

Fill in this information to identify the case:

Debtor name Enumeral Biomedical Corp  
United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS  
Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

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

Executed on January 29, 2018

x Kevin G. Sarney  
Signature of individual signing on behalf of debtor

**Kevin G. Sarney**  
Printed name

**President**  
Position or relationship to debtor

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**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Barbara J. Glens 30 Waterside Plaza, Suite 26G New York, NY 10010		Legal Services	Contingent Unliquidated Disputed			\$8,820.00
Charles Stark Draper Laboratory, Inc. PO Box 3484 Boston, MA 02241		Vendor/Supplier				\$126,000.00
CKR Law 1330 Avenue of the America's 35th Floor New York, NY 10019		Note holder legal fees	Contingent Unliquidated Disputed			\$17,937.60
Duane Morris LLP 30 South 17th Street Philadelphia, PA 19103		Legal Services	Contingent Unliquidated Disputed			\$256,339.15
Intuitive Venture Partners, LLC 122 East 42nd Street Suite 616 New York, NY 10168			Contingent Unliquidated Disputed	Unknown	Unknown	Unknown
King 200 CPD, LLC c/o Lincoln Property Company 200 Cambridge Park Drive Cambridge, MA 02140		Former Landlord	Contingent Unliquidated Disputed Subject to Setoff			Unknown
Massachusetts Institute of Technology 77 Massachusetts Avenue Cambridge, MA 02139-4307		License Fees				\$10,000.00

Debtor **Enumeral Biomedical Corp**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Michael Weiss 9th East 96th Street Apartment 8A New York, NY 10128		Consulting Fees	Contingent Unliquidated Disputed			\$2,500.00
Molecular Devices LLC 2680 Collection Center Drive Chicago, IL 60693		Vendor/Supplier	Disputed			\$56,781.07
Tecan US PO Box 602740 Charlotte, NC 28260-2740		Vendor/Supplier				\$15,415.89

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**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>31,052.76</u>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>31,052.76</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>0.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>493,793.71</u>
4. <b>Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ <u>493,793.71</u>

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United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) \_\_\_\_\_

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## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.  
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
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3.1. <b>Square 1 Bank</b>	<b>Checking</b>	<b>1236</b>	<b>\$31,052.76</b>
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4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$31,052.76**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.  
 Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.  
 Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- No. Go to Part 5.  
 Yes Fill in the information below.

Debtor **Enumeral Biomedical Corp** Case number (if known) \_\_\_\_\_  
Name

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor **Enumeral Biomedical Corp** Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$31,052.76</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$31,052.76</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$31,052.76</b>

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**Official Form 206D**  
**Schedule D: Creditors Who Have Claims Secured by Property** 12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?  
 No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<p>2.1 <b>Intuitive Venture Partners, LLC</b></p> <p>Creditor's Name  <b>122 East 42nd Street</b>  <b>Suite 616</b>  <b>New York, NY 10168</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred  <b>5/19/17</b></p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <hr/> <p>Describe the lien  <b>Nonrecourse lien securing Noteholder obligations</b></p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:                      Check all that apply  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	<p><b>Unknown</b></p>	<p><b>Unknown</b></p>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$0.00

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
_____		

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address  <b>Barbara J. Glenns</b>  <b>30 Waterside Plaza, Suite 26G</b>  <b>New York, NY 10010</b></p> <p>Date(s) debt was incurred _____                      Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$8,820.00</u></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address  <b>Charles Stark Draper Laboratory, Inc.</b>  <b>PO Box 3484</b>  <b>Boston, MA 02241</b></p> <p>Date(s) debt was incurred _____                      Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$126,000.00</u></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/Supplier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address  <b>CKR Law</b>  <b>1330 Avenue of the America's</b>  <b>35th Floor</b>  <b>New York, NY 10019</b></p> <p>Date(s) debt was incurred _____                      Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$17,937.60</u></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Note holder legal fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address  <b>Duane Morris LLP</b>  <b>30 South 17th Street</b>  <b>Philadelphia, PA 19103</b></p> <p>Date(s) debt was incurred _____                      Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$256,339.15</u></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor **Enumeral Biomedical Corp** Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

3.5 Nonpriority creditor's name and mailing address **King 200 CPD, LLC** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**c/o Lincoln Property Company**  Contingent  
**200 Cambridge Park Drive**  Unliquidated  
**Cambridge, MA 02140**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: **Former Landlord**  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.6 Nonpriority creditor's name and mailing address **Massachusetts Institute of Technology** As of the petition filing date, the claim is: *Check all that apply.* **\$10,000.00**  
**77 Massachusetts Avenue**  Contingent  
**Cambridge, MA 02139-4307**  Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: **License Fees**  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.7 Nonpriority creditor's name and mailing address **Michael Weiss** As of the petition filing date, the claim is: *Check all that apply.* **\$2,500.00**  
**9th East 96th Street**  Contingent  
**Apartment 8A**  Unliquidated  
**New York, NY 10128**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: **Consulting Fees**  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.8 Nonpriority creditor's name and mailing address **Molecular Devices LLC** As of the petition filing date, the claim is: *Check all that apply.* **\$56,781.07**  
**2680 Collection Center Drive**  Contingent  
**Chicago, IL 60693**  Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: **Vendor/Supplier**  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.9 Nonpriority creditor's name and mailing address **Tecan US** As of the petition filing date, the claim is: *Check all that apply.* **\$15,415.89**  
**PO Box 602740**  Contingent  
**Charlotte, NC 28260-2740**  Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: **Vendor/Supplier**  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ 0.00
5b. Total claims from Part 2	\$ 493,793.71
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 493,793.71

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Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Employment Agreement dated March 24, 2016**

State the term remaining

List the contract number of any government contract

**Kevin G. Sarney  
c/o Enumeral Biomedical Holdings, Inc.  
1337 Massachusetts Ave, #243  
Arlington, MA 02476**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Exclusive Patent License Agreement dated April 15, 2011, as subsequently amended. Agreement was terminated by MIT on August 23, 2017 with certain provisions specified therein surviving termination.**

State the term remaining

List the contract number of any government contract

**Massachusetts Institute of Technology  
77 Massachusetts Avenue  
Cambridge, MA 02139-4307**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Employment Agreement dated December 24, 2014**

State the term remaining

List the contract number of any government contract

**Matthew A. Ebert  
c/o Enumeral Biomedical Holdings, Inc.  
1337 Massachusetts Avenue, #243  
Arlington, MA 02476**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Customer Service Agreement dated August 15, 2014.**

State the term remaining

**Shred-it USA, LLC  
2C Gill Street  
Woburn, MA 01801**

Debtor 1 **Enumeral Biomedical Corp** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

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Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City State Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City State Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City State Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City State Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G