

# ADDITIONAL CLAIM

UNITED STATES BANKRUPTCY COURT District DISTRICT OF Delaware PROOF OF CLAIM

Name of Debtor EXIDE Technologies Case Number 02-11125-02-11125

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 USC § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property) Ecolab, Inc.,

Name and address where notices should be sent  
Ecolab, Inc.  
370 Wabasha Street  
Saint Paul Minnesota 55102  
 Telephone number \_\_\_\_\_

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 19 2002  
BMC

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor # 11319381 Related claims Check here  replaces a previously filed claim, dated \_\_\_\_\_  amends

**1 Basis for Claim**

Goods sold  Retiree benefits as defined in 11 USC § 1114(a)

Services performed  Wages, salaries, and compensation (fill out below)

Money loaned Your SS # \_\_\_\_\_

Personal injury/wrongful death Unpaid compensation for services performed

Taxes from \_\_\_\_\_ to \_\_\_\_\_

Other \_\_\_\_\_ (date) (date)

**2 Date debt was incurred** **3 If court judgment, date obtained**

**4 Total Amount of Claim at Time Case Filed** \$ 1649.09  
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, 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 \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(3)

Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 USC § 507(a)(7)

Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)

Other Specify applicable paragraph of 11 USC § 507(a)(\_\_\_\_)

\*Amounts are subject to adjustment on 10/1/04 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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Date 7/3/02 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) Karen Scott Collection Administration Services

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.





STATEMENT

INSTITUTIONAL

DIVISIONS  
 INSTITUTIONAL FOOD & BEVERAGE  
 TEXTILE CARE · PROFESSIONAL PRODUCTS  
 PEST ELIMINATION · WATER CARE

REMIT TO  
 ECOLAB INC  
 P O BOX 70343  
 CHICAGO, IL 60673-0343

DIRECT INQUIRIES TO  
 Ecolab Inc  
 Credit Department  
 Ecolab Center  
 St Paul, MN 55102  
 1-800-352-5326

SALESTER NO	FORACCOUNTNO	CONTRACTNO.	CLOSING DATE	TRANSACTIONS OR PAYMENTS RECEIVED AFTER THIS DATE WILL NOT BE REFLECTED
04-4-08	011319381	12587	6 17 02	

SOLD TO  
 EXIDE  
 PO BOX 156  
 FOREST CITY, MO 64451-0156

SHIP TO  
 EXIDE CORP  
 CANYON HOLLOW RD  
 FOREST CITY, MO 64451

REMARKS

INVOICE DATE	INVOICE NO	INVOICE DESCRIPTION	AMOUNT
3 1 02	6217633	INVOICE PO# 1129	453 48 *
4 4 02	6479074	INVOICE PO# 1171	1195 61 *

FEDERAL I D NO 41 0231510  
 DUNS NO 00 615-4611

PLEASE RETURN THIS STATEMENT  
 OR REMITTANCE COPIES OF YOUR  
 INVOICE WITH YOUR PAYMENT

**TOTAL** → **1649 09**

\* IN AMOUNT COLUMN INDICATES PAST DUE ITEM(S)