

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

In Re. INVIVO THERAPEUTICS CORPORATION

§  
§  
§  
§

Debtor(s)

Case No. 24-10137

Lead Case No. 24-10137

☒ Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 06/30/2024

Petition Date: 02/01/2024

Months Pending: 5

Industry Classification: 

5	4	1	7
---	---	---	---

Reporting Method:

Accrual Basis ☒

Cash Basis ☐

Debtor's Full-Time Employees (current):

3

Debtor's Full-Time Employees (as of date of order for relief):

3

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☒ Statement of operations (profit or loss statement)
- ☐ Accounts receivable aging
- ☐ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☐ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Joshua B. Brooks

Signature of Responsible Party

07/29/2024

Date

Landis Rath & Cobb LLP

Printed Name of Responsible Party

919 N. Market St., Ste. 1800, Wilmington, DE 19801

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore § 1320.4(a)(2) applies.



24101372407290000000000001

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

Part 1: Cash Receipts and Disbursements	Current Month	Cumulative
a. Cash balance beginning of month	\$3,972,995	
b. Total receipts (net of transfers between accounts)	\$17,301	\$101,867
c. Total disbursements (net of transfers between accounts)	\$392,707	\$1,855,435
d. Cash balance end of month (a+b-c)	\$3,597,589	
e. Disbursements made by third party for the benefit of the estate	\$0	\$0
f. Total disbursements for quarterly fee calculation (c+e)	\$392,707	\$1,855,435

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)	Current Month
a. Accounts receivable (total net of allowance)	\$0
b. Accounts receivable over 90 days outstanding (net of allowance)	\$0
c. Inventory (Book <input checked="" type="radio"/> Market <input type="radio"/> Other <input type="radio"/> (attach explanation))	\$0
d. Total current assets	\$4,823,524
e. Total assets	\$4,878,677
f. Postpetition payables (excluding taxes)	\$481,474
g. Postpetition payables past due (excluding taxes)	\$0
h. Postpetition taxes payable	\$0
i. Postpetition taxes past due	\$0
j. Total postpetition debt (f+h)	\$481,474
k. Prepetition secured debt	\$0
l. Prepetition priority debt	\$0
m. Prepetition unsecured debt	\$171,926
n. Total liabilities (debt) (j+k+l+m)	\$653,399
o. Ending equity/net worth (e-n)	\$4,225,277

Part 3: Assets Sold or Transferred	Current Month	Cumulative
a. Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b. Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c. Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)	Current Month	Cumulative
a. Gross income/sales (net of returns and allowances)	\$0	
b. Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c. Gross profit (a-b)	\$0	
d. Selling expenses	\$0	
e. General and administrative expenses	\$415,451	
f. Other expenses	\$-88,771	
g. Depreciation and/or amortization (not included in 4b)	\$416	
h. Interest	\$17,301	
i. Taxes (local, state, and federal)	\$0	
j. Reorganization items	\$0	
k. Profit (loss)	\$-309,795	\$-2,607,432

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

**Part 5: Professional Fees and Expenses**

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$60,277	\$528,266	\$64,376	\$528,266
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Landis Rath & Cobb LLP	Lead Counsel	\$0	\$157,121	\$0	\$157,121
ii	Wilmer Cutler Pickering Hale and	Special Counsel	\$0	\$86,147	\$0	\$86,147
iii	Sonoran Capital Advisors, LLC	Financial Professional	\$0	\$17,039	\$4,099	\$17,039
iv	SSG Advisors, LLC	Other	\$0	\$25,000	\$0	\$25,000
v	Kurtzman Carson Consultants L	Other	\$60,277	\$242,959	\$60,277	\$242,959
vi						
vii						
viii						
ix						
x						
xi						
xii						
xiii						
xiv						
xv						
xvi						
xvii						
xviii						
xix						
xx						
xxi						
xxii						
xxiii						
xxiv						
xxv						
xxvi						
xxvii						
xxviii						
xxix						
xxx						
xxxi						
xxxii						
xxxiii						
xxxiv						
xxxv						
xxxvi						

4

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

lxxix						
lxxx						
lxxxi						
lxxxii						
lxxxiii						
lxxxiv						
lxxxv						
lxxxvi						
lxxxvii						
lxxxviii						
lxxxix						
xc						
xc i						
xc ii						
xc iii						
xc iv						
xc v						
xc vi						
xc vii						
xc viii						
xc ix						
c						
ci						

b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>		\$0	\$25,000	\$0	\$25,000
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	WilliamsMarston LLC	Other	\$0	\$25,000	\$0	\$25,000
ii						
iii						
iv						
v						
vi						
vii						
viii						
ix						
x						
xi						
xii						
xiii						
xiv						

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

xv						
xvi						
xvii						
xviii						
xix						
xx						
xxi						
xxii						
xxiii						
xxiv						
xxv						
xxvi						
xxvii						
xxviii						
xxix						
xxx						
xxxi						
xxxii						
xxxiii						
xxxiv						
xxxv						
xxxvi						
xxxvii						
xxxviii						
xxxix						
xl						
xli						
xlii						
xliii						
xliv						
xlv						
xlvi						
xlvii						
xlviii						
xliv						
l						
li						
lii						
liii						
liv						
lv						
lvi						

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

lvii						
lviii						
lix						
lx						
lxi						
lxii						
lxiii						
lxiv						
lxv						
lxvi						
lxvii						
lxviii						
lxix						
lxx						
lxxi						
lxxii						
lxxiii						
lxxiv						
lxxv						
lxxvi						
lxxvii						
lxxviii						
lxxix						
lxxx						
lxxxi						
lxxxii						
lxxxiii						
lxxxiv						
lxxxv						
lxxxvi						
lxxxvii						
lxxxviii						
lxxxix						
xc						
xc i						
xcii						
xciii						
xciv						
xcv						
xcvi						
xcvii						
xcviii						

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

	xcix						
	c						
c.	All professional fees and expenses (debtor & committees)			\$60,277	\$553,266	\$64,376	\$553,266

**Part 6: Postpetition Taxes****Current Month****Cumulative**

a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$2,542	\$28,468
e.	Postpetition property taxes paid	\$0	\$1,149
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$1,489

**Part 7: Questionnaire - During this reporting period:**

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☐ No ☒
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☒ No ☐
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☐ No ☒
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☐ No ☐ N/A ☒
- i. Do you have:
- Worker's compensation insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- Casualty/property insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- General liability insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☒ No ☐
- k. Has a disclosure statement been filed with the court? Yes ☒ No ☐
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐



Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137

**Part 8: Individual Chapter 11 Debtors (Only)**

- |  |       |     |
|--|-------|-----|
| a. Gross income (receipts) from salary and wages                     | _____ | \$0 |
| b. Gross income (receipts) from self-employment                      | _____ | \$0 |
| c. Gross income from all other sources                               | _____ | \$0 |
| d. Total income in the reporting period (a+b+c)                      | _____ | \$0 |
| e. Payroll deductions  | _____ | \$0 |
| f. Self-employment related expenses                                  | _____ | \$0 |
| g. Living expenses   | _____ | \$0 |
| h. All other expenses  | _____ | \$0 |
| i. Total expenses in the reporting period (e+f+g+h)                  | _____ | \$0 |
| j. Difference between total income and total expenses (d-i)          | _____ | \$0 |
| k. List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm). Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

