

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

In Re. LIPELLA PHARMACEUTICALS INC.

§
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§

Case No. 26-20879

Debtor(s)

☐ Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 05/31/2026

Petition Date: 03/30/2026

Months Pending: 2

Industry Classification:

3	2	5	4
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Reporting Method:

Accrual Basis ☒

Cash Basis ☐

Debtor's Full-Time Employees (current):

2

Debtor's Full-Time Employees (as of date of order for relief):

6

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☐ Statement of operations (profit or loss statement)
- ☐ Accounts receivable aging
- ☐ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☐ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Doug Johnston

Signature of Responsible Party

06/20/2026

Date

Doug Johnston

Printed Name of Responsible Party

P.O. Box 743, Mars, PA 16046

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name LIPELLA PHARMACEUTICALS INC.

Case No. 26-20879

Part 1: Cash Receipts and Disbursements		Current Month	Cumulative
a.	Cash balance beginning of month	\$562,086	
b.	Total receipts (net of transfers between accounts)	\$0	\$0
c.	Total disbursements (net of transfers between accounts)	\$61,564	\$185,748
d.	Cash balance end of month (a+b-c)	\$500,522	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$61,564	\$185,748

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	\$0
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$0
c.	Inventory (Book ☐ Market ☐ Other ☒ (attach explanation))	\$0
d.	Total current assets	\$679,260
e.	Total assets	\$684,793
f.	Postpetition payables (excluding taxes)	\$88,097
g.	Postpetition payables past due (excluding taxes)	\$0
h.	Postpetition taxes payable	\$5,861
i.	Postpetition taxes past due	\$0
j.	Total postpetition debt (f+h)	\$93,958
k.	Prepetition secured debt	\$0
l.	Prepetition priority debt	\$35,000
m.	Prepetition unsecured debt	\$465,856
n.	Total liabilities (debt) (j+k+l+m)	\$594,814
o.	Ending equity/net worth (e-n)	\$89,979

Part 3: Assets Sold or Transferred		Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b.	Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)		Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$0	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$0	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$69,583	
f.	Other expenses	\$19,643	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$0	
k.	Profit (loss)	\$-89,225	\$-290,448

Debtor's Name LIPELLA PHARMACEUTICALS INC.

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Part 5: Professional Fees and Expenses

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$0	\$0	\$0
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i		Other	\$0	\$0	\$0	\$0
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Debtor's Name LIPELLA PHARMACEUTICALS INC.

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Debtor's Name LIPELLA PHARMACEUTICALS INC.

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b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>				\$0	
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i					\$0	
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Debtor's Name LIPELLA PHARMACEUTICALS INC.

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Debtor's Name LIPELLA PHARMACEUTICALS INC.

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	c						
c.	All professional fees and expenses (debtor & committees)						

Part 6: Postpetition Taxes**Current Month****Cumulative**

a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$5,861	\$5,861
d.	Postpetition employer payroll taxes paid	\$4,332	\$8,664
e.	Postpetition property taxes paid	\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$248	\$922

Part 7: Questionnaire - During this reporting period:

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☐ No ☒
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☒ No ☐
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☐ No ☒
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☐ No ☐ N/A ☒
- i. Do you have:
- Worker's compensation insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- Casualty/property insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- General liability insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☐ No ☒
- k. Has a disclosure statement been filed with the court? Yes ☐ No ☒
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name LIPELLA PHARMACEUTICALS INC.

Case No. 26-20879

Part 8: Individual Chapter 11 Debtors (Only)

- | | | | |
|----|---|-------|-----|
| a. | Gross income (receipts) from salary and wages | _____ | \$0 |
| b. | Gross income (receipts) from self-employment | _____ | \$0 |
| c. | Gross income from all other sources | _____ | \$0 |
| d. | Total income in the reporting period (a+b+c) | _____ | \$0 |
| e. | Payroll deductions | _____ | \$0 |
| f. | Self-employment related expenses | _____ | \$0 |
| g. | Living expenses | _____ | \$0 |
| h. | All other expenses | _____ | \$0 |
| i. | Total expenses in the reporting period (e+f+g+h) | _____ | \$0 |
| j. | Difference between total income and total expenses (d-i) | _____ | \$0 |
| k. | List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/ao/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

