

EXHIBIT B

Amico Declaration

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

VYAIRE MEDICAL, INC.,¹

Liquidating Debtor.

)
) Chapter 11
)
) Case No. 24-11217 (BLS)
)
)
)
)

**DECLARATION OF JOEL AMICO OF AP SERVICES, LLC IN SUPPORT OF PLAN
ADMINISTRATOR’S THIRD OMNIBUS OBJECTION (NON-SUBSTANTIVE) TO
CERTAIN CLAIMS**

I, Joel Amico, pursuant to section 1746 of title 28 of the United States Code, hereby declare that the following is true and correct to the best of my knowledge, information and belief:

1. I am a Director with AP Services, LLC (“AP Services”). AP Services was retained by the Plan Administrator as a consultant to, among other things, assist with the reconciliation of claims filed against the Debtors’ estates and facilitate the wind-down of the Debtors’ cases pursuant to the Plan and Confirmation Order. I have more than 20 years of experience in the restructuring industry, including many years of providing consulting and advisory services in both pre-confirmation and post-confirmation chapter 11 cases.

2. I submit this declaration (the “Declaration”) in support of the *Plan Administrator’s Third Omnibus Objection (Non-Substantive) to Certain Claims* (the

¹ This chapter 11 case is now being administered by the Plan Administrator pursuant to the terms of the *Findings of Fact, Conclusions of Law, and Order Approving the Debtors’ Disclosure Statement for, and Confirming the Second Amended Joint Chapter 11 Plan of Vyair Medical, Inc. and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code* [Docket No. 745] (the “Confirmation Order”). The Plan Administrator’s mailing address is Vyair Medical, Inc., Attn: David M. Barse, Plan Administrator, c/o Cole Schotz P.C., 500 Delaware Avenue, Suite 600, Wilmington, DE 19801.

“Objection”), filed contemporaneously herewith.² I am over the age of 18, competent to testify and authorized to submit the Declaration on behalf of the Plan Administrator.

3. Every matter set forth herein is based on (a) my personal knowledge and experience as a Director with AP Services and an authorized representative of the Plan Administrator, (b) my review, or the review of work performed by other AP Services consultants whom I oversee in a managerial capacity, of relevant documents, and/or (c) my understanding based on information obtained from the Debtors’ books and records.

4. I have read and reviewed the Objection, including the information set forth on **Schedules 1, 2, and 3** to the Proposed Order, and I am familiar with the information contained in those documents.

5. To the best of my knowledge, information and belief, the information that is contained in the Objection is true and correct.

6. I, and/or one or more individuals at AP Services working under my direction, have reviewed the Debtors’ books and records and proofs of claim listed on **Schedules 1, 2, and 3** to the Proposed Order, together with any supporting documentation attached thereto, made reasonable efforts to research the Disputed Claims in the Debtors’ books and records and have determined each claim should be disallowed and expunged for the reasons and in the manner set forth on **Schedules 1, 2, and 3**.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.

Dated: May 8, 2025

/s/ Joel Amico
JOEL AMICO

² Capitalized terms not defined herein have the meanings ascribed to them in the Objection.