

Exhibit 5

U.S. Trustee Basic Monthly Operating Report

Case Name: Neogenix Oncology, Inc. Date Filed: 07/23/2012
 Case Number: 12-23557 SIC Code: 2834
 Month (or portion) covered by this report: 8/1/2014 - 8/31/2014

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

Philip M Arkin
 ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

10-25-14
 DATE REPORT SIGNED

Philip M Arkin
President Neogenix Oncology
 PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required by this form. The U.S. Trustee may permit the debtor to eliminate duplicative information. No such permission is valid unless in writing.

QUESTIONNAIRE:	YES	NO	N/A
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. DID YOU PAY ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Exhibit 5

	YES	NO	N/A
13. DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? YES NO N/A

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. [If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.]

TOTAL INCOME \$0.00

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. [If you use an automated accounting system, please attach a copy of the Disbursements Journal, otherwise attach a copy of the check register.]

TOTAL EXPENSES -\$14.00

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$0.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) -\$14.00

(Subtract The Total from Exhibit C from the Total of Exhibit B)

CASH PROFIT FOR THE MONTH -\$14.00

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$838,448.23

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES \$0.00

(EXHIBIT E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>10</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>0</u>

PROFESSIONAL FEES

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS REPORTING PERIOD?	<u>\$0.00</u>
TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE?	<u>\$2,760,894.20</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD?	<u>\$58,069.76</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE?	<u>\$3,831,693.56</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY DURING THIS REPORTING PERIOD?	<u>\$58,069.76</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY SINCE THE FILING OF THE CASE?	<u>\$3,647,069.97</u>

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
OFFICE OF UNITED STATES TRUSTEE**

In re:

Neogenix Oncology, Inc.

Debtor(s)**CHAPTER 11****Case No.** 12-23557**MONTHLY OPERATING REPORT****CASH DISBURSEMENTS SUMMARY REPORT**Calendar Month 8/1/2014 to 8/31/2014

(All figures refer to post-petition transactions)

Total Disbursements from Operating Account (Note 1)	+ \$ 14.00
Total Disbursements from Payroll Account (Note 2)	+ \$ 0.00
Total Disbursements from Tax Escrow Account (Note 3)	+ \$ 0.00
Total Disbursements from other Account (Note 4)	+ \$ 0.00
Grand Total Disbursements from all accounts	= \$ 14.00 **

NOTE 1 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 2 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 3 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the tax escrow account. Exclude only transfers to the debtor in possession operating account, the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 4 - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, and amounts paid from the accounts of others on the debtors behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property).

**** This figure should be used on Form 5, page five, question 17, for the appropriate month.**

Exhibit C - Expenses
Monthly Operating Report
August 1, 2014 - August 31, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Aug 1, 2014 to Aug 31, 2014
Wells Fargo Checking #9357

Date	Reference	Type	Payee/Paid By	Memo	Payment Amt	Receipt Amt	Balance
			Opening Balance			133,445.29	133,445.29
8/31/14	08/31/14	Gen. Jnl.			14.00		133,431.29
		Total			14.00		

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Aug 1, 2014 to Aug 31, 2014
Wells Fargo MM #3291

Date	Reference	Type	Payee/Paid By	Memo	Payment Amt	Receipt Amt	Balance
			Opening Balance			1,801.43	1,801.43
8/31/14	08/31/14	Gen. Jnl.				0.07	1,801.50
		Total				0.07	

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Aug 1, 2014 to Aug 31, 2014
Signature Payroll Acct #3216

Date	Reference	Type	Payee/Paid By	Memo	Payment Amt	Receipt Amt	Balance
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No Activity

Exhibit D - Unpaid Bills
Monthly Operating Report
August 1, 2014 - August 31, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557

