

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re

ENDO INTERNATIONAL plc et al.,

Debtors.

Chapter 11

Case No. 22-22549 (JLG)

(Jointly Administered)

Modified Form 410

Personal Injury Opioid Proof of Claim Form

(Including Parents and Guardians)

04/22

You may file Your claim electronically at <https://restructuring.ra.kroll.com/Endo/EPOC-Index>. For questions regarding this Proof of Claim form, please call Kroll Restructuring Administration LLC (“Kroll”) at (877) 542-1878 (toll free) or (929) 284-1688 (international) or visit <https://restructuring.ra.kroll.com/Endo/EPOC-Index>.

Read the instructions before filling out this form. This form is for individuals to assert an unsecured claim against the Debtors seeking damages based on actual or potential personal injury to the claimant or another (for example, deceased, incapacitated, or minor family member) related to the taking of Opioids manufactured, marketed, and/or sold by the Debtors, and/or the taking of another Opioid for which You believe the Debtors are responsible for Your damages.

Creditor (also referred to as “You” throughout) shall provide information responsive to the questions set forth below. Creditors may include parents, foster parents, or guardians submitting claims on behalf of minors with Neonatal Abstinence Syndrome (“NAS”).

All proofs of claim submitted on the Personal Injury Opioid Proof of Claim Form and any supporting documentation shall remain **highly confidential** and shall not be made available to the public. For the avoidance of doubt, **all pages** of the Personal Injury Opioid Proof of Claim Form and supporting documentation shall be treated as **highly confidential** and shall not be made publicly available.

Do not use this form to assert a non-personal injury claim against any of the Debtors based on or involving the manufacturing, marketing, and/or sale of Opioids. File such claim on the General Opioid Proof of Claim Form. However, if You have a non-personal injury claim against the Debtors based on or involving the manufacturing, marketing, and/or sale of Opioids, **in addition to** Your claim based on personal injury, You may include information related to that claim on the Personal Injury Opioid Proof of Claim by completing Part 5 of this form in lieu of filing a separate General Opioid Proof of Claim Form.

Do not use this form to assert an unsecured claim against any of the Debtors seeking damages based on actual or potential personal injury to the claimant or another person (for example, deceased, incapacitated, or minor family member) related to the use of any non-opioid products manufactured, marketed, and/or sold by any of the Debtors (e.g., ranitidine or transvaginal mesh products). Instead, You should file such claim on the Non-Opioid Proof of Claim Form.

Do not use this form to assert any other prepetition claims, such as secured claims, claims entitled to priority under 11 U.S.C. § 507(a), or general unsecured claims that are not based on an alleged personal injury relating to Opioids. Instead, You should file such claim on the Non-Opioid Proof of Claim Form.

Fill in all of the information about Your claim as of August 16, 2022.

This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Do not send original documents as they will not be returned, and they may be destroyed after scanning.

Part 1: Identify the Claim**1. Who is the Creditor?**

(a) Name of the individual seeking payment for this claim. *If You have a claim arising out of personal injury to another, please also complete item (b) below. In addition, if You are submitting a claim on behalf of another person, please also complete item (c) below and, if such person is a minor (such as a minor with NAS), provide the name of the person seeking payment for this claim on behalf of the minor.*

Other names the Creditor used with the Debtors, including maiden or other names used:

(b) If Your claim is based on personal injury to another (for example, a deceased, incapacitated, or minor family member), please provide the name of that other person (that is, the injured person). If the injured person is a minor (under 18), please provide only the minor's initials:

(c) If You are submitting a claim on behalf of another person, please provide Your name and relationship to that person:

If You are submitting a claim on behalf of a minor, are You the Legal Guardian?

☐ No.

☐ Yes.

2. What is the year of birth, gender, and last 4 digits of the social security number of the Creditor (or injured person, if the claim is based on the personal injury of another)?

Year of Birth: _____

Gender:

☐ Male

☐ Female

☐ Other: _____

Last 4 digits of Social Security Number (if available): XXX-XX-____

3. Where should notices and payments to the Creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the Creditor be sent?

