

Fill in this information to identify the case:

Debtor Orexigen Therapeutics, Inc.

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

Case number 18-10518

**Official Form 410
Proof of Claim**

04/16

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>ALMAC CLINICAL SERVICES, LLC</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>ALMAC CLINICAL SERVICES, LLC c/o Corporate and Legal Affairs 25 Fretz Road Souderton, PA 18964, USA</p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p>Contact phone <u>001 215 660 8500</u></p> <p>Contact email <u>chris.diamond@almacgroup.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: ____ _

7. How much is the claim? \$ 33,156.63. 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.
services performed

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 \$2,850* 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 \$12,850*) 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 4/01/19 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 05/30/2018
MM / DD / YYYY

/s/Michelle McClelland
Signature

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

Name Michelle McClelland
First name Middle name Last name

Title Legal Counsel

Company Almac Clinical Services, 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 (888) 830-4646 | International (310) 751-2641

Debtor: 18-10518 - Orexigen Therapeutics, Inc.		
District: District of Delaware		
Creditor: ALMAC CLINICAL SERVICES, LLC c/o Corporate and Legal Affairs 25 Fretz Road Souderton, PA, 18964 USA Phone: 001 215 660 8500 Phone 2: Fax: Email: chris.diamond@almacgroup.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: services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 33,156.63	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: Michelle McClelland on 30-May-2018 12:01:26 p.m. Eastern Time Title: Legal Counsel Company: Almac Clinical Services, LLC		



Almac Clinical Services LLC
25 Fretz Road
Souderton, PA, 18964
United States

T: +1 (215) 660 8500
F: +1 (215) 660 8501
www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10072998 ✓
Invoice Date: 31-DEC-2017
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37773
Protocol Reference(s): NaltrexBuprop 1006
Almac Project Reference: 163791
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 140.63
Tax: US\$ 0.00

Invoice Total: US\$ 140.63

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to
this invoice please email;

acsbilling@almacgroup.com

Almac Clinical Services LLC is a member of the Almac Group. Reg Office: 25 Fretz Road, Souderton, PA 18964, United States Of America.
T +1(215)660 8500 F +1(215)660 8501 Tax ID No: 23-285-7741



Invoice No: 10072998

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www.almacgroup.com
acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Accountability & Destruction	N/A	128.75
Storage	N/A	11.88
		140.63

Customer PO Summary	
N/A	US\$ 140.63
	US\$ 140.63

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	11.88	1.000	11.88	N
2	17.1	Transportation fees for shipment of Non-Hazardous goods from Almac to 3rd party destruction company in NC (per pallet) Assumes 1 pallet to be transported to a third-party destruction facility in NC Provided By Almac NC	1.00	120.000	120.00	N
3	18.1	Destruction of Non Hazardous goods by weight (lb) in NC Estimate only - per pound destroyed Provided By Almac NC	5.00	1.750	8.75	N

Total Customer PO Number - N/A 140.63

Net Sales Total: US\$ 140.63

Tax US\$ 0.00

Invoice Total: US\$ 140.63

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	11.88	1.00	11.88	N/A
			Total	11.88	

Almac Site	PA	Storage Month
		DEC - 2017

Summary	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.2500	11.88
		Total	11.88

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 T +1(215)660 8500 F +1(215)660 8501 Tax ID No: 23-285-7741



Invoice No: 10072998



Almac Clinical Services LLC
25 Fretz Road
Souderton, PA, 18964
United States

T: +1 (215) 660 8500
F: +1 (215) 660 8501
www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10073015
Invoice Date: 31-DEC-2017
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37852
Protocol Reference(s): NaltrexBuprop Storage
Almac Project Reference: 165089
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 10,000.42
Tax: US\$ 0.00

Invoice Total: US\$ 10,000.42

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to this invoice please email;

acsbilling@almacgroup.com

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Invoice No: 10073015

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Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Distribution Management	N/A	500.00
Project Management	N/A	562.50
Storage	N/A	8,937.92
		10,000.42

Customer PO Summary	
N/A	US\$ 10,000.42
	US\$ 10,000.42

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	1.1	Fee for Ambient Storage in PA Refer to Storage Report below	8,605.42	1.000	8,605.42	N
2	2.1	Fee for Ambient Storage in NC Provided By Almac NC Refer to Storage Report below	332.50	1.000	332.50	N
3	3.1	Almac PA Hourly Project Management Fee Project Management work to be completed at Almac PA Refer to Billable Hours Report below	3.75	150.000	562.50	N
4	7.1	Distribution of Pallet under ambient conditions from Almac PA Assumes 6 pallet shipments from Almac PA Refer to Shipment Report below	1.00	500.000	500.00	N

