

Fill in this information to identify the case:

Debtor Eiger BioPharmaceuticals, Inc

United States Bankruptcy Court for the: Northern District of Texas
(State)

Case number 24-80040

Official Form 410

Proof of Claim

04/22

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>Iron Mountain Information Management 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 <u>Iron Mountain</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?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
Contact phone <u>6175354744</u> Contact phone _____ Contact email <u>See summary page</u> Contact email _____ (see summary page for notice party information) 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: Z528 ____

7. How much is the claim? \$ 16982.96. 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.

estimated rejection damages claim - executory contracts

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:

☐ 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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ 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).

\$ _____

☐ 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority 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 09/27/2024
MM / DD / YYYY

/s/ Joseph P Corrigan
Signature

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

Name Joseph P Corrigan
First name Middle name Last name

Title Corporate Counsel

Company Iron Mountain Information Management, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

Debtor: 24-80040 - Eiger BioPharmaceuticals, Inc District: Northern District of Texas, Dallas Division		
Creditor: Iron Mountain Information Management LLC 1101 Enterprise Drive Royersford PA 19468, PA, 19468 United States Phone: 6175354744 Phone 2: Fax: Email: joseph.corrigan@ironmountain.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: Iron mountain Information management LLC c/o Jacqueline M Price Hackett Feinberg PC 155 Federal Street 9th floor Boston, MA, 02110 United States Phone: 6174220200 Phone 2: Fax: E-mail: jmp@bostonbusinesslaw.com		
Other Names Used with Debtor: Iron Mountain	Amends Claim: No Acquired Claim: No	
Basis of Claim: estimated rejection damages claim - executory contracts	Last 4 Digits: Yes - Z528	Uniform Claim Identifier:
Total Amount of Claim: 16982.96	Includes Interest or Charges: Yes	
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: Joseph P Corrigan on 27-Sep-2024 3:56:04 p.m. Eastern Time Title: Corporate Counsel Company: Iron Mountain Information Management, LLC		

UNITED STATES BANKRUPTCY COURT		NORTHERN DISTRICT OF TEXAS	REJECTION DAMAGES CLAIM
Name of Debtor: Eiger Biopharmaceuticals, et al		Case Number: 24-80040 (SGJ)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Iron Mountain Information Management, LLC		THIS SPACE IS FOR COURT USE ONLY	
Name and Address Where Notices Should be Sent: Joseph P. Corrigan Iron Mountain Information Management, LLC 1101 Enterprise Drive Royersford, PA 19468 Tel. 617.535.4744 Fax 617.451.0409 joseph.corrigan@ironmountain.com			
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: 01332.0SZ528		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis For Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Last four digits of social security number: _____ Unpaid compensation for services performed from _____ to _____ <input checked="" type="checkbox"/> Other – estimated rejection damages claim – executory contract			
2. Date Debt Was Incurred: 4/15/24 -8/31/2024		3. If Court Judgment, Date Obtained:	
4. Total Amount Of Rejection Damages Claim: \$16,982.96, plus any other charges not paid			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other 211 boxes of personal property in storage and any and all other stored property Value of Collateral \$ 211.00 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 211.00		7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ ____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to gov't units - 11 U.S.C. 507(a)(8). <input type="checkbox"/> Other - specify applicable paragraph of 11 U.S.C. § 507(a) ____ <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
6. Unsecured Nonpriority Claim \$ 16,771.96* <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. *estimated damages as detailed in attached addendum.		THIS SPACE IS FOR COURT USE ONLY	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.			
Date: 9/27/ 2024			
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: right;">Joseph P. Corrigan Corporate Counsel</div>		THIS SPACE IS FOR COURT USE ONLY	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.			

ATTACHMENT A

**Claim for Rejection Damages of Iron Mountain Information
Management, LLC (“Iron Mountain”) against Eiger Biopharmaceuticals.
Customer Agreement, dated March 30, 2009 (the “Contract”)
Effective Rejection Date = August 31, 2024**

Account Closing costs (Retrieval, Permanent Withdrawal, and pick up)	\$ 9,721.06
---	-------------

Months to end of Contract Months remaining: 6 (exp. 3/31/25)	\$ 4,816.14
---	-------------

Outstanding Invoices	\$ 2,445.76
----------------------	-------------

TOTAL	\$ 16,982.96
-------	--------------

ATTACHMENT B

Claim for Rejection Damages of Iron Mountain Information Management, LLC (“Iron Mountain”) against Eiger Biopharmaceuticals Effective Rejection Date = August 31, 2024

The amounts shown in this Rejection Damages Proof of Claim reflect storage and other charges due under the Contracts through the end of the term thereof. Iron Mountain reserves the right to assert additional claims against the Debtor, including, but not limited to, administrative expense claims, rights of set-off, and other claims or rights that have arisen or may arise in the future. Iron Mountain further reserves any rights and claims it had or may have against third parties concerning the transactions and occurrences which gave rise to the instant claim.

By filing this Rejection Damages Proof of Claim, Iron Mountain does not waive any other claims that it has filed or may file in the Debtor’s bankruptcy case. Iron Mountain reserves the right to amend and/or supplement this Rejection Damages Proof of Claim and/or any other claims filed by Iron Mountain in this or related bankruptcy cases. Without limiting the generality of the foregoing, Iron Mountain has asserted or may assert that some or all of the amounts set forth in the within Rejection Damages Proof of Claim are administrative expenses allowable pursuant to sections 507, 503(b)(1)(A) and/or 365 of the Bankruptcy Code. With respect to any and all such amounts, this Rejection Damages Proof of Claim is filed as a protective Rejection Damages Proof of Claim only, in the event that a court having jurisdiction over the matter may find that such amounts are pre-petition claims, and shall not be deemed a waiver by Iron Mountain of its right to assert that such amounts are administrative expenses.

