

Fill in this information to identify the case:

Debtor Aradigm Corporation
 United States Bankruptcy Court for the: Northern District of CA
 (State)
 Case number 19-40363
 (If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Gerry Benavides
621 Ridgcrest Circle
Livermore, CA 94551

Date or dates debt was incurred

02/14/19

Last 4 digits of account

number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 58,972.67

Total claim

Priority amount

\$ 12,850.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Severance

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address

James Blanchard
P.O. Box 361, 1290 Columbus St.
El Granada, CA 94018

Date or dates debt was incurred

02/14/19

Last 4 digits of account

number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 48,115.38

\$ 12,850.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Severance

Is the claim subject to offset?

- ☒ No
☐ Yes

2.3 Priority creditor's name and mailing address

Meredith Callender
4061 E. Castro Valley Blvd. #409
Casto Valley, CA 94552

Date or dates debt was incurred

12/14/19

Last 4 digits of account

number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 235,999.66

\$ 12,850.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Severance

Is the claim subject to offset?

- ☒ No
☐ Yes

page 1 of 1

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address \$ 175,940.75 \$ 12,850.00

Francis Dayton
37 Lake Forest Drive
Daly City, CA 94015

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
02/14/19Basis for the claim:
SeveranceLast 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address \$ 380,110.39 \$ 12,850.00

Juegen Froelich
19 Prescott Street
Newton, MA 02460

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
02/14/19

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address \$ 34,998.71 \$ 12,850.00

Lily Garcia
2541 Tolbert Street
Tracy, CA 95377

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address \$ 38,197.22 \$ 12,850.00

Adia Jackson Leung
95 Rockport Court
Richmond, CA 94804

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
02/14/19

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

page of

Debtor

Aradigm Corporation

Name

Case number (if known) 19-40363

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <u> </u>	Priority creditor's name and mailing address	\$ 33,289.18	\$ 12,850.00
	Rita Mateo 20182 Anita Ave Castro Valley, CA 94546 Date or dates debt was incurred 02/14/19 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Severance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2. <u> </u>	Priority creditor's name and mailing address	\$ 141,400.00	\$ 12,850.00
	John Siebert 78-6827 Kuhinanui St Kailua-Kona, HI 96740 Date or dates debt was incurred 02/14/19 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Severance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2. <u> </u>	Priority creditor's name and mailing address	\$ 55,646.07	\$ 12,850.00
	Adrienne Ste. Marie 1982 Via Rancho San Lorenzo, CA 94580 Date or dates debt was incurred 02/14/19 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Severance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2. <u> </u>	Priority creditor's name and mailing address	\$ 106,568.19	\$ 12,850.00
	Lisa Thomas 2441 Hallmark Drive Belmont, CA 94002 Date or dates debt was incurred 02/14/19 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Severance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ 33,761.98

\$ 12,850.00

Janaya Williams
173 Burbank Street
Hayward, CA 94541

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
02/14/19

Basis for the claim:
Severance

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____

\$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____

\$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____

\$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

page _____ of _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Grifols Worldwide Operations Limited Grange Castle Business Park, Grange Castle Clondalkin, Dublin 22, Ireland Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 22,357,779.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Convertible Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Grifols Worldwide Operations Limited Grange Castle Business Park, Grange Castle Clondalkin, Dublin 22, Ireland Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 10,368,942.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Promissory Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address First Eagle Investment Management 1345 Avenue of the Americas New York, NY 10105 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 1,120,691.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Convertible Notes</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address First Eagle Value in Biotechnology Master Fund, Ltd c/o First Eagle Investment Management 1345 Avenue of the Americas, New York, NY 10105 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 376,950.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Promissory Notes</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address 21 April Fund, Ltd (part of First Eagle) c/o First Eagle Investment Management 1345 Avenue of the Americas, New York, NY 10105 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 1,759,484.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Convertible Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address 21 April Fund, Ltd (part of First Eagle) c/o First Eagle Investment Management 1345 Avenue of the Americas, New York, NY 10105 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 753,900.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <u>Promissory Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u> </u>	Nonpriority creditor's name and mailing address 21 April Fund, Ltd (part of First Eagle) c/o First Eagle Investment Management 1345 Avenue of the Americas, New York, NY 10105 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 481,897.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Convertible Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Bozicevic, Field & Francis LLP 201 Redwood Shores Parkway, Suite 200 Redwood City, CA 94065 Date or dates debt was incurred <u>1/31/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 7,653.35 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Hayward Point Eden I Ltd Partnership c/o HCP Inc., 3760 Kilroy Airport Way Long Beach, CA 90806 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 3,484,584.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent for Office Space</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Exelead 6925 Guion Road Indianapolis, IN 46268 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 845,654.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Drug Manufacturer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Nancy Pecota 35385 Cheviot Court Newark, CA 94560 Date or dates debt was incurred <u>02/11/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ 559,185.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Demand Letter</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u> </u>	Nonpriority creditor's name and mailing address The Nasdaq Stock Market, LLC Nasdaq Office of General Counsel, 805 King Farm Boulevard Rockville, MD 20850	As of the petition filing date, the claim is: \$ <u>55,000.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	
	Date or dates debt was incurred <u>01/10/19</u> Last 4 digits of account number <u> </u>	Annual Fee for Basis for the claim: <u>2019</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u> </u>	Nonpriority creditor's name and mailing address Patsnatp UK, Ltd. 3rd Floor, Building 11 Chiswick Business Park 566 Chiswick High Rd., London, UK W45YS	As of the petition filing date, the claim is: \$ <u>7,350.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>01/31/19</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Maintenance Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u> </u>	Nonpriority creditor's name and mailing address Ellenoff Grossman & Schole LLP 1345 Avenue of the Americas New York, NY 10105	As of the petition filing date, the claim is: \$ <u>15,510.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>11/30/18</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u> </u>	Nonpriority creditor's name and mailing address Donohoe Advisory Associates LLC 9901 Belward Campus Drive, Suite 175 Rockville, MD 20850	As of the petition filing date, the claim is: \$ <u>3,685.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>02/01/19</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Fees for Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u> </u>	Nonpriority creditor's name and mailing address John Siebert 78-6827 Kuhinanui St Kailua-Kona, HI 96740	As of the petition filing date, the claim is: \$ <u>3,012.25</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>01/17/19-02/15/19</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Expense Reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Aradigm Corporation
Name

Case number (if known) 19-40363

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u> </u>	Nonpriority creditor's name and mailing address AON PO Box 100137 Pasadena, CA 91189 Date or dates debt was incurred <u>01/01/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: \$ <u>2,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Becky Norquist PO Box 1333 Tiburon, CA 94920 Date or dates debt was incurred <u>01/01/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: \$ <u>7,300.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address LifeSci Advisors, LLC 250 W 55th Street, 34th Floor New York, NY 10019 Date or dates debt was incurred <u>01/01/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: \$ <u>25,507.85</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Computershare Dept. CH 19228 Palatine, IL 60055 Date or dates debt was incurred <u>01/31/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: \$ <u>1,910.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <u> </u>	Nonpriority creditor's name and mailing address Shepard Mullin Richter & Hampton LLP 333 S. Hope Street, 43rd Floor Los Angeles CA 90071 Date or dates debt was incurred <u>1/31/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: \$ <u>2,281.98</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes



Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

page _____ of _____

Debtor

Aradigm Corporation
Name

Case number (if known) 19-40363

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

page _____ of _____

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 1,343,000.20

5b. Total claims from Part 2

5b. + \$ 42,240,177.42

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 43,583,177.62

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