

Fill in this information to identify the case:

Debtor AmplifyBio, LLC

United States Bankruptcy Court for the: Southern District of Ohio

Case number (if known) 25-52140

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$45,400,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$78,852,148.69

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$124,252,148.69

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$28,423,763.78

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*

\$764,793.56

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+ \$17,467,501.68

4. **Total liabilities**

Lines 2 + 3a + 3b

\$46,656,059.02

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 11: ALL OTHER ASSETS

70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM? INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP

	ADDITION	
77.1. UNBILLED RECEIVABLES		UNDETERMINED
	DELETED	
77.2. UNBILLED RECEIVABLES - ADJUVANCE TECHNOLOGIES, INC.		(\$22,487.64)
	DELETED	
77.3. UNBILLED RECEIVABLES - ALTRIA CLIENT SERVICES LLC		\$100,523.06
	DELETED	
77.4. UNBILLED RECEIVABLES - BASF SE		\$86,464.70
	DELETED	
77.5. UNBILLED RECEIVABLES - BATTELLE MEMORIAL INSTITUTE		(\$2,694,017.01)
	DELETED	
77.6. UNBILLED RECEIVABLES - BOEHRINGER INGELHEIM CORP		\$3,985,364.99
	DELETED	
77.7. UNBILLED RECEIVABLES - CAPSIDA BIOTHERAPEUTICS		(\$21,950.62)
	DELETED	
77.8. UNBILLED RECEIVABLES - CORINNOVA, INC		(\$364.57)
	DELETED	
77.9. UNBILLED RECEIVABLES - ENDOCYCLIC THERAPEUTICS		\$5,148.01

(Name)

Current value of debtor's interest

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP

	DELETED	
77.10.	UNBILLED RECEIVABLES - ENSOMA, INC.	\$69,650.00
	DELETED	
77.11.	UNBILLED RECEIVABLES - JUUL LABS, INC.	(\$125,525.83)
	DELETED	
77.12.	UNBILLED RECEIVABLES - KRIYA THERAPEUTICS, INC.	\$1,308,474.00
	DELETED	
77.13.	UNBILLED RECEIVABLES - MYLAN INC., A VIATRIS COMPANY	(\$3,320.10)
	DELETED	
77.14.	UNBILLED RECEIVABLES - NOB HILL THERAPEUTICS, INC.	\$10,708.23
	DELETED	
77.15.	UNBILLED RECEIVABLES - OUTPACE BIO, INC	(\$27,050.00)
	DELETED	
77.16.	UNBILLED RECEIVABLES - PATHFINDER ONCOLOGY, INC.	(\$154,278.84)
	DELETED	
77.17.	UNBILLED RECEIVABLES - PFIZER INC CENTRAL RES	(\$18,096.35)
	DELETED	
77.18.	UNBILLED RECEIVABLES - PUBLIC HEALTH VACCINES LLC	(\$194,618.27)
	DELETED	
77.19.	UNBILLED RECEIVABLES - PVP BIOLOGICS	(\$50,352.63)
	DELETED	
77.20.	UNBILLED RECEIVABLES - QNOVIA, INC.	(\$3,426.40)
	DELETED	
77.21.	UNBILLED RECEIVABLES - RESEARCH FOUNDATION FOR MENTAL HYGIENE	(\$3,159,080.52)
	DELETED	
77.22.	UNBILLED RECEIVABLES - UNIVERSITY OF PITTSBURGH	\$2,428,840.36
	DELETED	
77.23.	UNBILLED RECEIVABLES - VAXCYTE	(\$1,174.87)
	DELETED	
77.24.	UNBILLED RECEIVABLES - WALKING FISH THERAPEUTICS, INC	(\$432,975.30)

78 Total of Part 11.
ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90. \$39,616,130.95

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
 No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$3,158,774.88	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$6,613,572.99	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$702,192.26	
83. Investments. <i>Copy line 17, Part 4.</i>	\$20,000,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>		
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,524,111.50	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$7,237,366.11	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$45,400,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+	\$39,616,130.95
91. Total. Add lines 80 through 90 for each column. 91a.	\$78,852,148.69	+ 91b. \$45,400,000.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$124,252,148.69

