B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

In re EXIDE BATTERY SALES

Case Number 02-11125

NOTE: This claim 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.

Creditor Name (Person or entity debtor owes)	LACLEDE GAS COMPANY
Address Line 1	LACLEDE GAS COMPANY
Address Line 2	ATTN: R. FLOORE
Address Line 3	720 OLIVE ST. ROOM 1215
City, ST ZIP	ST. LOUIS, MO 63101

☐ 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 the address differs from the address on the envelope sent to you by the court.

FILED
AUG 21 2002
BMC

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
170110-002

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

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other (Describe Briefly)
NATURAL GAS SERVICE
☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Your social security No. _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred: (MMDDYY)
04 15 02

3 If Court Judgment, Date Obtained:

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral.
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

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

☒ UNSECURED NONPRIORITY CLAIM
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ Wages, salaries or commissions (up to $4,650), earned not more than 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 $2,100 of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(6)
☐ Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(7)
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED: $666.76

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	666.76	

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

6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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Date	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)
08/14/02	T. STEINBORN ASSISTANT CREDIT MANAGER CREDIT AND COLLECTION DIVISION

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FILED
2002 AUG 21 AM 11:0
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Exide Technologies
00788

ACCT NO 170110-002-6 RATE 2CL STAT FINALED ON DATE 10/91 PAGE 1
NAME EXIDE BATTERY SALES **** TOWN 992 ROUTE 0687 RMKI
SERV ADD 13738 N RIDER TR 08/12/02
CITY/ST BRIDGETON,MO BALANCE 666 76 CIS ACTIVITY NONE
ZIP CODE 63045 GRID 16817D CYCLE 03 MAIL ADDRESS

********** ACCOUNTS RECEIVABLE HISTORY INFORMATION **********

DATE	TRAN	PAY CODE	BATCH	BUDG/CR LT CHRG BASE AMT	BILLING BILL/PAYMENT	BALANCE
08/08/02	CPAY	CREDIT	LAC27		$25 42	$666 76
08/08/02	CPAY	CREDIT	LAC27		$26 87	$641 34
08/01/02	ADJT		CBG36		$2 20	$614 47
07/30/02	CPAY	PART	LT249		$26 87-	$612 27
07/18/02	ADJT					$639 14
07/18/02	ALPC	GAS	0207		$21 24-	$639 14
07/18/02	MECH				$77 76-	$660 38
07/16/02	BILL				$26 87	$738 14
07/10/02	CPAY	PART	00501		$25 42-	$711 27
07/03/02	LPMT	GAS	0206	$725 80	$10 89	$736 69
06/14/02	BILL				$25 42	$725 80
06/03/02	LPMT	GAS	0205	$690 03	$10 35	$700 38
05/15/02	BILL				$25 47	$690 03
05/06/02	LPMT	GAS	0204	$654 74	$9 82	$664 56
04/16/02	BILL				$638 41	$654 74

ENTER TRANSACTION CODE OR PAGING REQUEST-

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DATE	TRAN	PAY CODE	BATCH	BUDG/CR LT CHRG	BILLING BASE AMT	BILL/PAYMENT	BALANCE
04/08/02	CPAY	NET	00506			$1,088 68-	$16 33
04/04/02	LPMT	GAS	0203		$1,088 68	$16 33	$1,105 01
03/15/02	BILL					$1,060 12	$1,088 68
03/11/02	CPAY	PART	00505			$995 93-	$28 56
03/05/02	LPMT	GAS	0202		$1,009 35	$15 14	$1,024 49
02/13/02	BILL					$995 93	$1,009 35
02/05/02	CPAY	NET	00500			$894 96-	$13 42
02/04/02	LPMT	GAS	0201		$894 96	$13 42	$908 38
01/15/02	BILL					$968 10	$894 96
01/07/02	CPAY	OVERPT	00508			$958 64-	$73 14-
01/03/02	LPMT	GAS	0112		$872 41	$13 09	$885 50
12/27/01	CPAY	PART	00500			$86 23-	$872 41
12/13/01	BILL					$871 12	$958 64
11/30/01	LPMT	GAS	0111		$86 23	$1 29	$87 52
11/09/01	BILL					$85 22	$86 23

ENTER TRANSACTION CODE OR PAGING REQUEST-