

RECEIVED

MAR 22 2024

LEGAL SERVICES

Fill in this information to identify the case:

Debtor 1 Sientra, Inc

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number #24-10245 (JTD)

Official Form 410

Proof of Claim

Filed: USBC - District of Delaware
Sientra, Inc., et al
24-10245 (JTD)

(CLM)



0000000005

SNX

04/22

Read the instructions before filling out this form. This form is for making a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Use this form to

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? Syneos Health, LLC
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Synteract, Inc

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?
Wesley Roberts
Name
1030 Sync Street
Number Street
Morrisville NC 27560
City State ZIP Code
Contact phone 9847108555
Contact email wesley.roberts@syneoshealth.com
Where should payments to the creditor be sent? (if different)
Name
Number Street
City State ZIP Code
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? _____

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? \$ 102,354.94. 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.
Clinical Trial Management Services.

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: Security deposit.
Basis for perfection: Possession
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: \$ 100,000.00
Amount of the claim that is secured: \$ 100,000.00
Amount of the claim that is unsecured: \$ 2,354.94 (The sum of the secured and unsecured amounts 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: _____

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

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,350* 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 \$15,150*) 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 4/01/25 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 03/22/2024
MM / DD / YYYY

DocuSigned by:

Wesley Roberts

60AAAB1A65374CA...

Signature

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

Name Wesley Roberts
First name Middle name Last name

Title Managing Counsel

Company Syneos Health, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1030 Sync Street
Number Street
Morrisville NC 27560
City State ZIP Code

Contact phone 9847108555 Email wesley.roberts@syneoshealth.com

**SUPPLEMENT TO PROOF OF CLAIM OF
SYNEOS HEALTH, LLC**

Syneos Health, LLC f/k/a Synteract, Inc (“Claimant”) submits this supplement to its proof of claim in the amount of \$102,354.94 (the “Claim”) in the chapter 11 case of debtor Sientra, Inc (“Debtor”), Case #24-10245 (JTD).

1. On February 13th, 2024 (the “Petition Date”), Debtor and certain of its affiliates commenced voluntary petitions under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”).

2. This Claim is based upon that certain Master Agreement for Services dated August 13th, 2010 by and between Claimant and Debtor (the “Master Agreement”) and several Project Agreements (the “Project Agreements”) entered into pursuant to the Master Agreement.¹

3. Claimant is a contract research organization that offers a spectrum of clinical and commercial services to clients in the pharmaceutical and biotechnology industry; pursuant to the Agreement, Debtor hired Claimant to provide clinical management services (collectively, the “Services”) for which the Parties executed certain Project Agreements. The Project Agreements specify the parameters and set forth the details of the Services to be performed by Claimant, in addition to the initial scope of work set forth under the Master Agreement.

4. As part of this framework Claimant performed the Services for which it was hired and timely issued the corresponding invoices in accordance with Section 4.4 of the Master Agreement. As of the petition date Debtor had an outstanding balance of USD \$102,354.94 for the following outstanding invoices:

¹ The Master Agreement, and Project Agreements executed in connection therewith contain confidential information and are voluminous in nature. As such, Claimant is not attaching copies of these agreements to its Claim. Claimant shall make copies of such agreements available to the Debtor or the Court as necessary and upon request.

Invoice Number	Project	Category	Cust Name	Invoice Date	Due Date	Past Due	Remaining Due	Curr
402007590	SIT:Breast-Gel	LABOR	Sientra, Inc.	5-Dec-23	4-Jan-24	41	1,406.38	USD
402007592	SIT:Breast-PAS	LABOR	Sientra, Inc.	5-Dec-23	4-Jan-24	41	31,900.51	USD
402007706	SIT:Breast-Gel	PASS THROUGH	Sientra, Inc.	21-Dec-23	20-Jan-24	25	2,744.82	USD
402007786	SIT:Breast-Gel	LABOR	Sientra, Inc.	9-Jan-24	8-Feb-24	6	1,081.83	USD
402007787	SIT:Breast-PAS	LABOR	Sientra, Inc.	9-Jan-24	8-Feb-24	6	31,041.09	USD
402007847	SIT:Breast-Gel	PASS THROUGH	Sientra, Inc.	19-Jan-24	18-Feb-24	-4	2,744.82	USD
402007940	SIT:Breast-PAS	LABOR	Sientra, Inc.	6-Feb-24	7-Mar-24	-22	29,854.29	USD
402007942	SIT:Breast-Gel	LABOR	Sientra, Inc.	6-Feb-24	7-Mar-24	-22	1,581.20	USD
Total							102,354.94	

5. As a part of the Agreement the Debtor transferred a USD \$100,000 deposit to Claimant. Accordingly, Claimant asserts its right to be paid the full amount of its Claim using its right of set-off with the deposit.

6. Claimant specifically reserves the right to (a) amend and/or supplement this Claim at any time, including after the applicable bar date, and in any manner; and (b) to file additional proofs of claim for any additional claim(s) that may be based on the same or additional documents or grounds of liability. This Claim is not, and shall not be deemed to be, a waiver of any claim by the Claimant.

