Fill in this info	rmation to identify the case:
Debtor	Orexigen Therapeutics, Inc.
United States Ba	nkruptcy Court for the District of Delaware
Case number	18-10518

### Official Form 410

### **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or 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.

Ranide Identify the Clair	n	
Who is the current creditor?	Bell Canyon Consulting LLC	
Creditors	Name of the current creditor (the person or entity to be paid for this claim	n)
	Other names the creditor used with the debtor	
Has this claim been acquired from	No No	
someone else?	Yes. From whom?	
Where should notices and	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
payments to the creditor be sent?	Bell Canyon Consulting LLC	
	Name 21461 Birdhollow Drive	Name
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street Trabuco Canyon CA 92679	Number Street
RECEIVED	City State ZIP Code USA	City State ZIP Code
	Country	Country
NOV 1 4 2018	Contact phone 610.233.8660 kkroll@bellcanyonconsulting.com	Contact phone
	Contact email KKTOII@bellCarryOffCoffsditting.Coff	Contact email
KURTZMAN CARSON CONSI	Claim identifier for electronic payments in chapter 13 (if you use	
4. Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
	- Co. Sam name of coar came region (in morn)	MM / DD / YYYY
5. Do you know if anyone else has filed	<b>⊠</b> No	
a proof of claim for this claim?	Yes. Who made the earlier filing?	



Do you have any number you use to identify the	No
debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
How much is the claim?	\$ \$33,334.15 Does this amount include interest or other charges?
	<b>⊠</b> No
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
Se	vices performed. Balance Detail Report and Invoices attached: 2012, 2030, 2056, 2057, 2088
21	04 - see pages 21-28 of this document.
Is all or part of the claim	☑ No
secured?	
	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: \$
RECEIVED	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
NOV 1 4 201	Amount necessary to cure any default as of the date of the petition:
KURTZMAN CARSON CONS	Annual Interest Rate (when case was filed)%  UTANTS Fixed
	☐ Variable
). Is this claim based on a lease?	<b>⊠</b> No
	Yes. Amount necessary to cure any default as of the date of the petition.
Is this claim subject to a	
right of setoff?	<b>⋈</b> No
right of seton.	Yes. Identify the property:

12. Is all or part of the claim entitled to priority under	X No					
11 U.S.C. § 507(a)?	Yes. Ch	eck all that apply:			Amount entit	led to priority
A claim may be partly priority and partly nonpriority. For example,	☐ Dor 11 k	nestic support obligations (inclu J.S.C. § 507(a)(1)(A) or (a)(1)(	iding alimony and child sup B).	port) under	\$	
in some categories, the law limits the amount entitled to priority.	Up Sen	to \$2,850* of deposits toward vices for personal, family, or he	purchase, lease, or rental obusehold use. 11 U.S.C. §	of property or 507(a)(7).	\$	
challed to phoray.	day	ges, salaries, or commissions s before the bankruptcy petitic chever is earlier. 11 U.S.C. § 5	on is filed or the debtor's but	ithin 180 isiness ends,	\$	
	☐ Tax	es or penalties owed to govern	mental units. 11 U.S.C. § 5	07(a)(8).	\$	
	☐ Cor	ntributions to an employee ben	efit plan. 11 U.S.C. § 507(a	a)(5).	\$	
	Oth	er. Specify subsection of 11 U	.S.C. § 507(a)( ) that app	lies.	\$	
		nts are subject to adjustment on 4/0			on or after the date	e of adjustment.
13. Is all or part of the claim	<b>⊠</b> No					•
pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Inc	dicate the amount of your clain fore the date of commenceme mary course of such Debtor's t	nt of the above case, in wh	nich the goods h	nave been sold t	or within 20 to the Debtor in
	\$					
Part 3.2 Sign Below						
The person completing	Check the appr	opriate box:				
this proof of claim must sign and date it.	I am the cr	reditor.				
FRBP 9011(b).	l am the cr	editor's attorney or authorized	agent.			
If you file this claim electronically, FRBP	☐ Lam the to	ustee, or the debtor, or their au	thorized agent. Bankruptov	Rule 3004		
5005(a)(2) authorizes courts to establish local rules	_					
specifying what a signature	Lama gua	rantor, surety, endorser, or oth	ег содертог. Вапкгиртсу Ки	le 3005.		
is.	I understand the	at an authorized signature on the	is Proof of Claim serves as	an acknowledg	ement that wher	ı calculating
A person who files a fraudulent claim could be		ne claim, the creditor gave the order that the information in this <i>Proof</i> or	, , ,			us and assent
fined up to \$500,000, imprisoned for up to 5		penalty of perjury that the foreg		e bellet that the	iniomadon is ti	ue and correct.
years, or both. 18 U.S.C. §§ 152, 157, and	r deciare under		joing is true and correct.			
3571.	Executed on da	te 10 17 2018 MM / DD / YYYY				
RECEIVED	DocuSigned by:					
4 CER A CER	Susting	>				
NOV 1 4 2018	89E7410584394444			<u> </u>		
	Print the name	of the person who is comple	eting and signing this clai	m:		
URTZMAN CARSON CONSULTA	<b>NTG</b> me	Scott	E.		anger	
		First name	Middle name	Last na	ame	
	Title	Partner and CIO				
	Company	Identify the corporate servicer as	the company if the authorized a	ment is a servicer		
			я нь сотпрану и ите ациюндец а	igent is a servicer.		
	Address	3140 Childs Rd  Number Street				
		Number Street  Lake Oswego	OR	97034	4 1	JSA
		City	State	ZIP Code	e Cor	untry
	Contact phone	858.888.5201		<sub>Email</sub> slange	er@bellcany	onconsulting

