Claim #161 Date Filed: 3/24/2025

Fill in this information to identify the case:

Debtor 1 NEURON FUEL, INC

Debtor 2 (Spouse, if filing)

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

Case number 2411162 BLS

Official Form 410
Proof of Claim

04/22

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 of 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?**
   FRANCHISE TAX BOARD
   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 notice to the creditor be sent?	Where should payments to the creditor be sent? (if different)
BANKRUPTCY SECTION MS A340	
FRANCHISE TAX BOARD (Name)	(Name)
PO Box 2952 (Number Street)	(Number Street)
Sacramento CA 95812-2952 (City State ZIP Code)	(City Sate ZIP Code)
Contact phone (916) 845-4750	Contact phone
Contact email	Contact email

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Uniform claim identifier for electronic payments in chapter 13 (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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