Name

Number Street

City State ZIP Code

Contact phone

Contact email

Where should payments to the Creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone

Contact email

4. Does this claim amend one already filed?

☐ No.

☐ Yes. Claim number on court claims registry (if known) _____

Filed on: _____
MM / DD / YYYY

5. Do You know if anyone else has filed a Proof of Claim for this claim?

☐ No.

☐ Yes. Who made the earlier filing? _____

6. **Are You or Your counsel interested in receiving future correspondence from (i) the Debtors regarding the Debtors' proposed sale and/or (ii) the official committee of opioid claimants regarding Your claims and the case?**
- ☐ No.
- ☐ Yes. My email address (or the email address of my counsel) for receiving notices is: _____
- * Please note that by checking the "yes" box, You (or Your counsel) hereby consent to receiving notifications from the Debtors and/or the official committee of opioid claimants via email. For the avoidance of doubt, nothing herein shall require the Debtors or the official committee of opioid claimants to provide You (or Your counsel) with notice of matters not otherwise required under applicable law or pursuant to an order of the Bankruptcy Court.*

Part 2: Attorney Information (Optional)

7. **Are You represented by an attorney in this matter?**
- You do not need an attorney to file this form.
- ☐ No.
- ☐ Yes. If yes, please provide the following information:
- _____
- Law Firm Name
- _____
- Attorney Name
- _____
- Address
- _____
- City State ZIP Code
- _____
- Contact phone Contact email

Part 3: Information About Opioid Personal Injury Claim as of August 16, 2022

8. **How much is the claim?**
- ☐ \$ _____ or ☐ Unknown.
9. **Check the appropriate box:**
- Check only one box.
- ☐ Creditor has been injured by use of an Opioid.
- ☐ Creditor has a claim arising out of another person's use of an Opioid (not including a claim on behalf of a minor with NAS). *Please answer all questions in Part 4 as if that person (the injured person) is filling out the form.*
- ☐ Creditor is submitting a claim on behalf of a minor with NAS. *Please answer all questions in Part 4 as if the birth mother of the minor is filling out the form (to the extent such information is available to You).*
- ☐ Although Creditor is not currently aware of any injury, Creditor wants to file now to keep the ability to seek payment if Creditor has a future injury or harm due to use of an Opioid.
10. **Briefly describe the type of injury alleged from Your use or another person's use of an Opioid.**
- Check as many boxes as are applicable.
- Attach additional sheets if necessary.
- ☐ Death
- ☐ Overdose
- ☐ Addition/Dependence/Substance Use Disorder
- ☐ Lost Wages/Earning Capacity
- ☐ Loss of Consortium
- ☐ Expenses for Treatment
- ☐ Other (describe): _____

Part 4:

Information About Opioid Use

If You have a claim arising out of another person's use of an Opioid (not including a claim on behalf of a minor with NAS), please answer these questions as if the injured person is filling out the form. If You are submitting a claim on behalf of a minor with NAS, please answer these questions as if the birth mother of the minor is filling out the form (to the extent such information is available to You).

