| 5. | Debtor's website (URL) | | | _ |
|------|--|--|--|---|
| | | | | |
| | | | Number, Street, City, State & ZIP Code | _ |
| | | Wake County | Location of principal assets, if different from principal place of business | |
| | | Number, Street, City, State & ZIP Code | P.O. Box, Number, Street, City, State & ZIP Code | _ |
| | | 8540 Colonnade Center Drive Suite 101 Raleigh, NC 27615 | | |
| 4. | Debtor's address | Principal place of business | Mailing address, if different from principal place of business | |
| 3. | Debtor's federal Employer Identification Number (EIN) | 81-0750194 | | |
| | Include any assumed names, trade names and doing business as names | FDBA Midatech Pharma US, Inc. FDBA Dara Biosciences, Inc. | | |
| 2. | All other names debtor used in the last 8 years | | | |
| 1. | Debtor's name | Fortovia Therapeutics, Inc. | | |
| | | a separate sheet to this form. On the top of an a separate document, <i>Instructions for Bankrup</i> | y additional pages, write the debtor's name and the case number (if the forms for Non-Individuals, is available. | |
| | ficial Form 201 Dluntary Petiti | on for Non-Individuals I | Filing for Bankruptcy 04/20 | i |
| | | | | |
| | | | ☐ Check if this an amended filing | |
| Cas | se number (if known) | Chapt | er11 | |
| EA | STERN DISTRICT OF NORT | 'H CAROLINA | | |
| Uni | ited States Bankruptcy Court | for the: | | |
| | | my your case. | | |
| Fill | in this information to ident | ify your case: | | |

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

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| Deb | Tottovia Thorapoutico, | Inc. | | | Case number (if know | <u>/n)</u> | | |
|-----|---|---|---------------|---------|---|--|--|--|
| | Name | | | | | | | |
| 7. | Describe debtor's business | A. Chec | k one: | | | | | |
| | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Railroad (as defined in 11 U.S.C. § 101(44)) | | | | | | |
| | | | | | | | | |
| | | | , | | ned in 11 U.S.C. § 101(53A)) | | | |
| | | | • | | as defined in 11 U.S.C. § 101(6)) | | | |
| | | ☐ Clea | ring Bank | (as de | efined in 11 U.S.C. § 781(3)) | | | |
| | | None | e of the ab | ove | | | | |
| | | D. Chas | ls all that a | nnhi | | | | |
| | | | k all that a | | decading 2011 2.C. (£504) | | | |
| | | ☐ Tax-exempt entity (as described in 26 U.S.C. §501) ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3) | | | | | | |
| | | | | | , | as defined in 15 U.S.C. 980a-3) | | |
| | | ☐ Inves | stment adv | visor (| as defined in 15 U.S.C. §80b-2(a)(11)) | | | |
| | | | | | an Industry Classification System) 4-digit code that be urts.gov/four-digit-national-association-naics-codes. | est describes debtor. | | |
| | | | | | | | | |
| 8. | Under which chapter of the | Check o | ne: | | | | | |
| | Bankruptcy Code is the | ☐ Chap | oter 7 | | | | | |
| | debtor filing? | ☐ Char | | | | | | |
| | A debtered a 'e e Keneell | ` | | hook s | III that apply: | | | |
| | A debtor who is a "small business debtor" must check | - Cha | pter 11. Ci | | *** | 11 L C C \$ 101/F1D) and its aggregate | | |
| | the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 | | | | The debtor is a small business debtor as defined in 1 noncontingent liquidated debts (excluding debts owe \$2,725,625. If this sub-box is selected, attach the mooperations, cash-flow statement, and federal income exist, follow the procedure in 11 U.S.C. § 1116(1)(B). | d to insiders or affiliates) are less than est recent balance sheet, statement of tax return or if any of these documents do not | | |
| | (whether or not the debtor is a "small business debtor") must | | | | The debtor is a debtor as defined in 11 U.S.C. § 1182 | | | |
| | check the second sub-box. | | | _ | debts (excluding debts owed to insiders or affiliates) proceed under Subchapter V of Chapter 11. If this balance sheet, statement of operations, cash-flow st any of these documents do not exist, follow the proce | are less than \$7,500,000, and it chooses to sub-box is selected, attach the most recent atement, and federal income tax return, or if | | |
| | | | | | A plan is being filed with this petition. | | | |
| | | | | | Acceptances of the plan were solicited prepetition fro accordance with 11 U.S.C. § 1126(b). | om one or more classes of creditors, in | | |
| | | | | | The debtor is required to file periodic reports (for exa Exchange Commission according to § 13 or 15(d) of Attachment to Voluntary Petition for Non-Individuals (Official Form 201A) with this form. | the Securities Exchange Act of 1934. File the | | |
| | | | | | The debtor is a shell company as defined in the Secu | urities Exchange Act of 1934 Rule 12b-2. | | |
| | | ☐ Chap | oter 12 | | , | 3 | | |
| 9. | Were prior bankruptcy cases filed by or against | ■ No. | | | | | | |
| | the debtor within the last 8 years? | ☐ Yes. | | | | | | |
| | If more than 2 cases, attach a | | District | | When | Case number | | |
| | separate list. | | | | | | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases | ■ No | | | | | | |
| | pending or being filed by a | _ | | | | | | |
| | business partner or an affiliate of the debtor? | ☐ Yes. | | | | | | |
| | List all cases. If more than 1, | | | | | | | |
| | attach a separate list | | Debtor | | | Relationship | | |
| | | | District | | When | Case number, if known | | |
| | | | | | | | | |