Total Customer PO Number - N/A 10,000.42

Net Sales Total: US\$ 10,000.42

Tax US\$ 0.00

Invoice Total: US\$ 10,000.42

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Invoice No: 10073015

Billable Hours Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
3.1	Almac PA Hourly Project Management Fee	3.75	150.00	562.50	N/A
Total				562.50	

Detail		From Date	To Date	Task	Invoice Quantity	Unit Selling Price	Extended Selling Price
		06-DEC-2017	15-DEC-2017	PS Billable Comm	1.75	150.00	262.50
		06-DEC-2017	15-DEC-2017	PS Billable Shipping	2.00	150.00	300.00
Total					3.75		562.50

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Invoice No: 10073015

Shipment Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
7.1	Distribution of Pallet under ambient conditions from Almac PA	1.00	500.00	500.00	N/A
Total				500.00	

Almac Ref	Almac Site	Distribution Order	Ship Date	Protocol Ref	Consignee/Address	Courier Name	AWB Number	TYR/ Customer Ref	Description	Invoice Quantity	Unit Selling Price	Extended Selling Price	Tax
7.1	PA	10980439	28-DEC-2017	Project Shipping Account	Karen Bryant 165089-03 Patheon 111 Consumer Drive Whitby, Ontario, L1N 5Z5 Canada	FedEx	453901707	Shipment for Protocol NaltrexBru prop Storage	Distribution of Pallet under ambient conditions from Almac PA	1.00	500.00	500.00	N
Total											500.00		

Almac Clinical Services LLC is a member of the Almac Group. Reg Office: 25 Fretz Road, Souderton, PA 18984, United States Of America.
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Invoice No: 10073015

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Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
1.1	Fee for Ambient Storage in PA	8,605.42	1.00	8,605.42	N/A
2.1	Fee for Ambient Storage in NC	332.50	1.00	332.50	N/A
Total				8,937.92	

Almac Site	PA	Storage Month	DEC-2017
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Summary	Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient		95.000	90.5833	8605.42
Total				8,605.42

Almac Site	NC	Storage Month	DEC-2017
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Summary	Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient		23.750	14.0000	332.50
Total				332.50

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Invoice No: 10073015



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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: **10073237** ✓
Invoice Date: 31-DEC-2017
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37771
Protocol Reference(s): NaltrexBuprop 1003
Almac Project Reference: 163789
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 157.13
Tax: US\$ 0.00

Invoice Total: US\$ 157.13

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to
this invoice please email;

acsbilling@almacgroup.com

Almac Clinical Services LLC is a member of the Almac Group. Reg Office: 25 Fretz Road, Souderton, PA 18964, United States Of America.
T +1(215)660 8500 F +1(215)660 8501 Tax ID No: 23-285-7741



Invoice No: 10073237

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Invoice Summary

Activity Type	Customer PO Number	Amount US\$
Accountability & Destruction	N/A	125.25
Storage	N/A	31.88
		157.13

Customer PO Summary

N/A	US\$ 157.13
US\$ 157.13	

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	11.88	1.000	11.88	N
2	16.1	Transportation fees for shipment of Non-Hazardous goods from Almac to 3rd party destruction company in NC (per pallet) Assumes 1 pallet to be transported to a third-party destruction facility in NC Provided By Almac NC	1.00	120.000	120.00	N
3	17.1	Destruction of Non Hazardous goods by weight (lb) in NC Estimate only - per pound destroyed Provided By Almac NC	3.00	1.750	5.25	N
4	20.1	Non-Premium Storage Lot Surcharge in PA Added Per Exception - 01-DEC-2017 Refer to Storage Surcharges report below	20.00	1.000	20.00	N

Total Customer PO Number - N/A 157.13

Net Sales Total: US\$ 157.13
Tax US\$ 0.00

Invoice Total: US\$ 157.13

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	11.88	1.00	11.88	N/A
			Total	11.88	

Almac Site	IPA	Storage Month
		DEC-2017

Summary			
Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.2500	11.88
		Total	11.88

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Invoice No: 10073237

Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
20.1	Non-Premium Storage Lot Surcharge in PA	20.00	1.00	20.00	N/A
Total				20.00	

Almac Site	PA	Storage Month	DEC-2017

Storage Surcharges	Storage Condition	Storage Type	No Of Lots	Monthly Rate/Lot	Total
365 - 729	Ambient	Non Premium	1	20.00	20.00
Total				20.00	20.00
Grand Total				20.00	20.00

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Invoice No: 10073237





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Souderton, PA, 18964
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www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10073306
Invoice Date: 31-DEC-2017
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37772
Protocol Reference(s): NaltrexBuprop 1005
Almac Project Reference: 163790
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 140.21
Tax: US\$ 0.00

Invoice Total: US\$ 140.21

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to this invoice please email;

acsbilling@almacgroup.com

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T +1(215)660 8500 F +1(215)660 8501 Tax ID No: 23-285-7741



