	Total
1	1x IN4 - [DAV1] MST fresh labelling CN	650.00 €	1.00	650.00 €
2	15x IN6 - [DAV1] MST-Kd measurements CN	6,000.00 €	1.00	6,000.00 €
3	1x IN4 - [DAW1] MST fresh labelling	650.00 €	1.00	650.00 €
4	10x IN2 - [DAW1] MST - Kd measurements	4,000.00 €	1.00	4,000.00 €

Currency: Euro

Total net	11,300.00 €
VAT 0 %	
Total brutto	11,300.00 €

Important: please indicate invoice number when making payment
Please transfer the money within 30 days to the following bank account:
Stadtsparkasse München
Sparkassenstraße 2
80805 München
Germany
Account: 34152207
Bank Sorting Code: 70150000
IBAN: DE60701500000034152207
BIC: SSKM DE MM
Nicht im Inland steuerbare Leistung – not taxable in inland

VAT: DE242220245

Docusign Envelope ID: 6867A874-1CAB-839C-815F-716DC1C35266

CRELUX GmbH
Am Haag 16
D-82166 Gräfelfing
Germany

CRELUX GmbH – Am Haag 16 82166 Gräfelfing

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Boston MA 02210
USA
ap@nereidtx.com
jreilly@nereidtx.com
sbrantley@nereidtx.com

Alexander Lee Satz
Managing Director

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fax: +49 89 700760222
crelux_invoice@wuxiapptec.com
www.crelux.com

Your reference	Our reference	Date
		March 25.2025

Invoice No. NER250325-7238

Date of Delivery: March 25.2025
Delivered to: j.withka@biopharmaworks.com
PO: 3797
NER02

Pos	Product	Price	Quantity	Total
1	45x IN2 - [Truncated Myc] MST - 45 Kd measurements	15,500.00 €	1.00	15,500.00 €
2	1x IN5 - [Truncated Myc] MST fresh labeling CN	650.00 €	1.00	650.00 €
3	1x IN1 - [Truncated Myc] MST assay setup CN	5,000.00 €	1.00	5,000.00 €

Currency: Euro

Total net	21,150.00 €
VAT 0 %	
Total brutto	21,150.00 €

Important: please indicate invoice number when making payment
Please transfer the money within 30 days to the following bank account:
Stadtsparkasse München
Sparkassenstraße 2
80805 München
Germany
Account: 34152207
Bank Sorting Code: 70150000
IBAN: DE60701500000034152207
BIC: SSKM DE MM
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VAT: DE242220245

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Boston MA 02210
USA
ap@nereidtx.com
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sbrantley@nereidtx.com

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Managing Director

phone: +49 89 7007600
fax: +49 89 700760222
crelux_invoice@wuxiapptec.com
www.crelux.com

Your reference	Our reference	Date
		April 30th,2025

Invoice No. NER250430-7377

Date of Delivery: April 30.2025
Delivered to: sbrantley@nereidtx.com
PO: 4026
NER1_2

Pos	Product	Price	Quantity	Total
1	11x IN2 - SPR measurements	4,400.00 €	1.00	4,400.00 €
2	IN4 - SPR Repeated setup	1,500.00 €	1.00	1,500.00 €

Currency: Euro

Total net	5,900.00 €
VAT 0 %	
Total brutto	5,900.00 €

Important: please indicate invoice number when making payment
Please transfer the money within 30 days to the following bank account:
Stadtsparkasse München
Sparkassenstraße 2
80805 München
Germany
Account: 34152207
Bank Sorting Code: 70150000
IBAN: DE60701500000034152207
BIC: SSKM DE MM
Nicht im Inland steuerbare Leistung – not taxable in inland

VAT: DE242220245

Docusign Envelope ID: 6867A874-1CAB-839C-815F-716DC1C35266

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Germany

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fax: +49 89 700760222
crelux_invoice@wuxiapptec.com
www.crelux.com

