

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

1. Who is the current creditor?	<u>Airgas USA LLC</u> 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?	<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?	Where should payments to the creditor be sent? (if different)
	Airgas USA LLC Amanda Dopieralski 6055 Rockside Woods Blvd Independence, OH 44131, United States	
	Contact phone <u>216-520-6043</u>	Contact phone _____
	Contact email <u>Amanda.Dopieralski@Airgas.com</u>	Contact email _____
	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? _____	



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: 1045 _____

7. How much is the claim? \$ 1383.36. 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 and Services

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)?

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 07/30/2020
MM / DD / YYYY

/s/Amanda Dopieralski
Signature

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

Name Amanda Dopieralski
First name Middle name Last name

Title Bankruptcy Admin

Company Airgas USA LLC
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: Airgas USA LLC Amanda Dopieralski 6055 Rockside Woods Blvd Independence, OH, 44131 United States Phone: 216-520-6043 Phone 2: Fax: Email: Amanda.Dopieralski@Airgas.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 and Services	Last 4 Digits: Yes - 1045	Uniform Claim Identifier:
Total Amount of Claim: 1383.36	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: Amanda Dopieralski on 30-Jul-2020 2:47:42 p.m. Eastern Time Title: Bankruptcy Admin Company: Airgas USA LLC		



AIRGAS USA, LLC
6055 Rockside Woods Blvd
Independence, OH 44131

STANDARD INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/22/2020	1051045	9100540627	05/22/2020	\$ 979.44

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today

SOLD BY AIRGAS USA, LLC (N167)
1212 BELVIDERE RD
WAUKEGAN IL 60085-6204
847-336-7191

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AKORN INC
1925 W FIELD CT STE 300
LAKE FOREST IL 60045-4862


Airgas USA, LLC
PO BOX 734445
CHICAGO IL 60673-4445

10510451910054062700000979440

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 216-520-6000

ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME					
1089392492	9100540627	04/22/2020	1051045	AKORN INC					
PO / RELEASE		ORDERED BY		SHIP VIA		PAYMENT TERMS		ORDER DATE	
NOPONEEDED		Dave Anderson 847-990-1707		ARGTRK		NET 30		04/16/2020	
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	UOM	QTY B/O	CYLINDER		UNIT PRICE	UOM	AMOUNT
					SHPD	RET'D			
8098287548	AR UHP180LT350	1	CL		1	1	275.77	CL	275.77 T
ARGON ULTRA HIGH PURITY 180		(Vol: 4516 FT3)							
8098287548	HE UHP300	2	CL		2	2	297.80	CL	595.60 T
HELIUM UHP 300 CGA 580		(Vol: 584 FT3)							
Delivery Flat Fee							Sale subtotal:		871.37
									34.00
Vendor # 18040027									
								Sales Tax:	74.07
								AMOUNT	979.44

Sales Tax: 74.07

AMOUNT	979.44
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FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC
Acct No 550372228
JPMC Bank, ABA No 021000021



SHIP TO: 2673953
AKORN INC
50 LAKEVIEW PKWY STE 112
VERNON HILLS IL 60061-1578

AIRGAS USA, LLC
6055 Rockside Woods Blvd
Independence, OH 44131

For change of address
email to: ndiv.returnedmail@airgas.com
or call 216-520-6000



AIRGAS USA, LLC
6055 Rockside Woods Blvd
Independence, OH 44131

CREDIT MEMO

06

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
11/14/2019	1051045	9600632855	12/14/2019	\$ 390.60-

SOLD BY AIRGAS USA, LLC (N167)
1212 BELVIDERE RD
WAUKEGAN IL 60085-6204
847-336-7191

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AKORN INC
1925 W FIELD CT STE 300
LAKE FOREST IL 60045-4862



Airgas USA, LLC
PO BOX 734445
CHICAGO IL 60673-4445

10510451960063285500000390600

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ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME				
6000660601	9600632855	11/14/2019	1051045	AKORN INC				
PO / RELEASE		ORDERED BY		SHIP VIA	ORDER DATE			
184732				BESTWY	11/14/2019			
PAYMENT TERMS								
NET 30								
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	UOM	QTY B/O	CYLINDER	UNIT PRICE	UOM	AMOUNT
8093393340 REG LNE MDL GP 1ST STG 0-100PSI DEL CGA	Y11210D-AG	2	EA			180.00-	EA	360.00-T
Sales subtotal:								360.00-
Vendor # 18040027								
Sales Tax:								30.60-
AMOUNT								390.60-



an Air Liquide company

AIRGAS USA, LLC
6055 Rockside Woods Blvd
Independence, OH 44131

SHIP TO: 2673953
AKORN INC
50 LAKEVIEW PKWY STE 112
VERNON HILLS IL 60061-1578

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC
Acct No 550372228
JPMC Bank, ABA No 021000021

For change of address
email to: ndiv.returnedmail@airgas.com
or call 216-520-6000