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| Deb | T Oftovia Thorapod | itics, Inc. | | Case number (if known | | | | | | |
|------------------------|---|---------------------|---|---|---|--|--|--|--|--|
| | Name | | | | | | | | | |
| 11. | Why is the case filed in this district? | Check a | Check all that apply: | | | | | | | |
| | ano dicarot. | | | cipal place of business, or principal assets n or for a longer part of such 180 days than | | | | | | |
| | | □ A | bankruptcy case concerning d | ebtor's affiliate, general partner, or partners | hip is pending in this district. | | | | | |
| 12. | Does the debtor own or | ■ No | | | | | | | | |
| | have possession of any real property or persona property that needs | | Answer below for each prope | erty that needs immediate attention. Attach | additional sheets if needed. | | | | | |
| | immediate attention? | | Why does the property nee | ed immediate attention? (Check all that ap | oply.) | | | | | |
| | | | ☐ It poses or is alleged to power what is the hazard? | ose a threat of imminent and identifiable ha | zard to public health or safety. | | | | | |
| | | | _ | and an exert at all from the constitution | | | | | | |
| | | | ☐ It includes perishable goo | | or lose value without attention (for example, | | | | | |
| | | | livestock, seasonal goods Other | , meat, dairy, produce, or securities-related | • • | | | | | |
| Where is the property? | | | | | | | | | | |
| _ | | | , | Number, Street, City, State & ZIP Code | | | | | | |
| | | | Is the property insured? | | | | | | | |
| | | | □ No | | | | | | | |
| | | | ☐ Yes. Insurance agency | | | | | | | |
| | | | Contact name | | | | | | | |
| | | | Phone | | | | | | | |
| | | | | | | | | | | |
| | Statistical and adm | inistrative i | information | | | | | | | |
| 13. | Debtor's estimation of available funds | . (| Check one: | | | | | | | |
| | available lulius | I | Funds will be available for d | listribution to unsecured creditors. | | | | | | |
| | | ſ | ☐ After any administrative exp | enses are paid, no funds will be available to | o unsecured creditors. | | | | | |
| 14. | Estimated number of | ☐ 1-49 | | 1 ,000-5,000 | □ 25,001-50,000 | | | | | |
| | creditors | 50-99 | 9 | <u> </u> | <u> </u> | | | | | |
| | | ☐ 100- ⁻ | | □ 10,001-25,000 | ☐ More than100,000 | | | | | |
| | | □ 200-9 | 999 | | | | | | | |
| 15. | Estimated Assets | □ \$0 - \$ | \$50,000 | ■ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | | |
| | | | 001 - \$100,000 | □ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | | | |
| | | | ,001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | | | | |
| | | □ \$500 | ,001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | | |
| 16. | Estimated liabilities | □ \$0 - \$ | \$50,000 | ■ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | | |
| | | □ \$50, | 001 - \$100,000 | □ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | | | | |
| | | | ,001 - \$500,000 | ☐ \$50,000,001 - \$100 million | ☐ \$10,000,000,001 - \$50 billion | | | | | |
| | | ⊔ \$500 | ,001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | | | |
| | | | | | | | | | | |