Invoice No: 10073306

Page 1 of 5



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Souderton, PA, 18964
United States

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acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Project Management	N/A	112.50
Storage	N/A	27.71
		140.21

Customer PO Summary	
N/A	US\$ 140.21
	US\$ 140.21

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	1.1	Almac PA Hourly Project Management Fee Project Management work to be completed at Almac PA Refer to Billable Hours Report below	0.75	150.000	112.50	N
2	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 18 months x \$23.75/quarter-pallet per month Refer to Storage Report below	27.71	1.000	27.71	N
Total Customer PO Number - N/A					140.21	

Net Sales Total: US\$ 140.21
Tax: US\$ 0.00

Invoice Total: US\$ 140.21

Billable Hours Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
1.1	Almac PA Hourly Project Management Fee	0.75	150.00	112.50	N/A
Total				112.50	

Detail	From Date	To Date	Task	Invoice Quantity	Unit Selling Price	Extended Selling Price
	14-DEC-2017	21-DEC-2017	PS Billable Comm	0.75	150.00	112.50
Total				0.75		112.50

Almac Clinical Services LLC is a member of the Almac Group. Reg Office: 25 Freiz Road, Souderton, PA 18964, United States Of America.
 T +1(215)660 8500 F +1(215)660 8501 Tax ID No: 23-285-7741



Invoice No: 10073306

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	27.71	1.00	27.71	N/A
			Total	27.71	

Almac Site	PA	Storage Month	DEC-2017
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Summary	Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient		47.500	0.5833	27.71
			Total	27.71

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Invoice No: 10073306



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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10075578
Invoice Date: 31-JAN-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37852
Protocol Reference(s): NaltrexBuprop Storage
Almac Project Reference: 165089
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 9,500.42
Tax: US\$ 0.00

Invoice Total: US\$ 9,500.42

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to this invoice please email;

acsbilling@almacgroup.com

Almac Clinical Services LLC is a member of the Almac Group. Reg Office: 25 Fretz Road, Souderton, PA 18964, United States Of America.
T +1(215)660 8500 F +1(215)660 8501 Tax ID No: 23-285-7741



Invoice No: 10075578

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Almac Clinical Services LLC
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F: +1 (215) 660 8501
www.almacgroup.com
acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Project Management	N/A	562.50
Storage	N/A	8,937.92
		9,500.42

Customer PO Summary	
N/A	US\$ 9,500.42
US\$ 9,500.42	

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	1.1	Fee for Ambient Storage in PA Refer to Storage Report below	8,605.42	1.000	8,605.42	N
2	2.1	Fee for Ambient Storage in NC Provided By Almac NC Refer to Storage Report below	332.50	1.000	332.50	N
3	3.1	Almac PA Hourly Project Management Fee Project Management work to be completed at Almac PA Refer to Billable Hours Report below	3.75	150.000	562.50	N
Total Customer PO Number - N/A					9,500.42	

Net Sales Total: US\$ 9,500.42

Tax US\$ 0.00

Invoice Total: US\$ 9,500.42

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Invoice No: 10075578

Billable Hours Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
3.1	Almac PA Hourly Project Management Fee	3.75	150.00	562.50	N/A
Total				562.50	

Detail		From Date	To Date	Task	Invoice Quantity	Unit Selling Price	Extended Selling Price
		01-JAN-2018	10-JAN-2018	PS Billable Comm	2.00	150.00	300.00
		01-JAN-2018	10-JAN-2018	PS Billable Doc	1.00	150.00	150.00
		01-JAN-2018	10-JAN-2018	PS Billable Shipping	0.75	150.00	112.50
Total					3.75		562.50

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Invoice No: 10075578

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
1.1	Fee for Ambient Storage in PA	8,605.42	1.00	8,605.42	N/A
2.1	Fee for Ambient Storage in NC	332.50	1.00	332.50	N/A
Total				8,937.92	

Almac Site	PA	Storage Month	JAN - 2018
------------	----	---------------	------------

Summary	Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient		95.000	90.5833	8605.42
Total				8,605.42