**I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.**

/s/ Matt Foster

Signature of Responsible Party

Liquidation Trustee

Title

Sonoran Capital Advisors

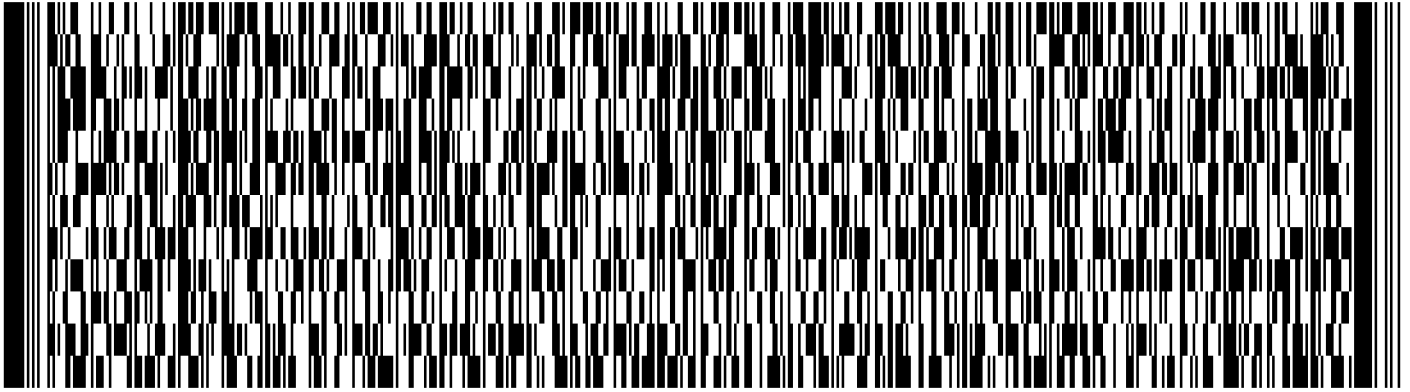
Printed Name of Responsible Party

07/29/2024

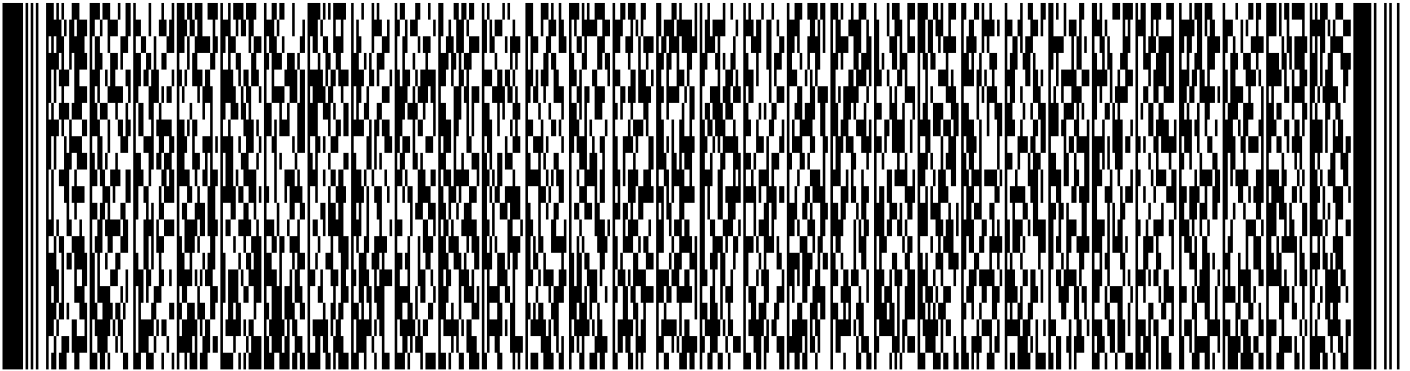
Date

Debtor's Name INVIVO THERAPEUTICS CORPORATION

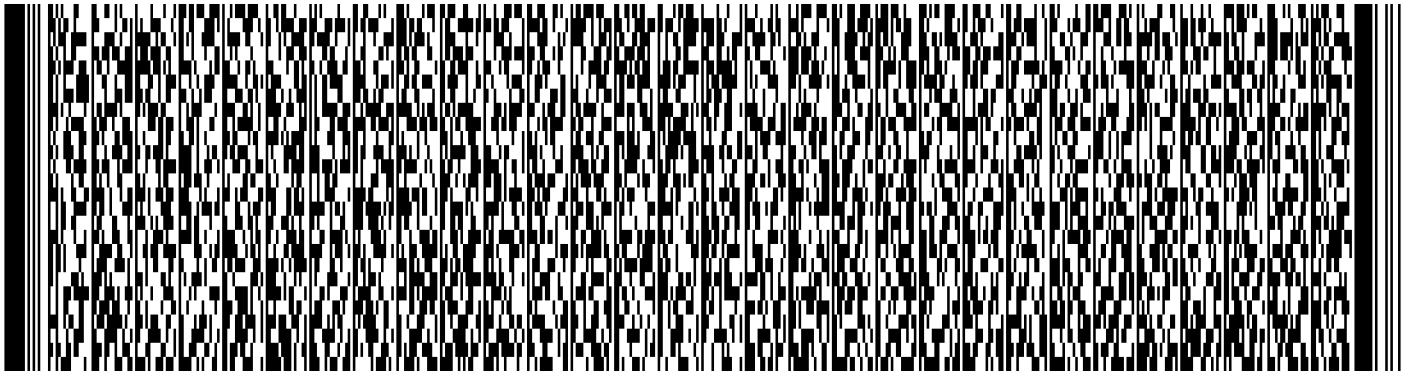
Case No. 24-10137



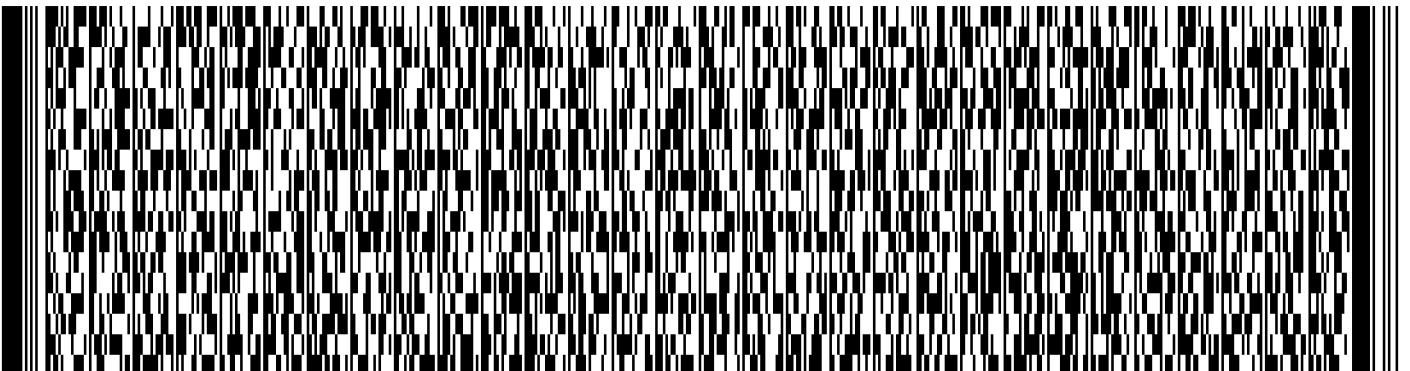
PageOnePartOne



PageOnePartTwo



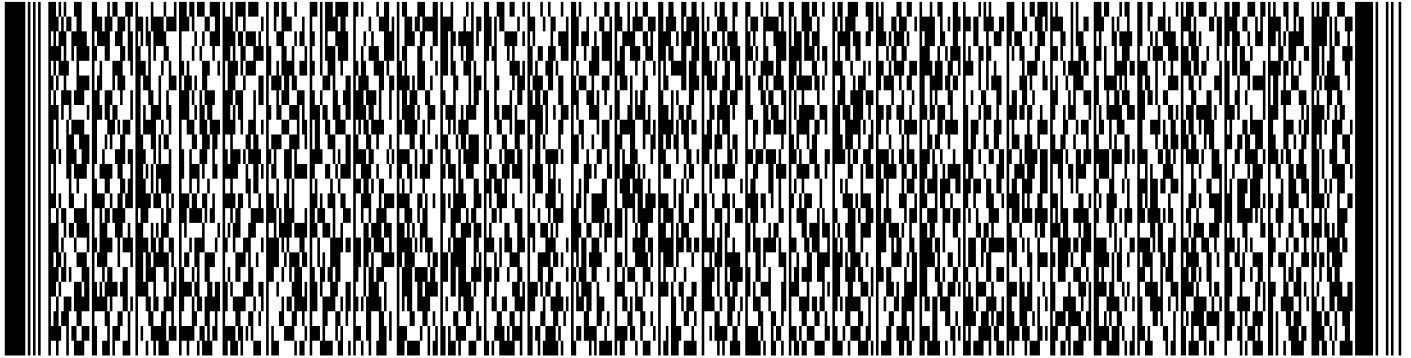
PageTwoPartOne



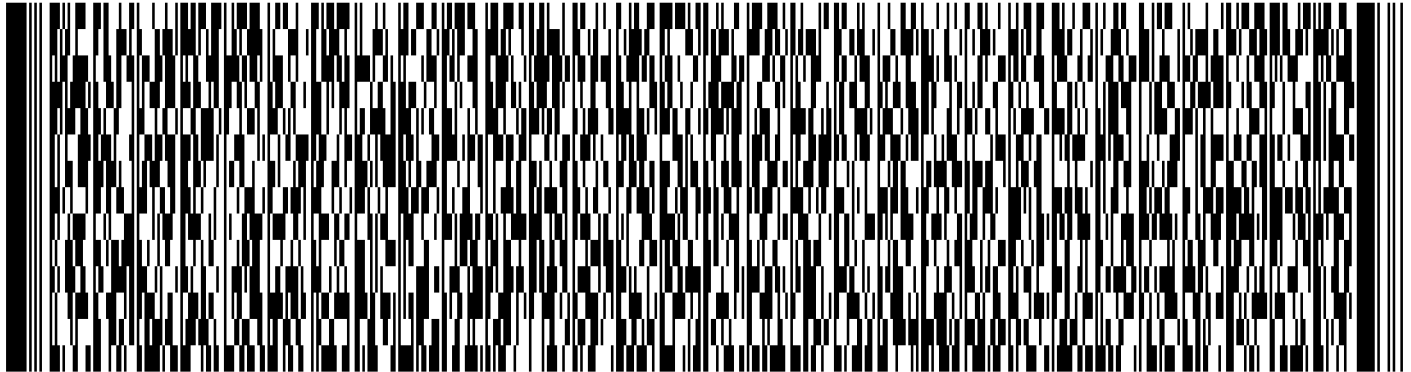
PageTwoPartTwo

Debtor's Name INVIVO THERAPEUTICS CORPORATION

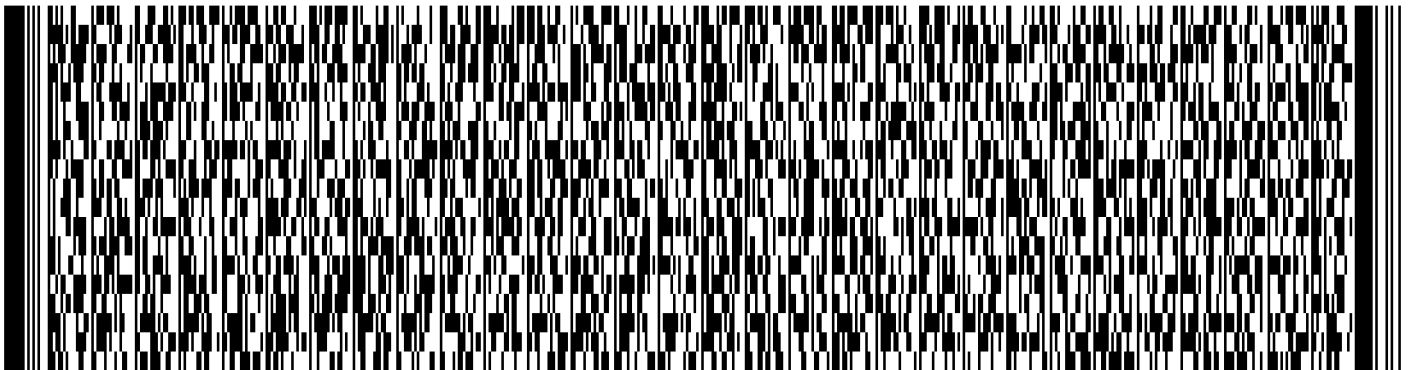
Case No. 24-10137



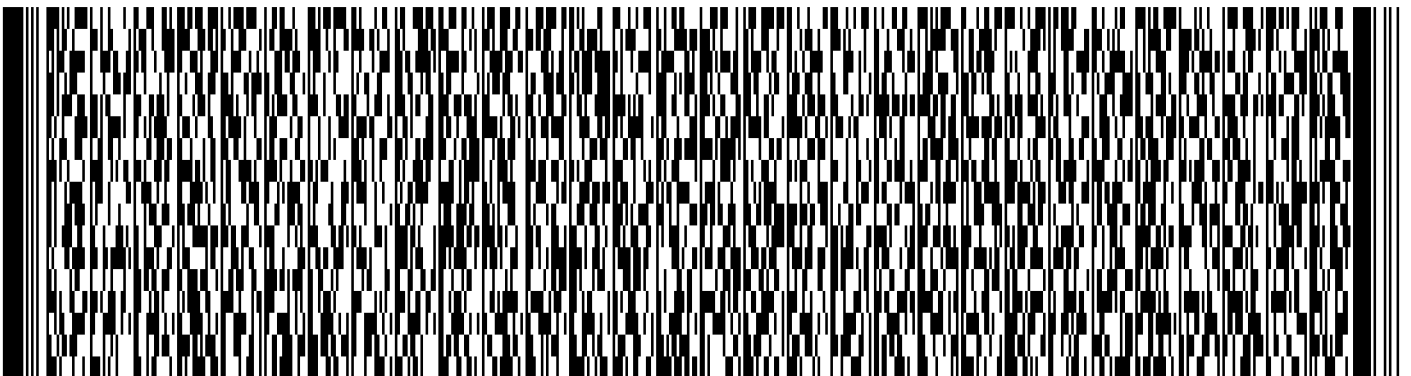
Bankruptcy1to50



Bankruptcy51to100



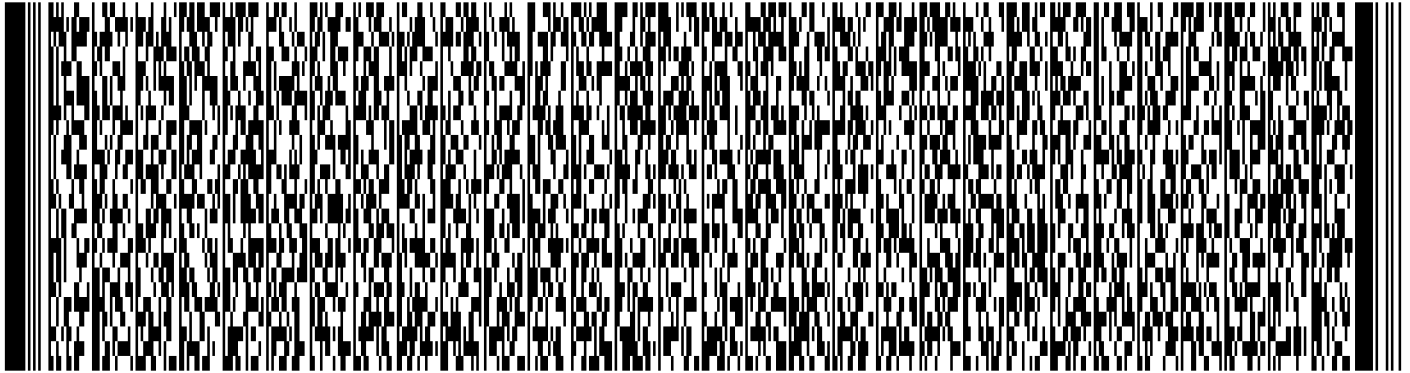
NonBankruptcy1to50



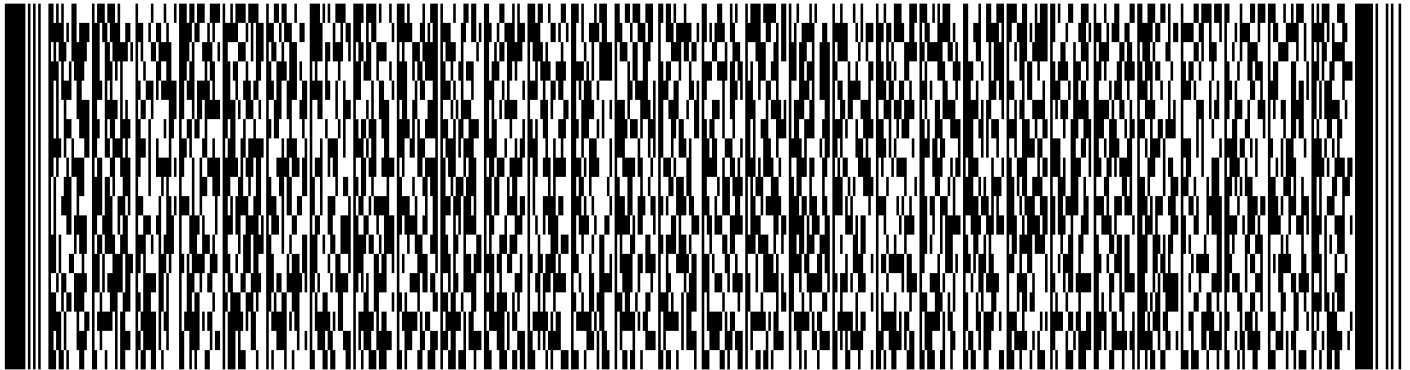
NonBankruptcy51to100

