

Fill in this information to identify the case:

Debtor Akorn, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

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 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

<p>1. Who is the current creditor?</p>	<p><u>3D EXHIBITS INC</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>3D EXHIBITS INC</u> <u>800 ALBION AVE</u> <u>SCHAUMBURG, IL 60193</u></p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p>Contact phone <u>6306445000</u></p> <p>Contact email <u>3DPayments@3dexhibits.com</u></p>	<p>Contact phone _____</p> <p>Contact email _____</p>
	<p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: A11028 ____

7. How much is the claim? \$ 4809.80. 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, Storage of client properties

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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

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 all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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.

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

No

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. 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 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 08/03/2020
MM / DD / YYYY

/s/Mary Mauck
Signature

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

Name Mary Mauck
First name Middle name Last name

Title Chief Financial Officer

Company 3D Exhibits, Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7539 | International (424) 236-7247

Debtor: 20-11177 - Akorn, Inc.		
District: District of Delaware		
Creditor: 3D EXHIBITS INC 800 ALBION AVE SCHAUMBURG, IL, 60193 Phone: 6306445000 Phone 2: Fax: Email: 3DPayments@3dexhibits.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods sold, Storage of client properties	Last 4 Digits: Yes - A11028	Uniform Claim Identifier:
Total Amount of Claim: 4809.80	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Mary Mauck on 03-Aug-2020 2:38:59 p.m. Eastern Time Title: Chief Financial Officer Company: 3D Exhibits, Inc		

3D EXHIBITS®

800 Albion Avenue • Schaumburg, IL 60193 • Phone 630.644.5000 • Fax 847.923.1095

STORAGE INVOICE

BILL TO:

Akorn Pharmaceuticals
1925 West Field Ct. Ste 300
Lake Forest, IL 60045

INVOICE #: S32070598**INVOICE DATE:** 7/1/2020**PURCHASE ORDER #:****ACCOUNT EXEC:** G Furman**CLIENT #:** A11028

	Cubic Footage	Price Per Cubic Foot	Extended Price
July Storage	3,840.00	0.23	\$883.20
August Storage	3,840.00	0.23	\$883.20
September Storage	3,840.00	0.23	\$883.20
TOTAL AMOUNT DUE:			\$2,649.60

IMPORTANT NOTICE: 3D Exhibits, Inc. does not provide insurance coverage for your properties. Please check with your insurance company to make certain these properties are covered under your existing insurance policy.

ACH/Wire transfer to:

Wells Fargo Bank
10 S. Wacker Drive, 16th Floor
Chicago, IL 60606

Mail check to:

3D Exhibits, Inc.
PO Box 74655
Chicago, IL 60675-4655

Acct Name: 3D Exhibits, Inc

800 Albion Ave., Schaumburg, IL 60193

Overnight check to:

3D Exhibits, Inc.
Dept # 74655
350 N Orleans Street, Ste 800
Chicago, IL 60654-1529

Routing: 121000248**Account #:** 4787767854**Swift/BIC:** WFBUIUS6S (for international wires)

Please send remittance notice to: 3DPayments@3Dexhibits.com

If paying by credit card, there will be a surcharge applied at the time of payment.

EASY, SECURE, CREDIT CARD PROCESSING!

You can save this link and access it anytime you want to process a payment:

<http://payments.3Dexhibits.com>

3D EXHIBITS®

800 Albion Ave. • Schaumburg, IL 60193 • Phone 630.644.5000 • Fax 847.923.1095

INVOICE

SOLD TO: Akorn Pharmaceuticals
ATTN: Carla Trepelkin
1925 West Field Ct. Ste 300
Lake Forest, IL 60045

INVOICE DATE: July 16, 2020

INVOICE #: F53294

REF 3D JOB #: 47072-00-0

PO #: 5570.76300

RE: Thank you banners
Decatur, IL & Gurnee, IL
June 22, 2020

ACCOUNT EXEC: G Furman

CLIENT #: A11028

TOTAL AMOUNT DUE THIS INVOICE

USD

\$ 838.87

All taxes previously paid on materials used.

ACH/Wire transfer to:

Wells Fargo Bank
10 S. Wacker Drive, 16th Floor
Chicago, IL 60606

Mail check to:

3D Exhibits, Inc.
PO Box 74655
Chicago, IL 60675-4655

Acct Name 3D Exhibits, Inc
800 Albion Ave. Schaumburg, IL 60193

Overnight check to:

3D Exhibits, Inc.
Dept # 74655
350 N Orleans Street, Ste 800
Chicago, IL 60654-1529

Routing: 121000248
Account # 4787767854
Swift/BIC: WFBIUS6S

Please send remittance notice to: 3DPayments@3Dexhibits.com

If paying by credit card, there will be a surcharge applied at the time of payment

To pay invoice online by credit card, please use the following link: <http://payments.3dexhibits.com/>

Per contractual agreement, payment must be received on or before: August 15, 2020

Terms: Net 30

3D Exhibits, Inc. has provided the following properties and services per the following:

