UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202491032041

In re

Exide Technologies

Case Number

02-11125

YOUR CLAIM IS SCHEDULED AS

~~$1 464 04~~ UNSECURED CONTINGENT DISPUTED UNLIQUIDATED

28177

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

Name of Creditor and Address

MCINTIRE LUMBER
108 W 7TH ST
MOUND CITY MO 64470 1165

Creditor 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 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

CREDITOR TAX I D # 43-1123849

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR #156

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 MARCH & APRIL 2002 **3 IF COURT JUDGMENT DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 2811.77	$	$	$ 2811 77
(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

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

THIS SPACE FOR COURT USE ONLY

FILED
MAR 10 2003
BMC

Exide Technologies
01593

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) MASON R MCINTIRE PRESIDENT

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

MEMO

McINTIRE LUMBER COMPANY
108 West Seventh Street
MOUND CITY MO 64470
(660) 442-5416 800-603-3364
Fax 660-442-5905

TO US. BANKRUPTCY COURT DATE 3/7/03

SUBJECT CASE # 02-11125

Summary of Claim

INV # 335500	2529	4/4/02
INV # 335596	56747	4/5/02
INV # 335973	2668	4/11/02
INV # 335836	3252	4/10/02
CK # 4481046852	21598	DATED 4/10/02
		Recvd 4/15/02
	$28177	

SIGNED Mason R McIntire PRESIDENT

WWW MCINTIRE.DOITBEST.COM

SCHUYLKILL METALS*
P BOX 156

FOREST CITY MO 64451

CUST # 156
TERMS. NET 10TH PROX
P.O. # 1168

REF. # PO # 1168
DUE DATE: 5/10/02

INV # [illegible]
DATE * 4/04/02
CLERY: MR

TIME : 8:37
****
* INVOICE *
****

QUANTITY	UM	ITEM	DESCRIPTION	SUG.PRICE	PRICE/PER	EXTENSION
1	GL	785993	701G1H THINNER-PLASTIC,GAL		2.99 /GL	2.99
8	EA	774754	895 3" CHIP BRUSH		.89 /EA	7.12
3	EA	774656	893 CHIP BRUSH, 2"		.59 /EA	1.77
2	EA	770142	78110 ROLLER COVER,3" 2/PK		2.69 /EA	5 38
3	EA	780480	50049 COVER, ROLLER 2/9"		2.09 /EA	6.27

** AMOUNT CHARGED TO ACCOUNT **

25.29

TAXABLE	23.53
NON-TAXABLE	0.00
SUB-TOTAL	23.53
TAX AMOUNT	1.76
TOTAL INVOICE	25.29

RECEIVED BY

SCHUYLKILL METALS
P BOX 156

MO 64451

CUST # 156
TERMS: NET 10TH PROX
P.O. # 1170

REF # PO # 1170
DUE DATE. 5/10/02

INV # 335973
DATE : 4/11/02
CLERK: MJ

TIME : 1:00

****
* INVOICE *
****

QUANTITY	UM	ITEM	DESCRIPTION	SUG.PRICE	PRICE/PER	EXTENSION
		780249	PAINT PAIL,5QT PLAST.		1.79 /EA	1.79
		772098	03710 4" FOAM REFILL		2.29 /EA	4.58
		102406	4" PURE BRISTLE BRUSH		5.49 /EA	10.98
		780790	802 BRUSH, PAINT 4"		2.49 /EA	7.47

** AMOUNT CHARGED TO ACCOUNT **

RECEIVED BY

26.68	TAXABLE	24.82
	NON-TAXABLE	0.00
	SUB-TOTAL	24.82
	TAX AMOUNT	1.86
	TOTAL INVOICE	26 68

VISIT OUR NEW ON LINE HARDWARE STORE
WWW MCINTIRE DOITBEST COM

SCHUYLKILL METALS*
P BOX 156

FOREST CITY MO 64451

CUST # 156
TERMS: NET 10TH PROX
P.O. # 1168

REF # PO # 1168
DUE DATE: 5/10/02

INV # 335836
DATE : 4/10/02
CLERK: MJ

TIME : 8:40

****** *********
* INVOICE *
****** *********

QUANTITY	UM	ITEM	DESCRIPTION	SUG.PRICE	PRICE/PER	EXTENSION
5	EA	790400	39 LINER, PAINT TRAY		.69 /EA	3.45
2	EA	772088	03710 4" FOAM REFILL		2.29 /EA	4.58
2	EA	770142	78110 ROLLER COVER,3" 2/PK		2.69 /EA	5.38
1	EA	774996	03700 ROLLER FRAME 4"		4.39 /EA	4.39
2	EA	770160	805 TRIM ROLLER 3-IN		1.79 /EA	3.58
1	EA	788277	08225 FRAME,ROLLER 9-IN		2.19 /EA	2.19
1	EA	772457	1710 6PK 3/8 NAP 9" COVER		6.69 /EA	6 69

** AMOUNT CHARGED TO ACCOUNT ** 32.52

TAXABLE	30 26
NON-TAXABLE	0 00
SUB-TOTAL	30.26
TAX AMOUNT	2 26
TOTAL INVOICE	32 52

RECEIVED BY

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND THE REVERSE SIDE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMA

EXIDE CORPORATION
SCHUYLKILL METALS DIVISION
P O BOX 74040
BATON ROUGE LA 70874

MELLON BANK, N A
Pittsburgh PA 15259

60 160
433

No. 4481046852

CHECK NO 46852

DATE 4-10-02

Two thousand one hundred fifty-nine and 81/100

RETURNED NOT PAID
BY Mellon Bank, N A
REFER TO MAKER

CHECK AMOUNT 2159 81

PAY

TO THE ORDER OF
McIntire Lumber
108 W 7th St
Mound CIty, MO 64470

240148381 240148381 02 04 17 02

EXIDE CORPORATION
SCHUYLKILL METALS DIVISION

AUTHORIZED SIGNATURE

⑈4481046852⑈ ⑆043301601⑆ 132⑈6061⑈ ⑈0000215981⑈

EXCHANGE BANK Mound City, Missouri, 4-19 02

WE HAVE THIS DAY CHARGED YOUR ACCOUNT WITH THIS BANK AS FOLLOWS

Their Letter Dated	MAKER	DRAWN ON	Reason Number	AMOUNT
4 10 02	Exide	Mellon Bank	11	2159 81

100 156

1—Account closed 2—Amounts disagree 3—Cannot locate account 4—Drawn against uncollected funds 5—Endorsement 6—Guarantee amount 7—Not sufficient funds 8—Passbook required 9—Payment stopped 10—Post dated 11—Refer to maker 12—Signature irregular 13—Signature missing 14—Signature not on file 15—Signature unauthorized 16

McIntire 12-091-2

04172002
1010-00048
1010-00048

04192002
1010-00048
1010-00048-0
240148381 130 130 130
240148381 04-19-02
043000261

2034-001 04172002
04/17/02 04002

043000261 04/18/02

2045-004 04172002 0840-0002-6

FOR DEPOSIT ONLY
MCINTIRE LUMBER COMPANY
ACCT # 12 091 2
EXCHANGE BANK
04/15/02 TRX # A25801
CLK: JO TERM 02 $2,159.81

ENDORSE HERE