Debtor's Name INVIVO THERAPEUTICS CORPORATION

Case No. 24-10137



PageThree



PageFour



## Statement of cash receipts disbursements

June  
2024

### Operating Disbursements

Payroll, benefits and related taxes	\$	189,524
Severance		-
Consulting		78,799
Clinical Trial Costs		37,463
Rent		627
Investor Relations		5,819
Legal Fees		7,985
Audit and Tax Fees		-
Board of Directors Fees		-
Dues and Subscriptions		185
Insurance		-
Software		5,000
Mailing and Shipping		(239)
Telephone		115
Parking		-
Travel		466
Meals and Entertainment		230
Payroll processing fees		494
Office expenses & supplies		505
Bank fees		1,359
Miscellaneous expense		-
Taxes		-
Total Operating Disbursements		328,331

### Process Related Disbursements

<u>Debtor's Professionals</u>		
Landis Rath & Cobb		0
Sonoran		4,099
SSG		-
Wilmer-Hale		-
Claims agent - KCC		60,277
Total Debtor's Professionals		64,376
<u>Additional Professional/Costs</u>		
Committee Professionals		-
UST Fees		-
Total Process Related Disbursements		-

Total Disbursements	\$	392,707
---------------------	----	---------

Beginning Cash	\$	3,972,995
Interest		17,301
Credit Card Deposit		-
Collections/Refunds		-
Total Disbursements		(392,707)
Rounding Adjustments		-
Ending Cash	\$	3,597,589

0



## Balance Sheet

	<u>6/30/24</u>
ASSETS:	
Current assets:	
Cash and cash equivalents	\$ 3,597,589
Prepaid expenses and other current assets	<u>1,225,935</u>
Total current assets	4,823,524
PP&E, net	5,152
Restricted cash - non current	<u>50,000</u>
Total assets	<u><u>\$ 4,878,677</u></u>
Current liabilities:	
Accounts payable	536,682
Accrued expenses	<u>116,717</u>
Total current liabilities	653,399
Other liabilities	<u>-</u>
Total liabilities	653,399
Stockholders' equity:	
Total stockholders' equity	<u>4,225,277</u>
Total liabilities and stockholders' equity	<u><u>\$ 4,878,677</u></u>
	-



