UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

In re

Exide Technologies

Case Number

02-11125-JCA

YOUR CLAIM IS SCHEDULED AS

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

Name of Creditor and Address
Emma West
c/o Julio E. Rios, II
Shuey, Smith, Reynolds, Rios & Hiller
509 Market St., Ninth Floor
Shreveport, LA 71101

Creditor Telephone Number (318-221-8671

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below
If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim should be filed
If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again

CREDITOR TAX I D #
438-66-6983

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☒ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED July 3, 1997

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 166,320.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☒ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 300) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $1 950 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☒ Other Specify applicable paragraph of 11 U S C § 507(a) (1)

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim please enclose a self addressed stamped envelope and an additional copy of your claim

Pursuant to Local Rule 3003 1, the original of this completed proof of claim form and 1 copy (excluding the copy required in item 9 above) must be sent by mail or hand delivered so that it is received on or before 5 00 pm, Pacific Daylight time on _ 2001

FAXES NOT ACCEPTED

BY MAIL TO
Bankruptcy Management Corp
P O BOX xxxx
El Segundo CA xxxxx-xxxx

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corp
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED
JUL 02 2002
BMC

DATE SIGNED
7/2/02

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Emma West

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Exide Technologies
00538

SHUEY, SMITH, REYNOLDS, RIOS & HILLER, L.L.C.
ATTORNEYS AND COUNSELORS AT LAW
509 MARKET STREET, NINTH FLOOR
SHREVEPORT, LOUISIANA 71101-3275
TELEPHONE (318) 221-8671
FAX (318) 222 4320

JOHN M SHUEY, JR
RICHARD J REYNOLDS
JULIO E RIOS II
RICHARD E HILLER

JOHN M SHUEY (1997)
HUGH M STEPHENS (2001)
I HENRY SMITH, JR
OF COUNSEL

July 3, 2002

Bankruptcy Management Corporation
Claims Agent for Exide Technologies
P O Box 1063
El Segundo, CA 90245-1063

RE Proof of Claim of Emma West

Dear Sirs

I represent Emma West, the widow of and beneficiary of O D West, an employee of Exide Technologies, until his death on July 3, 1999 I attach to this correspondence Mrs West's proof of claim in the Exide Technologies bankruptcy

Also enclosed is an additional copy of the Proof of Claim and a self-addressed, stamped envelope for you to return to me a clocked in copy of the Proof of Claim

If you should have any questions regarding this matter, please do not hesitate to contact me

Very truly yours,

SHUEY, SMITH, REYNOLDS, RIOS & HILLER, L L C

JULIO E RIOS, II

JERii/cgh
Enclosure