

AFFIDAVIT OF CLAIM
Chancery Court for the State of Delaware

In the Matter of:

COHERA MEDICAL, INC.
A DELAWARE CORPORATION
227 FAYETTEVILLE STREET, SUITE 900
RALEIGH, NORTH CAROLINA, 27601

The undersigned creditor of Cohera Medical, Inc. hereby submits its claim in the general assignment estate created upon filing of the petition and Trust Agreements with the Chancery Court for the State of Delaware favor of DSI Assignments, LLC, as of October 4, 2018, in the amount as set forth below, and substantiated by the attached invoices or statement of account.

Date Submitted: _____

Amount of Claim: _____

Name of Creditor: _____

By: _____

Title

Address: _____

City, State & Zip: _____

() _____ () _____

Telephone

Facsimile

E-mail address: _____

NOTE: Interest is applicable only to the date of the assignment and then only in the event a written agreement exists between you and the debtor providing for the payment of interest.

Return completed form to Development Specialists, Inc.
70 West Madison Street, Suite 2300
Chicago, IL 60602
Phone: (312) 263-4141
Facsimile: (312) 263-1180

Note: If faxing or e-mailing the proof of claim, the original must be received
by the Assignee by January 4, 2019