## Statement of Operations

	June 2024
Operating Expenses:	
Research and development	\$ (88,771)
General and administrative	415,867
Total operating expenses	<u>327,096</u>
Operating loss	<u>(327,096)</u>
Other income/(expense):	
Other income	<u>17,301</u>
Other income/(expense), net	<u>17,301</u>
Net loss	<u><u>\$ (309,795)</u></u>

-



Cash Reconciliation  
6/30/2024

<u>Account Type</u>	<u>Acct #</u>	<u>Total Per Bank Statement</u>	<u>Uncashed Checks</u>	<u>Acct Transfer In Transit</u>	<u>Other Assets</u>		<u>Cash Balance</u>
					<u>Restricted</u>	<u>Cash</u>	
Operating	XXXXXX4583	\$ 250,000	\$ (1,539)	\$ -	\$ -	-	\$ 248,462
Sweep	XXXXXX0747	3,467,086	-	(117,959)	-	-	3,349,127
Security Deposit	XXXXXX0116	50,000	-	-	(50,000)	-	-
Total		\$ 3,767,087	\$ (1,539)	\$ (117,959)	\$ (50,000)		\$ 3,597,589



3003 Tasman Drive, Santa Clara, CA 95054

## ADDRESS SERVICE REQUESTED

&gt;003524 3084146 0001 092196 10Z



INVIVO THERAPEUTICS CORPORATION  
1500 DISTRICT AVENUE  
BURLINGTON, MA 01803

June 2024

Reporting Activity 06/01 - 06/30

Page 1 of 8

## Managing Your Accounts

	Phone:	(408) 654-4636
	Toll-Free:	(800) 774-7390
	Email:	clientsupport@svb.com
	Online:	www.svb.com

## Summary of Accounts

Account Type	Account Number	Ending Balance
Analysis Checking	XXXXXX4583	\$250,000.41
<b>Total Balance</b>		<b>\$250,000.41</b>

## Analysis Checking - XXXXXX4583

## Account Summary

Date	Description	
06/01/2024	Beginning Balance	\$250,000.42
06/30/2024	Ending Balance	\$250,000.41
	Total debits this period	\$397,650.53
	Total credits this period	\$397,650.52
	Service Charge	\$0.00

## Account Activity

Transaction Date	Description	Debits	Credits	Balance
06/01/2024	Beginning Balance			\$250,000.42
06/03/2024	CHECK #16954	-\$72.01	\$0.00	\$249,928.41
06/03/2024	CHECK #16939	-\$5,204.62	\$0.00	\$244,723.79
06/03/2024	CASH SWEEP REDEMPTION	\$0.00	\$5,276.21	\$250,000.00
06/04/2024	WIRE OUT 240604L1B77D1C002081 202415609483;BNF KORN FERRY (U S);OBI INVOICE 41507, 42637, 4	-\$810.00	\$0.00	\$249,190.00
06/04/2024	WIRE OUT 240604L1B77D1C002079 202415609480;BNF CONTINENTAL S TOCK TRANSFER	-\$1,479.58	\$0.00	\$247,710.42
06/04/2024	WIRE OUT 240604L1B77D1C002077 202415609479;BNF BROADRIDGE IC S;OBI INV189998	-\$1,500.00	\$0.00	\$246,210.42

CHECKS OUTSTANDING									CHECKBOOK RECONCILIATION		
DATE OR #	AMOUNT		DATE OR #	AMOUNT		DATE OR #	AMOUNT				
									ENTER BALANCE THIS STATEMENT	\$	
									ADD		
									RECENT DEPOSITS (NOT CREDITED ON THIS STATEMENT)	\$	
									SUBTOTAL	\$	
									SUBTRACT TOTAL ITEMS OUTSTANDING	\$	
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest-ADD    Overdraft-DEDUCT    Automatic Payment-DEDUCT    Automatic Advance-ADD    Service Charge-DEDUCT									BALANCE	\$	

PLEASE REPORT ANY ERRORS OR OMISSIONS PROMPTLY TO US. ERRORS OR OMISSIONS THAT ARE REPORTED WITHIN THE FIRST 30 DAYS FROM THE DATE OF THE LAST STATEMENT CYCLE ARE USUALLY RESOLVED MUCH MORE QUICKLY THAN DATED REQUESTS. As a fraud prevention measure, you need to review your statements and report unauthorized use or errors to us, as explained in more detail below.

If your checkbook and statement do not balance have you:

- ☐ Accounted for bank charges? ☐ Verified additions and subtractions in your checkbook? ☐ Compared canceled checks to check stub? ☐ Compared deposit amounts on statement to your checkbook?

Any charges for imprinted checks include state sales tax computed at the current rate, when applicable. You can call (800) 774-7390 to request an item or substitute check, or a legible copy. We will without charge provide at least two items (or substitute checks or legible copies) upon request, with respect to each statement.

**IN CASE OF ERRORS OR QUESTIONS CONCERNING YOUR ELECTRONIC TRANSFERS**  
**(For Consumer Clients)**

Telephone Silicon Valley Bank at (800) 774-7390 or write us at: Silicon Valley Bank, Attn: Client Services, 3003 Tasman Drive, Santa Clara, CA 95054, as soon as you can, if you think your statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe this is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For questions about preauthorized transfers, please contact us at (800) 774-7390.

## IN CASE OF UNAUTHORIZED USE OF YOUR CHECKS OR ACCOUNTS

You agree to review your statement and to report unauthorized use (checks or other charges that are forged, altered or other unauthorized use) or error immediately. Your deposit agreement sets specific times within which you must report unauthorized use or errors to us. In summary (and subject to special rules that may apply to consumers), if you fail to report unauthorized use or errors to us within 30 days after your statement is available, you may be liable for subsequent unauthorized use by the same wrongdoer. If you fail to report within 60 days, you may also be precluded from asserting the unauthorized use or other error against us. Your statement is deemed "available" when made available in paper or electronic form. Your deposit agreement or Related Agreements may set shorter reporting requirements, such as for ACH services.