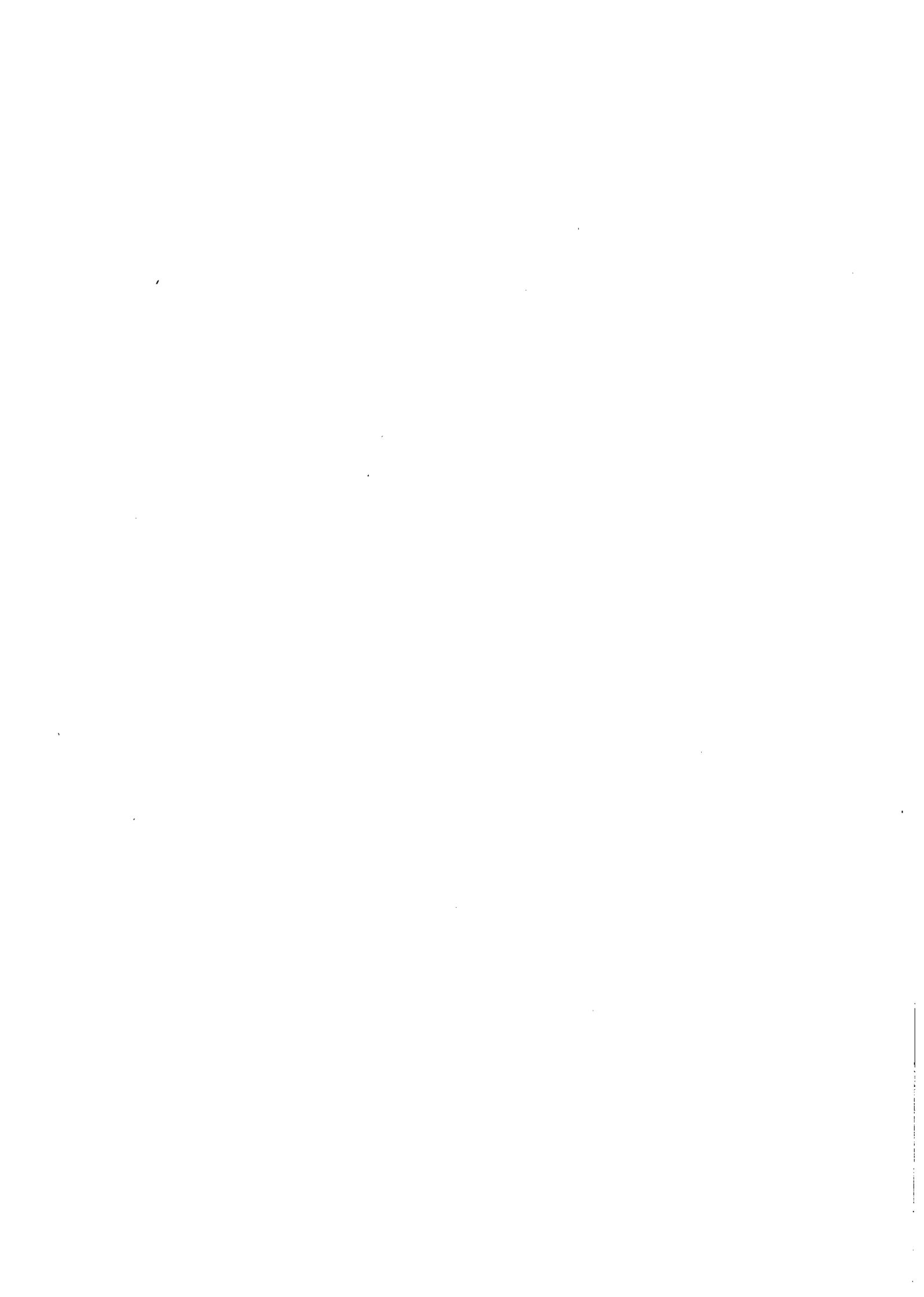
Almac Site	NC	Storage Month	JAN - 2018
------------	----	---------------	------------

Summary	Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient		23.750	14.0000	332.50
Total				332.50

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Invoice No: 10075578







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25 Fretz Road
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United States

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www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10075603
Invoice Date: 31-JAN-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37773
Protocol Reference(s): NaltrexBuprop 1006
Almac Project Reference: 163791
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 35.83
Tax: US\$ 0.00

Invoice Total: US\$ 35.83

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.:026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10075603

Page 1 of 5



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www.almacgroup.com
acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	35.83
		35.83

Customer PO Summary	
N/A	US\$ 35.83
	US\$ 35.83

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	15.83	1.000	15.83	N
2	21.1	Non-Premium Storage Lot Surcharge in PA Non-premium surcharge for material stored at Almac PA Refer to Storage Surcharges report below	20.00	1.000	20.00	N
Total Customer PO Number - N/A					35.83	

Net Sales Total: US\$ 35.83

Tax US\$ 0.00

Invoice Total: US\$ 35.83

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	15.83	1.00	15.83	N/A
				Total	
				15.83	15.83

Almac Site	IPA	Storage Month
		JAN - 2018

Summary	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.3333	15.83
			Total
			15.83

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Invoice No: 10075603

Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
21.1	Non-Premium Storage Lot Surcharge in PA	20.00	1.00	20.00	N/A
			Total	20.00	

Almac Site	PA	Storage Month	JAN - 2018
------------	----	---------------	------------

