

Fill in this information to identify the case:

Debtor 1 Hi-Tech Pharmacal Co., Inc.Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: District of Delaware

Case number 20-11189

## 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?	Corporation Service Company Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>CSC</u>	
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?  Corporation Service Company Name 251 Little Falls Drive Number Street Wilmington DE 19808 City State ZIP Code Contact phone 800-927-9801 Contact email Joanne.Smith@cscglobal.com	Where should payments to the creditor be sent? (if different)  Name Number Street City State ZIP Code Contact phone Contact email
RECEIVED JUN 25 2020 KURTZMAN CARSON CONSULTANTS		
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) _____ Filed on MM / DD / YYYY	
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? _____	



20111892006250000000000001

**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? \$ 161.00 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.  
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.)

RECEIVED

JUN 25 2020

KURTZMAN CARSON CONSULTANTS

**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)?

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).

Amount entitled to priority

\$ \_\_\_\_\_

☐ 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 06/24/2020  
MM / DD / YYYY

Joanne Smith  
Signature

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

Name Joanne Smith  
First name Middle name Last name

Title Workflow Coordinator

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

Address 251 Little Falls Drive  
Number Street

Wilmington DE 19808  
City State ZIP Code

Contact phone 800-927-9801 Email Joanne.Smith@cscglobal.com

RECEIVED

JUN 25 2020

KURTZMAN CARSON CONSULTANTS



CSC  
251 Little Falls Drive  
Wilmington, DE 19808-1674  
USA  
EIN: 510009810

ACCOUNT NO.	INVOICE NO.	INVOICE DATE	AMOUNT DUE
7837376	86109429633	08-APR-2020	\$ 161.00

**Billing Address:**

Doreen Wiman  
Akorn, Inc.  
1925 W Field Ct  
Ste 300  
Lake Forest, IL 60045-4862

**Shipping Address:**

Doreen Wiman  
Akorn, Inc.  
1925 W Field Ct  
Ste 300  
Lake Forest, IL 60045-4862

**Order Date:** 08-APR-2020**Order No:** 257021**Ordered By:** Doreen Wiman

7837376  
Akorn, Inc.  
1925 W Field Ct  
Ste 300  
Lake Forest, IL 60045-4862

Description of Services		Quantity	Unit Cost	Amount
<b>RE:HI-TECH PHARMACAL CO., INC.</b>				
<b>Line:001</b>				
DEDR00	DOCUMENT RETRIEVAL WORK IN DELAWARE	0	0.00	0.00
DE2SF	DISBURSEMENT/COST	1	50.00	50.00
DEACC	DELAWARE STATE ACCESS FEE	1	19.00	19.00
DE221	SERVICE FEE - CERTIFICATE OF STATUS	1	87.00	87.00
DE243E	ELECTRONIC DELIVERY	1	5.00	5.00
			Subtotal	\$ 161.00
			<b>Total [USD]</b>	<b>\$ 161.00</b>



CSC  
251 Little Falls Drive  
Wilmington, DE 19808-1674  
USA  
EIN: 510009810

ACCOUNT NO.	INVOICE NO.	INVOICE DATE	AMOUNT DUE
7837376	86109429633	08-APR-2020	\$ 161.00

**Billing Address:**

Doreen Wiman  
Akorn, Inc.  
1925 W Field Ct  
Ste 300  
Lake Forest, IL 60045-4862

**Shipping Address:**

Doreen Wiman  
Akorn, Inc.  
1925 W Field Ct  
Ste 300  
Lake Forest, IL 60045-4862

**Order Date:** 08-APR-2020**Order No:** 257021**Ordered By:** Doreen Wiman

7837376  
Akorn, Inc.  
1925 W Field Ct  
Ste 300  
Lake Forest, IL 60045-4862

**THANK YOU FOR USING CSC - ALLY ABERNATHY - 302-636-5401**

Disclaimer: CSC makes no express or implied warranties, guarantees or representations related to an order's accuracy or completeness or regarding the public record data provided by its suppliers or governmental jurisdiction. CSC disclaims all liability for indirect, consequential, incidental or special damages related to this order. The customer's sole remedy for any errors or omission is limited to a refund of the service fee associated with such order.

**TERMS: NET 30 DAYS** - Invoices not paid within 30 days are subject to a 1.5% per month finance charge. CSC extends credit to the party requesting service whom it holds responsible for payment in full for all monies expended and services rendered.

.....  
Please return this portion with your payment.

Account No:	Invoice No	Invoice Date	Amount Due
7837376	86109429633	08-APR-2020	\$ 161.00

Amount Remitted: \$ \_\_\_\_\_

***Thank you for choosing CSC.***

*We are the business behind business.*

*Please use this remittance to mail in your payment or email  
invoiceinquiry@cscglobal.com for additional payment options.*

**Mail Payment To:**

CSC  
P.O. Box 13397  
Philadelphia, PA 19101-3397  
USA

0 000086109429633 0000016100