**FAIR CREDIT REPORTING ACT**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**June 2024**

Reporting Activity 06/01 - 06/30

Page 3 of 8

**Analysis Checking - XXXXXX4583** (continued)

**Account Activity** (continued)

Transaction Date	Description	Debits	Credits	Balance
06/04/2024	WIRE OUT 240604L1B77D1C002078 202415609481;BNF ERIKA DAHL	-\$1,762.50	\$0.00	\$244,447.92
06/04/2024	WIRE OUT 240604L1B77D1C002085 202415609485;BNF SOLIUM CAPITA L LLC;OBI INV174608	-\$2,500.00	\$0.00	\$241,947.92
06/04/2024	WIRE OUT 240604L1B77D1C002084 202415609486;BNF SONORAN CAPIT AL ADVISORS, LLC	-\$4,512.40	\$0.00	\$237,435.52
06/04/2024	WIRE OUT 240604L1B77D1C002087 202415609487;BNF BOSTON CHILDR EN'S HOSPITAL;OBI INV1006676,1	-\$6,282.00	\$0.00	\$231,153.52
06/04/2024	WIRE OUT 240604L1B77D1C002082 202415609484;BNF WISE;OBI WISE FBONOUS HEALTHCARE COMMUNICAT	-\$8,212.50	\$0.00	\$222,941.02
06/04/2024	WIRE OUT 240604L1B77D1C002074 202415609478;BNF BCBSMA HMO BL UE DEPOSITORY;OBI INVIVO ACCOU	-\$8,568.26	\$0.00	\$214,372.76
06/04/2024	CASH SWEEP REDEMPTION	\$0.00	\$35,627.24	\$250,000.00
06/07/2024	BASIC BENEFITS PAYMENTS 32590537 170583 INVIVO THERAPEU	-\$47.63	\$0.00	\$249,952.37
06/07/2024	WAGeworks FSA RECEIVABLE INV6631831 INVIVO THERAPEUTICS HO	-\$471.45	\$0.00	\$249,480.92
06/07/2024	CASH SWEEP REDEMPTION	\$0.00	\$519.08	\$250,000.00
06/10/2024	WIRE IN 240610I1Q73AGC004869 202416215561;ORG SONORAN CAPIT AL ADVISORS LLC;REF 240610B026	\$0.00	\$413.60	\$250,413.60
06/10/2024	IRON MOUNTAIN RECRD MGMT 5675628 INVIVO THERAPEUTICS *C	-\$129.00	\$0.00	\$250,284.60
06/10/2024	CHECK #16958	-\$57.50	\$0.00	\$250,227.10
06/10/2024	CHECK #16957	-\$1,360.00	\$0.00	\$248,867.10
06/10/2024	CASH SWEEP REDEMPTION	\$0.00	\$1,132.90	\$250,000.00
06/11/2024	HEALTHEQUITY INC HealthEqui 81795 InVivo Therapeutics Co	-\$11.85	\$0.00	\$249,988.15

4000/2000 54590 E39475 941480E 142520

**June 2024**

Reporting Activity 06/01 - 06/30

Page 4 of 8

**Analysis Checking - XXXXXX4583** (continued)

**Account Activity** (continued)

Transaction Date	Description	Debits	Credits	Balance
06/11/2024	WIRE OUT 240611L1B77D1C001292 202416305075;BNF KCC GLOBAL AD MINISTRATION - RESTRUC;OBI INV	-\$7,836.48	\$0.00	\$242,151.67
06/11/2024	CASH SWEEP REDEMPTION	\$0.00	\$7,848.33	\$250,000.00
06/14/2024	WAGeworks FSA RECEIVABLE INV6652699 INVIVO THERAPEUTICS HO	-\$28.17	\$0.00	\$249,971.83
06/14/2024	ADP PAYROLL FEES ADP FEES 793072846239 662941426INVIVO THERAP	-\$493.70	\$0.00	\$249,478.13
06/14/2024	WIRE OUT 240614L1B77D1C002748 202416611924;BNF KORN FERRY (U S);OBI INV1590145097	-\$270.00	\$0.00	\$249,208.13
06/14/2024	WIRE OUT 240614L1B77D1C002754 202416611940;BNF CONTINENTAL S TOCK TRANSFER;OBI INV95062	-\$1,479.18	\$0.00	\$247,728.95
06/14/2024	WIRE OUT 240614L1B77D1C002747 202416611925;BNF SOLIUM CAPITA L LLC;OBI INV00177924	-\$2,500.00	\$0.00	\$245,228.95
06/14/2024	WIRE OUT 240614L1B77D1C002755 202416611939;BNF ADP, LLC.;OBI NET PAY AND TAX - 06-19-24ADP	-\$88,533.10	\$0.00	\$156,695.85
06/14/2024	CHECK #16960	-\$114.94	\$0.00	\$156,580.91
06/14/2024	CASH SWEEP REDEMPTION	\$0.00	\$93,419.09	\$250,000.00
06/17/2024	WAGeworks FSA RECEIVABLE INV6655168 INVIVO THERAPEUTICS HO	-\$28.06	\$0.00	\$249,971.94
06/17/2024	CHECK #16956	-\$707.70	\$0.00	\$249,264.24
06/17/2024	CASH SWEEP REDEMPTION	\$0.00	\$735.76	\$250,000.00
06/18/2024	WAGeworks FSA RECEIVABLE INV6659077 INVIVO THERAPEUTICS HO	-\$397.60	\$0.00	\$249,602.40
06/18/2024	WIRE OUT 241700599900 202417005999;BNF SVB CARD OPER ATIONS- ACH PAYMENTS;OBI INVIV	-\$770.75	\$0.00	\$248,831.65

**June 2024**

Reporting Activity 06/01 - 06/30

Page 5 of 8

**Analysis Checking - XXXXXX4583** (continued)

**Account Activity** (continued)

Transaction Date	Description	Debits	Credits	Balance
06/18/2024	WIRE OUT 241700598700 202417005987;BNF SVB CARD OPER ATIONS - ACH PAYMENTS;OBI INVI	-\$864.18	\$0.00	\$247,967.47
06/18/2024	WIRE OUT 241700598800 202417005988;BNF THRIVE OPERAT IONS LLC;OBI INV00325810	-\$1,318.04	\$0.00	\$246,649.43
06/18/2024	WIRE OUT 240618L1B77D1C001406 202417005989;BNF KCC GLOBAL AD MINISTRATION - RESTRUC;OBI US-	-\$52,440.89	\$0.00	\$194,208.54
06/18/2024	CHECK #16955	-\$212.42	\$0.00	\$193,996.12
06/18/2024	CASH SWEEP REDEMPTION	\$0.00	\$56,003.88	\$250,000.00
06/21/2024	WAGeworks FSA RECEIVABLE INV6670359 INVIVO THERAPEUTICS HO	-\$552.96	\$0.00	\$249,447.04
06/21/2024	CASH SWEEP REDEMPTION	\$0.00	\$552.96	\$250,000.00
06/24/2024	IRON MOUNTAIN RECRD MGMT 9490958 INVIVO THERAPEUTICS *C	-\$42.91	\$0.00	\$249,957.09
06/24/2024	IRON MOUNTAIN RECRD MGMT 9490958 INVIVO THERAPEUTICS *C	-\$258.00	\$0.00	\$249,699.09
06/24/2024	WAGeworks RECEIVABLE INV6576200 INVIVO THERAPEUTICS HO	-\$12.00	\$0.00	\$249,687.09
06/24/2024	WIRE OUT 240624L1B77D1C001271 202417606131;BNF HOGAN LOVELLS US LLP;OBI INV 21200018574	-\$1,702.80	\$0.00	\$247,984.29
06/24/2024	WIRE OUT 241760612700 202417606127;BNF THRIVE OPERAT IONS LLC;OBI INV00279307, INVO	-\$74,638.32	\$0.00	\$173,345.97
06/24/2024	CASH SWEEP REDEMPTION	\$0.00	\$76,654.03	\$250,000.00
06/25/2024	HEALTHEQUITY INC HealthEqui 81795 InVivo Therapeutics Co	-\$7.08	\$0.00	\$249,992.92
06/25/2024	WAGeworks FSA RECEIVABLE INV6676879 INVIVO THERAPEUTICS HO	-\$1,179.90	\$0.00	\$248,813.02