/s/ Doug Johnston

Signature of Responsible Party

Chief Financial Officer

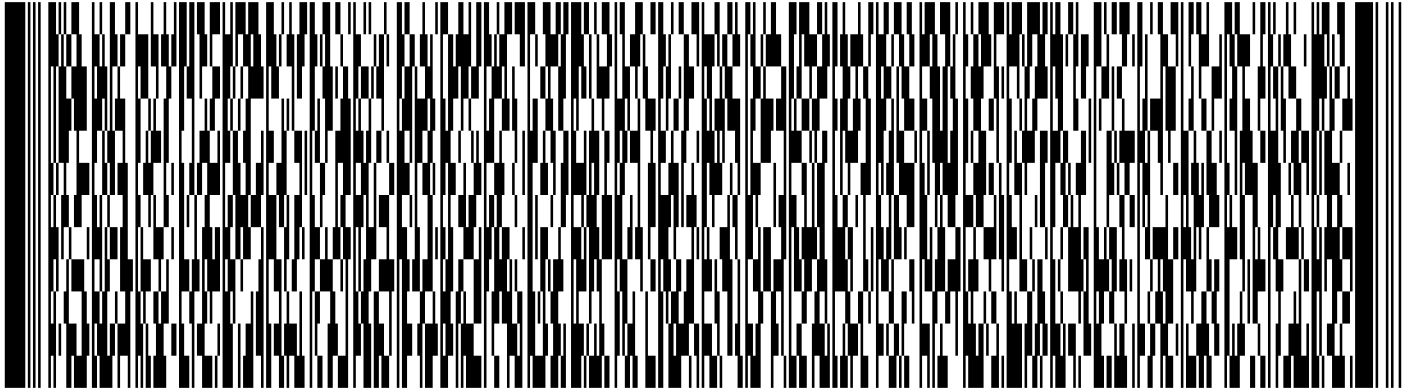
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Doug Johnston