Storage Surcharges			
Lot Aging [Days]	Storage Condition	Storage Type	No. of Lots
365 - 729	Ambient	Non Premium	1
			Total
			20.00
			Grand Total
			20.00

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Invoice No: 10075603



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25 Fretz Road
Souderton, PA, 18964
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www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10075769
Invoice Date: 31-JAN-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37771
Protocol Reference(s): NaltrexBuprop 1003
Almac Project Reference: 163789
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 35.83
Tax: US\$ 0.00

Invoice Total: US\$ 35.83

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10075769

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acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	35.83
		35.83

Customer PO Summary	
N/A	US\$ 35.83
	US\$ 35.83

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Invoice No: 10075769

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	15.83	1.000	15.83	N
2	20.1	Non-Premium Storage Lot Surcharge in PA Added Per Exception - 01-DEC-2017 Refer to Storage Surcharges report below	20.00	1.000	20.00	N
Total Customer PO Number - N/A					35.83	

Net Sales Total: US\$ 35.83

Tax US\$ 0.00

Invoice Total: US\$ 35.83

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	15.83	1.00	15.83	N/A
			Total	15.83	

Almac Site	PA	Storage Month
		JAN - 2018

Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.3333	15.83
			Total
			15.83

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Invoice No: 10075769

Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
20.1	Non-Premium Storage Lot Surcharge In PA	20.00	1.00	20.00	N/A
Total				20.00	

Almac Site	PA	Storage Month
		JAN - 2016

Storage Surcharges	Storage Condition	Storage Type	No Of Lots	Monthly Rate/Lot	Total
365 - 729	Ambient	Non Premium	1	20.00	20.00
Total				20.00	20.00
Grand Total:					20.00

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Invoice No: 10075769





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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10075770
Invoice Date: 31-JAN-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37772
Protocol Reference(s): NaltrexBuprop 1005
Almac Project Reference: 163790
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 23.75
Tax: US\$ 0.00

Invoice Total: US\$ 23.75

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10075770

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25 Fretz Road
Souderton, PA, 18964
United States

T: +1 (215) 660 8500
F: +1 (215) 660 8501
www.almacgroup.com
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Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	23.75
		23.75

Customer PO Summary	
N/A	US\$ 23.75
	US\$ 23.75

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Invoice No: 10075770

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 18 months x \$23.75/quarter-pallet per month Refer to Storage Report below	23.75	1.000	23.75	N

Total Customer PO Number - N/A 23.75

Net Sales Total: US\$ 23.75

Tax US\$ 0.00

Invoice Total: US\$ 23.75

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	23.75	1.00	23.75	N/A
			Total	23.75	

Almac Site	PA	Storage Month	JAN - 2018
------------	----	---------------	------------

Summary			
Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.5000	23.75
			Total
			23.75

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Invoice No: 10075770



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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10076297
Invoice Date: 28-FEB-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37852
Protocol Reference(s): NaltrexBuprop Storage
Almac Project Reference: 165089
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 9,827.92
Tax: US\$ 0.00

Invoice Total: US\$ 9,827.92

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10076297

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Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Project Management	N/A	937.50
Storage	N/A	8,890.42
		9,827.92

Customer PO Summary	
N/A	US\$ 9,827.92
	US\$ 9,827.92

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	1.1	Fee for Ambient Storage in PA Refer to Storage Report below	8,557.92	1.000	8,557.92	N
2	2.1	Fee for Ambient Storage in NC Provided By Almac NC Refer to Storage Report below	332.50	1.000	332.50	N
3	3.1	Almac PA Hourly Project Management Fee Project Management work to be completed at Almac PA Refer to Billable Hours Report below	6.25	150.000	937.50	N

Total Customer PO Number - N/A 9,827.92

Net Sales Total: US\$ 9,827.92

Tax US\$ 0.00

Invoice Total: US\$ 9,827.92

Billable Hours Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
3.1	Almac PA Hourly Project Management Fee	6.25	150.00	937.50	N/A
Total				937.50	

Detail		Task	Invoice Quantity	Unit Selling Price	Extended Selling Price
From Date	To Date				
01-FEB-2018	22-FEB-2018	PS Billable Comm	3.25	150.00	487.50
01-FEB-2018	22-FEB-2018	PS Billable Doc	2.00	150.00	300.00
01-FEB-2018	22-FEB-2018	PS Billable Scheduling	1.00	150.00	150.00
Total			6.25		937.50

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Invoice No: 10076297



Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
1.1	Fee for Ambient Storage in PA	8,557.92	1.00	8,557.92	N/A
2.1	Fee for Ambient Storage in NC	332.50	1.00	332.50	N/A
			Total	8,890.42	

Almac Site	PA	Storage Month	FEB - 2018
------------	----	---------------	------------

Summary/Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	95.000	90.0833	8557.92
		Total	8,557.92