NEOGENIX ONCOLOGY, INC.
Post-Petition AP
From August 1, 2014 to August 31, 2014

Account Description	Trans Description	Amount
Accounts Payable-Post Petition	ADP (401k termination)	1,500.00
Accounts Payable-Post Petition	Affiliated Developers	1,563.87
Accounts Payable-Post Petition	Continental Stock Transfer - September	627.83
Accounts Payable-Post Petition	Continental Stock Transfer - October	627.88
Accounts Payable-Post Petition	Continental Stock Transfer - November	627.88
Accounts Payable-Post Petition	Continental Stock Transfer - December	627.88
Accounts Payable-Post Petition	Continental Stock Transfer - January	952.88
Accounts Payable-Post Petition	Continental Stock Transfer - February	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - March	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - April	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - May	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - June	652.88
Accounts Payable-Post Petition	KCC - August	775.89
Accounts Payable-Post Petition	KCC - September	650.48
Accounts Payable-Post Petition	KCC - October	569.08
Accounts Payable-Post Petition	KCC - November	671.68
Accounts Payable-Post Petition	KCC - December	391.95
Accounts Payable-Post Petition	KCC - January	1,707.96
Accounts Payable-Post Petition	KCC - February	516.30
Accounts Payable-Post Petition	KCC - March	679.27
Accounts Payable-Post Petition	KCC - April	3,775.91
Accounts Payable-Post Petition	KCC - May	1,388.27
Accounts Payable-Post Petition	KCC - June	2,971.04
Accounts Payable-Post Petition	KCC - July	2,479.34
Accounts Payable-Post Petition	KCC - August	1,164.61
Accounts Payable-Post Petition	Sands Anderson - September	989.78
Accounts Payable-Post Petition	Sands Anderson - Oct. / Nov.	4,306.90
Accounts Payable-Post Petition	Sands Anderson - Dec. / Jan.	2,331.51
Accounts Payable-Post Petition	Sands Anderson - February	5,707.51
Accounts Payable-Post Petition	Sands Anderson - March	11,227.12
Accounts Payable-Post Petition	Sands Anderson - April	13,087.68
Accounts Payable-Post Petition	Sands Anderson - May	26,118.32
Accounts Payable-Post Petition	Sands Anderson - June	27,783.03
Accounts Payable-Post Petition	Sands Anderson - July	18,013.85
Accounts Payable-Post Petition	Sands Anderson - August	1,469.08
Accounts Payable-Post Petition	Sands Anderson - Holdbacks	3,993.74
Accounts Payable-Post Petition	Greenberg Traurig - June	9,719.55
Accounts Payable-Post Petition	Greenberg Traurig - July	3,355.04
Accounts Payable-Post Petition	Greenberg Traurig - August	3,930.75
Accounts Payable-Post Petition	Greenberg Traurig - September	6,306.75
Accounts Payable-Post Petition	Greenberg Traurig - October	16,406.90
Accounts Payable-Post Petition	Greenberg Traurig - November	7,505.00
Accounts Payable-Post Petition	Greenberg Traurig - December	4,212.00
Accounts Payable-Post Petition	Greenberg Traurig - January	2,922.30
Accounts Payable-Post Petition	Greenberg Traurig - February	20,880.00
Accounts Payable-Post Petition	Greenberg Traurig - March	20,372.85
Accounts Payable-Post Petition	Greenberg Traurig - April	46,306.85
Accounts Payable-Post Petition	Greenberg Traurig - May	71,506.79
Accounts Payable-Post Petition	Greenberg Traurig - June	134,766.04
Accounts Payable-Post Petition	Greenberg Traurig - July	117,676.42
Accounts Payable-Post Petition	Greenberg Traurig - August	55,436.07
Accounts Payable-Post Petition	Greenberg Traurig - Holdback	153,449.16
Accounts Payable-Post Petition	US Treasury Penalty	318.45
Accounts Payable-Post Petition	Nelson Mullins	20,686.64
Accounts Payable-Post Petition	Montgomery County Personal Property Tax	127.75
Total		838,448.23

**Bank Account Statements
Monthly Operating Report
August 1, 2014 - August 31, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557**

10/8/14 at 13:59:45.78

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NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Aug 31, 2014

[REDACTED] - Signature Payroll Acct #3216

Bank Statement Date: August 31, 2014

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance		7,318.67
Add: Cash Receipts		
Less: Cash Disbursements		
Add (Less) Other		
Ending GL Balance		<u>7,318.67</u>
Ending Bank Balance		<u>7,318.67</u>
Add back deposits in transit	<u> </u>	
Total deposits in transit		
(Less) outstanding checks	<u> </u>	
Total outstanding checks		
Add (Less) Other	<u> </u>	
Total other		
Unreconciled difference		<u>0.00</u>
Ending GL Balance		<u><u>7,318.67</u></u>