14. **Were You prescribed or Administered an Endo Branded Opioid(s) by a healthcare professional in the United States?**
- ☐ No.
- ☐ Yes. If yes, please provide the following information to the extent reasonably available:
Please identify the Endo Branded Opioid(s) that You were prescribed or Administered by a healthcare professional in the United States. Check as many medications as applicable.
- | | |
|--|---|
| <input type="checkbox"/> BELBUCA® (buprenorphine hydrochloride) | <input type="checkbox"/> DEPODUR® (morphine sulfate extended-release) |
| <input type="checkbox"/> OPANA® (oxymorphone hydrochloride) | <input type="checkbox"/> OPANA® ER (oxymorphone hydrochloride extended release) |
| <input type="checkbox"/> PERCOCET® (oxycodone and acetaminophen) | <input type="checkbox"/> ZYDONE® (hydrocodone bitartrate and acetaminophen) |
- ☐ Unknown (select if You were prescribed or Administered an Endo Branded Opioid(s) by a healthcare professional in the United States but do not know the specific name of the medication).
-
15. **Were You ever prescribed or Administered an Endo Generic Opioid(s) by a healthcare professional in the United States?**
- ☐ No.
- ☐ Yes. If yes, please provide the following information to the extent reasonably available:
Please identify the Endo Generic Opioid(s) that You were prescribed or Administered by a healthcare professional. Check as many medications as applicable.
- (Note that for purposes of this form "Endo Generic Opioids" includes generic Opioids manufactured, marketed, and/or sold by Endo, including, but not limited to, under any of the following names: Anchen Pharmaceuticals, Boca Pharmacal, DAVA Pharmaceuticals, Endo Pharmaceutical, Par Pharmaceutical, Par Sterile Products, Qualitest Pharmaceuticals, and Vintage Pharmaceuticals.)
- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen and codeine phosphate | <input type="checkbox"/> Buprenorphine hydrochloride |
| <input type="checkbox"/> Butalbital, acetaminophen, caffeine, and codeine phosphate | <input type="checkbox"/> CHERATUSSIN® AC (codeine phosphate and guaifenesin) |
| <input type="checkbox"/> ENDOCET® (oxycodone and acetaminophen) | <input type="checkbox"/> ENDODAN® (oxycodone and aspirin) |
| <input type="checkbox"/> Fentanyl transdermal system | <input type="checkbox"/> Hydrocodone bitartrate and acetaminophen |
| <input type="checkbox"/> Hydrocodone bitartate and ibuprofen | <input type="checkbox"/> Hydrocodone polistirex and chlorpheniramine polistirex extended release |
| <input type="checkbox"/> IBUDONE® (hydrocodone and ibuprofen) | <input type="checkbox"/> IOPHEN-C NR (codeine phosphate and guaifenesin) |
| <input type="checkbox"/> MEPERITAB® (meperidine hydrochloride) | <input type="checkbox"/> Morphine sulfate extended-release |
| <input type="checkbox"/> NUBAIN® (nalbuphine hydrochloride) | <input type="checkbox"/> Oral transmucosal fentanyl citrate (OTFC) |
| <input type="checkbox"/> Oxycodone and acetaminophen | <input type="checkbox"/> Oxymorphone hydrochloride |
| <input type="checkbox"/> PHENYLHISTINE DH (chlorpheniramine-pseudoephed-codeine) | <input type="checkbox"/> Promethazine hydrochloride and codeine phosphate |
| <input type="checkbox"/> Propoxyphene hydrochloride | <input type="checkbox"/> QUINDAL HD (chlorphen-phenyleph-hydrocodon) |
| <input type="checkbox"/> Tramadol hydrochloride extended release | <input type="checkbox"/> TUSSICLEAR DH (guaifenesin and hydrocodone) |
| <input type="checkbox"/> VI-Q-TUSS® (guaifenesin and hydrocodone) | |
- ☐ Name of other Opioid medication(s): _____
- ☐ Unknown (select if You were prescribed or Administered by a healthcare professional an Endo Generic Opioid(s) but do not know the specific name of the medication).