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| Fortovia Therapeutics, Inc. | | cs, Inc. | Case number | (if known) | | | | | |
|--|-----------------|---|-------------------|--|--|--|--|--|--|
| Name | | | | | | | | | |
| Request for F | Relief, D | eclaration, and Signatures | | | | | | | |
| | | s a serious crime. Making a false statement in connection w up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3 | | ease can result in fines up to \$500,000 or | | | | | |
| 17. Declaration and signature of authorized representative of debtor | | The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| representative or o | eptor | I have been authorized to file this petition on behalf of the debtor. | | | | | | | |
| | | I have examined the information in this petition and have | a reasonable beli | ef that the information is true and correct. | | | | | |
| | | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | | Executed on August 31, 2020 MM / DD / YYYY | | | | | | | |
| | χ | / /s/ Ernest De Paolantonio | Ernes | st De Paolantonio | | | | | |
| | | Signature of authorized representative of debtor | Printe | d name | | | | | |
| | | Title CFO | _ | | | | | | |
| | | | | | | | | | |
| 18. Signature of attorn | _{ey} X | /s/ William P. Janvier | Date | August 31, 2020 | | | | | |
| | | Signature of attorney for debtor | | MM / DD / YYYY | | | | | |
| | | William P. Janvier 21136 | | | | | | | |
| | | Printed name | | | | | | | |
| | | Janvier Law Firm, PLLC Firm name | | | | | | | |
| | | | | | | | | | |
| | | 311 East Edenton Street Raleigh, NC 27601 | | | | | | | |
| | | Number, Street, City, State & ZIP Code | | | | | | | |

Email address

bill@janvierlaw.com

Contact phone

Bar number and State

21136 NC

919-582-2323

| Fill in this information to identify the case | : | | |
|---|------------------------------------|---------------|----------|
| Debtor name Fortovia Therapeutics, In | | | |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA | ☐ Check if th | is is an |
| Case number (if known): | | amended f | iling |

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | | |
|--|--|---|---|--|---|-----------------|--|
| | | and government contracts) | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| Aquestive Therapeutics Attn: Managing Agent 30 Technology Drive Warren, NJ 07059 | | | | | | \$213,994.19 | |
| CaremarkPCS Health, LLC Attn: Managing Agent One CVS Drive Woonsocket, RI 02895 | | | | | | \$96,606.94 | |
| CareMed Pharmaceuticals Services Attn: Managing Agent 13410 East Point Centre Dr. Louisville, KY 40223 | | | | | | \$12,209.25 | |
| Express Scripts, Inc. Attn: Managing Agent One Express Way HQ2E04 Saint Louis, MO 63121 | | | | | | \$11,022.59 | |
| Helsinn Healthcare S.A. Attn: Managing Agent 170 Wood Ave S, 5th FI Iselin, NJ 08830 | | | | | | \$204,227.85 | |
| ICS Attn: Managing Agent 5025 Plano Pkwy Carrollton, TX 75010 | | | | | | \$64,466.58 | |

Debtor Fortovia Therapeutics, Inc.

