

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>Charissa Bondy</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?	Where should notices to the creditor be sent? Charissa Bondy 994 Lasalle street Superior, Colorado 80027, USA Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>303-915-0694</u> Contact email <u>dcmjbondy@msn.com</u>	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>47</u> Filed on <u>July 19 2024</u> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2761</u> <u> </u> <u> </u>
7. How much is the claim?	\$ <u>49,166.68</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Severance due as full time employee</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 10/03/2024
MM / DD / YYYY

/s/Charissa Bondy
Signature

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

Name Charissa Bondy
First name Middle name Last name

Title Executive Director, Quality Assurance

Company Eiger Biopharmaceuticals, Inc.
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: Charissa Bondy 994 Lasalle street Superior, Colorado , 80027 USA Phone: 303-915-0694 Phone 2: Fax: Email: dcmjbondy@msn.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: Yes - 47, July 19 2024 Acquired Claim: No	
Basis of Claim: Severance due as full time employee	Last 4 Digits: Yes - 2761	Uniform Claim Identifier:
Total Amount of Claim: 49,166.68	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: Charissa Bondy on 03-Oct-2024 6:14:45 p.m. Eastern Time Title: Executive Director, Quality Assurance Company: Eiger Biopharmaceuticals, Inc.		

Charissa Bondy
994 Lasalle Street
Superior, Colorado 80027-8185
(m) 303-915-0694
dcmjbondy@msn.com

October 3, 2024

Eiger Biopharmaceuticals, Inc. (Eiger) provided severance packages to employees for two of its reductions in force (RIFs). Eiger gave one month of severance for each year worked, rounded up for 6 months.

I began working for Eiger on October 17, 2022 and employee termination was September 30, 2024. For the purposes for calculating severance, I have worked at Eiger for 2 years.

My monthly salary was \$24,583.34 (paystub attached)

Severance payment is calculated as follows:

$\$24,583.34 \times 2 \text{ months} = \$49,166.68$

Therefore, I am filing a claim for severance due in the amount of \$49,166.68.

[REDACTED]
[REDACTED] [REDACTED]

Kind regards,

Charissa Bondy

Charissa Bondy

EARNINGS STATEMENT



Eiger BioPharmaceuticals, Inc.

PO Box 449
Santa Clara, CA 95052

Check No: 6529023

Check Date: 09/30/2024

Pay Period: 09/16/2024 - 09/30/2024

Charissa Elizabeth Bondy

NON-NEGOTIABLE

994 Lasalle St
Superior , CO 80027-8185

Employee ID : 00010487173
Location: Remote CO
Business Title: Exec Dir, Quality Assurance

Department: 71552500
Pay Rate: \$295,000.00 Annual

Net Pay

USD **\$7,954.29**

Current Hours and Earnings					
Description	Earnings Range	Rate	Hours	Units	Earnings
Regular		0.000	0.00	0.00	12,291.67
Gross Pay			0.00	0.00	12,291.67
Fed Taxable Gross					12,216.19

YTD Hours and Earnings			
Description	Hours	Units	Earnings
Regular	1,496.00	0.00	211,038.50
Bereavement	16.00	0.00	2,269.23
Holiday	56.00	0.00	7,942.33
Nondiscretionary Retention BNS	0.00	0.00	73,750.00
Discretionary Supplemental BNS	0.00	0.00	108,412.50
Gross Pay	1,568.00	0.00	403,412.56
Fed Taxable Gross			371,553.84

Taxes and Deductions			
Taxes	Current	Year-to-Date	
Fed Withholding	3,328.36	90,569.06	
Fed MED/EE	177.13	5,829.78	
Fed OASDI/EE	0.00	10,453.20	
Fed Addl Med	109.94	1,818.48	
CO FML/EE	0.00	758.68	
CO Withholding	519.00	16,015.00	
Total Taxes	4,134.43	125,444.20	
Before-Tax Deductions	Current	Plan Year	Year-to-Date
401k/Roth Combination	0.00	0.00	30,500.00
General Use FSA without HSA	127.08	3,050.00	2,287.52
Total Before Tax Deductions	127.08	3,050.00	32,787.52
After-Tax Deductions	Current	Year-to-Date	
Accident Insurance	15.87	285.66	
Supplemental Life	42.00	756.00	
Supplemental AD and D	15.00	270.00	
Spouse/Partner Life In	3.00	54.00	
Total After Tax Deductions	75.87	1,365.66	
Total Deductions	202.95	34,153.18	
Net Pay	7,954.29	243,815.18	

Tax Withholding		
Description	Federal	CO State
Marital Status	Married- 2 inc	Married
Allowance/Credit	0.00	0.00
Addl. Income	0.00	0.00
Deductions	0.00	
Addl. Amt.	500.00	0.00

Company-Paid Benefits		
Taxable Benefits	Current	Year-to-Date
Life & AD/D multiple	51.60	928.80
Total Taxable	51.60	928.80
Non-Taxable Benefits	Current	Year-to-Date
Aetna PPO	2,887.50	51,975.00
Delta Dental	87.65	1,577.70
VSP Vision	15.75	283.50
Life & AD/D multiple o	12.39	223.02
Short Term Disability	5.70	102.60
Long-Term Disability	19.48	350.64
401k/Roth Combination	0.00	11,264.80
Total Non-Taxable	3,028.47	65,777.26
Total Benefits	3,080.07	66,706.06

Time Off	
Description	VAC/PTO
Start Balance	25.38
+Earned	90.46
-Taken	0.00
+Adjustments	0.00
End Balance	115.84

Direct Deposit		
Account Type	Account No.	Deposit Amount
Checking	1066	7954.29
Total		7954.29