16. Were You <i>prescribed or Administered</i> a Paladin Opioid(s) by a healthcare professional in Canada?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please provide the following information to the extent reasonably available: Please identify the Paladin Opioid(s) that You were prescribed or Administered by a healthcare professional in Canada. Check as many medications as applicable.								
	<table border="0"> <tr> <td><input type="checkbox"/> ABSTRAL® (fentanyl citrate)</td> <td><input type="checkbox"/> DARVON-N® (propoxyphene napsylate)</td> </tr> <tr> <td><input type="checkbox"/> METADOL® (methadone hydrochloride)</td> <td><input type="checkbox"/> METADOL-D® (methadone hydrochloride)</td> </tr> <tr> <td><input type="checkbox"/> NUCYNTA® IR (tapentadol)</td> <td><input type="checkbox"/> NUCYNTA® Extended-Release (tapentadol)</td> </tr> <tr> <td><input type="checkbox"/> TRIDURAL® (tramadol hydrochloride)</td> <td><input type="checkbox"/> STATEX® (morphine sulfate)</td> </tr> </table>	<input type="checkbox"/> ABSTRAL® (fentanyl citrate)	<input type="checkbox"/> DARVON-N® (propoxyphene napsylate)	<input type="checkbox"/> METADOL® (methadone hydrochloride)	<input type="checkbox"/> METADOL-D® (methadone hydrochloride)	<input type="checkbox"/> NUCYNTA® IR (tapentadol)	<input type="checkbox"/> NUCYNTA® Extended-Release (tapentadol)	<input type="checkbox"/> TRIDURAL® (tramadol hydrochloride)	<input type="checkbox"/> STATEX® (morphine sulfate)
<input type="checkbox"/> ABSTRAL® (fentanyl citrate)	<input type="checkbox"/> DARVON-N® (propoxyphene napsylate)								
<input type="checkbox"/> METADOL® (methadone hydrochloride)	<input type="checkbox"/> METADOL-D® (methadone hydrochloride)								
<input type="checkbox"/> NUCYNTA® IR (tapentadol)	<input type="checkbox"/> NUCYNTA® Extended-Release (tapentadol)								
<input type="checkbox"/> TRIDURAL® (tramadol hydrochloride)	<input type="checkbox"/> STATEX® (morphine sulfate)								
	<input type="checkbox"/> Unknown (select if You were prescribed or Administered a Paladin Opioid(s) by a healthcare professional in Canada and do not know the specific name of the medication).								

Part 5: Other (Non-Personal Injury) Opioid-Related Claims	
17. Do You believe You have any other claims against the Debtors based on or involving the Debtors' manufacturing, marketing, and/or sale of Opioids that are not based on a personal injury?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary). <hr/> <hr/> <hr/> <hr/>
18. How much is the claim?	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> Unknown.

Part 6: Supporting Documentation	
19. Please provide the following supporting documentation if You would like (but You are not required) to supplement this Proof of Claim.	Provide any documents supporting Your claim, including, but not limited to, any complaint that You have filed against the Debtors, prescriptions, pharmacy records or statements showing prescriptions, diagnosis or any records supporting Your claims for damages.

Part 7: 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 five 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, guardian, kinship (or other authorized) caretaker, executor, or authorized agent.
- ☐ Other (describe): _____

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

Signature

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

Name _____
First name Middle name Last name

Title _____

Company _____

Address _____
Number Street

City State ZIP Code

Contact phone: _____ Email: _____

Instructions for Personal Injury Opioid Proof of Claim Form

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if You are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to five years, or both. See 18 U.S.C. §§ 152, 157 and 3571.

ADDITIONAL INFORMATION

- **Fill in all the information about Your claim as of August 16, 2022.**
- **Attach any available supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* below.) Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- **Do not attach original documents because they will not be returned and may be destroyed after scanning.**
- **A Personal Injury Opioid Proof of Claim Form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth.** See Bankruptcy Rule 9037.
- **A parent, foster parent, or guardian may complete this Personal Injury Opioid Proof of Claim Form on behalf of a minor child if there is reason to believe that the birth mother may have taken Opioid products manufactured, marketed, and/or sold by the Debtors.**
- **For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- **The questions herein do not seek the discovery of information protected by the attorney-client privilege.**
- **Each question in this Proof of Claim form should be construed independently, unless otherwise noted.** No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.
- The words “and” and “or” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- **After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.**

PRIVACY INFORMATION

This information is not intended to supersede the Debtors’ privacy notices and may be considered an addendum to these. Any rights You may have under the Debtors’ privacy notices remain the same. Should You have any questions or concerns regarding this information or any rights You may have in relation to any personal data, please refer to the Debtors’ privacy notices (see “Further Information” below for links). Kroll is engaged by the Debtors for the purpose of facilitating their chapter 11 cases under the U.S. Bankruptcy Code and is subject to the terms of a data processing agreement compliant with applicable data protection laws. Kroll shall only process any personal information You may submit in accordance with such agreement and any order of the U.S. Bankruptcy Court and as necessary for such purpose.

