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

02202490043805

**YOUR CLAIM IS SCHEDULED AS**

$342 21 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

**Name of Creditor and Address**

02202490043805

CLARK TIMMONS OIL CO INC
PO BOX 1175
BLUE SPRINGS MO 64013-1175

Creditor Telephone Number ( ) 816-229-0228

☐ 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 ☐ amends a previously filed claim dated _____ |
|---|---|---|
| 43-1236844 | GNB TECHNOLOGIES | |

**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** JANUARY, 2002

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

| $ 1911.24 | $ | $ | $ 1911.24 |
|---|---|---|---|
| (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

| 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) |
|---|---|
| MARCH 26, 2003 | THOMAS T. SPARKS, 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

**THIS SPACE FOR COURT USE ONLY**

**FILED**

MAR 3 1 2003

**BMC**

Exide Technologies

02420

**CLARK-TIMMONS OIL CO., INC.**
P O BOX 1175 — BLUE SPRINGS MO 64013
PHONE (816) 229 0228

**EMERGENCY RESPONSE PHONE NUMBER**
**1-800-229-5252**

**A 132757**

SOLD TO: GNB TECHNOLOGY
3001 FAIRFAX
KC, KS 66115

TERMS NET 10 DAYS

PAST DUE ACCOUNTS SUBJECT TO 1 83% SERVICE CHARGE

CUSTOMER ORDER NO 810162

DATE 01-07-02

| PACKAGES NO | PACKAGES SIZE | PRODUCTS | QUANTITY | PRICE EX TAX | EXCISE TAX FED | EXCISE TAX STATE | PRICE INCL TAX | AMOUNT |
|---|---|---|---|---|---|---|---|---|
| 2 | 55 | NYVC FR200 | 110 | 10 72 | | | | 1179 20 |
| | | E Unruh 1-7-02 Rec'd Use Drums | | | | | | |
| | | .049 STATE SALES TAX | | | | | | 57 78 |
| 2 | 55 | DRUM DEPOSIT CHARGES | 2 | | | | 20 00 | 40 00 |
| | | DRUM DEPOSIT CREDITS | ( ) | | | | | ( ) |
| | | | | | | | INVOICE TOTAL | 1276 98 |

ORIGINAL INVOICE

PLEASE PAY FROM THIS INVOICE

**(For State of Missouri)** The undersigned certifies that the purchaser expressly declared his intention to file a claim for refund of the motor fuel tax included herein

Signed _____ (AGENT FOR SELLER)

The seller of motor fuel certifies that the motor fuel tax will be paid as required by law

This certifies that the minimum octane number as described in 6CFR 150 352 for this delivery is not less than Regular 88 0 — Unleaded 87 0 — Super Unleaded 91

CUSTOMER NAMED HEREON HAS MISSOURI SPECIAL FUEL

LICENSE NO _____

INVOICE SUBJECT TO CORRECTION OF CLERICAL ERRORS PRICE SUBJECT TO CHANGE WITHOUT NOTICE

CHARGE SALE 1276.98

CASH SALE

MAKE CHECKS PAYABLE TO CLARK TIMMONS OIL CO, INC AND MAIL TO ABOVE ADDRESS

**CLARK-TIMMONS OIL CO., INC.**
P O BOX 1175 — BLUE SPRINGS MO 64013
PHONE (816) 229 0228

**EMERGENCY RESPONSE PHONE NUMBER**
**1-800-229-5252**

**A 132813**

1" 2 mis

**TERMS NET 10 DAYS**

**PAST DUE ACCOUNTS SUBJECT TO 1 83% SERVICE CHARGE**

CUSTOMER ORDER NO 810175

SOLD TO
GNB TECH
3001 FAIRFAX
KCKS 66115

DATE 2-10-82

| PACKAGES NO | PACKAGES SIZE | PRODUCTS | QUANTITY | PRICE EX TAX | EXCISE TAX FED | EXCISE TAX STATE | PRICE INCL TAX | AMOUNT |
|---|---|---|---|---|---|---|---|---|
| 2 | 55 | [illegible] 25 | 110 | 5 15 | | | | 566 50 |
| | | STATE SALES TAX | | | | | | 27 76 |
| 2 | 55 | DRUM DEPOSIT CHARGES | 2 | | | | 20 00 | 40 00 |
| | | DRUM DEPOSIT CREDITS | ( ) | | | | | ( ) |
| | | | | | | | INVOICE TOTAL | 634 26 |

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CUSTOMER NAMED HEREON HAS MISSOURI SPECIAL FUEL

LICENSE NO _____

INVOICE SUBJECT TO CORRECTION OF CLERICAL ERRORS PRICE SUBJECT TO CHANGE WITHOUT NOTICE

CHARGE SALE [illegible]

CASH SALE 634.26

**MAKE CHECKS PAYABLE TO CLARK TIMMONS OIL CO , INC. AND MAIL TO ABOVE ADDRESS**