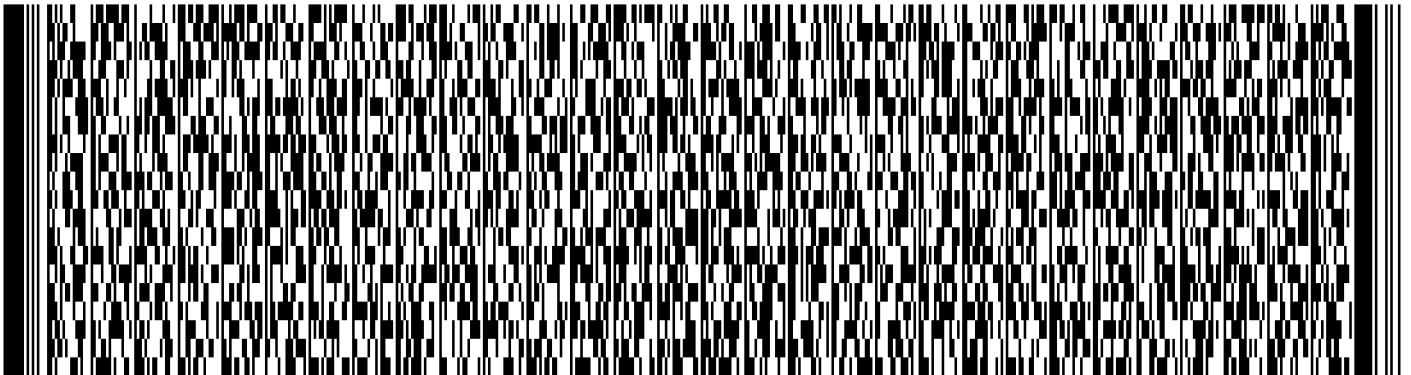
Printed Name of Responsible Party

06/18/2026

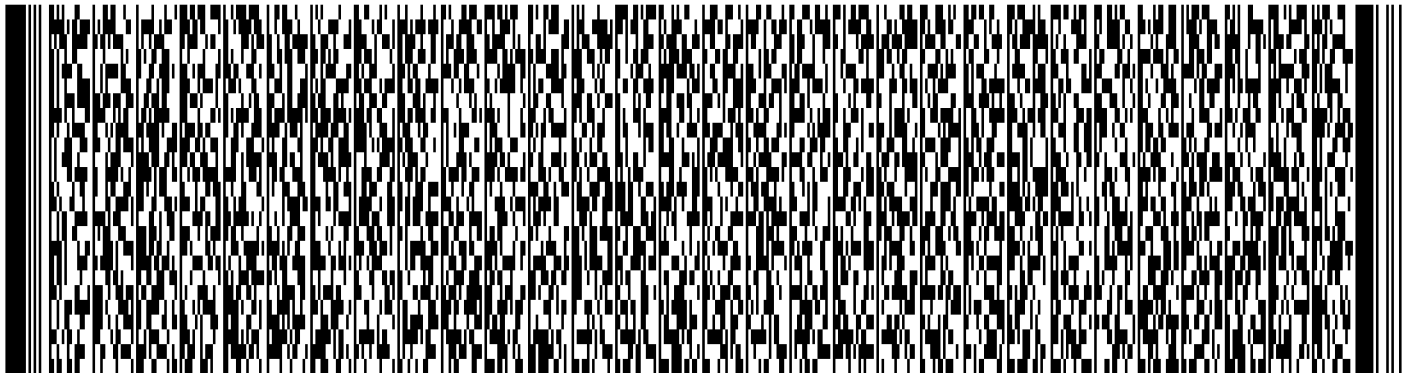
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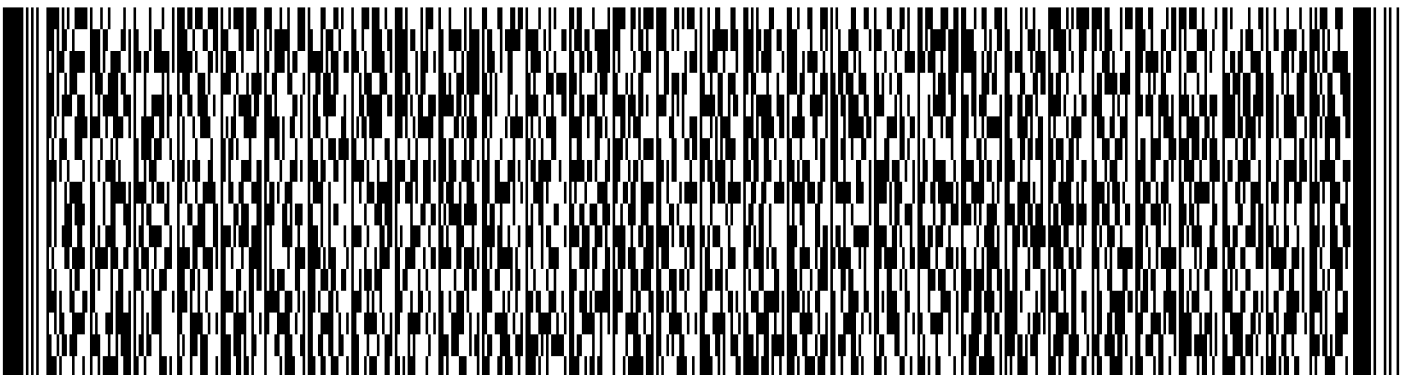
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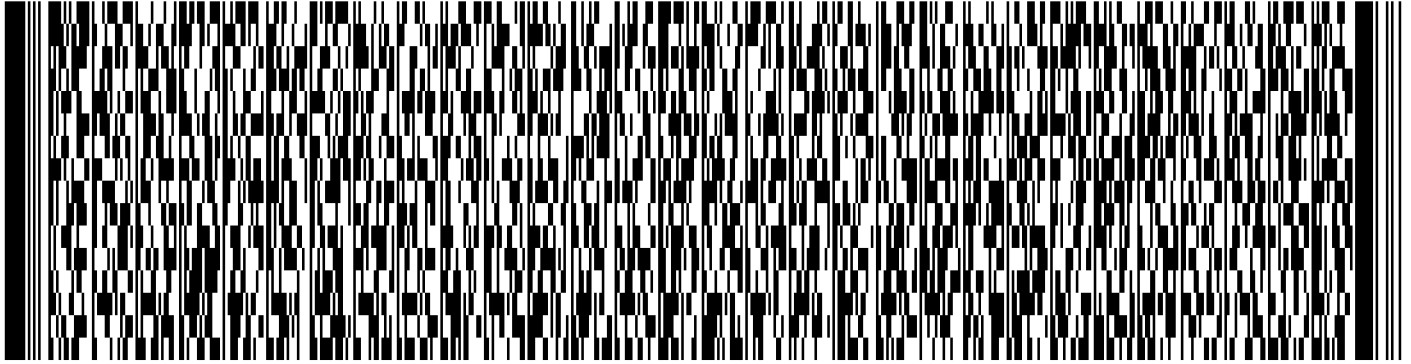
