

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [Appropriate Official] [Designated State] [Address]		1 Total amount required to be paid \$ *	OMB No. 1545-2284 Form 1098-F (Rev. April 2025)	Fines, Penalties, and Other Amounts
		2 Amount to be paid for violation or potential violation \$ *		
		3 Restitution/remediation amount \$ *	For calendar year <u>2025</u>	
		4 Compliance amount \$ *		
FILER'S TIN XX-XXXXXXX	PAYER'S TIN 13-3661214	5 Date of order/agreement XX/XX/2025		Copy B For Payer This is important tax information and is being furnished to the IRS.
PAYER'S name Apotex Corp.		6 Court or entity US Dist. Ct. ND of Ohio and other jurisdictions		
Street address (including apt. no.) 2400 N. Commerce Parkway, Suite 400		7 Case number MDL 2804 and other settled cases		
City or town, state or province, country, and ZIP or foreign postal code Weston, FL 33326		8 Case name or names of parties to suit, order, or agreement National Prescription Opiate Litigation		
		9 Code A, B, I		