UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202490041634

In re

Exide Technologies

Case Number

02-11125

YOUR CLAIM IS SCHEDULED AS

$2 926 48 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

02202490041634

HILE CONTROLS OF ALABAMA INC
311 APPLEGATE PKWY
PELHAM AL 35124 2917

Creditor Telephone Number (205 620 4000

☐ 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 _____
62-1380185	N/A	

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 1/22/02

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 2,926.48 (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

FILED

APR 21 2003

BMC

Exide Technologies
03140

DATE SIGNED
4/17/03

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)

Rita Wallace Office Mgr

RITA WALLACE

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

Hile Controls Of Alabama Inc

CASE NO 02-11125, Exide Technologies

INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT

Hile Controls Of Alabama Inc
311 Applegate Pkwy
Pelham AL 35124-2917

SCHEDULED AMOUNT $2 926 48

SCHEDULE ID 48344
CREDITOR ID 41634
VENDOR CODE JDE 245163

INVC NUMBER	*INVC AMT*	*INVC DATE*	*REF ID NUMBER*
16764I497	$2 926 48	2/21/2002	
	$2 926 48		

HILE CONTROLS OF ALABAMA, INC.

311 Applegate Parkway • Pelham, Alabama 35124 • 205-620-4000 • Fax 205-620-2575

Engineering / Sales

*** INVOICE ***
INVOICE NUMBER 16764-I4976
YOUR P O No 559969000OS
DATE 01/22/02

Bill To. EXIDE TECHNOLOGIES
ACCOUNTS PAYABLE
PO BOX 98
FLORENCE, MS 39073

Ship To· EXIDE TECHNOLOGIES
250 ELLIS ST
MARK PO# 559969-000 OS
FLORENCE, MS 39073

Terms. NET 30 DAYS
Ship Via UPS 3 DAY SELECT
FOB Shipping Point

ORDER COMPLETE

****

Item No	Quantity Ordered	Quantity Shipped	Quantity Backordered	Unit Price	Item Total
0001	2 00	2 00	0 00	875 00	1750 00

Model No.. ECD PHSX23-T21-CBL(20)-EG-VSS-EPR W/ P/N 2005066
Descript· RETRACTABLE PH SENSOR WITH ELECTRODE W/PEEK BODY, TFE JUNCTION, AMMONIUM NITRATE REFERENCE, FLAT SURFACE

Item No	Quantity Ordered	Quantity Shipped	Quantity Backordered	Unit Price	Item Total
0002	1 00	1 00	0 00	1130.00	1130 00

Model No · ECD T21-PH/MA-PH/MA-UM
Descript DUAL CHANNEL TRANSMITTER WITH TWO PH SENSOR INPUTS AND DUAL 4-20MA OUTPUTS

TOTAL AMOUNT	2880 00
FREIGHT	46.48
TOTAL AMOUNT DUE	2926 48

Thank You For Your Order!
Our Terms of Payment Are Net 30 Days
Late Payments Are Subject To A 1 5% Monthly
Finance Charge
Please Submit Promptly!

*** END OF INVOICE ***

LATE PAYERS Per Rick O Okun

Home message un - no response yet

Mobile, Alabama
(334) 626-7009

Filed Chapter 11 12:01 AM APRIL 15, 2002
No Payment til comes out of Chapter 11

HILE CONTROLS OF ALABAMA, INC.

311 Applegate Parkway • Pelham Alabama 35124 • 205-620-4000 • Fax 205-620-2575

Engineering / Sales

*** PACKING SLIP ***
PACKING SLIP NUMBER 16764-19215
YOUR P O No. 559969000OS
DATE 01/21/02

Ship To EXIDE TECHNOLOGIES
250 ELLIS ST
MARK PO# 559969-000 OS
FLORENCE, MS 39073
Attn: DOUG IRVIN

Bill To EXIDE TECHNOLOGIES
ACCOUNTS PAYABLE
PO BOX 98
FLORENCE, MS 39073
Attn

>

Ship Date. 01/21/02
Terms: NET 30 DAYS
Ship Via. UPS 3 DAY SELECT
FOB Shipping Point

ORDER COMPLETE
NOTE· ALL MANUALS ARE IN BOX 1 OF 2

****

Item No	Quantity Ordered	Quantity Shipped	Quantity Backordered
0001	2.00	2 00	0.00

Model No.. ECD PHSX23-T21-CBL(20)-EG-VSS-EPR W/ P/N 2005066
Descript: RETRACTABLE PH SENSOR WITH ELECTRODE W/PEEK BODY, TFE JUNCTION, AMMONIUM NITRATE REFERENCE, FLAT SURFACE.

Item No	Quantity Ordered	Quantity Shipped	Quantity Backordered
0002	1 00	1 00	0.00

Model No. ECD T21-PH/MA-PH/MA-UM
Descript DUAL CHANNEL TRANSMITTER WITH TWO PH SENSOR INPUTS AND DUAL 4-20MA OUTPUTS

Thank You For Your Order!

Open Shipment Immediately & Inspect For Damage
We have taken every precaution to ensure safe arrival but, our responsibility ceased when shipment was turned over to the carrier Claims for damage must be made by you to the carrier

*** END OF PACKING SLIP ***

Hile Controls of Alabama, Inc
311 Applegate Parkway
Pelham, AL 35124
http //www hilealabama com
Phone (205) 620-4000
Fax (205) 620-2575

P.O. 55996905

133-2103

- Fax Cover Sheet -

133-2103
6% TAX

Date: 12/20/01

Pages: #3

To: Purchaser ⇒ Mr Matt Gobble - RMT, Inc

Fax Phone: 615-883-5793 Phone 615-883-5767

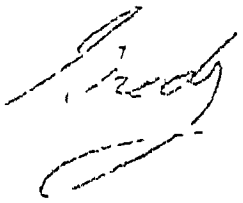
From: Grady R Andrews

Subject: Tank pH and Conductivity Transmitters

In accordance with your request, we are pleased to quote as follows

QTY	Description	Price
2	ECD Model pHSX23-T21-CBL(20)-EG-VSS-EPR, retractable pH sensor with 316 SS ball valve retraction assembly, EPR O rings, 20' cable, 1" NPT process connection	$ 875 00 ea
2	ECD P/N 2005066, PEEK body,TFE Junction, ammonium nitrate reference, flat surface ($185 00 ordered as spare)	$ N/C
2	ECD Model T21-pH/mA-UM, two wire pH transmitter, 24 VDC supply voltage, 4-20 mA output, LC display, NEMA 4X enclosure	$ 730 00 ea
	ALTERNATE	
1	ECD Model T21-pH/MA-pH/MA-UM, dual channel transmitter with two pH sensor inputs and dual 4-20 mA outputs	$ 1130 00 ea

(17)

and training It is an 8 hour round trip to Florence, MS, plus actual time on the job site That equates to over $1000 00 in travel, meals, motel, and service time that we are offering as a bonus to purchase all the equipment as quoted Plus, we are committed to working with the exide to solve any problems that he may encounter, if any

We sincerely hope that this revised proposal meets with your and Exide's approval Thank you for your interest in our products