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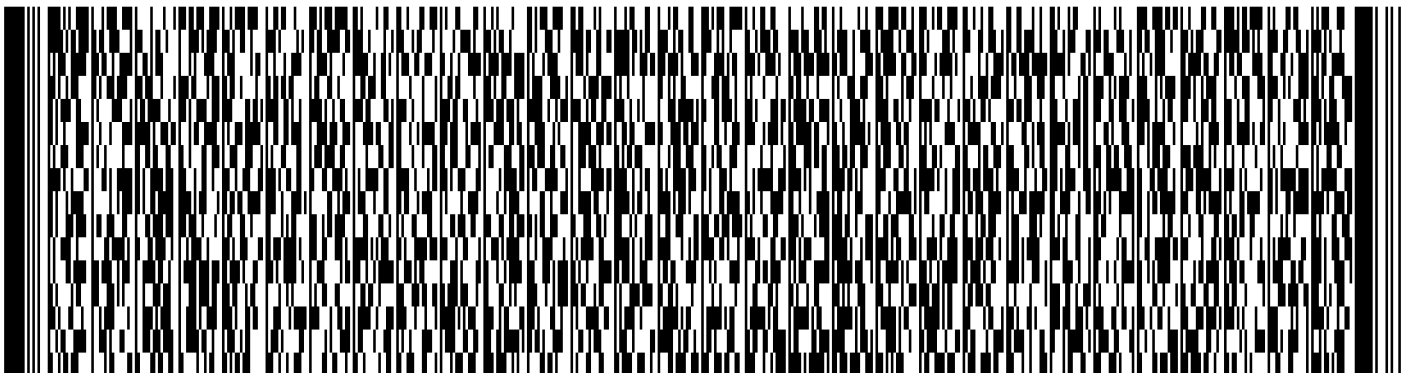
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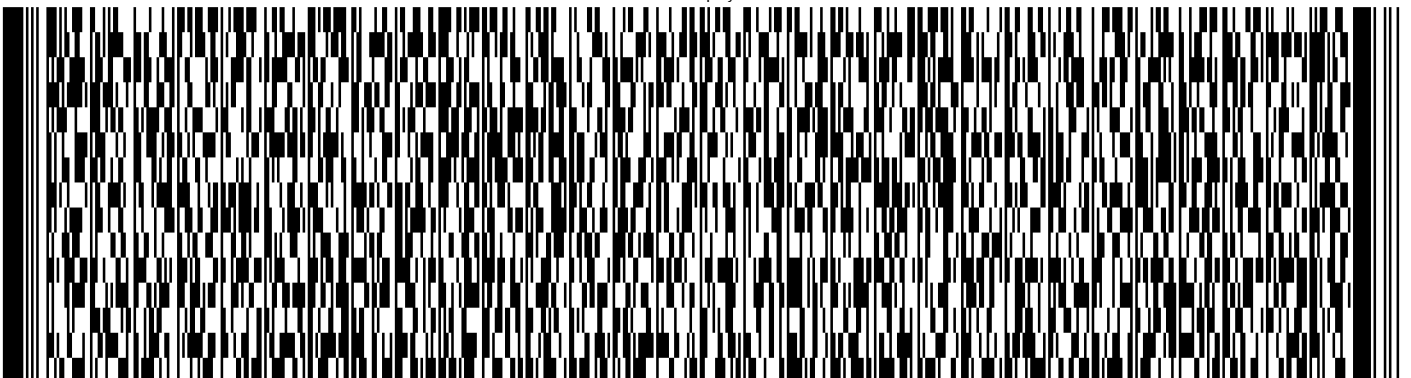
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Bankruptcy51to100



