

Section 503(b)(9) Claim Request

<p align="center">Address for Submission of 503(b)(9) Claim Request</p> <p>Vital Pharmaceuticals, Inc., et al. Claims Processing c/o Stretto Inc. 410 Exchange, Suite 100 Irvine, CA 92602</p>	<p align="center">In re Vital Pharmaceuticals, Inc., et al.</p> <p>Chapter 11 Case No. 22-17842 (PDR) (Jointly Administered)</p>
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<p align="center">Debtor against which claim is asserted (check <i>only one</i>):</p>	
<input type="checkbox"/> Vital Pharmaceuticals, Inc. <input type="checkbox"/> JHO Intellectual Property Holdings, LLC <input type="checkbox"/> Quash Seltzer, LLC. <input type="checkbox"/> Vital Pharmaceuticals International Sales, Inc.	<input type="checkbox"/> Bang Energy Canada, Inc. <input type="checkbox"/> JHO Real Estate Investment, LLC <input type="checkbox"/> Rainbow Unicom Bev LLC

NOTE: Pursuant to an Order of the Bankruptcy Court in the above-referenced chapter 11 cases [ECF No. 715], a claim for administrative expense under 11 U.S.C. § 503(b)(9) (the “Section 503(b)(9) Claim Request”) must be delivered on or before March 17, 2023 to the Claims Agent. This Section 503(b)(9) Claim Request shall be deemed filed when actually received by the Claims Agent and may be submitted (a) in person or by courier service, hand delivery or mail to the above-referenced address, or (b) electronically at the following web address <https://claims.stretto.com/case-203-vitalpharmaceuticals/login>. Facsimile, e-mail, telecopy or electronic submissions other than as described above will not be accepted.

<p>Name and address of Creditor (and name and address where notices should be sent if different from Creditor):</p> <p>Telephone number:</p>	<input type="checkbox"/> Check if you are aware that anyone else has filed a Section 503(b)(9) Claim Request relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check if you have never received any notices from the bankruptcy court in this case.
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<p>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____</p>	<p>Check here if this claim: <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previously filed claim, dated: _____</p>
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1. BASIS FOR CLAIM: Goods sold in the ordinary course of business and received by debtor within 20 days prior to the commencement of the case.

2. DATE(S) DEBT WAS INCURRED:

3. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM (IN US DOLLARS): \$ _____

4. BRIEF DESCRIPTION OF CLAIM:

5. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, shipping documents, bills of lading, packing slips, receiving dock acceptances, itemized statements of running accounts, or contracts. Also, provide a copy of any prior demand to reclaim goods sold to the debtor under Section 546(b) of the Bankruptcy Code. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain why. If the documents are voluminous, attach a summary and identify from whom the debtor may obtain a copy of the documents.

6. DATE-STAMPED COPY: To receive acknowledgement of the filing of a paper copy of a Section 503(b)(9) Claim Request, enclose a stamped, self-addressed envelope and a date-stamped copy of your Section 503(b)(9) Claim Request, excluding supporting documents, will be mailed to you.

7. ORDINARY COURSE CERTIFICATION: By signing this Section 503(b)(9) Claim Request, you are certifying that the goods for which payment is sought hereby were sold to the Debtor in the ordinary course of business as required by 11 U.S.C. § 503(b)(9).

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: _____

Title: _____

Company: _____

Address: _____

Contact phone: _____ **Email:** _____