✓
✓

Signature

SIGNATURE BANK

Statement Period
From August 01, 2014
To August 31, 2014
Page 2 of 2

NEOGENIX ONCOLOGY, INC
PAYROLL ACCOUNT
445 NORTHERN BLVD STE 24
GREAT NECK NY 11021

PRIVATE CLIENT GROUP 193
40 CUTTERMILL ROAD, SUITE 60
GREAT NECK, NY 11021

Primary Account: ██████████3216 0

MONOGRAM CHECKING ██████████3216

Summary

Previous Balance as of August 01, 2014	7,318.67
There was no deposit activity during this statement period	
Ending Balance as of August 31, 2014	7,318.67

Rates for this statement period - Overdraft
Aug 01, 2014 13.000000 %



Signature

SIGNATURE BANK

565 Fifth Avenue 12th Floor
New York, New York 10017

Statement Period
From August 01, 2014
To August 31, 2014
Page 1 of 2



NEOGENIX ONCOLOGY, INC
PAYROLL ACCOUNT
445 NORTHERN BLVD STE 24
GREAT NECK NY 11021

PRIVATE CLIENT GROUP 193
40 CUTTERMILL ROAD, SUITE 50
GREAT NECK, NY 11021

See Back for Important Information

Primary Account: [REDACTED] 3216 0

FOR MORE INFORMATION ABOUT SIGNATURE BANK PRODUCTS
AND SERVICES, PLEASE CONTACT YOUR PRIVATE CLIENT
BANKING TEAM, VISIT WWW.SIGNATURENY.COM, OR CALL
TOLL-FREE 1-866-SIGLINE.

Signature Relationship Summary		Opening Bal.	Closing Bal.
BANK DEPOSIT ACCOUNTS			
[REDACTED] 3216	MONOGRAM CHECKING	7,318.67	7,318.67
	RELATIONSHIP TOTAL		7,318.67



10/8/14 at 13:49:18.72

Page: 1

NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Aug 31, 2014

[REDACTED] - Wells Fargo Checking #9357

Bank Statement Date: August 31, 2014

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance		133,445.29	
Add: Cash Receipts			
Less: Cash Disbursements			
Add (Less) Other		<u>(14.00)</u>	
Ending GL Balance		<u>133,431.29</u>	W
Ending Bank Balance		133,431.29	
Add back deposits in transit	_____		
Total deposits in transit			
(Less) outstanding checks	_____		
Total outstanding checks			
Add (Less) Other	_____		
Total other			
Unreconciled difference		<u>0.00</u>	n
Ending GL Balance		<u><u>133,431.29</u></u>	

10/8/14 at 13:51:54.11

Page: 1

NEOGENIX ONCOLOGY, INC.
Account Reconciliation
As of Aug 31, 2014
XXXXXXXXXX - Wells Fargo MM #3291
Bank Statement Date: August 31, 2014

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance	1,801.43	
Add: Cash Receipts		
Less: Cash Disbursements		
Add (Less) Other	0.07	
Ending GL Balance	1,801.50	✓
Ending Bank Balance	1,801.50	✓
Add back deposits in transit		
Total deposits in transit		
(Less) outstanding checks		
Total outstanding checks		
Add (Less) Other		
Total other		
Unreconciled difference	0.00	
Ending GL Balance	1,801.50	✓

J

Wells Fargo Combined Statement of Accounts

Primary account number [REDACTED] 9357 ■ August 1, 2014 - August 31, 2014 ■ Page 1 of 5



[REDACTED]
NEOGENIX ONCOLOGY INC
DEBTOR IN POSSESSION
CH 11 CASE 12-23557 MD
445 NORTHERN BLVD STE 24
GREAT NECK NY 11021-4804

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (287)

P.O. Box 6995

Portland, OR 97228-6995

Your Business and Wells Fargo

Wells Fargo Works for Small Business website

The Wells Fargo Works site offers free access to business information and advice through videos, articles, and other small business resources. This site offers objective information from industry experts, best practices from real business owners, as well as numerous Wells Fargo solutions that can help you run your business. Learn more about Wells Fargo Works at wellsfargoworks.com

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

- Business Online Banking
- Online Statements
- Business Bill Pay
- Business Spending Report
- Overdraft Protection



IMPORTANT ACCOUNT INFORMATION

Enhancements coming to your transaction descriptions including cash back detail

Over the next few months, you will notice changes to the descriptions for debit, ATM or prepaid card transactions. These enhancements provide more detail about your transactions, and include new descriptions for purchases with cash back. For debit, ATM, or prepaid card merchant purchases with a request for cash back, the transaction description will include the words "cash" or "cash back," and may include the dollar amount of cash requested.

