

## Fill in this information to identify the case:

Debtor 1 AKORN INC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware

Case number 20-11177

**FILED**

2020 MAY 29 AM 10:05

CLERK  
US BANKRUPTCY COURT  
DISTRICT OF DELAWARE

## Official Form 410

**Proof of Claim**

12/15

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?**CDW Direct, LLC

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)

**Where should notices to the creditor be sent?**CDW / Attn: Ronelle Erickson

Name  
200 N. Milwaukee Ave

Number Street  
Vernon Hills IL 60061

City State ZIP Code

Contact phone 847-419-6253Contact email Roneeri@cdw.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: \_\_\_\_\_

Customer # 2612889 Please reference on all correspondence mailed to CDW

7. How much is the claim? \$ 4810.00 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.

Goods Sold

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: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

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: \$ \_\_\_\_\_

Amount of the claim that is secured: \$ \_\_\_\_\_

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (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 all that apply:

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 \$2,775\* 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 \$12,475\*) 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 4/01/16 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 05/21/2019  
MM / DD / YYYY

Signature

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

Name Ronelle Erickson  
First name Middle name Last name

Title Recovery Supervisor

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street  
Vernon Hills, IL 60061

City State ZIP Code

Contact phone 847-419-6253 Email Roneeri@cdw.com

Entry Type	Item	Invoice Date	Orig Item Amt	Item Balance	PO
IN	CH2001595	4/7/2020	\$ 185.00	\$ 185.00	187756
IN	CH2001218	4/3/2020	\$ 4,625.00	\$ 4,625.00	184795

TOTAL: \$ 4,810.00



**CDW**  
5520 Research Park Drive  
Madison, WI 53711

RETURN SERVICE REQUESTED

# INVOICE



## ACH INFORMATION:

THE NORTHERN TRUST  
60 SOUTH LASALLE STREET  
CHICAGO, IL 60675

E-mail Remittance To: [achremittance@cdw.com](mailto:achremittance@cdw.com)

ROUTING NO.: 071000152  
ACCOUNT NAME: CDW DIRECT  
ACCOUNT NO.: 47910

INVOICE NUMBER	INVOICE DATE	CLIENT NUMBER
CH2001218	04/03/2020	2612889
PO NUMBER		SALES TAX
184795		0.00
DUE DATE		AMOUNT DUE
05/03/2020		4,625.00

AKORN INC  
1925 W FIELD CT STE 300  
LAKE FOREST IL 60045-4862

REMIT PAYMENT TO:

**CDW Direct**  
P.O Box 75723  
Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DATE	ITEM DESCRIPTION	PRICE	UOM	QTY	NET AMOUNT
<b>Professional Services</b>					
<b>Project: Akorn-2019.06-Sharepoint</b>					
<b>Task: Project Management</b>					
<b>Brad Wright-PPM</b>					
03/03/2020	Project Management,Project Meetings and Status,Project Kick-off Development/Upda tes,Project Scheduling/Planning/Budgets	185.00	HR	1.00	185.00
03/04/2020	Project Management,Project Meetings and Status,Project Kick-off Development/Upda tes,Project Scheduling/Planning/Budgets	185.00	HR	1.00	185.00
03/05/2020	Project Management,Project Meetings and Status,Project Kick-off Development/Upda tes,Project Scheduling/Planning/Budgets	185.00	HR	1.00	185.00
03/09/2020	Project Management,Project Meetings,Project Closure	185.00	HR	1.00	185.00
03/10/2020	Project Management,Project Meetings and Status, Budget, Plan	185.00	HR	0.50	92.50
03/11/2020	Project Management,Project Closure,Project Meetings and Status, Budget, Plan	185.00	HR	0.50	92.50
03/12/2020	Project Management,Project Closure,Project Meetings and Status, Budget, Plan	185.00	HR	0.50	92.50
<b>Subtotal for: Brad Wright-PPM</b>				<b>5.50</b>	<b>1,017.50</b>
<b>Subtotal for: Project Management</b>				<b>5.50</b>	<b>1,017.50</b>
<b>Task:Senior Engineer</b>					
<b>Tom Dietz</b>					
03/03/2020	Migration Config,Issue Resolution	195.00	HR	3.00	585.00
03/04/2020	Test Migration	195.00	HR	3.00	585.00
03/06/2020	Migration Prep,Prod Migration	195.00	HR	2.00	390.00
03/07/2020	Prod Migration	195.00	HR	4.00	780.00
03/08/2020	UAT Meeting	195.00	HR	1.50	292.50
03/09/2020	Day One Support	195.00	HR	4.00	780.00
03/11/2020	SharePoint Q&A	195.00	HR	0.50	97.50
03/12/2020	Project Closure Meeting	195.00	HR	0.50	97.50
<b>Subtotal for: Tom Dietz</b>				<b>18.50</b>	<b>3,607.50</b>
<b>Subtotal for: Senior Engineer</b>				<b>18.50</b>	<b>3,607.50</b>
<b>Subtotal for: Akorn-2019.06-Sharepoint</b>				<b>24.00</b>	<b>4,625.00</b>
<b>Professional Services</b>					<b>4,625.00</b>
Sub Total:					4,625.00
Sales Tax:					0.00
<b>Amount Due</b>					<b>4,625.00</b>