Almac Site	NC	Storage Month	FEB - 2018
------------	----	---------------	------------

Summary/Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	23.750	14.0000	332.50
		Total	332.50

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Invoice No: 10076297





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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10076763
Invoice Date: 28-FEB-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37771
Protocol Reference(s): NaltrexBuprop 1003
Almac Project Reference: 163789
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 43.75
Tax: US\$ 0.00

Invoice Total: US\$ 43.75

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
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Invoice No: 10076763

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Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	43.75
		<u>43.75</u>

Customer PO Summary	
N/A	US\$ 43.75
	<u>US\$ 43.75</u>

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Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	23.75	1.000	23.75	N
2	20.1	Non-Premium Storage Lot Surcharge in PA Added Per Exception - 01-DEC-2017 Refer to Storage Surcharges report below	20.00	1.000	20.00	N
Total Customer PO Number - N/A					43.75	
Net Sales Total:					US\$ 43.75	
Tax					US\$ 0.00	
Invoice Total:					US\$ 43.75	

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Invoice No: 10076763

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	23.75	1.00	23.75	N/A
			Total	23.75	

Almac Site	PA	Storage Month	FEB - 2018
------------	----	---------------	------------

Summary			
Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	95.000	0.2500	23.75
			Total
			23.75

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Invoice No: 10076763

Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
20.1	Non-Premium Storage Lot Surcharge in PA	20.00	1.00	20.00	N/A
Total:				20.00	

Almac Site	Storage Month
PA	FEB-2018

Storage Surcharges:	Storage Condition	Storage Type	No Of Lots	Monthly Rate/Lot	Total
Lot/Aging [Days]					
365 - 729	Ambient	Non Premium	1	20.00	20.00
Total:				20.00	
Grand Total:				20.00	

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Invoice No: 10076763





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SUITE 200
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CA - 92037
United States

Invoice Number: 10076764
Invoice Date: 28-FEB-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37772
Protocol Reference(s): NaltrexBuprop 1005
Almac Project Reference: 163790
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 35.63
Tax: US\$ 0.00

Invoice Total: US\$ 35.63

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to this invoice please email;

acsbilling@almacgroup.com

Almac Clinical Services LLC is a member of the Almac Group. Reg Office: 25 Fretz Road, Souderton, PA 18964, United States Of America.
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Invoice No: 10076764

Page 1 of 4



Almac Clinical Services LLC
25 Fretz Road
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United States

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www.almacgroup.com
acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	35.63
		35.63

Customer PO Summary		
N/A		US\$ 35.63
		US\$ 35.63

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Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 18 months x \$23.75/quarter-pallet per month Refer to Storage Report below	35.63	1.000	35.63	N

Total Customer PO Number - N/A 35.63

Net Sales Total: US\$ 35.63
Tax US\$ 0.00

Invoice Total: US\$ 35.63

Storage Report

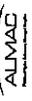
Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	35.63	1.00	35.63	N/A
		Total		35.63	

Almac Site	IPA	Storage Month
		FEB-2018

Summary			
Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.2500	11.88
Ambient	95.000	0.2500	23.75
		Total	35.62

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Invoice No: 10076764





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United States

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www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10076765
Invoice Date: 28-FEB-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37773
Protocol Reference(s): NaltrexBuprop 1006
Almac Project Reference: 163791
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 43.75
Tax: US\$ 0.00

Invoice Total: US\$ 43.75

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
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Invoice No: 10076765

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Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	43.75
		<u>43.75</u>

Customer PO Summary	
N/A	US\$ 43.75
	<u>US\$ 43.75</u>

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Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	23.75	1.000	23.75	N
2	21.1	Non-Premium Storage Lot Surcharge in PA Non-premium surcharge for material stored at Almac PA Refer to Storage Surcharges report below	20.00	1.000	20.00	N
Total Customer PO Number - N/A					43.75	

Net Sales Total: US\$ 43.75

Tax US\$ 0.00

Invoice Total: US\$ 43.75

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	23.75	1.00	23.75	N/A
			Total	23.75	

Almac Site	PA	Storage Month	FEB - 2016
------------	----	---------------	------------

Summary			
Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	95.000	0.2500	23.75
			Total
			23.75

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Invoice No: 10076765

Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
21.1	Non-Premium Storage Lot Surcharge In PA	20.00	1.00	20.00	N/A
			Total	20.00	

Almac Site	Storage Month
PA	FEB - 2018

Storage Surcharges Lot Aging [Days]	Storage Condition	Storage Type	No Of Lots	Monthly Rate/Lot	Total
365 - 729	Ambient	Non Premium	1	20.00	20.00
				Total	20.00
				Grand Total	20.00