Primary account number: [REDACTED] 9357 ■ August 1, 2014 - August 31, 2014 ■ Page 2 of 5



Summary of accounts

Checking/Prepaid and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Gold Business Services Package	2	[REDACTED] 9357	133,445.29	133,431.29
Business Market Rate Savings	3	[REDACTED] 3291	1,801.43	1,801.50
Total deposit accounts			\$135,246.72	\$135,232.79

Gold Business Services Package

Activity summary

Beginning balance on 8/1	\$133,445.29
Deposits/Credits	0.00
Withdrawals/Debits	- 14.00
Ending balance on 8/31	\$133,431.29
Average ledger balance this period	\$133,445.29

Account number: [REDACTED] 9357

**NEOGENIX ONCOLOGY INC
DEBTOR IN POSSESSION
CH 11 CASE 12-23557 MD**

Florida account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): [REDACTED]

For Wire Transfers use

Routing Number (RTN): [REDACTED]

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings [REDACTED] 3291

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/29		Monthly Service Fee		14.00	133,431.29
Ending balance on 8/31					133,431.29
Totals			\$0.00	\$14.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaqs to find answers to common questions about the monthly service fee on your account.

Fee period 08/01/2014 - 08/31/2014	Standard monthly service fee \$14.00	You paid \$14.00
How to avoid the monthly service fee (complete 1 AND 2)	Minimum required	This fee period
1) Have any ONE of the following account requirements		
• Average ledger balance	\$7,500.00	\$133,445.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Merchant Services account	1	0 <input type="checkbox"/>



Primary account number: [REDACTED] 9357 ■ August 1, 2014 - August 31, 2014 ■ Page 3 of 5



Monthly service fee summary (continued)

How to avoid the monthly service fee (complete 1 AND 2)

- Automatic transfer to an eligible Wells Fargo business savings account
- Linked Direct Pay Service through Wells Fargo Business Online
- Combined balances in linked accounts, which may include
 - Average ledger balances in business checking, savings, and time accounts
 - Most recent statement balance of business credit card, Wells Fargo Secured Credit Card, BusinessLine® line of credit, Secured BusinessLine® line of credit, Wells Fargo Express Equity® line of credit, and Wells Fargo BusinessLoan® term loan
 - Combined average daily balances from the previous month for Business PrimeLoan™, Wells Fargo Express Equity® loan, Wells Fargo Express Refi® loan, Wells Fargo Purchase Advantage™ loan, Wells Fargo Small Business Advantage® line of credit, Equipment Express® loan, and Equipment Express® Single Event loan

Minimum required
 \$150.00
 1
 \$10,000.00

This fee period
 \$0.00
 0

2) Complete the package requirements

- Have qualifying linked accounts or services in separate categories*

3

*Includes Wells Fargo business accounts and services such as debit card, savings accounts, active Online Banking, credit card, loans and lines of credit.
cz/c2



Did you know that you can review your safe deposit box information through Wells Fargo Business Online Banking? Sign on to business online banking at wellsfargo.com/biz and go to your account summary page to review details.



IMPORTANT ACCOUNT INFORMATION

Effective September 15, 2014, the bonus interest rate applied to Business Market Rate Savings accounts linked to an eligible Wells Fargo Business Services® Package will be discontinued. The interest rate on your Business Market Rate Savings account will revert to the Bank's current standard interest rate and is subject to change at any time.

If you have questions about this change contact your local banker or call the number listed at the top of your statement. Please note, the Business Account Fee and Information Schedule and the Business Account Agreement, as amended, continue to apply.