<u>Category 10 - PROJECT COORDINATION</u>		\$	102.00
10-001	Coordinate and oversee all related project purchases, services and fabrication. Provide detailed construction, set up drawings and floor plans.		
<u>Category 40 - GRAPHICS</u>			447.87
40-001	Provide (3) 36"x48" Single Sided vinyl banners w/ (4) grommet holes each and tube shipping container(s)		
<u>Category 80 - TRANSPORTATION</u>			289.00
80-001	Freight to ship (2) banners to Decatur, IL and (1) banner to Gurnee, IL		

3D EXHIBITS®

800 Albion Ave. • Schaumburg, IL 60193 • Phone 630.644.5000 • Fax 847.923.1095

INVOICE

SOLD TO: Akorn Pharmaceuticals
ATTN: Carla Trepelkin
1925 West Field Ct. Ste 300
Lake Forest, IL 60045

INVOICE DATE: July 16, 2020

INVOICE #: F53295

REF 3D JOB #: 47072-00-0

PO #: 5570.76300

RE: Thank you banners
Amityville, NY
June 22, 2020

ACCOUNT EXEC: G Furman

CLIENT #: A11028

TOTAL FOR THE ABOVE AS LISTED		\$	270.29
	New York Tax	8.625%	23.31
TOTAL AMOUNT DUE THIS INVOICE	USD	\$	293.60

ACH/Wire transfer to:
Wells Fargo Bank
10 S. Wacker Drive, 16th Floor
Chicago, IL 60606

Mail check to:
3D Exhibits, Inc.
PO Box 74655
Chicago, IL 60675-4655

Acct Name 3D Exhibits, Inc
800 Albion Ave. Schaumburg, IL 60193

Overnight check to:
3D Exhibits, Inc.
Dept # 74655
350 N Orleans Street, Ste 800
Chicago, IL 60654-1529

Routing: 121000248
Account # 4787767854
Swift/BIC: WFBIUS6S

Please send remittance notice to: 3DPayments@3Dexhibits.com

If paying by credit card, there will be a surcharge applied at the time of payment

To pay invoice online by credit card, please use the following link: <http://payments.3dexhibits.com/>

Per contractual agreement, payment must be received on or before: August 15, 2020

Terms: Net 30

3D Exhibits, Inc. has provided the following properties and services per the following:

<u>Category 10 - PROJECT COORDINATION</u>		\$	36.00	T
10-001	Coordinate and oversee all related project purchases, services and fabrication. Provide detailed construction, set up drawings and floor plans.			
<u>Category 40 - GRAPHICS</u>			149.29	T
40-001	Provide (1) 36"x48" Single Sided vinyl banners w/ (4) grommet holes each and tube shipping container(s)			
<u>Category 80 - TRANSPORTATION</u>			85.00	T
80-001	Freight to Amityville, NY			

3D EXHIBITS®

800 Albion Ave. • Schaumburg, IL 60193 • Phone 630.644.5000 • Fax 847.923.1095

INVOICE

SOLD TO: Akorn Pharmaceuticals
ATTN: Carla Trepelkin
1925 West Field Ct. Ste 300
Lake Forest, IL 60045

INVOICE DATE: July 16, 2020

INVOICE #: F53296

REF 3D JOB #: 47072-00-0

PO #: 5570.76300

RE: Thank you banners
Somerset, NJ
June 22, 2020

ACCOUNT EXEC: G Furman

CLIENT #: A11028

TOTAL FOR THE ABOVE AS LISTED		\$	963.87
	New Jersey Tax	6.625%	63.86
TOTAL AMOUNT DUE THIS INVOICE	USD	\$	1,027.73

ACH/Wire transfer to:
Wells Fargo Bank
10 S. Wacker Drive, 16th Floor
Chicago, IL 60606

Mail check to:
3D Exhibits, Inc.
PO Box 74655
Chicago, IL 60675-4655

Acct Name 3D Exhibits, Inc
800 Albion Ave. Schaumburg, IL 60193

Overnight check to:
3D Exhibits, Inc.
Dept # 74655
350 N Orleans Street, Ste 800
Chicago, IL 60654-1529

Routing: 121000248
Account # 4787767854
Swift/BIC: WFBIUS6S

Please send remittance notice to: 3DPayments@3Dexhibits.com

If paying by credit card, there will be a surcharge applied at the time of payment

To pay invoice online by credit card, please use the following link: <http://payments.3dexhibits.com/>

Per contractual agreement, payment must be received on or before: August 15, 2020

Terms: Net 30

3D Exhibits, Inc. has provided the following properties and services per the following:

<u>Category 10 - PROJECT COORDINATION</u>		\$	102.00	T
10-001	Coordinate and oversee all related project purchases, services and fabrication. Provide detailed construction, set up drawings and floor plans.			
<u>Category 40 - GRAPHICS</u>			447.87	T
40-001	Provide (3) 36"x48" Single Sided vinyl banners w/ (4) grommet holes each and tube shipping container(s)			
<u>Category 80 - TRANSPORTATION</u>			414.00	T
80-001	Freight to Somerset, NJ			