Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/ZosanoPharma.

Fill in this information to identify the case:

Debtor Zosano Pharma Corporation

United States Bankruptcy Court for the District of Delaware

Case number 22-10506

☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

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. 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

1. **Who is the current creditor?**
   DAVID E. WILSON
   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)

   RECEIVED
   AUG 16 2022
   KURTZMAN CARSON CONSULTANTS

   Where should notices to the creditor be sent?
   DAVID WILSON
   Name
   3911 E. ROME ROAD
   Number Street
   CHILLICOTHE IL 61523
   City State ZIP Code
   U.S.A.
   Country
   Contact phone 309-339-3805
   Contact email _____

   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 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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