ISO 9001 and ISO 14001 Certified  
CDW DIRECT FEIN 36-4530079

HAVE QUESTIONS ABOUT YOUR ACCOUNT?  
please email us at [billingquestions@cdw.com](mailto:billingquestions@cdw.com)  
VISIT US ON THE INTERNET AT [www.cdw.com](http://www.cdw.com)



**CDW**  
5520 Research Park Drive  
Madison, WI 53711

RETURN SERVICE REQUESTED

# INVOICE



ACH INFORMATION:  
THE NORTHERN TRUST  
50 SOUTH LASALLE STREET  
CHICAGO, IL 60675

E-mail Remittance To: [achremittance@cdw.com](mailto:achremittance@cdw.com)

ROUTING NO.: 071000152  
ACCOUNT NAME: CDW DIRECT  
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INVOICE NUMBER	INVOICE DATE	CLIENT NUMBER
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PO NUMBER		SALES TAX
187756		0.00
DUE DATE		AMOUNT DUE
05/07/2020		185.00

AKORN INC  
1925 W FIELD CT STE 300  
LAKE FOREST IL 60045-4862

REMIT PAYMENT TO:

CDW Direct  
P.O Box 75723  
Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DATE	ITEM DESCRIPTION	PRICE	UOM	QTY	NET AMOUNT
<b>Professional Services</b>					
<b>Project: Akorn-2019.08-Microsoft.CoManagement</b>					
<b>Task: Project Management</b>					
<b>Brad Wright-PPM</b>					
04/02/2020	Project Management, Project Status, Budget, Plan updates, Project Resource Scheduling, Project Meetings	185.00	HR	1.00	185.00
<b>Subtotal for: Brad Wright-PPM</b>				<b>1.00</b>	<b>185.00</b>
<b>Subtotal for: Project Management</b>				<b>1.00</b>	<b>185.00</b>
<b>Subtotal for: Akorn-2019.08-Microsoft.CoManagement</b>				<b>1.00</b>	<b>185.00</b>
<b>Professional Services</b>					<b>185.00</b>
Sub Total:					185.00
Sales Tax:					0.00
<b>Amount Due</b>					<b>185.00</b>

## GO GREEN!

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at [paperlessbilling@cdw.com](mailto:paperlessbilling@cdw.com). Please include your Customer number or an Invoice number in your email for faster processing.

## REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email [credit@cdw.com](mailto:credit@cdw.com) with any questions.



ISO 9001 and ISO 14001 Certified  
CDW DIRECT FEIN 36-4530079

HAVE QUESTIONS ABOUT YOUR ACCOUNT?  
please email us at [billingquestions@cdw.com](mailto:billingquestions@cdw.com)  
VISIT US ON THE INTERNET AT [www.cdw.com](http://www.cdw.com)