

- | | | | | |
|----|---|--|---|--|
| | | FOR the
nominees
listed below | WITHHOLD
AUTHORITY
to vote for the
nominees
listed below | FOR ALL
EXCEPT
as indicated
to the
contrary below |
| 4. | To elect two Class III directors for a term of three years: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTION OF DIRECTORS

Nominees: 01 Ira W. Lieberman, 02 Davey S. Scoon

INSTRUCTION: To withhold authority to vote for any individual nominee, mark "For All Except" and write that nominee's name in the space provided below:

EXCEPTIONS _____

- | | | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | Please mark
your votes like this | | | <input checked="" type="checkbox"/> |
| | | FOR | AGAINST | ABSTAIN | |
| 1. | To approve the issuance of shares of Bidel common stock pursuant to the Amended and Restated Share Exchange Agreement. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | To approve an amendment to the amended and restated certificate of incorporation of Bidel, to effect a reverse stock split of Bidel common stock in the ratio of one new share for every 30 shares outstanding. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | To approve a new equity incentive plan, for use by Albireo Pharma, Inc. from and after the closing. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | To consider and vote upon an adjournment of the Bidel annual meeting, if necessary, to solicit additional proxies if there are not sufficient votes in favor of any of Bidel Proposal Nos. 1 through 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Unterschreiben und an euren Broker verschicken mit der bitte um Weiterleitung eurer Weisung zum Wertpapier BIODEL INC. NEW DL -,01, WKN A1JZU5

COMPANY ID:

PROXY NUMBER:

ACCOUNT NUMBER: [Eure Depotnummer](#)

Signature _____

Signature _____

Date _____, 2016.