Fill in this information to identify the case:

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
AMENDED			
2.24	Priority creditor's name and mailing address LICKING COUNTY TREASURER PO BOX 830 NEWARK, OH 43058-0830 Date or dates debt was incurred 5/16/2025 Last 4 digits of account number:	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,626.80 \$78,626.80
AMENDED			
2.28	Priority creditor's name and mailing address MADISON COUNTY TREASURER 1 NORTH MAIN STREET LONDON, OH 43140 Date or dates debt was incurred 5/16/2025 Last 4 digits of account number:	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,767.25 \$200,767.25

Part 2:

Additional Page

Amount of claim

AMENDED

3.47 Nonpriority creditor's name and mailing address

ALTRIA CLIENT SERVICES LLC
1009-ZHANGJ4
PO BOX 6544
PORTLAND, OR 97228-6544

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.48 Nonpriority creditor's name and mailing address

AMALGENT THERAPEUTICS
300 E. FIRST ST.
GREENVILLE, NC 27858

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.80 Nonpriority creditor's name and mailing address

ARISAN THERAPEUTICS
5825 AVENIDA ENCINAS
STE. 101
CARLSBAD, CA 92008

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.82 Nonpriority creditor's name and mailing address

AVICENNA BIOSCIENCES, INC.
101 W. CHAPEL HILL STREET
SUITE 210
DURHAM, NC 27701

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.84 Nonpriority creditor's name and mailing address

AVILA HERBALS, LLC
4025 CHILDRESS ROAD
CHRISTIANSBURG, VA 24073

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

Part 2: Additional Page

Amount of claim

AMENDED

3.92 **Nonpriority creditor's name and mailing address**

BASF SE
CARL-BOSCH-STR. 38
LUDWIGSHAFEN 67056
GERMANY

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.127 **Nonpriority creditor's name and mailing address**

BATTELLE MEMORIAL INSTITUTE
505 KING AVENUE
COLUMBUS, OH 43201

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.129 **Nonpriority creditor's name and mailing address**

BAUSCH HEALTH US, LLC
400 SOMERSET CORPORATE BLVD.
BRIDGEWATER, NJ 8807

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.130 **Nonpriority creditor's name and mailing address**

BAYER RESEARCH & DEVELOPMENT SERVICES LLC
PO BOX 328
6135 N LINDBERGH BLVD
HAZELWOOD, MO 63042

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.196 **Nonpriority creditor's name and mailing address**

BOEHRINGER INGELHEIM CORP
900 RIDGEBURY RD
PO BOX 368
RIDGEFIELD, CT 06877

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

Part 2: Additional Page

Amount of claim

AMENDED

3.214 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 CAPSIDA BIOTHERAPEUTICS
 2535 W. HILLCREST DRIVE
 SUITE 210
 THOUSAND OAKS, CA 91320
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER
Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.236 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 CHASE THERAPEUTICS CORPORATION
 1825 K STREET MW, SUITE 507
 WASHINGTON, DC 20006
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER
Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.308 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 CORINNOVA, INC
 2450 HOLCOMBE BLVD SUITE J
 HOUSTON, TX 77021
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER
Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.330 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 DECIBEL THERAPEUTICS, INC
 777 OLD SAW MILL RIVER RD.
 TARRYTOWN, NY 10591
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER
Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.342 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 DIGNIFY THERAPEUTICS
 2 DAVIS DRIVE
 RESEARCH TRIANGLE PARK, NC 27709
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER
Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

Part 2: Additional Page

Amount of claim

AMENDED

3.383 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 DUO ONCOLOGY INC.
 1465 BLAIR ST.
 PITTSBURGH, PA 15207
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.386 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 EIKONOKLASTES THERAPEUTICS, INC.
 2356 PARK AVE. #17
 CINCINNATI, OH 45206
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.400 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 ENDOCYCLIC THERAPEUTICS
 5270 CALIFORNIA AVE
 SUITE 300
 IRVINE, CA 92617
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.402 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 ENSOMA, INC.
 451 D STREET
 7TH FLOOR
 BOSTON, MA 02210
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.938 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 GENERATION BIO CO.
 301 BINNEY STREET
 STE 3
 CAMBRIDGE, MA 2142
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

