

FEMTEC HEALTH, INC. PROOF OF CLAIM

To: FemTec Health (ABC), LLC
c/o Claims Administration
231 Market Place, Suite 373
San Ramon, CA 94583

Re: FemTec Health, Inc.

The undersigned is a creditor of FemTec Health, Inc. and I/we hereby file my/our claim as indicated below.

Date (you are filing this claim): _____

Company Name and Address: _____

Amount of Claim: \$ _____

Incurred: Invoice Number(s) _____

Note: If the balance due is comprised of multiple invoices, please provide an account summary or accounts receivable aging for FemTec Health, Inc. The summary or aging should include references to all invoice dates, invoice numbers, amounts due, and any other relevant information. If your claim is based on agreement, or if there is other documentation supporting your claim, please provide copies (do not send originals) with this Proof of Claim. If your claim is secured, please provide copies of any security agreement or other basis for a lien, and all perfection documentation.

Submitted by: (Signature) _____

Print Name _____

Title _____

Phone: _____

E-Mail Address: _____

Fed Tax ID or SSN: _____

NOTES

1. **Claim forms must be received by October 9, 2023.**

2. **All claims will be treated as general unsecured claims in the absence of evidence provided to the contrary.**