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

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?

ELIZABETH A CHRISTIE
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 24 2022
KURTZMAN CARSON CONSULTANTS

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
ELIZABETH CHRISTIE	SAME
Name	Name
P.O. Box 23	
Number Street	Number Street
11412 Bixby Hill Rd	
Delevan	
City State ZIP Code	City State ZIP Code
USA NY 14042	
Country	Country
Contact phone 716 225 8219	Contact phone
Contact email bacrn510@gmail.com	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? _____