Part 2:

Additional Page

Amount of claim

AMENDED

3.1108 Nonpriority creditor's name and mailing address

INMUNE BIO INC (ABIO)
98 NORTH FEDERAL HIGHWAY
SUITE 110
BOCA RATON, FL 33432

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.1134 Nonpriority creditor's name and mailing address

INTERNATIONAL AIDS VACCINE INITIATIVE INC (IAVI)
125 BROAD STREET
9TH FLOOR
NEW YORK, NY 10004

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.1135 Nonpriority creditor's name and mailing address

IRRIMAX CORPORATION
1665 LAKES PARKWAY, SUITE 102
LAWRENCEVILLE, GA 30043

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.1144 Nonpriority creditor's name and mailing address

JT INTERNATIONAL S.A.
8, RUE KAZEM RADJAVI
1202 GENEVA
SWITZERLAND

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

AMENDED

3.1145 Nonpriority creditor's name and mailing address

JUUL LABS, INC.
660 ALABAMA ST, 2ND FLR
SAN FRANCISCO, CA 94110

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
Yes

UNDETERMINED

Part 2: Additional Page

Amount of claim

AMENDED

3.1159 **Nonpriority creditor's name and mailing address**
LEXARIA BIOSCIENCE CORP.
740 MCCURDY RD
UNIT 100
KELOWNA, BC V1X 2P7
CANADA

Date or dates debt was incurred
5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:
CUSTOMER

Is the claim subject to offset?
 No
 Yes

UNDETERMINED

AMENDED

3.1246 **Nonpriority creditor's name and mailing address**
LINEAR THERAPIES, INC.
6564 LOISDALE COURT
SUITE 550C
SPRINGFIELD, VA 22150

Date or dates debt was incurred
5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:
CUSTOMER

Is the claim subject to offset?
 No
 Yes

UNDETERMINED

AMENDED

3.1248 **Nonpriority creditor's name and mailing address**
LOKI THERAPEUTICS, INC
1061 JACKSON AVE 6
LONG ISLAND CITY, NY 11101

Date or dates debt was incurred
5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:
CUSTOMER

Is the claim subject to offset?
 No
 Yes

UNDETERMINED

AMENDED

3.1326 **Nonpriority creditor's name and mailing address**
MEIRAGTX
450 EAST 29TH STREET
14TH FLOOR
NEW YORK, NY 10116

Date or dates debt was incurred
5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:
CUSTOMER

Is the claim subject to offset?
 No
 Yes

UNDETERMINED

AMENDED

3.1362 **Nonpriority creditor's name and mailing address**
MYLAN INC., A VIATRIS COMPANY
1000 MYLAN BOULEVARD
CANONSBURG, PA 15317

Date or dates debt was incurred
5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:
CUSTOMER

Is the claim subject to offset?
 No
 Yes

UNDETERMINED

Part 2:

Additional Page

Amount of claim

AMENDED

3.1363 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 NAVIGATOR MEDICINES, INC
 2525 SMITH STREET
 SCOTCH PLAINS, NJ 07076
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1368 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 NOB HILL THERAPEUTICS, INC.
 5901 INDIAN RD
 UNIT 209
 ALBUQUERQUE, NM 87110
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1372 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 NUVATION BIO
 1500 BROADWAY
 SUITE 1401
 NEW YORK, NY 10036
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1380 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$15.00
 PARACORP
 PO BOX 160568
 SACRAMENTO, CA 95816
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 TRADE PAYABLE
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1395 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 PFIZER INC CENTRAL RES
 P O BOX 34600
 BARLETT, TN 38184-0600
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

Amplify Bio, LLC

Case Number Unknown

25-52146

Part 2: Additional Page

Amount of claim

AMENDED

3.1423 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
Check all that apply.

PROCELLA THERAPEUTICS AB
 ALFRED NOBELS ALLÉ 150
 TULLINGE 146 48
 SWEDEN

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER

Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.1429 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
Check all that apply.