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | | |
|---|--|--|---|---|---|-----------------|--|
| | | , | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| IntegriChain, Inc Attn: Managing Agent 8 Penn Ctr, 1628 JFK Blvd Philadelphia, PA 19103 | | | | | | \$20,465.95 | |
| IQVIA Inc. Attn: Managing Agent 83 Wooster Heights Road Danbury, CT 06810 | | | | | | \$353,787.98 | |
| Merchants Automotive Group, Inc. Attn: Managing Agent PO Box 414438 Boston, MA 02241-4438 | | | | | | \$55,261.04 | |
| NC Dept. of Health & Human Svcs Attn: Managing Agent 2001 Mail Service Center Raleigh, NC 27699-2000 | | | | | | \$96,215.75 | |
| NY Dept. of Health Attn: Managing Agent Corning Tower, Empire St Plz Albany, NY 12237 | | | | | | \$17,458.02 | |
| Performance River Consulting Inc. Attn: Managing Agent 34 Chesterfield Dr Chester, NJ 07930 | | | | | | \$17,500.00 | |
| RelayHealth Attn: Managing Agent 6555 State Hwy, 161 Irving, TX 75039 | | | | | | \$38,567.59 | |
| Rosemont Pharmaceuticals Ltd. Attn: Managing Agent RosemontHouseYork daleIndPKBraithwai Leeds LS11 9XE | | | | | | \$222,000.00 | |
| State of MO Division of Medicaid Attn: Managing Agent Broadway State OfficeBldg,POBox152 7 Jefferson City, MO 65102-1527 | | | | | | \$126,855.82 | |

Debtor Fortovia Therapeutics, Inc.

Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | | |
|---|--|--|---|---|---|-----------------|--|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| Trialcard Attn: Managing Agent 2250 Perimeter Park Dr, Ste 300 Morrisville, NC 27560-8893 | | | | | | \$10,000.00 | |
| TX Health & Human Svcs Attn: Managing Agent Brown-HeatlyBldg,49 00 N Lamar Blvd Austin, TX 78751-2316 | | | | | | \$51,026.86 | |
| US Treasury/DHA Attn: Managing Agent 7700 Arlington Blvd, Ste 5101 Falls Church, VA 22042-5101 | | | | | | \$12,341.14 | |
| Wells Fargo Attn: Managing Agent P.O. Box 51193 Los Angeles, CA 90051-5493 | | Unpaid Rent | | | | \$10,684.00 | |
| Wells Fargo CPG Attn: Managing Agent P.O. Box 51193 Los Angeles, CA 90051-5493 | | | | | | \$10,683.70 | |

United States Bankruptcy Court Eastern District of North Carolina

| In re | Fortovia Therapeutics, Inc. | | Case No. | |
|-----------|--|---|----------------|-----------------------------------|
| | · | Debtor(s) | Chapter | 11 |
| | | | | |
| | | | | |
| | VEDIEICAT | ION OF CREDITOR MA | TDIV | |
| | VERIFICAL | ION OF CREDITOR MA | IKIA | |
| | | | | |
| | | | | |
| I 4b - Cl | | his assa hamaharan ifa dhad dha adda ah | 4 1: a4 a£ a | dit |
| i, the Ci | FO of the corporation named as the debtor in t | ms case, nereby verify that the attache | ed list of cre | ditors is true and correct to the |
| best of 1 | ny knowledge. | | | |
| 000001 | in in the age. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Data | August 24, 2020 | /a/ Ernest De Declantonia | | |
| Date: | August 31, 2020 | /s/ Ernest De Paolantonio | | |
| | | Ernest De Paolantonio/CFO Signer/Title | | |
| | | Digital/ Little | | |

Adaptalogix, LLC Attn: Managing Agent 1460 Broadway, Ste 800 New York, NY 10036

Agency for HealthcareAdministration Attn: Managing Agent 2727 Mahan Dr Tallahassee, FL 32308

Jawad Ali Attn: Managing Agent 6810 W. Winding Trl., Unit 201 Oak Forest, IL 60452

Alston & Bird, LLP Attn: Managing Agent 555 Fayetteville St., Ste. 600 Raleigh, NC 27601-3034

Aquestive Therapeutics Attn: Managing Agent 30 Technology Drive Warren, NJ 07059

Barings 300 South Tryon Street, Suite 2500 Charlotte, NC 28202

BDO USA, LLP Attn: Managing Agent 421 Fayetteville St., Ste 300 Raleigh, NC 27601

Peter Belafsky Attn: Managing Agent 2521 Stockton Blvd, Suite 7200 Sacramento, CA 95817

Bureau of TennCare Attn: Managing Agent 310 Great Circle Rd. Nashville, TN 37243 CaremarkPCS Health, LLC Attn: Managing Agent One CVS Drive Woonsocket, RI 02895

CareMed Pharmaceuticals Services Attn: Managing Agent 13410 East Point Centre Dr. Louisville, KY 40223

