

Fill in this information to identify the case:

Debtor 1 Insys Therapeutics, Inc

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 19-11292

Filed: USBC - District of Delaware
Insys Therapeutics, Inc., Et al. (B10)
19-11292 (KG)

INS



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JUN 28 2019

LEGAL SERVICES

04/19

Official Form 410

Proof of Claim

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?

Trump Card

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?

Where should notices to the creditor be sent?

Trump Card

Name

23807 Aliso Creek Road, Suite 200

Number Street

Laguna Niguel

Ca

92677

City

State

ZIP Code

Contact phone 949-360-7340

Contact email michelle.hanlon@trumpcardinc.com

Where should payments to the creditor be sent? (if different)

Trump Card

Name

23807 Aliso Creek Road, Suite 200

Number Street

Laguna Niguel

Ca

92677

City

State

ZIP Code

Contact phone 949-360-7340

Contact email michelle.hanlon@trumpcardinc.com

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? _____

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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7. How much is the claim?	\$ <u>250.00</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<p>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.</p> <p><u>Freight service</u></p>	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.	<p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,025* 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 \$13,650*) 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 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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)(2) 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 acknowledgment 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 a 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 27 2019
MM / DD / YYYY

Michele Morris
Signature

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

Name Michele Eileen Morris
First name Middle name Last name

Title Collections

Company Trump Card
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 23807 Aliso Creek Road, Suite 200
Number Street

Laguna Niguel Ca 92677
City State ZIP Code

Contact phone 949-360-7340 Email michelle.hanlon@trumpcardinc.com

TrumpCard

Please Remit To:

Trump Card
23807 Aliso Creek Road, Suite 200
Laguna Niguel, CA 92677
800-496-2206

Invoice

Invoice No.: 262128
Invoice Date: 6-27-19

Payment Terms: Net 30 Days.
Due Date: 7-27-19

INSYS MANUFACTURING
2700 OAKMONT DRIVE
ROUND ROCK TX, 78665

Description	Weight	Rate	Amount	Airbill Total
Airbill No.: 262128				
E.U.V.			250.00	
Shipper: INSYS THERAPEUTICS - ROUND ROCK, TX 78665				
Consignee: EARLY PHASE CLINICAL SERVICES - SAN ANTONIO, TX 78217				
Shipment signed for by: "GANCI"				
Global Ref/PO Number: PO5-002767-1				
Total for Airbill No. 262128				250.00



Total Invoice Amount:	250.00
Amount Paid / Credits Applied:	0.00
Balance Due:	250.00

We appreciate your business



TrumpCard

800-496-2206
www.trumpcardinc.com

SHIP DATE: 06/06/2019

AIRBILL NUMBER: 262128

SHIPPER:

INSYS THERAPEUTICS
2700 OAKMONT DRIVE

ROUND ROCK, TX 78665
JJ GARCIA 512-519-0266

CONSIGNEE:

EARLY PHASE CLINICAL SERVICES
2455 N.E.LOOP 410 SUITE 150

SAN ANTONIO, TX 78217
KIM FREEMAN 847-903-6595

3RD PARTY:

PREPAID

COLLECT

3RD PARTY

C.O.D.

YES

NOTE: UNLESS OTHERWISE INDICATED, CHARGES ARE ASSUMED TO BE PREPAID

GL/Department/Accounting Code:

THE DECLARED VALUE FOR CARRIAGE OF THIS SHIPMENT IS AGREED AND UNDERSTOOD TO BE \$50.00 OR \$.50 PER POUND, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE DECLARED BELOW AND APPLICABLE CHARGES PAID THEREON.

DECLARED VALUE

(SUBJECT TO THE TERMS AND CONDITIONS. THE LOSS IS AS STATED ABOVE)

ORIGIN

DESTIN

CHGWT

RATE

MAWB

AIRFREIGHT

PICKUP

DELIVERY

D.V.C.

OTHER

TOTAL CHARGES: _____

PAYABLE TO TRUMPCARD
GOVERNMENT REGULATIONS REQUIRE FREIGHT BILLS TO BE PAID IN (7) SEVEN DAYS.

RECEIVED IN GOOD ORDER BY CONSIGNEE

Date:

Time:

Pieces:

Signature:

PIECES

PALLETS

DIMENSIONS

WEIGHT

5

1

40 X 48 X 48

200

Description: MEDICAL DEVICES

WEIGHTS ARE SUBJECT TO CORRECTION

AIRFREIGHT SERVICES REQUESTED:

NEXT FLIGHT OUT

SECOND DAY

NEXT DAY BY NOON

DEFERRED

NEXT DAY BY 5:00 PM

X

OTHER

SECOND DAY A.M.

VALUE ADDED SERVICES REQUESTED:

APPOINTMENT DELIVERY (8AM-5PM)

SPECIAL INSTRUCTIONS:

READY: 10:00 AM

CLOSE: 5:00 PM

EUV - HOTSHOT

Booking Time: 3:27PM, 6/5/19

DOMESTIC AIRBILL NON-NEGOTIABLE

ORIGIN ID: INSA (949) 315-0722
 SUSAN MORA
 TRUMP CARD HOLDINGS
 23807 ALISO CREEK ROAD
 SUITE 200
 LAGUNA NIGUEL, CA 92677
 UNITED STATES US

SHIP DATE: 27JUN19
 ACTWGT: 0.25 LB
 CAD: 4616371/NET4100

BILL SENDER

555J1/021023A0

TO **INSYS THERAPEUTICS, INC-CLAIMS
 PROCESSING CENTER
 C/O EPIQ CORPORATE RESTRUCTURING
 10300 SW ALLEN BOULEVARD
 BEAVERTON OR 97005**

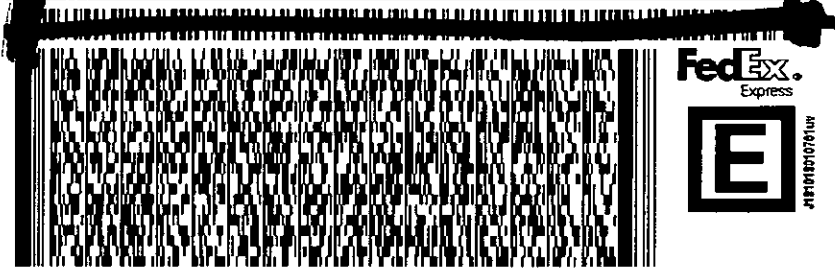
(512) 519-0266

REF:

INV:

PO:

DEPT:



TRK#
0201

7755 8618 5075

FRI - 28 JUN 3:00P
 STANDARD OVERNIGHT

WS BNOA

97005
 OR-US PDX



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JUN 28 2019

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After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.