If You decide to voluntarily submit a Proof of Claim, You voluntarily submit any personal information included therein, including, but not limited to, Your name, phone number, email address, mailing address, date of birth, gender, last 4 digits of Your social security number, and any other personal information You voluntarily provide on the Proof of Claim form and attached documentation. The processing of any such personal information will be undertaken on the basis of Your consent where required by applicable law. Where Your consent is not required by law, any personal information will be processed on the basis of the Debtors’ legitimate interests in relation to the processing of Your claim, to the extent required by, and in accordance with, applicable data protection laws.

Confidentiality of Any Personal Information You Provide Generally

All Personal Injury Opioid Proof of Claim Forms claiming personal injury based on or involving the Debtors’ manufacturing, marketing, and/or sale of Opioids and any supporting documentation submitted with the form shall remain *highly confidential* and shall not be made publicly available on the Debtors’ case website nor included in the publicly available claims register, meaning that none of Your personal information will be made publicly available. For the avoidance of doubt, *all pages* of the Personal Injury Opioid Proof of Claim Form and supporting documentation shall be treated as *highly confidential* and shall not be made publicly available. However, Your Personal Injury Opioid Proof of Claim Form and supporting documentation, including Your personal information disclosed therein, may be made available to the following parties (subject to compliance with applicable Bankruptcy Court orders): (i) the Debtors, (ii) the Debtors’ advisors, including their counsel and financial advisors, (iii) Kroll and other parties assisting the Debtors with claims administration, (iv) the Debtors’ insurers and insurance brokers, (v) the Bankruptcy Court, (vi) the U.S. Trustee, (vii) the advisors for the Ad Hoc First Lien Group, (viii) the advisors for the official committee of unsecured creditors, (ix) the advisors for the official committee of opioid claimants, (x) the future claimants’ representative and his advisors and (xi) such other persons as the Bankruptcy Court determines are required to have the information in order to evaluate your personal injury claim (the parties listed in

subclauses (i)-(xi) collectively, the “**Authorized Parties**”). By submitting this Proof of Claim, You consent to such limited disclosure to the Authorized Parties as set forth herein for the purpose of analyzing your claim or any ancillary purposes.

Your Personal Information Will Be Transmitted to the U.S.

If You are based outside of the U.S., then by submitting Your Proof of Claim form, You will transfer any personal information You submit from Your state, province, country, or other governmental jurisdiction to the U.S. where privacy laws may not be as protective as those in Your jurisdiction.

How is Your Information Secured?

The Debtors employ appropriate technical and organizational measures designed to protect the security of the information You provide on the Proof of Claim form. These measures are kept under review to ensure the on-going integrity and confidentiality of personal information.

How Long Is Your Information Retained?

The information (including any personal information) You provide on this Proof of Claim form will be retained by or on behalf of the Authorized Parties, for as long as necessary for the purposes described above, as needed to resolve disputes or protect legal rights as they relate to such claim, or as otherwise required or permitted by applicable law.

What Are Your Rights?

To the extent applicable under the privacy laws of Your jurisdiction, You may have specific rights in relation to any personal information You provide on this form. Please note that any exercise of these rights is subject to certain exceptions and certain applicable laws, or court orders that may prohibit the amendment or erasure of such information once it is submitted, including information displayed and/or accessible on the case website, <https://restructuring.ra.kroll.com/endo/>. For further information on any rights You may have, or if You have any questions or concerns regarding the use of any personal information You provide on this form or would like to submit a complaint, please see the Debtors’ privacy notices (see “Further Information” below for links).

