

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



02202490054054

In re
Exide Technologies

Case Number
02-11125

YOUR CLAIM IS SCHEDULED AS
\$1 601 58 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

02202490054054
VIKING FREIGHT INC / SAN JOSE
PO BOX 649002
SAN JOSE CA 95164-9001

- 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 Telephone Number ()

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____ if this claim

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 _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 4,705.51 (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
SEP 29 2003
BMC

Exide Technologies



03741

DATE SIGNED

9/22/03

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).

Guadalupe V Valencia Collection Analyst

Valencia

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



freight

Viking Freight Inc
6411 Guadalupe Mines Road
Suite 2048
PO Box 649002
San Jose CA 95164-9002
Tel (408) 268 9600
www.vikingfreight.com

A FedEx Company
15 OF 05 20 02

CONTACT YVONNE NOBLE
- IS STATEMENT REFLECTS UNPAID F/B JULY 0 DAYS

INVOICE NUMBER	VIKN TYPE	LOC	INVOICE DATE	SHIP DATE	REFERENCE NUMBER	AMOUNT
121548020	C	WHT	03/07/2002	03/01/02		1571 56
202550192	P	BSE	03/20/2002	01/22/02	SH#31694392	270 63
203596601	P	BSE	03/20/2002	02/06/02	SH#31695697	210 53
249213541	P	SPD	03/22/2002	03/20/02		151 20
237151902	P	TAC	03/28/2002	03/27/02	SH#009919334	279 41
202363770	P	BSE	04/16/2002	02/28/02	SH#31696392	320 65
203752500	C	BSE	04/16/2002	02/19/02		75 75
203759919	C	BSE	04/16/2002	03/06/02		98 22
248687794	P	TAC	04/26/2002	04/24/02	SH#00842303	443 02
112129012	C	TAC	04/27/2002	12/30/01		633 74*
203574136	C	PDC	04/27/2002	04/24/02		167 34
255566672	C	TAC	05/01/2002	04/24 02		463 46

EX26050FTM02

STATEMENT AMOUNT

4705 51

W/OFF 04 \$ 4,705 51
 REASON ch 11
02-11128
FID 4/24/02
248
William Strain 5/24/02
 5/24/02

LEGEND

* = Partially Paid
TYPE P = Prepaid C = Collect

* PLEASE REMIT BALANCE *

* THANK YOU *

EKIDE TECHNOLOGIES PM

P O BOX 61050

FT MYERS

FL 33906