

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



02202490049006

In re
Exide Technologies

Case Number
02-11125

YOUR CLAIM IS SCHEDULED AS

\$499.97 UNSECURED

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.

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 must be filed.** If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Name of Creditor and Address

02202490049006
SPEE DEE DELIVERY SERVICES INC
PO BOX 1417
ST CLOUD MN 56302 1417

Creditor Telephone Number ()

CREDITOR TAX ID #

41-1530 767

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
1-582R

Check here replaces
if this claim 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 _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 617.13

(unsecured)

(secured)

(unsecured priority)

(total)

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.

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 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)
- 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) _____

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 this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 pm Eastern Time on April 23, 2003.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 1063
El Segundo CA 90245-1063

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

DATE SIGNED

3/7/03

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).

Randy Bussell

ATR ADMINISTRATOR

Randy Bussell

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

FILED
MAR 10 2003
BMC



01434

SPEE DEE DELIVERY SERVICES INC

CASE NO 02-11125, Exide Technologies

INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT

SPEE DEE DELIVERY SERVICES INC
PO BOX 1417
ST CLOUD MN 56302 1417

SCHEDULED AMOUNT \$499 97

SCHEDULE ID 50605

CREDITOR ID 49006

VENDOR CODE JDE 2621564

<i>INVCNUMBER</i>	<i>INVCAMT</i>	<i>INVC DATE</i>	<i>REF ID NUMBER</i>
699497	\$80 76	9/20/2001	
708504	\$53 62	10/17/2001	
717583	\$121 51	11/17/2001	
727363	\$83 37	12/19/2001	
736420	\$44 27	1/18/2002	
746912	\$76 44	2/20/2002	
765215	\$40 00	4/17/2002	
	\$499 97		

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STATEMENT

EXIDE BATTERY
113-A 27TH AVE NE
MINNEAPOLIS MN 55418-0000

SPEE•DEE




Delivery Service Inc
PO Box 1417
St Cloud MN 56302-1417
(320) 251-6697
FAX (320) 251-1846

EXIDE BATTERY
113-A 27TH AVE NE
MINNEAPOLIS MN 55418-0000

STATEMENT DATE 05/01/2002

SHIPPER # 1-582R

DATE	DESCRIPTION	DEBITS	CREDITS	BALANCE
09/05/01	INVOICE 699497	80 76		80 76
10/02/01	INVOICE 708504	53 62		134 38
11/02/01	INVOICE 717583	121 51		255 89
12/04/01	INVOICE 727363	83 37		339 26
01/03/02	INVOICE 736420	44 27		383 53
02/05/02	INVOICE 746912	76 44		459 97
03/05/02	INVOICE 756050	117 16		577 13
04/02/02	INVOICE 765215	40 00		617 13
				
REMINDER, TERMS ARE NET TEN DAYS PAY BY MAY 24TH TO AVOID COLLECTIONS!!				
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL
40 00	117 16	76 44	383 53	617 13

TERMS NET 10 DAYS PAST INVOICE DATE