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Souderton, PA, 18964
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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10077830
Invoice Date: 31-MAR-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37771
Protocol Reference(s): NaltrexBuprop 1003
Almac Project Reference: 163789
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 43.75
Tax: US\$ 0.00

Invoice Total: US\$ 43.75

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10077830

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F: +1 (215) 660 8501
www.almacgroup.com
acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	43.75
		<u>43.75</u>

Customer PO Summary	
N/A	US\$ 43.75
	<u>US\$ 43.75</u>

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	23.75	1.000	23.75	N
2	20.1	Non-Premium Storage Lot Surcharge in PA Added Per Exception - 01-DEC-2017 Refer to Storage Surcharges report below	20.00	1.000	20.00	N
Total Customer PO Number - N/A					43.75	

Net Sales Total: US\$ 43.75

Tax US\$ 0.00

Invoice Total: US\$ 43.75

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	23.75	1.00	23.75	N/A
Total				23.75	

Almac Site	IPA	Storage Month
		MAR-2018

Summary	Base Monthly Rate per Storage Unit	Units Charged	Total
Storage Condition			
Ambient	95.000	0.2500	23.75
Total			23.75

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Invoice No: 10077830

Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
20.1	Non-Premium Storage Lot Surcharge in PA	20.00	1.00	20.00	N/A
Total				20.00	

Almac Site	PA	Storage Month	MAR-2018

Storage Surcharges Lot Aging [Days]	Storage Condition	Storage Type	No. Of Lots	Monthly Rate/Lot	Total
365 - 729	Ambient	Non Premium	1	20.00	20.00
Total					20.00
Grand Total					20.00

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Invoice No: 10077830





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25 Fretz Road
Souderton, PA, 18964
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F: +1 (215) 660 8501
www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10077831
Invoice Date: 31-MAR-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37772
Protocol Reference(s): NaltrexBuprop 1005
Almac Project Reference: 163790
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 35.63
Tax: US\$ 0.00

Invoice Total: US\$ 35.63

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10077831

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25 Fretz Road
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United States

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F: +1 (215) 660 8501
www.almacgroup.com
acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	- N/A	35.63
		35.63

Customer PO Summary	
N/A	US\$ 35.63
	US\$ 35.63

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Invoice No: 10077831

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 18 months x \$23.75/quarter-pallet per month Refer to Storage Report below	35.63	1.000	35.63	N

Total Customer PO Number - N/A 35.63

Net Sales Total: US\$ 35.63

Tax US\$ 0.00

Invoice Total: US\$ 35.63

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	35.63	1.00	35.63	N/A
			Total	35.63	

Almac Site	PA	Storage Month	MAR - 2013
------------	----	---------------	------------

Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	47.500	0.2500	11.88
Ambient	95.000	0.2500	23.75
		Total	35.62

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Invoice No: 10077831





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25 Fretz Road
Souderton, PA, 18964
United States

T: +1 (215) 660 8500
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www.almacgroup.com

INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10077832
Invoice Date: 31-MAR-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37773
Protocol Reference(s): NaltrexBuprop 1006
Almac Project Reference: 163791
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 43.75
Tax: US\$ 0.00

Invoice Total: US\$ 43.75

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

Queries? If you have a query relating to this invoice please email;

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Invoice No: 10077832

Page 1 of 5



Almac Clinical Services LLC
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www.almacgroup.com
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Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	43.75
		43.75

Customer PO Summary	
N/A	US\$ 43.75
	US\$ 43.75

Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	4.1	Fee for Ambient Storage in PA Estimates 1/4 pallet x 9 months x \$23.75/quarter-pallet per month Refer to Storage Report below	23.75	1.000	23.75	N
2	21.1	Non-Premium Storage Lot Surcharge in PA Non-premium surcharge for material stored at Almac PA Refer to Storage Surcharges report below	20.00	1.000	20.00	N
Total Customer PO Number - N/A					43.75	

Net Sales Total: US\$ 43.75

Tax US\$ 0.00

Invoice Total: US\$ 43.75

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Invoice No: 10077832

Page 3 of 5

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
4.1	Fee for Ambient Storage in PA	23.75	1.00	23.75	N/A
			Total	23.75	

Almac Site	PA	Storage Month	MAR-2018
------------	----	---------------	----------

Summary			
Storage Condition	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	95.000	0.2500	23.75
			Total
			23.75

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Invoice No: 10077832



Storage Surcharges Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
21.1	Non-Premium Storage Lot Surcharge in PA	20.00	1.00	20.00	N/A
			Total	20.00	

Almac Site	PA	Storage Month	MAR-2018
------------	----	---------------	----------

Storage Surcharges Lot/Aging [Days]	Storage Condition	Storage Type	No. On Lots	Monthly Rate/Lot	Total
365 - 729	Ambient	Non Premium	1	20.00	20.00
				Total	20.00
				Grand Total	20.00