Business Market Rate Savings

Activity summary

Beginning balance on 8/1	\$1,801.43
Deposits/Credits	0.07
Withdrawals/Debits	- 0.00
Ending balance on 8/31	\$1,801.50
Average ledger balance this period	\$1,801.43

Account number: [REDACTED] 3291

**NEOGENIX ONCOLOGY INC
 DEBTOR IN POSSESSION
 CH 11 CASE 12-23557 MD**

Florida account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): [REDACTED]

For Wire Transfers use

Routing Number (RTN): [REDACTED]

Primary account number ██████████ 9357 ■ August 1, 2014 - August 31, 2014 ■ Page 4 of 5



Interest summary

Interest paid this statement	\$0.07
Average collected balance	\$1,801.43
Annual percentage yield earned	0.05%
Interest earned this statement period	\$0.07
Interest paid this year	\$0.59

Transaction history

Date	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/29	Interest Payment	0.07		1,801.50
Ending balance on 8/31				1,801.50
Totals		\$0.07	\$0.00	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 08/01/2014 - 08/31/2014	Standard monthly service fee \$6.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Average collected balance	\$500.00	\$1,801.00 <input checked="" type="checkbox"/>
• Automatic transfer from an eligible Wells Fargo business checking account	\$100.00	\$0.00 <input type="checkbox"/>

WFC



Primary account number: ██████████ 9357 ■ August 1, 2014 - August 31, 2014 ■ Page 5 of 5



General statement policies for Wells Fargo Bank

■ Notice: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement \$ _____

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement. \$ _____
 \$ _____
 + \$ _____

..... **TOTAL \$** _____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
 **TOTAL \$** _____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above - \$ _____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
 This amount should be the same as the current balance shown in your check register \$ _____

Number	Items Outstanding	Amount
Total amount \$		

Bankruptcy Case Related Professional Fees
Monthly Operating Report
August 1, 2014 - August 31, 2014
Neogenix Oncology, Inc.
Case Number: 12-23557

Neogenix Bankruptcy Case Related Professional Fees - Approved by Court

	2012 November	2012 December	2013 January	2013 February	2013 March	2013 April	2013 May	2013 June	2013 July	2013 August	2013 September	2013 October
GT Fees	-	739,552.05	-	-	-	-	-	-	-	-	-	-
GT Expenses	-	5,022.18	-	-	-	-	-	-	-	-	-	-
PJC Fees	-	150,000.00	-	-	-	-	-	70,000.00	-	-	-	-
PJC Transaction Fee	650,000.00	-	-	-	-	-	-	-	-	-	-	-
PJC Expenses	-	4,513.34	-	-	-	-	-	1,181.60	-	-	-	-
Sands Anderson Fees	-	103,731.50	-	-	-	-	-	104,736.00	-	-	-	-
Sands Anderson Expenses	-	3,303.30	-	-	-	-	-	938.50	-	-	-	-
Deloitte Fees	-	72,300.00	-	-	-	-	-	13,846.00	-	-	-	-
Deloitte Expenses	-	17.71	-	-	-	-	-	1.98	-	-	-	-
Hunton Williams Fees	-	-	-	-	34,450.00	-	-	-	-	-	-	-
Hunton Williams Expenses	-	-	-	-	9,185.85	-	-	-	-	-	-	-
Total	650,000.00	1,078,440.08	-	-	43,635.85	-	-	190,704.08	-	-	-	-

	2013 November	2013 December	2014 January	2014 February	2014 March	2014 April	2014 May	2014 June	2014 July	2014 August
GT Fees	-	-	-	-	792,992.70	-	-	-	-	-
GT Expenses	-	-	-	-	5,121.49	-	-	-	-	-
PJC Fees	-	-	-	-	-	-	-	-	-	-
PJC Transaction Fee	-	-	-	-	-	-	-	-	-	-
PJC Expenses	-	-	-	-	-	-	-	-	-	-
Sands Anderson Fees	-	-	-	-	-	-	-	-	-	-
Sands Anderson Expenses	-	-	-	-	-	-	-	-	-	-
Deloitte Fees	-	-	-	-	-	-	-	-	-	-
Deloitte Expenses	-	-	-	-	-	-	-	-	-	-
Hunton Williams Fees	-	-	-	-	-	-	-	-	-	-
Hunton Williams Expenses	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	798,114.19	-	-	-	-	-

Grand Total 2,760,894.20