Finally, Iron Mountain claims a warehouseman’s lien, pursuant to Ann.Cal.Com.Code § 7209, in the 211 boxes of personal property, and any and all other personal property, that the above-named Debtor is storing with Iron Mountain. The standard valuation of the property in the records management industry is \$1.00 per box. Iron Mountain believes that such a valuation is likely a very conservative estimate of the fair market value of the property and should be applied in this case. Thus, Iron Mountain asserts that its rejection damages claim of \$16,982.96 is secured in the amount of \$211.00 and unsecured in the amount of \$ 16,771.96.

This Termination Worksheet is for informational purposes only; a termination invoice will be created in SKP only after the General Manager signs this Termination Worksheet & faxes it to Contracts Administration, #610/831-2489.

TERMINATION WORKSHEET

SECTION A

Completed By: RV
Date: 9/17/24



Customer Letter Dated: _____

Date Contracts Notified: _____

Customer ID: SZ528 IMRM Contact: Lizeth Johanna Parra Acct. Mgr: PLA,PLA

CUSTOMER NAME: EIGER BIOPHARMACEUTICALS, INC. Mrkt. Segment: _____

Container Billed: NO Account Type: HARDCOPY Keep Shred Service: _____

District: SD Acquisition: _____ Type of Business: XXX

of Boxes: 211 Total Cubic Feet: 282.80 # of Storage Units: 236

Billing Cycle: M Anniversary Date: 04/01/09 C.C. Ind.: NO

Standard Rate Schedule: 2024 Exception Rate Schedule: SZ528

Storage Rate: \$ 2.267 Monthly Minimum Storage Amount: \$717.74 2008 Revenue: _____

REASON GIVEN FOR TERMINATION and WHAT HAS BEEN DONE TO SAVE THE ACCOUNT:

(Please specify why the customer is terminating and where they are transferring their inventory. Attach documentation detailing service problems, if applicable. Also, please explain what has been done to save this account.)

PW WITH CUST PICK UPOUTCARDED CF IS 9.6

Written Notification from Client is attached. _____

Written notification has been requested. _____

QUOTE X

SECTION B

USA

Completed By: RV

Date: 09/17/24

PROPOSED CHARGES: (This section must be completed by the IMRM Contracts Administration.)

SERVICE	QUANTITY	RATE	UNIT OF MEASURE	BILL CODE	EXTENDED AMOUNT
Retrieval	<u>273.20</u>	<u>\$ 7.75</u>	<u>per CF</u>	<u>122</u>	<u>\$ 2,117.30</u>
Destruction - shredding	<u>@</u>	<u>\$</u>	<u>per</u>	<u></u>	<u>\$ -</u>
Permanent Withdrawal	<u>282.80</u>	<u>\$ 12.3</u>	<u>per CF</u>	<u>335</u>	<u>\$ 3,478.44</u>
Account Closing	<u>@</u>	<u>\$</u>	<u>per</u>	<u></u>	<u>\$</u>
Closing Costs Sub-Total:					
Handling Charge	<u>273.20</u>	<u>\$ 15.100</u>	<u>per CF</u>	<u>220</u>	<u>\$ 4,125.32</u>
Transportation	<u>@</u>	<u>\$</u>	<u>per</u>	<u></u>	<u>\$ -</u>
Administration Fees	<u>6.00</u>	<u>@ \$ 84.950</u>	<u>per EA</u>	<u>318</u>	<u>\$ 509.70</u>
Expiration of Contract:	<u>3/31/2025</u>	Number of Months Remaining: <u>6</u>			
Additional Storage	<u>1.00</u>	<u>@ \$ 717.740</u>	<u>per EA</u>	<u>3475</u>	<u>\$ 4,306.44</u>
PROPOSED TOTAL CHARGES:					<u>\$ 14,537.20</u> (Not Including Taxes)
TAX:					<u>\$</u>
TOTAL OUTSTANDING INVOICE AMOUNT:					<u>\$ 2,445.76</u>
TOTAL TO CLOSE ACCOUNT:					<u>\$ 16,982.96</u>

CONTRACT DEPARTMENT NOTES:

OUTSTANDING INVOICES: FEB/29/2024 -AUG/31/2024 CUSTOMER HAS AN IM-35.08 CONTRACT WITH 1 YEAR AUTO RENEWAL. CUSTO

Termination Invoice #: _____

Date: _____

Reviewed E _____

Date: _____

EIGER BIOPHARMACEUTICALS, INC.
01332.0SZ528

ACCOUNT CLOSING COSTS (Retrieval, Permanent Withdrawal, Customer Pick UP)	\$	9,721.06
MONTHS TO END OF CONTRACT Number of Months Remaining:6 Expiration of Contract: 3/31/2025	\$	4,816.14
TOTAL REJECTION DAMAGES CLAIM	\$	14,537.20

DISPOSITION

EIGER BIOPHARMACEUTICALS, INC.
01332.0SZ528

<i>SERVICE</i>	<i>QUANTITY</i>		<i>RATE</i>		<i>AMOUNT</i>
Retrieval	273.20	@	7.75	per Cubic Foot	\$ 2,117.30
Permanent Withdrawal	282.80	@	12.3	per Cubic Foot	\$ 3,478.44
Handling Charge	273.20	@	15.1	per Cubic Foot	\$ 4,125.32
			TOTAL		\$ 9,721.06