Cassel Salpeter & Co LLC Attn: Managing Agent 801 Brickell Ave, Ste 1900 Miami, FL 33131

CBIZ Insurance Attn: Managing Agent 6050 Oak Tree Blvd., Suite 500 Independence, OH 44131-6951

Commissioner of Social Services-CT Attn: Managing Agent PO Box 2951 Hartford, CT 06104

Commonwealth of MA - MCO Attn: Managing Agent 100 Hancock St., 6th Fl. Quincy, MA 02171

Commonwealth of PA/DRP-MCO Attn: Managing Agent 625 Forster St Harrisburg, PA 17120

Commonwealth of VA/DSS Attn: Managing Agent 801 E. Main St. Richmond, VA 23219

Concur Technologies, Inc. Attn: Managing Agent 601 108th Ave NE, Suite 1000 Bellevue, WA 98004 CT Corporation Systems Attn:ManagingAgent 330 N Brand Blvd, Ste. 700 Glendale, CA 91203

DC Treasurer Medical AssitanceAd Attn: Managing Agent 441 4th Street, NW, 900S Washington, DC 20001

Ernest De Paolantonio Attn: Managing Agent 4 Krista Court Mendham, NJ 07945

Ernest De Paolantonio Attn: Managing Agent 4 Krista Court Mendham, NJ 07945

Mary K. Delmedico Attn: Managing Agent 7625 Valley Run Dr Raleigh, NC 27615

Dept of VA Affairs-Sales Portal Attn: Managing Agent 810 Vermont Avenue NW. Washington, DC 20420

Dept. of Healthcare Services (CA) Attn: Managing Agent MS 1101 PO Box 997413 Sacramento, CA 95899-7413

Div.ofHealth Care Financing &Polic Attn: Managing Agent 1100 E. William St., Ste. 101 Carson City, NV 89701

DocuSource of NC, LLC Attn: Managing Agent 2800 Slater Rd Morrisville, NC 27560 Dunn Meadow, LLC Attn: Managing Agent 1555 Center Ave., 1st Fl. Fort Lee, NJ 07024

Evolve IP
Attn: Managing Agent
630 Allendale Rd
King of Prussia, PA 19406

Express Scripts, Inc.
Attn: Managing Agent
One Express Way HQ2E04
Saint Louis, MO 63121

Expresso Design LLC Attn: Managing Agent 60 Pueblo Road Doylestown, PA 18901

FedEx Attn: Managing Agent 3630 Hacks Cross Rd, Bldg C, 3rd Fl Memphis, TN 38125-8800

First Citizens Bank Attn: Managing Agent 239 Fayetteville Street Raleigh, NC 27601

Georgia Dept. of Community Health Attn: Managing Agent 2 Peachtree Street, NW Atlanta, GA 30303

Great America Financial Services Attn: Managing Agent PO Box 660831 Dallas, TX 75266-0831

Group 31 Communications, Inc. Attn: Managing Agent 701 E Chatham St Suite 209 Cary, NC 27511-6964 Health Care Authority Attn: Managing Agent 626 8th Avenue SE Olympia, WA 98501

Health Care Policy & Financing Attn: Managing Agent 1570 Grant Street Denver, CO 80203-1818

Healthcare & Family Services Attn: Managing Agent 201 South Grand Ave, East Springfield, IL 62763

Helsinn Healthcare S.A. Attn: Managing Agent 170 Wood Ave S, 5th Fl Iselin, NJ 08830

HMP Communications LLC Attn: Managing Agent 70 E Swedesford Rd, Ste 100 Malvern, PA 19355

IA Medicaid Enterprise: Drug Rebate Attn: Managing Agent 611 Fifth Avenue Des Moines, IA 50309

ICS Attn: Managing Agent 5025 Plano Pkwy Carrollton, TX 75010

ID Dept of Health & Welfare Attn: Managing Agent 1720 N Westgate Dr Boise, ID 83704

IN Medicaid Drug Rebate Attn: Managing Agent 5775 Peachtree DunwoodyRd,Ste C-600 Atlanta, GA 30342

IntegriChain, Inc Attn: Managing Agent 8 Penn Ctr, 1628 JFK Blvd Philadelphia, PA 19103