# **Bell Canyon Consulting LLC**

EIN: 26-2281137

## **CUSTOMER BALANCE DETAIL**

All Dates

DATE	TRANSACTION TYPE	NUM	DUE DATE	AMOUNT	OPEN BALANCE	BALANCE
Nalpropion (fmr Orex	Nalpropion (fmr Orexigen Therapeutics, Inc.)					
MDM / DW						
02/05/2018	Invoice	00002030	03/07/2018	7,900.00	7,900.00	7,900.00
03/02/2018	Invoice	00002057	04/01/2018	8,700.00	8,700.00	16,600.00
03/02/2018	Invoice	00002056	04/01/2018	7,900.00	7,900.00	24,500.00
04/02/2018	Invoice	00002088	05/02/2018	7,900.00	2,425.00	26,925.00
04/02/2018	Invoice	00002089	05/02/2018	17,400.00	4,200.00	31,125.00
10/03/2018	Invoice	00002304	11/02/2018	7,900.00	7,900.00	39,025.00
Total for MDM / DW				\$57,700.00	\$39,025.00	
Pass-Thru Exp						
01/23/2018	Invoice	00002012	02/22/2018	1,900.00	372.08	372.08
04/23/2018	Invoice	00002104	05/23/2018	1,937.07	1,937.07	2,309.15
Total for Pass-Thru Exp	Exp			\$3,837.07	\$2,309.15	
Total for Nalpropion (	Total for Nalpropion (fmr Orexigen Therapeutics, Inc.)	40		\$61,537.07	\$41,334.15	£
TOTAL				\$61,537.07	\$41,334.15	

\*\*\* total of claim: \$33,334.15 \*\*\*



### Bell Canyon Consulting, LLC

21461 Birdhollow

Trabuco Canyon, CA 92679 Phone # 610.233.8660

Email: kkroll@bellcanyonconsulting.com

EIN: 26-2281137

Bill To	
Orexigen Therapeutics, Inc. 3344 N. Torrey Pines Court Suite 200	
San Diego, CA 92037	

PO Number

Customer Information
ap@orexigen.com
858.875.8603

Project

Terms

		1/23/2018	00002012	Pass-Thru Exp		Net 30
De	scripti	on			Ar	nount
DECEMBER 2017						
Melissa Data License Renewal thru 12/2018						1,900.00
	<del></del>			TO	TAL	\$1,900.00
						<b>41,500.00</b>

Date



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Terms

	2/5/2018	00002030	MDM / DW		Net 30
Descripti	on			Ar	nount
JANUARY 2018					
MDM/DW Support & Maintenance Monthly Infrastructure Hosting					5,900.00 2,000.00
SOW # 6					
•					
Thank you for your business.			то	TAL	\$7,900.00

Date



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ap@orexigen.com	
858.875.8603	

**Project** 

Terms

	3/2/2018	00002056	MDM / DW	Net 30
Descripti	on			Amount
FEBRUARY 2018				
MDM/DW Support & Maintenance Monthly Infrastructure Hosting				5,900.00 2,000.00
SOW # 6				
			:	
			•	
			٠	
Thank you for your business.			то	TAL \$7,900.00

Date



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Customer Information
ap@orexigen.com
858.875.8603

**Project** 

Terms

Invoice #

		3/2/2018	00002057	MDM / DW		Net 30
	Description	on			An	nount
FEBRUARY 2018						
MDM/DW Projects	& Enhancements: 58 hours x \$150/hour					8,700.00
b. New targeti c. SMART twea d. FDA Sample e. PEP Pilot Ca	aks es File	an Karabin, Ryan Bell	er, Dima Drozdov,	Mike Savitz,		
Thank you for	your business.			т	OTAL	\$8,700.00

Date



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Trabuco Canyon, CA 92679 Phone # 610.233.8660

Email: k

kkroll@bellcanyonconsulting.com

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26-2281137

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Orexigen Therapeutics, Inc. 3344 N. Torrey Pines Court Suite 200 San Diego, CA 92037	

**PO Number** 

<b>Customer Information</b>		
ap@orexigen.com		
858.875.8603		

Project

Terms

	4/2/2018	00002088	MDM / DW	Net 30
 Descripti	on			Amount
MARCH 2018				
MDM/DW Support & Maintenance Monthly Infrastructure Hosting				5,900.00 2,000.00
SOW # 6				
Thank you for your business.			ТО	TAL \$7,900.00

Date



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Terms

		4/2/2018	00002089	MDM / DW	ŀ	Net 30
	Descripti	on			į.	Amount
MARCH 2018						
MDM/DW Projects  a. Onsite Meeti b. New Targeti c. PEP Attribute d. SFA Alignme e. SMART Fixes f. FDA Sample: g. Concur (Syne h. IMS FIA i. Group Practi	ng es to Tableau nt Fixes s s Report (XML) eos) File Issues	ın Karabin, Ryan Belle	er, Dima Drozdov, N	fike Savitz,		17,400.00
Thank you for	your business.			Т	OTAL	\$17,400.00

Date



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Si	an Diego, CA 92037

**PO Number** 

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858.875.8603

Project

Terms

	4/23/2018	00002104	Pass-Thru Exp	Net 30
Description			Amount	
MARCH 2018				. ,
Travel & Expenses - Daniel Karabin Travel & Expenses - Stephen Devito Travel & Expenses - Stephen Hubbs Total Reimbursable Expenses				683.78 623.41 629.88 1,937.07
			то	TAL \$1,937.07

Date