Fill in this information to identify the case:

Debtor Tricida, Inc.
United States Bankruptcy Court for the: $\qquad$ District of $\frac{\text { Delaware }}{\text { (State) }}$

Case number 23-10024

## Official Form 410

Proof of Claim
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 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. $\S \S 152,157$, 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


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
$\square$ Yes. Check all that apply:
$\square$ Domestic support obligations (including alimony and child support) under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
$\square$ Up to $\$ 3,350$ * of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
$\square$ Wages, salaries, or commissions (up to \$15,150*) 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).
$\square$ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
$\square$ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
$\square$ Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies.

* Amounts are subject to adjustment on $4 / 01 / 25$ and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No
$\square$ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.
\$

## Part 3: Sign Below

## The person completing this proof of claim must sign and date it. <br> FRBP 9011(b). <br> 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:
$\square$ I am the creditor.
$\square$ I am the creditor's attorney or authorized agent.
$\square$ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
$\square$ 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 acknowledgement 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 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 $\frac{07 / 27 / 2023}{M M / D D / \mathrm{YYYY}}$

## $\frac{\text { /s/anita wong }}{\text { Signature }}$

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

| Name | $\frac{\text { anita wong }}{\text { First name }} \quad$ Middle name Last name |  |
| :--- | :--- | :--- |
| Title | self |  |
| Company |  |  |
|  |  |  |
|  |  |  |

Address

## KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic 866-476-0898 | International 001-310-823-9000


