UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202490054249

In re

Exide Technologies

Case Number

02-11125

YOUR CLAIM IS SCHEDULED AS

$196 93 UNSECURED

FILED

APR 15 2003

BMC

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

☐ 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

Name of Creditor and Address

02202490054249

CENTRAL INDIANA RUBBER PRODUCT
PO BOX 770
CRAWFORDSVILLE IN 47933 0770

Creditor Telephone Number ( ) 765-362-7790

The amount listed 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 DEBTOF	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____
35-1330680		

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 196.93 (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

Exide Technologies

02813

DATE SIGNED
4-11-03

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)

Linda Zoller Sec-Treas

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

Central Indiana Rubber Product

CASE NO 02-11125, Exide Technologies

INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT

Central Indiana Rubber Product
PO Box 770
Crawfordsville IN 47933 0770

SCHEDULED AMOUNT $196 93

SCHEDULE ID 51971
CREDITOR ID 54249
VENDOR CODE JDE 5667015

INVC NUMBER	*INVC AMT*	*INVC DATE*	*REF ID NUMBER*
IO89408A	$196 93	4/27/2002	
	$196 93		

CENTRAL INDIANA RUBBER PRODUCTS, INC.
706 Waynetown Road
P O Box 770
Crawfordsville, Indiana 47933
Phone 765-362-7790 • Fax 765-362-7841

INVOICE

Date 02/26/02
Invoice # IO 89408
Terms NET 30 DAYS

SOLD TO	SHIP TO
Exide Corp 2601 W Mt Pleasant Blvd Muncie, IN 47302	

PO #	Date Shipped	Shipped Via	WO #
567347	02/25/02	UPS	C98688

PART #	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT
	2" WIDE X 1/2" THICK CLOSED CELL SPONGE - NEOPRENE W/PSA	100 00	FEET	$1 0700	$107 00
	1 1/2" WIDE X 1/2" THICK CLOSED CELL NEOPRENE SPONGE W/PSA	100 00	FEET	$0 8300	$83 00
1	COMPLETE				

INVOICE SUB-TOTAL	$190 00	AMOUNT APPLIED	$0 00
FREIGHT	$6 93	==========	
SALES TAX	$0 00	INVOICE TOTAL	$196 93

Please record invoice number on remittance