PUBLIC HEALTH VACCINES LLC
 101 MAIN STREET, SUITE 1400
 CAMBRIDGE, MA 02142

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER

Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.1430 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
Check all that apply.

PVP BIOLOGICS
 4229 PHINNEY AVENUE NORTH
 SEATTLE, WA 98103

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER

Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.1432 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
Check all that apply.

QNOVIA, INC.
 1925 CENTURY PARK E
 SUITE 700
 LOS ANGELES, CA 90067

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER

Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

AMENDED

3.1452 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
Check all that apply.

RESEARCH FOUNDATION FOR MENTAL HYGIENE
 1051 RIVERSIDE DR
 UNIT 120
 ROOM 3732
 NEW YORK, NY 10032

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred **Basis for the claim:**
 5/16/2025 CUSTOMER

Last 4 digits of account number: **Is the claim subject to offset?**
 No
 Yes

Amplify Bio, LLC

Case Number Unknown

25-52146

(Name)

Part 2: Additional Page

Amount of claim

AMENDED

3.1527 **Nonpriority creditor's name and mailing address**

SHAPE THERAPEUTICS INC.
700 DEXTER AVE N
SUITE 1550
SEATTLE, WA 98109

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.1542 **Nonpriority creditor's name and mailing address**

SILO PHARMA INC
560 SYLVAN AVE
SUITE 3160
ENGLEWOOD, NJ 07632

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.1585 **Nonpriority creditor's name and mailing address**

SUMITOMO DAINIPPON PHARMA ONCOLOGY, INC.
3900 N TRAVERSE MOUNTAIN BLVD,
SUITE #100
LEHI, UT 84043

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.1600 **Nonpriority creditor's name and mailing address**

THE ASSAY DEPOT, INC (DPA SCIENTIST.COM)
329 S HIGHWAY 101
SUITE 230
SOLANA BEACH, CA 92075

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

AMENDED

3.1601 **Nonpriority creditor's name and mailing address**

THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP)
3401 CIVIC CENTER BLVD
PHILADELPHIA, PA 19104-4318

Date or dates debt was incurred

5/16/2025

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

CUSTOMER

Is the claim subject to offset?

- No
- Yes

UNDETERMINED

Part 2: Additional Page

Amount of claim

AMENDED

3.1608 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 THE REGENTS OF THE UNIVERSITY OF MICHIGAN
 3003 S. STATE STREET
 ANN ARBOR, MI 48109
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1622 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 TUNE THERAPEUTICS, INC
 1930 BOREN AVE, FLOOR 5
 SEATTLE, WA 98101
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1655 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 UNIVERSITY OF PITTSBURGH
 PO BOX 3329
 SCRANTON, PA 18505
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1662 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 VAXCYTE
 825 INDUSTRIAL ROAD, SUITE 300
 SAN CARLOS, CA 94070
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

AMENDED

3.1663 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNDETERMINED
 VECTOR BIOMED, INC.
 910 CLOPPER RD.
 SUITE 2005
 GAITHERSBURG, MD 20878
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred
 5/16/2025
Basis for the claim:
 CUSTOMER
Last 4 digits of account number:
Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

			Amount of claim
	AMENDED		
3.1763	<p>Nonpriority creditor's name and mailing address</p> <p>WALKING FISH THERAPEUTICS, INC 450 E. JAMIE COURT SUITE 300 SOUTH SAN FRANCISCO, CA 94080</p> <p>Date or dates debt was incurred</p> <p>5/16/2025</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: CUSTOMER</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>UNDETERMINED</p>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

			Total of claim amounts
5a. Total claims from Part 1	5a.	\$764,793.56	<hr/>
5b. Total claims from Part 2	5b.	+	\$17,467,501.68
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$18,232,295.24	<div style="border: 1px solid black; padding: 2px;"><hr/></div>

Debtor AmplifyBio, LLC

United States Bankruptcy Court for the: Southern District of Ohio

Case number 25-52140
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/23/2025
MM / DD / YYYY

X /s/ KASEY ROSADO
Signature of individual signing on behalf of debtor

KASEY ROSADO
Printed name

CHIEF RESTRUCTURING OFFICER
Position or relationship to debtor