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

Official Form 410

Proof of Claim

☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

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?**

   Bodine Electric of Decatur
   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?	**Where should payments to the creditor be sent?** (if different)
Edward Q. Costa Name	Name
225 N. Water Street, Suite 301 Number Street	Number Street
Decatur IL 62523 City State ZIP Code	City State ZIP Code
Contact phone 217-429-4325	Contact phone
Contact email costa@samuelsmiller.com	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?**

   ☒ 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?

2011177200608000000000002

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?** $ 35,084.40 . **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.

   Electrical services performed

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

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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:*

	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 $3,025* 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/ 01/2020
MM / DD / YYYY

Signature

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

Name: Edward (First name) Q. (Middle name) Costa (Last name)

Title: Attorney

Company: Samuels, Miller, Schroeder, Jackson & Sly, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 225 N. Water Street, Suite 301
Number Street

Decatur (City) IL (State) 62523 (ZIP Code)

Contact phone: 217-429-4325 Email: costa@samuelsmiller.com

SAMUELS | MILLER

LAW FIRM
ESTABLISHED 1888

225 NORTH WATER STREET
SUITE 301, PO BOX 1400
DECATUR, ILLINOIS 62525
217.429.4325 T
217.425.6313 F

131B SOUTH VINE STREET
ARTHUR, ILLINOIS 61911
217.543.3403 T

KEITH W. CASTEEL
DARRELL A. WOOLUMS
JOHN E. SANNER
EDWARD Q. COSTA
JAMES T. JACKSON
SCOTT E. GARWOOD
CRAIG W. RUNYON
JOSHUA J. DUBBELDE
THOMAS R. BOWMAN
THOMAS O. SANNER
KATHLEEN A. WRIGLEY

OF COUNSEL
GUY E. WILLIAMS
JOHN S. COBB
MARK E. JACKSON

June 1, 2020

Akorn Claims Processing Center
c/o KCC
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245

In Re: Akorn, Inc., Bankruptcy No. 20-11177

Dear Sir/Madam:

Enclosed is the original and one copy of a Proof of Claim being submitted on behalf of our client, Bodine Electric of Decatur, in this bankruptcy case. Will you please file the original and return a file-stamped copy to our office using the envelope provided. Thank you for your help.

Very truly yours,

SAMUELS, MILLER, SCHROEDER,
JACKSON & SLY, LLP

By

Edward Q. Costa

EQC:bal
Enclosures

Customer: 84860 AKORN INC

Customer	Customer Name	Invoice	Contract	Job	Job Name	Invoice Date		Current	31 - 60	61 - 90	> 90
84860	AKORN INC	008019563				04/16/2020			$ 148.91		
84860	AKORN INC	008019591				04/23/2020			$ 3,544.00		
84860	AKORN INC	008019621				04/30/2020		$ 3,533.80			
84860	AKORN INC	008019666				05/07/2020		$ 2,337.82			
84860	AKORN INC	008019667				05/07/2020		$ 2,500.30			
84860	AKORN INC	008019670				05/07/2020		$ 918.75			
84860	AKORN INC	008019727				05/14/2020		$ 6,890.21			
84860	AKORN INC	008019728				05/14/2020		$ 1,415.43			
84860	AKORN INC	008019729				05/14/2020		$ 1,887.25			
		TOTALS:				**84860**	**$ 23,176.47**	**$ 19,483.56**	**$ 3,692.91**	**0.00**	**0.00**

Customer	Customer Name	Invoice	Contract	Job	Job Name	Invoice Date		Current	31 - 60	61 - 90	> 90
58650	AKORN INC	000037697				04/07/2020			$ 129.42		
58650	AKORN INC	000037721				04/24/2020			$ 665.66		
58650	AKORN INC	000037724				04/28/2020			$ 908.58		
58650	AKORN INC	000037757				05/08/2020		$ 2,815.33			
58650	AKORN INC	00282		329854	AKORN-GRAND 2ND FL RE-CABLE	05/08/2020		$ 1,035.36			
58650	AKORN INC	00283		32985401	AKORN- GRAND 2ND FL ABOVE CEIL	05/08/2020		$ 1,091.86			
58650	AKORN INC	00284		329856	AKORN - WYCKLES CABLE TRAY	05/08/2020		$ 1,380.00			
58650	AKORN INC	00486		329854	AKORN-GRAND 2ND FL RE-CABLE	05/15/2020		$ 2,726.72			
58650	AKORN INC	00533		32985601	AKORN- WYCKLES CABLE TRAY	05/19/2020		$ 1,155.00			
		TOTALS:				**58650**	**$ 11,907.93**	**$ 10,204.27**	**$ 1,703.66**	**0.00**	**0.00**

Total Claim of Bodine Electric of Decatur -- $35,084.40