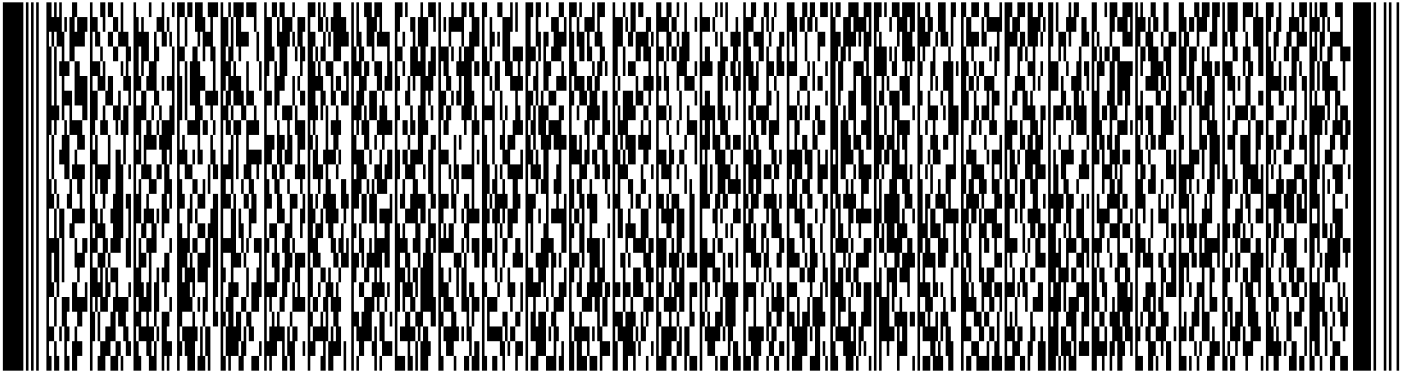
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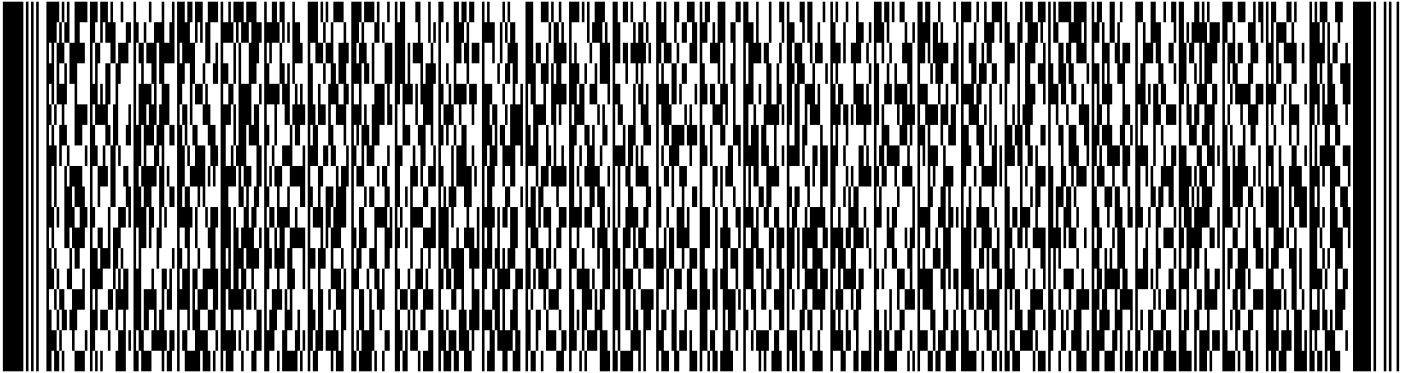
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Debtor's Name LIPELLA PHARMACEUTICALS INC.

