UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re **Exide Technologies**	Case Number **02-11125**

02202490038827

YOUR CLAIM IS SCHEDULED AS

$4,512 00 ~~$691 00~~ UNSECURED
(see attd)

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

02202490038827

SIGNODE WESTERN OPERATIONS
1 LESLIE DR
PITTSBURG CA 94565 2654

Creditor Telephone Number ( ) (925) 473-3212

☐ 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 #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____
36-1258310	7638080	

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 2/27/02, 4/01/02

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 4512 00 (unsecured)	$ _____ (secured)	$ _____ (unsecured priority)	$ 4512.00 (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 17 2003

BMC

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)
3/12/03	DAVID O'CONNELL TITLE CONTROLLER

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 357

Exide Technologies

01918

SIGNODE®

WESTERN OPERATIONS
A Unit of Signode Packaging Systems
(925) 439-1005
FAX (925) 432-7416

PLEASE REMIT TO
SIGNODE
WESTERN OPERATIONS
P.O. BOX 95313
CHICAGO, IL.
60694-5313

INVOICE NO
5579365

INVOICE TO	SHIP TO
EXIDE BATTERY SOUTH TENTH STREET MANCHESTER, IA 52057	EXIDE BATTERY 7628080 SOUTH TENTH STREET MANCHESTER IA. 52057

CUSTOMER CODE	TERR	CR	INVOICE DATE	ORDER NO	CUSTOMER ORDER NO & DATE
7628080	305		2/27/2002	52002-01	567402 2/08/02

VIA	TERMS	SHIPPED FROM	DATE SHIPPED
LOUISVILLE	1/2% 10 DYS,N30	50	2/27/02

PART NO	DESCRIPTION	SHIPPED QTY	U/M	PRICE	PER	AMOUNT
2X1608	SF 616 C	48	C	47.00	E	2256.00
				SUB-TOTAL		2256.00
	THANK YOU FOR CHOOSING SIGNODE			PAY THIS AMOUNT		2256.00

Terms No discount on Tools, Machines, or Transportation Charges
Other Products - 1/2 of 1% discount 10 days from invoice date

U/M = UNIT OF MEASURE
C = COILS L = LBS C = PER HUNDRED
P = PCS F = FEET M = PER THOUSAND
K = CASES E = EACH
F = PER FOOT

The Terms and Conditions of Sale for Signode Products as set forth on the reverse side of this invoice shall be the only Terms and Conditions applicable to the sale of the products described above In any case, if there is any conflict with Purchaser's Terms and Conditions of Purchase, only Signode's Terms and Conditions shall apply

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WESTERN OPERATIONS
P.O. BOX 95313
CHICAGO, IL.
60694-5313

INVOICE NO 5581442

INVOICE TO	SHIP TO
EXIDE BATTERY SOUTH TENTH STREET MANCHESTER, IA. 52057	EXIDE BATTERY 7638080 SOUTH TENTH STREET MANCHESTER, IA. 52057

CUSTOMER CODE	TERR	CR	INVOICE DATE	ORDER NO	CUSTOMER ORDER NO & DATE
7638080	305		4/01/2002	54211-01	581846 3/25/02

VIA	TERMS	SHIPPED FROM	DATE SHIPPED
CONWAY SE	1/2% 10 DYS,N30	41	4/01/02

PART NO	DESCRIPTION	SHIPPED QTY	U/M	PRICE	PER	AMOUNT
2X1608	SP 616 C	48	C	47.00	E	2256.00
				SUB-TOTAL		2256.00
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Signode Western Operations

CASE NO 02-11125, Exide Technologies

INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT

Signode Western Operations
1 Leslie Dr
Pittsburg CA 94565-2654

SCHEDULED AMOUNT ~~$891 00~~ → 4,512 00

SCHEDULE ID 49781
CREDITOR ID 38827
VENDOR CODE JDE-16230

INVC NUMBER	*INVC AMT*	*INVC DATE*	*REF ID NUMBER*
959920	$891 00	5/8/2000	
	$891 00		

? .

cannot identify
See total amt of claim
attached