UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

In re

Exide Technologies

Case Number

02-11125

0220249103178 8

YOUR CLAIM IS SCHEDULED AS

$0 00 PRIORITY CONTINGENT DISPUTED UNLIQUIDATED

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

NORIEGA JAVIER
914 RANLETT AVE
LA PUENTE CA 91744-3252

Creditor Telephone Number (626) 968-1319

☐ 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 556-95-5113

Unpaid compensation for services performed from 7/95 (date) to 3/03 (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 2,000 00 (unsecured)	$ _____ (secured)	$ _____ (unsecured priority)	$ 2,000 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

FILED
APR 21 2003
BMC

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

THIS SPACE FOR COURT USE ONLY

Exide Technologies

03513

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)
4/22/03	Javier Noriega

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 Technologies
829 Parkview Blvd
Lombard IL 60148-3249
USA

630 629-5200 tel
www exide com

March 15, 2002

Mr Javier Noriega
914 Ranlett Avenue
Valinda, CA 91744

Dear Javier

As you know, there have been staff reductions, position eliminations and organization restructurings taking place across the company Unfortunately, in conjunction with the above, your employment is being terminated effective **March 15, 2002**

Consequently, you will receive the following benefits from the Company

- Payment of your salary until effective date of termination,
- Two (2) weeks of pay pursuant to the Exide Technologies Income Protection Policy for Salaried Employees ("IPP") after your termination date,
- Payment for your accrued but unused vacation as of your termination date,
- Medical benefits through the end of the month after the month of your termination date or the first of the month after you become employed by another employer, whichever is earlier, for you and your covered dependents at the cost you would have been paying were you actively employed, and

As an alternative to the above benefits, we are offering you the opportunity to enhance these benefits by participating in the elective option of the Exide Technologies Income Protection Pay Plan ("Plan") If you meet the eligibility requirements of the Plan and sign the General Release and Income Protection Agreement, you may receive additional income protection benefits under the terms of the Plan Your elected Plan benefits will replace the benefits to which you would otherwise be entitled under the Exide Technologies Income Protection Policy for Salaried Employees summarized above A copy of the Income Protection Plan and the General Release and Income Protection Agreement are enclosed for your review You have up to forty-five (45) days to consider the offer, sign and return the release and seven (7) days following the return to revoke your decision

The following chart is a general comparison of the benefits offered to you under the elected Plan option versus the standard Income Protection Policy The following is only a summary If there is any discrepancy between this summary and the terms of the plan documents, the terms of the plan documents will control

EXIDE TECHNOLOGIES

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Income Protection Policy	Elected Income Protection Pay Plan
$667 31 per week payable for 2 weeks (or 80 hours) on the company's regular semi-monthly pay cycle	$667 31 per week payable for up to 7 65 weeks (or 306 hrs) on the company's regular semi-monthly pay cycle at 86 67 hrs per pay
Medical benefits continued at your current cost until the earlier of (a) the first of the month after you become employed by another employer or (b) the end of the month after the month of your termination	Medical benefits continued at your current cost until the later of (a) the end of the month 2 months after the month of your termination or (b) the end of the month in which the final income protection payment is made In the event you become eligible for coverage by another employer, the applicable coverage detailed above will end at the end of that month

When the medical benefits provided to you by Exide under either the Income Protection Policy or the elected Plan cease, you will be entitled to elect continuation of your medical coverage, at your own cost, under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") Information on COBRA continuation coverage will be provided to you upon termination of the medical coverage provided by Exide Exide will also provide you with a Certificate of Creditable Coverage pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") upon termination of the medical coverage provided by Exide If you require a HIPAA Certificate before that time, contact the Exide Human Resources Department

Enclosed in this package are several pieces of important information Among these are

- The Income Protection Policy, and
- The Release and Income Protection Agreement

Please read and consider the enclosed documents carefully You may want to have your legal advisor review the documents

If you choose to accept the enhanced benefits we are offering you under the Elected Income Protection Pay Plan you must sign the General Release and Income Protection Agreement in accordance with the instructions on the cover sheet of that document Please pay careful attention to the deadline and instructions for the return of that document Should you decide not to sign the General Release and Income Protection Agreement and forego the enhanced benefit option of the Income Protection Pay Plan, you will continue to be eligible for the outlined benefits in the second paragraph of this letter

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I would like to thank you for the service and dedication you have provided to Exide Technologies, and wish you well in your future endeavors

Sincerely,

EXIDE TECHNOLOGIES

Timothy D Robertson
Director Human Resources