Your reference	Our reference	Date
		May 23.2025

Invoice No. NER250523-7428

Date of Delivery: May 23.2025
Delivered to: sbrantley@nereidtx.com
PO: 3797
NER02_AM5

Pos	Product	Price	Quantity	Total
1	1xPP13 - Protein supply MAX and shipment	4,323.00 €	1.00	4,323.00 €

Currency: Euro

Total net	4,323.00 €
VAT 0 %	
Total brutto	4,323.00 €

Important: please indicate invoice number when making payment
Please transfer the money within 30 days to the following bank account:
Stadtsparkasse München
Sparkassenstraße 2
80805 München
Germany
Account: 34152207
Bank Sorting Code: 70150000
IBAN: DE60701500000034152207
BIC: SSKM DE MM
Nicht im Inland steuerbare Leistung – not taxable in inland

VAT: DE242220245

Docusign Envelope ID: 6867A874-1CAB-839C-815F-716DC1C35266

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VAT:DE242220245

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crelux_invoice@wuxiapptec.com
www.crelux.com

CRELUX GmbH – Am Haag 16 82166 Gräfelfing

Nereid Therapeutics, Inc.
451 D Street, Suite 912
Boston MA 02210
USA
ap@nereidtx.com
sbrantley@nereidtx.com

Your reference	Our reference	Date
		May 26th,2025

Invoice No. NER250526-7432

Date of Delivery: May 26.2025
Delivered to: sbrantley@nereidtx.com
PO: 4026
NER01/NER01_AM2

Pos	Product	Price	Quantity	Total
1	IN6 - [DLZ30] MST fresh labeling	650.00 €	1.00	650.00 €
2	IN8 - [DLZ30] MST Kd measurements,11compounds	4,400.00 €	1.00	4,400.00 €
3	IN2 - [DLZ28] SPR measurements, 10 compounds	4,000.00 €	1.00	4,000.00 €
4	IN4 - [DLZ28] SPR repeated setup	1,500.00 €	1.00	1,500.00 €
5	IN11b - nanoDSF 20xTm measurement [DLZ30]	3,500.00 €	1.00	3,500.00 €
6	IN11a - nanoDSF assay setup [DLZ30]	900.00 €	1.00	900.00 €

Currency: Euro

Total net	14,950.00 €
VAT 0 %	

Important: please indicate invoice number when making payment
Please transfer the money within 30 days to the following bank account:
Stadtsparkasse München
Sparkassenstraße 2
80805 München
Germany
Account: 34152207
Bank Sorting Code: 70150000
IBAN: DE60701500000034152207
BIC: SSKM DE MM
Nicht im Inland steuerbare Leistung – not taxable in inland

VAT: DE242220245

Docusign Envelope ID: 6867A874-1CAB-839C-815F-716DC1C35266

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D-82166 Gräfelfing
Germany

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Alexander Lee Satz
Managing Director

phone: +49 89 7007600
fax: +49 89 700760222
crelux_invoice@wuxiapptec.com
www.crelux.com

Your reference	Our reference	Date
		July 25.2025

Invoice No. NER250725-7649

Date of Delivery: July 25.2025
Delivered to: sbrantley@nereidtx.com
PO:
NER02

Pos	Product	Price	Quantity	Total
1	1x IN4 - [DAV1] MST fresh labelling CN	650.00 €	1.00	650.00 €
2	9x IN6 - [DAV1] MST-Kd measurements CN	3.600.00 €	1.00	3.600.00 €
	Currency: Euro			
		Total net		4.250.00 €
		VAT 0 %		
		Total brutto		4.250.00 €

Important: please indicate invoice number when making payment
Please transfer the money within 30 days to the following bank account:
Stadtsparkasse München
Sparkassenstraße 2
80805 München
Germany
Account: 34152207
Bank Sorting Code: 70150000
IBAN: DE60701500000034152207
BIC: SSKM DE MM
Nicht im Inland steuerbare Leistung – not taxable in inland

VAT: DE242220245