Internal Revenue Service Attn: Managing Agent PO Box 7346 Philadelphia, PA 19101-7346

Iowa Medicaid Enterprise Attn: Managing Agent 611 Fifth Avenue Des Moines, IA 50309

IQVIA Inc. Attn: Managing Agent 83 Wooster Heights Road Danbury, CT 06810

Iron Mountain PO Box 27128 New York, NY 10087-7128

Kanwa Holding, LLC c/o Corporation Trust Center 1209 Orange Street Wilmington, DE 19801

KS Dept. of Health & Environmen Attn: Managing Agent CurtisStateOfficeBldg,1000SWJackso Topeka, KS 66612

KY State Treasurer Attn: Managing Agent 1050 US Hwy 127 S, Ste 100 Frankfort, KY 40601

L. Reed Global QA LLC Attn: Managing Agent 21 Margaret Ln Billerica, MA 01821 LA Dept. of Health & Hospitals Attn: Managing Agent

P.O. Box 629

Baton Rouge, LA 70821-0629

Logically

Attn: Managing Agent 63 Marginal Way, 4th FI Portland, ME 04101

MD Medical Assistance Recoveries

Attn: Managing Agent 201 W. Preston Street Baltimore, MD 21201-2399

MedPro Systems LLC Attn: Managing Agent 100 Stierli Court

Mount Arlington, NJ 07856

Peter Melnyk Attn: Managing Agent 43 Wilton Road Cold Spring Harbor, NY 11724

Merchants Automotive Group, Inc. Attn: Managing Agent PO Box 414438

Boston, MA 02241-4438

NC Dept. of Health & Human Svcs

Attn: Managing Agent 2001 Mail Service Center Raleigh, NC 27699-2000

NC Dept. of Revenue Attn: Bankruptcy Unit

PO Box 1168

Raleigh, NC 27602-1168

NH Medicaid MCO Attn: Managing Agent 129 Pleasant Street Concord, NH 03301-3852 NY Dept. of Health Attn: Managing Agent

Corning Tower, Empire St Plz

Albany, NY 12237

NY EPIC

Attn: Managing Agent P.O. Box 15018 Albany, NY 12212-5018

OnPoint Associates, LLC Attn: Managing Agent 1727 Chantilly Ln Chester Springs, PA 19425

Performance River Consulting Inc.

Attn: Managing Agent 34 Chesterfield Dr Chester, NJ 07930

Personify

Attn: Managing Agent 6500 River PlaceBlvd,Bldg 3,Ste 125

Austin, TX 78730

John Petrolino Attn: Managing Agent 203 New York Ave. New Brunswick, NJ 08901

RelayHealth

Attn: Managing Agent 6555 State Hwy, 161 Irving, TX 75039

Rosemont Pharmaceuticals Ltd.

Attn: Managing Agent

RosemontHouseYorkdaleIndPKBraithwai

Leeds LS11 9XE

RxS, LLC

Attn: Managing Agent 7508 Ingle Dairy Rd Burlington, NC 27215 SafetyCall International, PLLC

Attn: Managing Agent

3600 American Blvd W, Ste 725

Minneapolis, MN 55431

SC Dept. of Health & Human Svc

Attn: Managing Agent

P.O. Box 8206

Columbia, SC 29202-8206

Sharp Packaging Services Attn: Managing Agent 2400 Baglyos Circle Bethlehem, PA 18020

Shred-It USA

Attn: Managing Agent 2355 WAUKEGAN RD Deerfield, IL 60015-1586

Smith Leonard PLLC Attn: Managing Agent 4035 Premier Dr, Ste 300 High Point, NC 27265-8143

Sonitrol

Attn: Managing Agent 815 Wood Ridge Center Dr. Charlotte. NC 28217

State of Arizona AHCCCS Attn: Managing Agent 801 E Jefferson St Phoenix, AZ 85034

State of Michigan - DCH Attn: Managing Agent P.O. Box 30002 Lansing, MI 48909

State of MO Division of Medicaid

Attn: Managing Agent

Broadway State OfficeBldg,POBox1 Jefferson City, MO 65102-1527 State of MS Division of Medicaid Attn: Managing Agent 550 High St., Ste. 1000 Jackson, MS 39201

