UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

02202492043532

In re
EXIDE TECHNOLOGIES

Case Number
02-11125(KJC)

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

02202492043532
TAB PIERCE
11956 BERNANDO PLAZA DR #530
SAN DIEGO CA 92128

Creditor Telephone Number 858 204-7675

☐ 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

FILED
APR 22 2003
BMC

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 #
548-92-6855

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 548-92-6855
Unpaid compensation for services performed from 9-1-01 (date) to 12-1-01 (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ _____ (unsecured)	$ _____ (secured)	$ 4585.00 (unsecured priority)	$ 4585.00 (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

Exide Technologies
03448

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)

TAB T. PIERCE

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

EXIDE CORPORATION
829 PARKVIEW BLVD LOMBARD IL 60148

REMITTANCE ADVICE

INVOICE DATE	INVOICE NUMBER	SITE	REMARKS	INVOICE AMOUNT	DISCOUNT AMOUNT	VOUCHER TOTAL
10/24/01	102401	268	76 CONTRACT REP	6,405 00		6,405 00
				6,405 00		6,405 00

PAYMENT CK # 043949
FOR APRIL MAY JUNE JULY AUG 2001

LAST CHECK RECEIVED FROM EXIDE FOR SERVICES APRIL 2001 THRU AUG 2001
THEY STILL OWE ME FOR SEPT 2001 THRU DEC 2001

TAX

Pierce Automotive Marketing

11956 Bernardo Plaza Dr #530 San Diego Ca 92128

INVOICE

TOTAL DUE **4,585.00**

Salesperson	Tab Pierce
Invoice number	0435
Invoice date	01/12/02
Customer ID	
Terms	
Date shipped	
Shipped via	
FOB	
Prepaid / Collect	
Tax exempt	yes
Reason	
Exemption no.	

SOLD TO

Name	John Stanphill
Address (line 1)	P O BOX
Address (line 2)	159
City, State or Prov	BENNETT CO
Postal code, Country	80102
Phone	800-845-4000
Fax	303-644-4156
Company name	EXIDE TECHNOLOGIES

SHIP TO

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

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

REF NO.	QTY	DESCRIPTION	PRICE EACH	TOTAL
	1310	76 EXIDE BATTERIES	3.50	4 585 00
		1310X$50 =$65500X7%=$4585		
		TOTAL=$4585		
		SEPT 2001 THRU DEC 2001		
		SALES COMMISSION		

SUBTOTAL	4,585 00
Sales tax %	
SHIPPING & HANDLING	
PAYMENTS	
PLEASE PAY THIS AMOUNT	4,585 00

Please make checks payable to:

Tab Pierce

TERMS: COD

Contract Salesperson Agreement

__7__ % COMMISSION ON NEW BATTERY SALES ON CURRENTLY SERVICED TOSCO DEALERS BASED ON PROOF OF PERFORMANCE

$ 100.00 SIGNING BONUS ON TOSCO DEALERS* ADDED TO THE AGREED INVENTORY PROGRAM AFTER DEALER PURCHASES 10 NEW REPLACEMENT BATTERIES

$ 35.00 SIGNING BONUS ON TOSCO DEALERS* ADDED TO THE CONSIGNMENT PROGRAM AFTER DEALER PURCHASES 10 NEW REPLACEMENT BATTERIES.

***Dealers eligible if off program for six or more months**

PROOF OF PERFORMANCE

1 Faxed Weekly report of Tosco Dealers visited and serviced during previous week. Summary of any immediate concerns or needs expressed by Dealer

2. Monthly mailing of Service Inventories. Service Inventories must be completed in their entirety and signed by Tosco Dealer. Each Tosco Dealer on commission program must be seen on a monthly basis and a signed Service Inventory completed for the prior month before commission is paid.

3. Good to excellent evaluations from Dealers on a bi-yearly basis

4. This Contract Salesperson Agreement may be terminated at any time by either GNB or Contract Salesperson with one hundred twenty (120) days written notice

5. Contract Sales Person will receive a weekly sales summary for previous week's Route Truck activity. Contract Sales Person will receive Commission payment no later than the 20th of the Month for the previous month's sales activity

6 Contract Sales Person must sign a Non-Competitive Agreement.

7. Any immediate complaints or concerns that the Contract Sales Person has attempted to resolve but was unsuccessful should be written and faxed to (303) 644-4155.

8. Contractor to have exclusive rights to sell and manage GNB /76 BATTERIES to the Tosco dealer net work in territory five (exhibit A) plus any new accounts established and sold during the contract period. (See attachment A for list of current stations in territory five)

Contract Sales Person	5-14-98 Date
GNB Representative	5/14/98 Date