

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



02202490053350

In re  
**Exide Technologies**

Case Number  
**02-11125**

**YOUR CLAIM IS SCHEDULED AS**  
\$70.82 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**  
 02202490053350  
ZEE MEDICAL SERVICES  
PO BOX 8310  
FARGO ND 58109-8310

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 (701) 293-9344

CREDITOR TAX ID #  
45-0361681

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
004064

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_ if this claim

**1 BASIS FOR CLAIM**  
 Goods sold  Personal injury/wrongful death  Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Services performed  Taxes  Wages, salaries, and compensation (Fill out below)  
 Money loaned  Other (describe briefly) \_\_\_\_\_  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** 12/31/01 & 3/28/02

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 70.82 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 70.82 (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**

DATE SIGNED

**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).



**Zee Medical Services**

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

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

Zee Medical Services  
PO Box 8310  
Fargo ND 58109-8310

**SCHEDULED AMOUNT** \$70 82

**SCHEDULE ID** 53136

**CREDITOR ID** 53350

**VENDOR CODE** JDE 5545122

<i>INVC NUMBER</i>	<i>INVC AMT</i>	<i>INVC DATE</i>	<i>REF ID NUMBER</i>
110464202	\$26 09	2/1/2002	
110361082	\$44 73	5/27/2002	
	\$70 82		



AMERICA'S  
WORKPLACE  
SAFETY  
EXPERT™

PO Box 8310 Fargo ND 58109-8310 TELE 701-293-9344 800-747-9344 FAX 701-293-1927

BILL TO  
EXIDE BATTERY SALES  
CANCELED 4/02  
732 40TH ST NW  
FARGO ND 58102

SHIP TO  
EXIDE BATTERY SALES  
732 40TH ST NW

FARGO ND 58102  
PHONE (701) 277-1156

INVOICE 110361082 CUSTOMER 004064 DATE 03/28/02 SALESPERSON ALLAN FORSETH

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXT PRICE
1	0219	ANTISEPTIC SPRAY, NON AEROSOL 3 OZ	6.400	6 40
1	1421	IBUTAB, 250/BOX	28 050	28 05
1	1801	3 IN 1 ANTIBIOT OINT 25/B	7 550	7 55

\*\*\*SPECIAL OFFER\*\*\*  
100 POWDER FREE NITRILE GLOVES/SIZE LARGE  
ONLY \$15 20 PER BOX! ASK FOR ZEE ITEM #GNPR1

SUBTOTAL	42 00
TAX	2 73
TOTAL	44 73

SIGNED BY KERWIN



PO Box 8310 Fargo ND 58109-8310 TELE 701-293-9344 800-747-9344 FAX 701-293-1927

BILL TO  
EXIDE BATTERY SALES  
CANCELED 4/02  
732 40TH ST NW  
FARGO ND 58102

SHIP TO  
EXIDE BATTERY SALES  
732 40TH ST NW

FARGO ND 58102  
PHONE (701) 277-1156

INVOICE 110464202 CUSTOMER 004064 DATE 12/03/01 SALESPERSON CRAIG NEUBARTH

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXT PRICE
1	0370	ELASTIC TAPE 1" X 5 YD SP	4.700	4 70
1	1451	PEPT-EEZ 42/BOX	10 050	10 05
1	1817	HYDRO CREAM 1% 25/BX	9 750	9 75

\*\*\*SPECIAL OFFER\*\*\*  
100 POWDER FREE NITRILE GLOVES/SIZE LARGE  
ONLY \$15 20 PER BOX' ASK FOR ZEE ITEM #GNPR1

SUBTOTAL	24 50
TAX	1 59
TOTAL	26 09

SIGNED BY K HIGHNESS