Case No. 26-20879



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PageFour

Summary of Cash Receipts and Disbursements

For the period 4/30/2026 to 5/31/2026 ("Current Period")

	Current Period	Cumulative
Cash Beginning of Period (Book)	\$ 562,086	\$ 684,191
Receipts		
Interest income	\$ -	\$ 2,078
Other	-	-
Total Receipts	\$ -	\$ 2,078
Disbursements		
Rent	\$ -	\$ 2,465
Payroll - wages & employer taxes	\$ 34,804	\$ 63,315
Payroll - 401K	\$ 3,870	\$ 12,403
Health insurance	\$ 9,107	\$ 18,213
Property & casualty insurance	\$ -	\$ 11,017
Definiti (401K administration)	\$ -	\$ -
ECTD Submit (FDA matters)	\$ 650	\$ 650
Accounting software	\$ 189	\$ 189
Utilities	\$ 509	\$ 509
NATCO	\$ 250	\$ 250
Moving costs	\$ -	\$ 650
Local Taxes	\$ 248	\$ 922
BDO Consulting Group LLC (1)	\$ -	\$ 60,000
Tucker Arensburg LLP	\$ -	\$ -
Intellectual Property - Legal Fees	\$ 650	\$ 650
D&O Insurance	\$ -	\$ -
Dataroom Fees	\$ -	\$ 3,000
Other Administrative	\$ 11,197	\$ 11,197
Bank Fees	\$ 90	\$ 317
UST Fees	\$ -	\$ -
Total Disbursements	\$ 61,564	\$ 185,748
Net Cash Flow	\$ (61,564)	\$ (183,670)
Cash End of Period (Book)	\$ 500,522	\$ 500,522
Reconciling items	\$ 8,738	\$ 8,738
Cash End of Period (Bank)	\$ 509,260	\$ 509,260

(1) Represents Retainer payments held in Escrow.

Balance Sheet

As at May 31, 2026

	May 31, 2026
Cash	\$ 500,522
Interest Receivable	-
Prepaid Expenses	95,895
Prepaid Retainers	82,844
Lease Accounting	(0)
PP&E	5,533
Total Assets	\$ 684,793
AP Pre-Filing	\$ 387,308
AP Post-Filing	227
Accrued Payroll (1)	197,018
Total Liabilities	584,553
Retained Earnings	\$ (20,615,547)
Paid Capital (2)	20,715,788
Total Equity	\$ 100,240
Total Liabilities and Equity	\$ 684,793

(1) Includes pre-petition wages and post-petition wages.

(2) Includes Paid in Capital, Preferred and Common Shares at book value.

(3) Equity per the MOR Table (P2) is calculated on a different basis as compared to the above.

Income Statement

For the period 4/30/2026 to 5/31/2026 ("Current Period")

	<u>Current Period</u>	<u>Cumulative</u>
Revenue	\$ -	\$ -
Cost of Sales	-	-
Gross Profit	<u>\$ -</u>	<u>\$ -</u>
Operating Expenses		
General & administrative	\$ 69,583	\$ 161,481
R&D	<u>\$ 19,643</u>	<u>38,494</u>
Total Operating Expenses	<u>\$ 89,225</u>	<u>\$ 199,975</u>
Non-operating income	-	-
Non-operating expenses	-	90,473
Total Income	<u>\$ (89,225)</u>	<u>\$ (290,448)</u>
Income tax expense	-	-
Net Income	<u>\$ (89,225)</u>	<u>\$ (290,448)</u>

Bank Reconciliation

For the period 5/31/2026 ("Current Period")

Bank Account Number	5/31 Book Balance	Reconciling Items			5/31 Bank Balance	ACTUAL	variance
		Outstanding Checks	Deposits in Transit	Other Reconciling Items		5/31 Bank Balance	
2648	\$ 500,522	\$ 8,738	0	0	\$ 509,260	\$ 509,260	\$ 0

Accrued Payroll

As at 5/31/2026 ("Current Period")