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INVOICE

ATTN: ACCOUNTS PAYABLE
OREXIGEN THERAPEUTICS, INC.
3344 N TORREY PINES CT
SUITE 200
LAJOLLA
CA - 92037
United States

Invoice Number: 10078114
Invoice Date: 31-MAR-2018
Payment Terms: Net Due in 30 Days
Notes: N/A

Quote Number: 37852
Protocol Reference(s): NaltrexBuprop Storage
Almac Project Reference: 165089
Customer Contract Ref: N/A
Customer PO Number(s): N/A

Net Sales Total: US\$ 8,937.92
Tax: US\$ 0.00

Invoice Total: US\$ 8,937.92

Remittance Details:

Wire Payments:
Bank of America
Account Name: Almac Clinical Services LLC
Account No.: 383006113731
Swift Code: BOFAUS3N
FEDWIRE ABA No.: 026009593
ACH/EFT ABA No.: 031202084

Check Payments:
Almac Clinical Services LLC
Accounts Receivable
25 Fretz Road
Souderton
PA 18964
USA

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Invoice No: 10078114

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acsbilling@almacgroup.com

Invoice Summary		
Activity Type	Customer PO Number	Amount US\$
Storage	N/A	8,937.92
		8,937.92

Customer PO Summary	
N/A	US\$ 8,937.92
	US\$ 8,937.92

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Customer PO Number: N/A

Invoice Line Number	Almac Ref	Description	Quantity	Unit Price US\$	Extended Price US\$	Tax
1	1.1	Fee for Ambient Storage in PA Refer to Storage Report below	8,605.42	1.000	8,605.42	N
2	2.1	Fee for Ambient Storage in NC Provided By Almac NC Refer to Storage Report below	332.50	1.000	332.50	N
Total Customer PO Number - N/A					8,937.92	

Net Sales Total: US\$ 8,937.92
Tax US\$ 0.00

Invoice Total: US\$ 8,937.92

Storage Report

Almac Ref	Description	Invoice Qty	Unit Selling Price	Extended Selling Price	Customer PO Number
1.1	Fee for Ambient Storage in PA	8,605.42	1.00	8,605.42	N/A
2.1	Fee for Ambient Storage in NC	332.50	1.00	332.50	N/A
			Total	8,937.92	

Almac Site	Storage Month
1PA	MAR - 2018

Summary	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	95.000	90.5833	8605.42
		Total	8,605.42

Almac Site	Storage Month
1NC	MAR - 2018

Summary	Base Monthly Rate per Storage Unit	Units Charged	Total
Ambient	23.750	14.0000	332.50
		Total	332.50

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Invoice No: 10078114

OREXIGEN THERAPEUTICS, INC. Statement of Account as of 29May2018						
Invoice No	Invoice Date	OS Number	Protocol Number	\$ Amount Outstanding	Comments	
10072998	31-Dec-2017	37773	NaltrexBuprop 1006	\$ 140.63	Pre-Petition	
10073015	31-Dec-2017	37852	NaltrexBuprop Storage	\$ 10,000.42	Pre-Petition	
10073237	31-Dec-2017	37771	NaltrexBuprop 1003	\$ 157.13	Pre-Petition	
10073306	31-Dec-2017	37772	NaltrexBuprop 1005	\$ 140.21	Pre-Petition	
10075578	31-Jan-2018	37852	NaltrexBuprop Storage	\$ 9,500.42	Pre-Petition	
10075603	31-Jan-2018	37773	NaltrexBuprop 1006	\$ 35.83	Pre-Petition	
10075769	31-Jan-2018	37771	NaltrexBuprop 1003	\$ 35.83	Pre-Petition	
10075770	31-Jan-2018	37772	NaltrexBuprop 1005	\$ 23.75	Pre-Petition	
10076297	28-Feb-2018	37852	NaltrexBuprop Storage	\$ 9,827.92	Pre-Petition	
10076763	28-Feb-2018	37771	NaltrexBuprop 1003	\$ 43.75	Pre-Petition	
10076764	28-Feb-2018	37772	NaltrexBuprop 1005	\$ 35.63	Pre-Petition	
10076765	28-Feb-2018	37773	NaltrexBuprop 1006	\$ 43.75	Pre-Petition	
10077830	31-Mar-2018	37771	NaltrexBuprop 1003	\$ 15.31	Balance due before 13Mar2018	
10077831	31-Mar-2018	37772	NaltrexBuprop 1005	\$ 12.47	Balance due before 13Mar2018	
10077832	31-Mar-2018	37773	NaltrexBuprop 1006	\$ 15.31	Balance due before 13Mar2018	
10078114	31-Mar-2018	37852	NaltrexBuprop Storage	\$ 3,128.27	Balance due before 13Mar2018	
				\$ 33,156.63		