

Fill in this information to identify the case:

Debtor 1 Medical Packaging Inc.Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 20-11177

Official Form 410

Proof of Claim

04/19

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?	<u>Medical Packaging Inc.</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Medical Packaging Inc.</u> Name <u>8 Kings Court</u> Number Street <u>Flemington</u> <u>NJ</u> <u>08822</u> City State ZIP Code Contact phone <u>(609) 681-2029</u> Contact email <u>jamentler@medpak.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	
Filed on MM / DD / YYYY <input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return		



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: 0 2 6 8

7. How much is the claim? \$ 88,982.40. 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: \$ 88,982.40
- Amount of the claim that is secured: \$ 0.00
- Amount of the claim that is unsecured: \$ 88,982.40 (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ 0.00Annual Interest Rate (when case was filed) 0.00 %

- ☐ 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

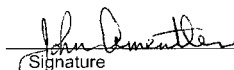
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 05/20/2020
MM / DD / YYYY


Signature

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

Name	John Amentler		
	First name	Middle name	Last name
Title	Controller		
Company	Medical Packaging Inc.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	8 Kings Court		
	Number	Street	
	Flemington	NJ	08822
	City	State	ZIP Code
Contact phone	(609)681-2029	Email	jamentler@medpak.com

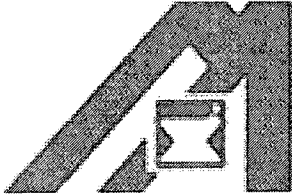
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INVOICE

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Remit Payment To:

MEDICAL PACKAGING INC.

8 Kings Court

Flemington, NJ 08822 USA

Tel: (800) 257-5282 Option 6

Fax: (609) 651-8072

EIN#: 22-2722926

INVOICE	FOS0009165
DATE	5/7/2020

BILL TO:

Hi-Tech c/o Akorn AP V# 2500957
Akorn Pharmaceuticals (formerly, Hi-Tech
Pharmaceutical)
1925 W Field Ct Ste 300
Lake Forest, IL 60045-4862 USA

SHIP TO:

Lisa Hupp
Hi-Tech Pharmaceutical Co., Inc.
13 E Edison St
Amityville, NY 11701-2813 USA

PURCHASE ORDER NO	CUSTOMER ID	SALESPERSON ID	SHIPPING METHOD	DUE DATE	SHIP DATE
193459	00268	MPI	FRT PKUP Cust Acct	6/6/2020	4/30/2020
ORDERED	B/O	ITEM NUMBER	DESCRIPTION	PRICE	TOTAL
324.00	0.00	5007-HTN	Cup, Large 35mL P1685 - 2,000 (100x20)	\$112.60	\$36,482.40
Lot/Serial: 108 - 27248					
Lot/Serial: 54 - 27248					
Lot/Serial: 108 - 27260					
Lot/Serial: 54 - 27260					
		Tracking Number	Empire Freight BOL# 317141		

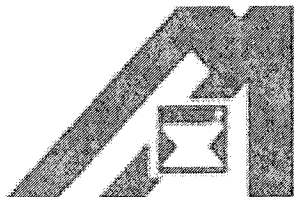
SUBTOTAL	\$36,482.40
MISC	\$0.00
TAX	\$0.00
FREIGHT	\$0.00
TRADE DISCOUNT	\$0.00
TOTAL	\$36,482.40

The following terms and conditions apply:

<https://www.medpak.com/wp-content/uploads/2019/02/G-9021rev.2-Disposable-Material-Terms-and-Conditions-020419.pdf>

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MEDICAL PACKAGING INC.

8 Kings Court

Flemington, NJ 08822 USA

Tel: (800) 257-5282 Option 6

Fax: (609) 651-8072

EIN#: 22-2722926

INVOICE	FOS0009381
DATE	4/24/2020

BILL TO:

Hi-Tech c/o Akorn AP V# 2500957
Akorn Pharmaceuticals (formerly, Hi-Tech
Pharmaceutical)
1925 W Field Ct Ste 300
Lake Forest, IL 60045-4862 USA

SHIP TO:

Lisa Hupp
Hi-Tech Pharmacal Co., Inc.
13 E Edison St
Amityville, NY 11701-2813 USA

PURCHASE ORDER NO	CUSTOMER ID	SALESPERSON ID	SHIPPING METHOD	DUE DATE	SHIP DATE
195148	00268	MPI	FRT PKUP Cust Acct	5/24/2020	4/20/2020
ORDERED	B/O	ITEM NUMBER	DESCRIPTION	PRICE	TOTAL
250.00	0.00	5002-HTN	Cup, Small 15mL P1685 - 2,000 (50x40)	\$105.00	\$26,250.00
Lot/Serial: 90 - 27218					
Lot/Serial: 90 - 27218					
Lot/Serial: 70 - 27218					

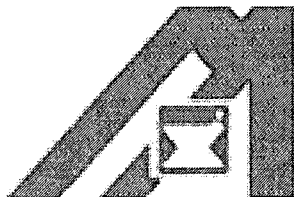
SUBTOTAL	\$26,250.00
MISC	\$0.00
TAX	\$0.00
FREIGHT	\$0.00
TRADE DISCOUNT	\$0.00
TOTAL	\$26,250.00

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<https://www.medpak.com/wp-content/uploads/2019/02/G-9021rev.2-Disposable-Material-Terms-and-Conditions-020419.pdf>

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Remit Payment To:

MEDICAL PACKAGING INC.

8 Kings Court

Flemington, NJ 08822 USA

Tel: (800) 257-5282 Option 6

Fax: (609) 651-8072

EIN#: 22-2722926

INVOICE	FOS0009723
DATE	5/15/2020

BILL TO:

Hi-Tech c/o Akorn AP V# 2500957
Akorn Pharmaceuticals (formerly, Hi-Tech
Pharmaceutical)
1925 W Field Ct Ste 300
Lake Forest, IL 60045-4862 USA

SHIP TO:

Lisa Hupp
Hi-Tech Pharmaceutical Co., Inc.
13 E Edison St
Amityville, NY 11701-2813 USA

PURCHASE ORDER NO	CUSTOMER ID	SALESPERSON ID	SHIPPING METHOD	DUE DATE	SHIP DATE
196214	00268	MPI	FRT PKUP Cust Acct	6/14/2020	5/12/2020
ORDERED	B/O	ITEM NUMBER	DESCRIPTION	PRICE	TOTAL
250.00	0.00	5002-HTN	Cup, Small 15mL P1685 - 2,000 (50x40)	\$105.00	\$26,250.00
		Lot/Serial: 120 - 27280			
		Lot/Serial: 90 - 27280			
		Lot/Serial: 40 - 27280			
		Tracking Number	Empire Freight Load# 318352		

SUBTOTAL	\$26,250.00
MISC	\$0.00
TAX	\$0.00
FREIGHT	\$0.00
TRADE DISCOUNT	\$0.00
TOTAL	\$26,250.00

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