Further Information

For more information on how any personal information You submit will be handled by Kroll and the Debtor, please see (i) Kroll Privacy Notice (<https://restructuring.ra.kroll.com/endo/Home-PrivacyNotice>); (ii) Debtor Privacy Notices: Enterprise Privacy Notice (<https://endo-pci.cloud.prod.iapps.com/privacy-legal/privacy>); and (iii) EU Privacy Notice (<https://endo-pci.cloud.prod.iapps.com/privacy-legal/eu-privacy>).

CONFIRMATION THAT THE CLAIM HAS BEEN FILED

To receive confirmation that the claim has been filed, enclose a stamped, self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent’s website at <https://restructuring.ra.kroll.com/Endo/Home-ClaimInfo>.

UNDERSTANDING THE TERMS USED IN THIS FORM

Administered: The act of receiving a medication by any or all of the following methods: (i) ingestion; (ii) application of a patch to the skin; and/or (iii) injection or insertion into the body.

Claim: A Creditor’s right to receive payment for a debt that the Debtor owed on the date the Debtor filed for bankruptcy. 11 U.S.C. §101(5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a Debtor owes a debt that was incurred on or before the date the Debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. 11 U.S.C. § 101 (13).

Endo as used in conjunction with the terms “Branded Opioid” or “Generic Opioid” includes any of the following names under which Opioids were manufactured, marketed or sold in the United States: Anchen Pharmaceuticals, Boca Pharmacal, DAVA Pharmaceuticals, Endo Pharmaceuticals, Par Pharmaceutical, Qualitest Pharmaceuticals, and Vintage Pharmaceuticals, or any entity that is a Debtor in the bankruptcy proceeding (joint administered under case number 22-22549 (JLG) in the Bankruptcy Court). A complete list of Debtors may be found at <https://restructuring.ra.kroll.com/endo>.

Information entitled to privacy: A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, an individual’s tax identification number, or a financial account number, only the initials of a minor’s name, and only the year of any person’s date of birth.

Opioids: FDA- or Health Canada-approved pain-reducing medications consisting of natural, synthetic, or semisynthetic chemicals that bind to opioid receptors in a patient’s brain or body to produce an analgesic effect. The term “Opioid(s)” does not include: (i) medications and other substances to treat opioid or other substance use disorders, abuse, addiction or overdose; (ii) raw materials and/or immediate precursors used in the manufacture or study of opioids or opioid products, but only when such materials and/or immediate precursors are sold or marketed exclusively to DEA-licensed manufacturers or DEA-licensed researchers; or (iii) opioids listed by the DEA as Schedule IV drugs pursuant to the federal Controlled Substances Act.

Paladin as used in conjunction with the term “Opioid” means Paladin Labs Inc.

Proof of Claim: A form that shows the amount of debt the Debtor is alleged to have owed to a Creditor on the date of the bankruptcy filing.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents. Filers will not be prejudiced or harmed in any way by redacting or leaving out information entitled to privacy on the Proof of Claim form.

Secured claim under 11 U.S.C. § 506(a): A claim backed by a lien on particular property of the Debtor. A claim is secured to the extent that a Creditor has the right to be paid from the property before other Creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the Creditor has a lien. Any amount owed to a Creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a Creditor has a lien.

OFFERS TO PURCHASE A CLAIM

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact Creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the Debtors. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the Debtors. A Creditor has no obligation to sell its claim. However, if a Creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*) that apply, and any orders of the bankruptcy court that apply.

PLEASE SEND COMPLETED PROOF(S) OF CLAIM TO:

If by first class mail:

Endo International plc Claims Processing Center
c/o Kroll Restructuring Administration LLC
Grand Central Station, PO Box 4850
New York, NY 10163-4850

If by hand delivery, or overnight courier:

Endo International plc Claims Processing Center
c/o Kroll Restructuring Administration LLC
850 3rd Avenue, Suite 412
Brooklyn, NY 11232

You may also file Your claim electronically at
<https://restructuring.ra.kroll.com/Endo/EPOC-Index>.

Do not file these instructions with Your form
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