State of MT Division of Medicaid Attn: Managing Agent PO Box 4936 Helena, MT 59604

State of NJ Division of Medicaid Attn: Managing Agent PO Box 712 Trenton, NJ 08625-0712

State of NJ Medicaid Drug Rebate Attn: Managing Agent Lockbox655,200WoolvertonAve,Bldg20 Trenton, NJ 08646-0655

The Gnomon Group, LLC Attn: Managing Agent 207 Morningside Drive Carrboro, NC 27510-1252

The Hibbert Company Attn: Managing Agent 400 Pennington Ave. Trenton, NJ 08618-3195

Total Laser Care of NC Inc. Attn: Managing Agent 9509 Miranda Drive Raleigh, NC 27617

Tracelink, Inc. Attn: Managing Agent 400 Riverpark Dr., Ste. 200 North Reading, MA 01864

Treasurer of the State of Ohio Attn: Managing Agent 30 E. Broad St, 9th FI Columbus, OH 43215 Trialcard
Attn: Managing Agent
2250 Perimeter Park Dr, Ste 300
Morrisville, NC 27560-8893

TX Health & Human Svcs Attn: Managing Agent Brown-HeatlyBldg,4900 N Lamar Blvd Austin, TX 78751-2316

TX Health & Human Svcs Attn: Managing Agent PO Box 13247 Austin, TX 78711-3247

US Bioservices Attn: Managing Agent 5025 Plano Parkway Carrollton, TX 75010

US Treasury/DHA Attn: Managing Agent 7700 Arlington Blvd, Ste 5101 Falls Church, VA 22042-5101

Veeva Systems Inc. Attn: Managing Agent 4280 Hacienda Drive Pleasanton, CA 94588

Vorboss Limited Attn: Managing Agent 16 Dufferin St London EC1Y8PD, UK

Vorboss Limited Attn: Managing Agent 16 Dufferin Street London, EC1Y 8PD

Wells Fargo Attn: Managing Agent P.O. Box 51193 Los Angeles, CA 90051-5493 Wells Fargo CPG Attn: Managing Agent P.O. Box 51193 Los Angeles, CA 90051-5493

Wells Fargo Financial Leasing Attn: Managing Agent P.O. Box 51193 Los Angeles, CA 90051-5493

WI Dept. of Health Services Attn: Managing Agent 1 West Wilson Street Madison, WI 53703

Xactly Corp Attn: Managing Agent 505 S. Market St. San Jose, CA 95113

Christine M. Zambrana-Holzer Attn: Managing Agent 4 Highfield Rd. Harrison, NY 10528

United States Bankruptcy Court Eastern District of North Carolina

| In re Fortovia Therapeutics, Inc. | | Case No. | |
|---|---|-------------------------------------|--|
| | Debtor(s) | Chapter | 11 |
| | | | |
| CORPORATI | E OWNERSHIP STATEMENT (R | PH F 7007 1) | |
| COM ONAT | E OWNERSHII STATEMENT (N | COLE 7007.1) | |
| Pursuant to Federal Rule of Bankruptcy Prorecusal, the undersigned counsel for <u>Fortor</u> is a (are) corporation(s), other than the debt any class of the corporation's(s') equity inte Barings 300 South Tryon Street, Suite 2500 Charlotte, NC 28202 | via Therapeutics, Inc. in the above cator or a governmental unit, that direct | ptioned action tly or indirectly | , certifies that the following y own(s) 10% or more of |
| Charlotte, NC 28202 | | | |
| | | | |
| □ None [Check if applicable] | | | |
| | | | |
| | | | |
| | | | |
| August 31, 2020 | /s/ William P. Janvier | | |
| Date | William P. Janvier 21136 | | |
| | Signature of Attorney or Litigan Counsel for Fortovia Therapeutic | | |
| | Counsel for Fortovia Therapeutic Janvier Law Firm, PLLC | CS, IIIC. | |
| | 311 East Edenton Street | | |
| | Raleigh, NC 27601 919-582-2323 Fax:866-809-2379 | | |
| | bill@janvierlaw.com | | |