7. The filing of this Claim is not and shall not be deemed or construed as (a) a waiver or release by Claimant of any rights against any person, entity or property; (b) a consent by Claimant to the jurisdiction of any court with respect to proceedings, if any, commenced in any case otherwise involving Claimant; (c) a waiver or release of Claimant's right to trial by jury, or Claimant's consent to trial by jury in this Court or any other court in any proceeding as to any and

all matters so triable herein, whether or not the same be designated legal or private rights or in any case, controversy or proceeding related thereto, notwithstanding the designation or not of such matters as core proceedings pursuant to 28 U.S.C. § 157 or otherwise; (d) a waiver or release of Claimant's right to have, or to assert that, any and all final orders in any and all matters or proceedings be entered only after *de novo* review by a judge of the United States District Court; (e) a waiver of the right to move to withdraw the reference with respect to the subject matter of this Claim, any objection thereto or other proceeding which may be commenced in this case or otherwise involving Claimant; (f) an election of remedies or choice of law; (g) a waiver or release of or any other limitation on Claimant's right to assert that any portion of the claims asserted herein are entitled to treatment as priority claims or as administrative claims under §§ 503(b) and 507(a) of the Bankruptcy Code; or (h) a waiver of any rights, claims, actions or defenses, setoffs, recoupments or other matters to which Claimant is entitled under any agreements, at law, in equity or otherwise.

Exhibit A

Invoices



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 05-DEC-23
Invoice No: 402007590
Terms Name: NET 30
Due Date: 04-JAN-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
CP-1005	SIT:Breast-Gel	

Description	Amount(USD)
Hours achieved for NOV-23	1,406.38
Subtotal	1,406.38
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	1,406.38

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007590

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 05-DEC-23
Invoice No: 402007592
Terms Name: NET 30
Due Date: 04-JAN-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
US-PAS	SIT:Breast-PAS	

Description	Amount(USD)
Hours achieved for NOV-23	31,900.51
Subtotal	31,900.51
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	31,900.51

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007592

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 21-DEC-23
Invoice No: 402007706
Terms Name: NET 30
Due Date: 20-JAN-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
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CP-1005	SIT:Breast-Gel	
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Description	Amount(USD)
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2,744.82

Subtotal 2,744.82

US FEDERAL EXPORT SALES TAX 0.00 % 0.00

SPECIAL RATE 0.00 % 0.00

FREIGHT-SPECIAL RATE 0.00 % 0.00

Total 2,744.82

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007706

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 09-JAN-24
Invoice No: 402007786
Terms Name: NET 30
Due Date: 08-FEB-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
CP-1005	SIT:Breast-Gel	

Description	Amount(USD)
Hours achieved for DEC-23	1,081.83
Subtotal	1,081.83
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	1,081.83

REMIT PAYMENT TO:
Synteract Inc at the address below and reference the invoice number: 402007786

<u>Wire Instructions</u>		<u>Mailing Instructions (including overnight)</u>	
Beneficiary Bank:	Wells Fargo Bank, N.A.	Synteract, Inc.	
Beneficiary Bank Address:	420 Montgomery Street San Francisco CA 94163 US	5909 Sea Otter Place Carlsbad CA 92010	
ABA (routing) #:	██████████		
SWIFT:	██████████		
Beneficiary Account Name:	Synteract Inc		
Sort Code			
IBAN			
Beneficiary Account #:	██████████		

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 09-JAN-24
Invoice No: 402007787
Terms Name: NET 30
Due Date: 08-FEB-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
US-PAS	SIT:Breast-PAS	

Description	Amount(USD)
Hours achieved for DEC-23	31,041.09
Subtotal	31,041.09
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	31,041.09

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007787

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 19-JAN-24
Invoice No: 402007847
Terms Name: NET 30
Due Date: 18-FEB-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
CP-1005	SIT:Breast-Gel	

Description	Amount(USD)
	2,744.82
Subtotal	2,744.82
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	2,744.82

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007847

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 06-FEB-24
Invoice No: 402007940
Terms Name: NET 30
Due Date: 07-MAR-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
US-PAS	SIT:Breast-PAS	

Description	Amount(USD)
Hours achieved for JAN-24	29,854.29
Subtotal	29,854.29
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	29,854.29

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007940

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

Please email all electronic remittance details to Syneosremit@syneoshealth.com



INVOICE

Synteract, Inc.
1030 Sync Street
Morrisville 27560
United States

Mail To:
Sientra, Inc.
420 S. Fairview Avenue
Suite 200
Santa Barbara CA 93117
United States

Invoice Date: 06-FEB-24
Invoice No: 402007942
Terms Name: NET 30
Due Date: 07-MAR-24

Attention :
Sponsor VAT Number:

Project Description	Project	PO Number
CP-1005	SIT:Breast-Gel	

Description	Amount(USD)
Hours achieved for JAN-24	1,581.20
Subtotal	1,581.20
US FEDERAL EXPORT SALES TAX 0.00 %	0.00
SPECIAL RATE 0.00 %	0.00
FREIGHT-SPECIAL RATE 0.00 %	0.00
Total	1,581.20

REMIT PAYMENT TO:

Synteract Inc at the address below and reference the invoice number: 402007942

Wire Instructions

Beneficiary Bank: Wells Fargo Bank, N.A.
Beneficiary Bank Address: 420 Montgomery Street
San Francisco CA 94163
US

Mailing Instructions (including overnight)

Synteract, Inc.
5909 Sea Otter Place
Carlsbad CA 92010

ABA (routing) #: [REDACTED]
SWIFT: [REDACTED]
Beneficiary Account Name: Synteract Inc
Sort Code
IBAN
Beneficiary Account #: [REDACTED]

Please email all electronic remittance details to Syneosremit@syneoshealth.com