0000/0000 44590 429406 94747 0003/0004

**June 2024**

Reporting Activity 06/01 - 06/30

Page 6 of 8

## Analysis Checking - XXXXXX4583 (continued)

### Account Activity (continued)

Transaction Date	Description	Debits	Credits	Balance
06/25/2024	CASH SWEEP REDEMPTION	\$0.00	\$1,186.98	\$250,000.00
06/26/2024	ANALYSIS SERVICE CHARGE	-\$321.26	\$0.00	\$249,678.74
06/26/2024	CASH SWEEP REDEMPTION	\$0.00	\$321.26	\$250,000.00
06/28/2024	WIRE OUT 240628L1B77D1C002937 202418012408;BNF WISE;OBI WISE FBOUOUS HEALTHCARE COMMUNICAT	-\$29,250.00	\$0.00	\$220,750.00
06/28/2024	WIRE OUT 240628L1B77D1C002933 202418012396;BNF ADP, LLC.;OBI NET PAY AND TAX - 07-03-24ADP	-\$88,708.79	\$0.00	\$132,041.21
06/28/2024	CASH SWEEP REDEMPTION	\$0.00	\$117,958.79	\$250,000.00
06/28/2024	INT TRANSFER FROM [REDACTED] 0116	\$0.00	\$0.41	\$250,000.41
06/30/2024	Ending Balance			\$250,000.41

### Checks Cleared

Check Date	Check Number	Check Amount	Check Date	Check Number	Check Amount
06/03/2024	16939	\$5,204.62	06/03/2024	16954*	\$72.01
06/18/2024	16955	\$212.42	06/17/2024	16956	\$707.70
06/10/2024	16957	\$1,360.00	06/10/2024	16958	\$57.50
06/14/2024	16960*	\$114.94			

\* Indicates skipped check number

**June 2024**

Reporting Activity 06/01 - 06/30

Page 7 of 8

16939

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/03/2024

AMOUNT: \$5,204.62

TO: CVC Interactive LLC  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16939 06/03/2024 \$5,204.62

16954

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/03/2024

AMOUNT: \$72.01

TO: VORACED INC.  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16954 06/03/2024 \$72.01

16955

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/18/2024

AMOUNT: \$212.42

TO: AT&T  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16955 06/18/2024 \$212.42

16956

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/17/2024

AMOUNT: \$707.70

TO: The Lincoln National Life Insurance Company  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16956 06/17/2024 \$707.70

16957

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/10/2024

AMOUNT: \$1,360.00

TO: Talaris Analytics Inc  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16957 06/10/2024 \$1,360.00

16958

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/10/2024

AMOUNT: \$57.50

TO: Vision Service Plan  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16958 06/10/2024 \$57.50

16960

INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

SILICON VALLEY BANK  
BANK OF AMERICA, NATIONAL ASSOCIATION  
SAN JOSE, CA 95128

DATE: 06/14/2024

AMOUNT: \$114.94

TO: Verizon  
PO BOX 2200  
SAN JOSE, CA 95128

FROM: INVIVO THERAPEUTICS CORPORATION  
ONE GENEAL SQUARE SUITE 1100  
CAMBRIDGE, MA 02142

#16960 06/14/2024 \$114.94

THIS PAGE LEFT INTENTIONALLY BLANK





3003 Tasman Drive, Santa Clara, CA 95054

June 2024

Reporting Activity 06/01 - 06/30 Page 1 of 4

ADDRESS SERVICE REQUESTED

INVIVO THERAPEUTICS CORPORATION  
1500 DISTRICT AVENUE  
BURLINGTON MA 01803

DDA #: XXXXXX4583 Target Balance: \$250,000.00

Messages/Notifications

Managing Your Accounts

- Phone: (408) 654-4636
- Toll-Free: (800) 774-7390
- Email: clientsupport@svb.com
- Online: www.svb.com

Month-End Allocation %



SVB Cash Sweep Summary - Account XXXXXX0747

Fund Name	CUSIP	Ticker	Avg. Monthly Balance	Month-End Position	Net Monthly Income Earned*	Avg. Gross Yield**
Western Asset Inst US Treas Res/Inv	52470G684	LTRXX	\$1,816,864.76	\$1,733,543.09	\$7,203.89	5.130%
BlackRock Liquidity:T-Fund Admin	09248U676	BTAXX	\$1,816,861.69	\$1,733,543.08	\$7,130.24	5.080%
Totals				\$3,467,086.17	\$14,334.13	

\* Net Monthly Income Earned represents dividends earned in the current month, which are paid on the first day of the following month, less bank sweep fees.  
\*\* Avg. Gross Yield is the annualized average 30 day yield gross of any bank sweep fees.

MONEY MARKET MUTUAL FUND INVESTMENTS ARE:  
NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE

**June 2024**

Reporting Activity 06/01 - 06/30

Page 2 of 4

**SVB Cash Sweep Activity - Western Asset Inst US Treas Res/Inv**

Date	Transaction Description	Transaction Amount	Price	Investment Balance
06/03/2024	Fee Charged	(\$521.95)	\$1.00	
06/03/2024	Dividend Reinvest	\$8,699.20	\$1.00	
06/03/2024	Redemption	(\$77,333.72)	\$1.00	\$1,873,227.82
06/04/2024	Redemption	(\$2,683.98)	\$1.00	\$1,870,543.84
06/05/2024	Redemption	(\$17,813.62)	\$1.00	\$1,852,730.22
06/10/2024	Redemption	(\$259.54)	\$1.00	\$1,852,470.68
06/11/2024	Redemption	(\$566.45)	\$1.00	\$1,851,904.23
06/12/2024	Redemption	(\$3,924.16)	\$1.00	\$1,847,980.07
06/17/2024	Redemption	(\$46,709.55)	\$1.00	\$1,801,270.52
06/18/2024	Redemption	(\$367.88)	\$1.00	\$1,800,902.64
06/20/2024	Redemption	(\$28,001.94)	\$1.00	\$1,772,900.70
06/24/2024	Redemption	(\$276.48)	\$1.00	\$1,772,624.22
06/25/2024	Redemption	(\$38,327.01)	\$1.00	\$1,734,297.21
06/26/2024	Redemption	(\$593.50)	\$1.00	\$1,733,703.71
06/27/2024	Redemption	(\$160.62)	\$1.00	\$1,733,543.09

