

Assignment for the Benefit of Creditors Name of Assignor: St. Teresa Medical, Inc. Name of Assignee: STM (ABC), LLC Date of Assignments: January 9, 2024 Name of Creditor (the person or entity to whom Assignor owes money or property): Social Security (last 4 digits) or Tax I.D.#: _____ Name and address where notices should be sent or emailed: <div style="margin-left: 20px;">STM (ABC), LLC P.O. Box 9 Grandville, MI 49468</div> Contact email: stm-info@rockcreekfa.com	PROOF OF CLAIM	THIS SPACE IS FOR OFFICE USE ONLY DATE RECEIVED: CLAIM NO.:
1. Amount of Claim (as of assignment date): \$ _____ <input type="checkbox"/> Check box if all or part of claim is secured and complete item 4. <input type="checkbox"/> Check box if all or part of claim is entitled to priority and complete item 5. <input type="checkbox"/> Check box if all or part of amount is for equity interest and complete item 6. <input type="checkbox"/> Check box if claim includes interest or other charges in addition to the Principle amount of the claim and state amount: \$ _____ In addition, attach statement that itemizes interest or charges. Date debt was incurred: _____	Additional Information: (check box) <input type="checkbox"/> Address differs from the address on the envelope sent to you on behalf of the Assignee. <input type="checkbox"/> Claim amends a previously filed claim. If so, for such claim, indicate: - Claim number: _____ - Date claim mailed: _____ <input type="checkbox"/> Payment should be sent to different address. Indicate name and address: _____ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 3. Last four digits of any number by which creditor identifies assignor: </div> <div style="width: 48%;"> 3a. Assignor may have scheduled account as: </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 4. Secured Claim: Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach all documents that support the contention that the claim is secured. Nature of property or right to setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when assignment started) </div> <div style="width: 48%;"> Amount of arrearage and other charges as of the time the of assignment, included in secured claim, if any: \$ _____ Basis for perfection: _____ _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ </div> </div>		
5. Priority Claim: Amount of Claim entitled to priority (See instruction #5) and the basis on which such priority is claimed. If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Wages, salaries, bonuses, severance or commissions earned within 90 days prior to the assignment. <input type="checkbox"/> Contributions to an employee benefit plan. <input type="checkbox"/> Taxes or penalties owed to governmental units. </div> <div style="width: 48%;"> <input type="checkbox"/> Other – Specify: _____ Amount entitled to priority: \$ _____ Basis for priority (describe): _____ </div> </div>		
6. Equity Interest: Number of Shares Held: _____ Basis/Value Per Share: \$ _____ Type: <input type="checkbox"/> Common <input type="checkbox"/> Preferred; attach documentation		
7. Documents: Attach copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, and box 4 has been completed, attach copies of documents providing evidence of perfection of a security interest. (See instruction #7) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
9. Signature: Check the appropriate box: <input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF DELAWARE, THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. <div style="display: flex; justify-content: space-between;"> <div>Print Name: _____</div> <div>Title: _____</div> <div>Company: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature: _____</div> <div>Dated: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Telephone Number: () _____</div> <div>Email Address: _____</div> </div>		