

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



02202491062258

YOUR CLAIM IS SCHEDULED AS

UNKNOWN UNSECURED CONTINGENT
DISPUTED UNLIQUIDATED

In re
Exide Technologies

Case Number
02-11125

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



PLAINTIFF YELLOW CORPORATION DBA YELLOW FREIGHT S
MICHAEL A BEALE P O Box 7945
BEALE & MICHAELS PC Overland Park, KS
1440 E MISSOURI AVENUE SUITE 150 66207-0945
PHOENIX AZ 85014

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 () 913-696-6157

CREDITOR TAX ID #

44-0594706

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
L143085

Check here replaces or amends a previously filed claim dated 4/22/03

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
Cargo Damage from Fire
- 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 03-18-99

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 60,121.04 Amended Amt. \$ 57,500.00 Received from collateral (unsecured) (secured) (unsecured priority) (total) source

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

DATE SIGNED

03-04-04

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)

Janet Campbell, Subrogation Coordinator

THIS SPACE FOR COURT

USE ONLY
FILED

MAR 08 2004

BMC

Exide Technologies



03794

CINCINNATI
FINANCIAL CORPORATION
CINCINNATI, OHIO 45250-5496

CINCINNATI COMPANIES
THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY

13.31
420

POLICY NUMBER	DATE OF LOSS	INSURED	CHECK NUMBER
CPP 0672004 C	03/18/99	CONSTANT POWER TECHNOLOGIES	03 0372495
CLAIMANT	AGENCY	AGENCY NO	DATE
YELLOW FREIGHT	THE ARIZONA GROUP, INC	02 064	05/30/03

AMOUNT *****FIFTY-SEVEN THOUSAND FIVE HUNDRED / 00

FOR SETTLEMENT OF ALL CLAIMS

DOLLARS \$ ***57,500.00

Payable at The Fifth Third Bank
Cincinnati, Ohio 513-870-9000

PAY TO THE ORDER OF
YELLOW TRANSPORTATION INC
AND MICHAEL A BEALE

James E. Benock

⑈ 30372495⑈ ⑆042207735⑆ 734⑈52278⑈

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

PROOF OF CLAIM



02202491062253

YOUR CLAIM IS SCHEDULED AS

UNKNOWN UNSECURED CONTINGENT
DISPUTED UNLIQUIDATED

In re
Exide Technologies

Case Number
02-11125

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Name of Creditor and Address



PLAINTIFF YELLOW CORPORATION DBA YELLOW FREIGHT S
MICHAEL A BEALE
BEALE & MICHAELS PC
1440 E MISSOURI AVENUE SUITE 150
PHOENIX AZ 85014

Creditor Telephone Number (97) 686-6175

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Cargo Damage from Fire
- 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

03 18 99

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 117,621.04 (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.

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El Segundo, CA 90245

DATE SIGNED

04 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)

James J. Campbell, Subrogation Coordinator

L143085

DAMAGES

RTR

RTL 116275 ACV	\$7,000 00	
Less Salvage	<u>\$ 400 00</u>	
	\$6,600 00	<u>\$6,600.00</u>

CTR (Terminal)

CTL

WORK COMP (Domicile)

CARGO \$111,021.04

HAZMAT (Terminal)

LOSS OF USE (Days _____)

TOTAL SUBRO CLAIM \$117,621 04

STATUTE March 18, 2001