Amount per Balance Sheet **\$ 197,018**

J. Kaufman

Pre-Filing	\$ 113,548	
Post-Filing	38,833	
Total	\$ 152,382	A

Others - Post-Petition

M. Gruber	\$ 9,167	
J. Okonski	11,000	
A. Houck	2,132	
K. Johnston	4,583	
D. Johnston	13,750	
Mar. 401K match	2,544	
Employer Tax Liability - May 31	5,861	
Subtotal	\$ 49,037	\$ 49,037 B

Total Accrued Payroll

\$ 201,419 = A + B



LIPELLA PHARMACEUTICALS INC
DEBTOR IN POSSESSION
CASE NO. 26-20879-CMB
7800 SUSQUEHANNA ST STE 505
PITTSBURGH PA 15208-2156

Questions or comments?
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LIPELLA PHARMACEUTICALS INC
DEBTOR IN POSSESSION
CASE NO. 26-20879-CMB

Beginning balance 4-30-26	\$571,171.85
25 Subtractions	-61,821.99
Net fees and charges	-90.00
Ending balance 5-31-26	\$509,259.86

Subtractions

Paper Checks * check missing from sequence

Check	Date	Amount	Check	Date	Amount	Check	Date	Amount
1279	5-14	\$6,381.90	1281	5-11	3,641.81	1282	5-15	7,323.26
1280	5-13	2,030.70						

Paper Checks Paid \$19,377.67

Withdrawals	Date	Serial #	Location	Amount
	5-1		Commwlthofpapathpastsaletxtp*20651305 *Sls *26	\$27.12
	5-4		Duquesne Light Payment	151.91
	5-4		Verizon Vz Billpay	168.79
	5-5		Bill Pay:Jonathan Kaufman N/A lbq1Xxok	122.23
	5-6		Paychex Tps Taxes	7,642.66
	5-8		Upmc Health Planweb Pay	9,042.31
	5-11		Paychex Eib Invoice	204.79
	5-11		Principal Life Pplic-Peris	3,464.64
	5-12		Bill Pay:KeyBank Mc/Visa 514474 Hbh12Xsv	139.09
	5-15		Ewallet - Divvy Divvy Cred	3,189.79
	5-22		Lipella Pharmacekbbo ACH	8,737.87
	5-22		Bill Pay:Stonewall Finance N/A Jbw1Tmp1	189.21
	5-22		Bill Pay:Ectd Submit N/A Zby1Xmo1	200.00

2648

Subtractions

(con't)

<i>Withdrawals</i>	<i>Date</i>	<i>Serial #</i>	<i>Location</i>	
	5-22		Bill Pay:Nevada Agency and N/A Tbp17MO1	250.00
	5-22		Bill Pay:Digital Media Inno N/A Rbm1Rmo1	405.00
	5-22		Upmc Health Planweb Pay	64.30
	5-22		Commwlthofpapathpastsaletxtp*20970849 *Sls *26	221.36
	5-26		Verizon Vz Billpay	6.20
	5-26		Ucci Edi Paymts	450.24
	5-27		Duquesne Light Payment	187.90
	5-29		Paychex Tps Taxes	7,578.91
Total subtractions				\$61,821.99

Fees and charges

<i>Date</i>		<i>Quantity</i>	<i>Unit Charge</i>	
5-8-26	Apr Keynav Corp Banking Statement	1	0.00	\$0.00
5-8-26	Apr Keynav Analysis Statement	1	0.00	0.00
5-8-26	Apr Kbbo ACH Monthly Fee	1	10.00	-10.00
5-8-26	Apr Keynav Domestic	3	25.00	-75.00
5-8-26	Apr Keynav Wire Maintenance	1	0.00	0.00
5-8-26	Apr Kn In/Out Rtp Wire Report	1	0.00	0.00
5-8-26	Apr Keynav Online Access	1	5.00	-5.00
5-8-26	Apr Online Access Package	1	0.00	0.00
5-8-26	Apr Keynav Wire Package Fee	1	0.00	0.00
Fees and charges assessed this period				-\$90.00

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The following disclosures apply only to accounts covered by the Federal Truth-in-Lending Act or the Federal Electronic Funds Transfer Act, as amended, or similar state laws.

IN CASE OF ERROR OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

Call us at the phone number indicated on the first page of this statement, OR write us at the address listed below, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the problem or error appeared.

