UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202490054875

In re

Exide Technologies

Case Number

02-11125

YOUR CLAIM IS SCHEDULED AS

$3 927 00 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

02202490054875

GREG RHEIN
29 W 33ND ST REAR
READING PA 19606

Creditor Telephone Number ( )

☐ 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 _____

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 12-8-01 to 4-14-02

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 5124.00 (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

Exide Technologies
03166

FILED
APR 22 2003
BMC

DATE SIGNED
4-8-02

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)

Greg Rhein

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

GREG RHEIN

CASE NO 02-11125, Exide Technologies

INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT

GREG RHEIN
29 W 33ND ST REAR
READING PA 19606

SCHEDULED AMOUNT $3 927 00

SCHEDULE ID 48044
CREDITOR ID 54875
VENDOR CODE JDE 6050527

INVC NUMBER	*INVC AMT*	*INVC DATE*	*REF ID NUMBER*
1028	$1 890 00	2/14/2002	
1030	$1 449 00	4/6/2002	
1031	$588 00	5/8/2002	
	$3 927 00		

INVOICE

Greg Rhein

Salesperson	
Invoice number	#1028
Invoice date	2/14/02
Customer ID	
Terms	
Date shipped	
Shipped via	
FOB	
Prepaid / Collect	
Tax exempt	
Reason	
Exemption no	

SOLD TO

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Phone	
Fax	
Company name	

SHIPPED TO

Retype the following only if the name and address are not the same as the SOLD TO name and address

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Company name	

Please make checks payable to

DATE	DESCRIPTION	HOURS	COST
12/8/01	welded ploate on inlet pipes	1/2 hr	$21 00
12/15/01	made rack for pump and mixer shafts	6 1/2 hrs	$273 00
12/16/01	built up shredder teeth	7 hrs	$294 00
1/6/02	welded hole in 13 screw box	7 1/2 hrs	$315 00
1/12/02	cut steel and installed wall at blast furnace	8 hrs	$336 00
1/13/02	cut steel for wall/ welded v pipe to deck	8 hrs	$336 00
1/20/02	made wall at floor	7 1/2 hrs	$315 00
		Total hours	45 hrs
		Total cost	$1,890 00

INVOICE

Greg Rhein

Salesperson	
Invoice number	#1029
Invoice date	04/06/02
Customer ID	
Terms	
Date shipped	
Shipped via	
FOB	
Prepaid / Collect	
Tax exempt	
Reason	
Exemption no	

SOLD TO

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Phone	
Fax	
Company name	

SHIPPED TO

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Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Company name	

Please make checks payable to

DATE	DESCRIPTION	HOURS	COST
2/2/02	work on wall	6 hrs	$252 00
2/2/02	welded water leak on blast	2 hrs	$84 00
2/9/02	built up shredder teeth	6 5 hrs	$273 00
2/17/02	finished wall at reverb	4 hrs	$168 00
2/17/02	weld angle on blast for lead leak	2 hrs	$84 00
2/24/02	repair lime/ fill lime/ put drain on lime tank	8 hrs	$336 00
	Total hours	28 5 hrs	
	Total cost		$1,197 00

INVOICE

Greg Rhein

Salesperson	
Invoice number	#1030
Invoice date	04/06/02
Customer ID	
Terms	
Date shipped	
Shipped via	
FOB	
Prepaid / Collect	
Tax exempt	
Reason	
Exemption no	

SOLD TO

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Phone	
Fax	
Company name	

SHIPPED TO

Retype the following only if the name and address are not the same as the SOLD TO name and address

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Company name	

Please make checks payable to

DATE	DESCRIPTION	HOURS	COST
3/3/02	weld pot #8/ weld reverber	9 hrs	$378 00
3/10/02	built up shredder teeth	5 hrs	$210 00
3/10/02	repair hyd tank number 4	2 5 hrs	$105 00
3/17/02	made wall at number 2 fan	5 5 hrs	$231 00
3/24/02	weld fuel tank Yale/ weld wall at shredder	7 5 hrs	$315 00
3/31/02	number 1 vent 3 cell repair cly door	5 hrs	$210 00
	Total hours	34 5 hrs	
	Total cost		$1,449 00

INVOICE

$588.00

Greg Rhein

Salesperson	
Invoice number	#1031
Invoice date	5/08/02
Customer ID	
Terms	
Date shipped	
Shipped via	
FOB	
Prepaid / Collect	
Tax exempt	
Reason	
Exemption no	

SOLD TO

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Phone	
Fax	
Company name	

SHIPPED TO

Retype the following only if the name and address are not the same as the SOLD TO name and address.

Name	
Address (line 1)	
Address (line 2)	
City State or Prov	
Postal code Country	
Company name	

Please make checks payable to

DATE	DESCRIPTION	HOURS	COST	
4/7/02	worked on reverb belt	6 hrs	$252 00	Pre-Petitio
4/14/02	worked on kettle 8	8 hrs	$336 00	Pre Petitio
4/21/02	built up shredder teeth	6 1/2 hrs	$273 00	Post-Petitio
4/28/02	repair water leak after burner number two	8 hrs	$336 00	Post Petitio
	repaird lead ram number two			
		Total hours	~~18.5 hrs~~	
		Total cost	28.5	$1,197 00

BY 7/8/02

Reading Smelter 248
AP Corp Code
Vendor # 6050527
P O # 621311
Receipt # 77123267 — Pre Petition

The amount scheduled is missing $1,197.00 from invoice #1029 which I have included with the other invoices

Greg Rhein