**SVB Cash Sweep Activity - BlackRock Liquidity:T-Fund Admin**

Date	Transaction Description	Transaction Amount	Price	Investment Balance
06/03/2024	Fee Charged	(\$516.10)	\$1.00	
06/03/2024	Redemption	(\$77,333.70)	\$1.00	
06/03/2024	Dividend Reinvest	\$8,601.59	\$1.00	\$1,873,136.07

**MONEY MARKET MUTUAL FUND INVESTMENTS ARE:****NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE**

**June 2024**

Reporting Activity 06/01 - 06/30

Page 3 of 4

**SVB Cash Sweep Activity - BlackRock Liquidity:T-Fund Admin** (continued)

Date	Transaction Description	Transaction Amount	Price	Investment Balance
06/04/2024	Redemption	(\$2,592.23)	\$1.00	\$1,870,543.84
06/05/2024	Redemption	(\$17,813.62)	\$1.00	\$1,852,730.22
06/10/2024	Redemption	(\$259.54)	\$1.00	\$1,852,470.68
06/11/2024	Redemption	(\$566.45)	\$1.00	\$1,851,904.23
06/12/2024	Redemption	(\$3,924.17)	\$1.00	\$1,847,980.06
06/17/2024	Redemption	(\$46,709.54)	\$1.00	\$1,801,270.52
06/18/2024	Redemption	(\$367.88)	\$1.00	\$1,800,902.64
06/20/2024	Redemption	(\$28,001.94)	\$1.00	\$1,772,900.70
06/24/2024	Redemption	(\$276.48)	\$1.00	\$1,772,624.22
06/25/2024	Redemption	(\$38,327.02)	\$1.00	\$1,734,297.20
06/26/2024	Redemption	(\$593.48)	\$1.00	\$1,733,703.72
06/27/2024	Redemption	(\$160.64)	\$1.00	\$1,733,543.08

**MONEY MARKET MUTUAL FUND INVESTMENTS ARE:****NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE**



***June 2024***

*Reporting Activity 06/01 - 06/30*

*Page 4 of 4*

**THIS PAGE LEFT INTENTIONALLY BLANK.**

---

**MONEY MARKET MUTUAL FUND INVESTMENTS ARE:  
NOT A DEPOSIT - NOT FDIC INSURED - NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY - NOT GUARANTEED BY THE BANK - MAY LOSE VALUE**

3003 Tasman Drive, Santa Clara, CA 95054

## ADDRESS SERVICE REQUESTED

&gt;049548 3076264 0001 092196 10Z





INVIVO THERAPEUTICS CORPORATION  
1500 DISTRICT AVENUE  
BURLINGTON, MA 01803

June 2024

Reporting Activity 06/01 - 06/30

Page 1 of 2

## Managing Your Accounts

	Phone:	(408) 654-4636
	Toll-Free:	(800) 774-7390
	Email:	clientsupport@svb.com
	Online:	www.svb.com

## Summary of Accounts

Account Type	Account Number	Ending Balance
Collateral MMA	XXXXXX0116	\$50,000.00
<b>Total Balance</b>		<b>\$50,000.00</b>

## Collateral MMA - XXXXXX0116

## Account Summary

Date	Description	
06/01/2024	Beginning Balance	\$50,000.00
06/30/2024	Ending Balance	\$50,000.00
	Total debits this period	\$0.41
	Total credits this period	\$0.00
	Service Charge	\$0.00

## Interest Summary

Description	
Interest Earned From 06/01/2024 Through 06/30/2024	
Annual Percentage Yield Earned	0.01%
Interest Days	30
Interest Earned	\$0.41
Interest Paid This Period	\$0.41
Interest Paid Year-to-Date	\$2.48
Interest Withheld Year-to-Date	\$0.00

## Account Activity

Transaction Date	Description	Debits	Credits	Balance
06/01/2024	Beginning Balance			\$50,000.00
06/28/2024	INTEREST PAYMENT	\$0.00	\$0.41	\$50,000.41
06/28/2024	INT TRANSFER TO [REDACTED] 4583	-\$0.41	\$0.00	\$50,000.00
06/30/2024	Ending Balance			\$50,000.00

## Interest Rate Summary

Date	Rate
06/03/2024	0.01%

CHECKS OUTSTANDING									CHECKBOOK RECONCILIATION		
DATE OR #	AMOUNT		DATE OR #	AMOUNT		DATE OR #	AMOUNT				
									ENTER BALANCE THIS STATEMENT	\$	
									ADD		
									RECENT DEPOSITS (NOT CREDITED ON THIS STATEMENT)	\$	
									SUBTOTAL	\$	
									SUBTRACT TOTAL ITEMS OUTSTANDING	\$	
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest-ADD    Overdraft-DEDUCT    Automatic Payment-DEDUCT    Automatic Advance-ADD    Service Charge-DEDUCT									BALANCE	\$	

PLEASE REPORT ANY ERRORS OR OMISSIONS PROMPTLY TO US. ERRORS OR OMISSIONS THAT ARE REPORTED WITHIN THE FIRST 30 DAYS FROM THE DATE OF THE LAST STATEMENT CYCLE ARE USUALLY RESOLVED MUCH MORE QUICKLY THAN DATED REQUESTS. As a fraud prevention measure, you need to review your statements and report unauthorized use or errors to us, as explained in more detail below.

If your checkbook and statement do not balance have you:

- ☐ Accounted for bank charges? ☐ Verified additions and subtractions in your checkbook? ☐ Compared canceled checks to check stub? ☐ Compared deposit amounts on statement to your checkbook?

Any charges for imprinted checks include state sales tax computed at the current rate, when applicable. You can call (800) 774-7390 to request an item or substitute check, or a legible copy. We will without charge provide at least two items (or substitute checks or legible copies) upon request, with respect to each statement.

**IN CASE OF ERRORS OR QUESTIONS CONCERNING YOUR ELECTRONIC TRANSFERS**  
**(For Consumer Clients)**

Telephone Silicon Valley Bank at (800) 774-7390 or write us at: Silicon Valley Bank, Attn: Client Services, 3003 Tasman Drive, Santa Clara, CA 95054, as soon as you can, if you think your statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe this is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For questions about preauthorized transfers, please contact us at (800) 774-7390.

## IN CASE OF UNAUTHORIZED USE OF YOUR CHECKS OR ACCOUNTS

You agree to review your statement and to report unauthorized use (checks or other charges that are forged, altered or other unauthorized use) or error immediately. Your deposit agreement sets specific times within which you must report unauthorized use or errors to us. In summary (and subject to special rules that may apply to consumers), if you fail to report unauthorized use or errors to us within 30 days after your statement is available, you may be liable for subsequent unauthorized use by the same wrongdoer. If you fail to report within 60 days, you may also be precluded from asserting the unauthorized use or other error against us. Your statement is deemed "available" when made available in paper or electronic form. Your deposit agreement or Related Agreements may set shorter reporting requirements, such as for ACH services.

**FAIR CREDIT REPORTING ACT**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.