KeyBank
Customer Disputes
NY-31-55-0228
555 Patroon Creek Blvd
Albany, NY 12206

- Tell us your name and Account number;
- Describe the error or transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information;
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

COMMON ELECTRONIC TRANSACTION DESCRIPTIONS:

XFER TO SAV - Transfer to Savings Account
XFER FROM SAV - Transfer from Savings Account
XFER TO CKG - Transfer to Checking Account
XFER FROM CKG - Transfer from Checking Account
PMT TO CR CARD - Payment to Credit Card
ADV CR CARD - Advance from Credit Card

Preauthorized Credits: If you have arranged to have direct deposits made to your Account at least once every sixty (60) days from the same person or company, you can call us at the number indicated on the reverse side to find out whether or not the deposit has been made.

IMPORTANT LINE OF CREDIT INFORMATION

What To Do If You Think You Find A Mistake on Your Statement: If you think there is an error on your statement, write us at: KeyBank N.A., P.O. Box 93885, Cleveland, OH 44101- 4825.

In your letter, give us the following information:

- **Account Information :** Your name and account number.
- **Dollar Amount :** The dollar amount of the suspected error.
- **Description of the Problem :** If you think there is an error on your bill, describe what you believe is wrong and why you believe it was a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Explanation of Finance Charge: Your Finance Charge attributable to interest (hereinafter referred to as interest) is computed using the Average Daily Balance method.

Average Daily Balance method (Balance Subject to Interest Rate): Your interest is computed on all purchases and cash advances (collectively "advances") from the date each advance is posted until we receive payment in full (there is no grace period). We figure the interest on your line of credit by multiplying the daily periodic rate by the "Average Daily Balance" of your line of credit (including current transactions) and multiplying by the number of days in the billing cycle. To get the Average Daily Balance we take the beginning balance of your line of credit each day, add any new advances or debits, and subtract any payments and credits, any non-financed fees and unpaid interest. This gives us the daily balance. Then we add up all of your daily balances in the billing cycle and divide this total by the number of days in the billing cycle to get your Average Daily Balance.

CREDIT INFORMATION: If you believe we have reported inaccurate information about your account to a credit reporting agency, you may contact the credit reporting agency or write to us at:

Key Credit Research Department
P.O. Box 94518
Cleveland, Ohio 44101-4518

Please include your account number, a copy of your credit report reflecting the inaccurate information, name, address, city, state, and zip code, and an explanation of why you believe the information is inaccurate.

BALANCING YOUR ACCOUNT

Please examine your statement and paid check information upon receipt. Erasures, alterations or irregularities should be reported promptly in accordance with your account agreement. The suggested steps below will help you balance your account.

INSTRUCTIONS

- 1 Verify and check off in your check register each deposit, check or other transaction shown on this statement.**

Enter into your check register and SUBTRACT:

- Checks or other deductions shown on our statement that you have *not* already entered.
- The “Service charges”, if any, shown on your statement.

Enter into your check register and ADD:

- Deposits or other credits shown on your statement that you have *not* already entered.
- The “Interest earned” shown on your statement, if any.

4	List from your check register any checks or other deductions that are <i>not</i> shown on your statement.		
	Check # or Date	Amount	
	TOTAL →		\$
5	List any deposits from your check register that are <i>not</i> shown on your statement.		
	Date	Amount	
TOTAL →		\$	
6	Enter ending balance shown on your statement.		
	\$		
7	Add 5 and 6 and enter total here.		
	\$		
8	Enter total from 4.		
	\$		
9	Subtract 8 from 7 and enter difference here.		
	\$		
This amount should agree with your check register balance.			

Inventory Disclosure

294 vials of LP-10 (which can be used for LP-10, LP-310, or LP-410) and 212 vials of placebo (lipid only)

When using the LP-10 vials for LP-310 (oral lichen plannus), 3 vials are used per subject for 4 weeks of treatment

This inventory still requires release testing (i.e. samples from each batch need to be tested to confirm sterility, drug content, lipid content, and level of residual solvent)

The above inventory items do not meet the criteria for GAAP in terms of balance sheet value.

However, have been disclosed herein for information purposes.
