

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



02202490051317

In re  
**Exide Technologies**

Case Number  
**02-11125**

**YOUR CLAIM IS SCHEDULED AS**

\$9 350 00 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

**Name of Creditor and Address**



02202490051317

DALMEC INC  
469 FOX CT  
BLOOMINGDALE IL 60108-3110

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 Telephone Number **(630) 307-8426**

CREDITOR TAX I.D. #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends if this claim

a previously filed claim dated \_\_\_\_\_

**36-3635883**

**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 8/16/2001**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ \_\_\_\_\_

\$ **9,350.00** (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 **INDUSTRIAL MACHINERY**

Value of collateral \$ **9,350.00**

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ **-0-**

**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

**3/4/03**

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)

*[Signature]* BRANCH MANAGER/SECRETARY

FILED

MAR 10 2003

DMA

Exide Technologies



01627

**Dalmec Inc**

**CASE NO 02-11125, Exide Technologies**

**INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT**

Dalmec Inc  
469 Fox Ct  
Bloomington IL 60108 3110

**SCHEDULED AMOUNT** \$9 350 00

**SCHEDULE ID** 47360

**CREDITOR ID** 51317

**VENDOR CODE** JDE-2739191

<i>IN C NUMBER</i>	<i>IN C AMT</i>	<i>IN C DATE</i>	<i>REF ID NUMBER</i>
5294	\$9 350 00	9/15/2001	
	\$9 350 00		



Dalmec Inc  
469 Fox Court  
Bloomington, IL 60108  
Phone (630) 307-8426  
Fax (630) 307-8436

# SALES ORDER

DATE	SALES ORDER
6/26/2001	4893

NAME / ADDRESS
Exide Corp 413 E Berg Road Salina, Kansas 67401

TERMS		SALESMAN	SHIP VIA	PURCHASE ORDER #	
Net 30 Days		JW		SKT13397	
QTY	ITEM	DESCRIPTION		RATE	TOTAL
1	PIF	PROPOSAL #01-71/118 dated 4/25/01		0 00	0 00
1	PRCIB866100	Release with stainless steel control box cables and hook		9 000 00	9 000 00
				<b>TOTAL</b>	\$9,000 00

# EXIDE CORPORATION

PURCHASE REQUISITION

413 E BERG ROAD SALINA, KS 67401

PO# SKI 5297 PAGE

VENDOR Dalmec Inc.  
 ADDRESS 469 Fox Court  
Bloomington, IL 60108  
 PHONE # (630) 307 - 8426  
 FAX # (630) 307 - 8436

VENDOR # \_\_\_\_\_  
 ACCT CODE \_\_\_\_\_  
 TAXABLE? Y OR N \_\_\_\_\_  
 TAX EXEMPT # \_\_\_\_\_  
 CONTACT Jeff Williams

### QUALITY ASSURANCE

THE FOLLOWING NUMBERED ADDITIONAL TERMS AND CONDITIONS  
 AS INDICATED IN EXIDE SPEC M500-02, ARE PART OF THIS ORDER

#

### SPECIAL TERMS

SHIP TO **EXIDE CORPORATION**  
**413 E BERG ROAD**  
**SALINA, KANSAS 67401**

PHONE # (785) 825 - 6276

FAX # (785) 825 - 6538

ITEM	QUANTITY	U/M	DESCRIPTION	PART NUMBER	UNIT PRICE
1	1		PFL Balancer & Tooling		\$9000.00
2			per attached quote		
3					
4					
6					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

### COMMENTS

FORM # PRSA1  
A 058

ORDERED BY Wend Stalckamp

APPROVED BY [Signature]

DATE 6/28/01



# dalmeccan

**Industrial Manipulators**  
 Dalmeccan Inc  
 469 Fox Court  
 Bloomington, IL 60108  
 Phone (630) 307-8426  
 Fax (630) 307-8436

# INVOICE

DATE	INVOICE #
8/16/2001	5294

<b>BILL TO</b>
Exide Corp 413 E Berg Road Salina, Kansas 67401

<b>SHIP TO</b>
Exide Corp 413 E Berg Road Salina, Kansas 67401

<b>P.O. NUMBER</b>	<b>TERMS</b>	<b>SHIP</b>	<b>VIA</b>
SK115297	Net 30 Days	8/10/2001	Best Way/P&A

QTY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	REF	PROPOSAL #01-71/118 dated 4/25/01	0 00	0 00
1	PFCHS66200	Balancer with stainless steel control box, cables and hook-Serial #0122237	9,000 00	9,000 00
1	Freight	Shipping & Handling	350 00	350 00
			<b>TOTAL</b>	\$9,350 00