# PROOF OF CLAIM

In re
Exide Technologies

Case Number
02-11125

70014
**YOUR CLAIM IS SCHEDULED AS**
sa8725
UNKNOWN UNSECURED 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**

02209279078375

BOGE IRON & METAL CO INC
~~PO BOX 11182~~ PO Box 286
800 S SAINT FRANCIS ST
WICHITA, KS ~~67211~~ 67201-0286

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

THIS SPACE IS FOR COURT USE ONLY

CREDITOR TAX I D # 48-0525647

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☒ amends a previously filed claim dated 3-12-03

**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** 4-10 02

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

| $ 2,414.50 | $ | $ | $ 2,414 50 |
|---|---|---|---|
| (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, prevailing Eastern Time on July 26, 2004**

**BY MAIL TO**
Exide Technologies et al
c/o Bankruptcy Management Corporation
PO Box 1063
El Segundo CA 90245 - 1063

**BY HAND OR OVERNIGHT DELIVERY TO**
Exide Technologies et al
c/o Bankruptcy Management Corporation
1330 East Franklin Ave
El Segundo CA 90245

**THIS SPACE FOR COURT USE ONLY**
FILED
JUL 06 2004
BMC

DATE SIGNED 7-1-04

**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)

Allen Boge Allen Boge, President

Exide Technologies
03889

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

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

# PROOF OF CLAIM

Case Number
02-11125 (KJC)

Exide Technologies, et al.,
Debtors

This form should not be used to make a claim for an administrative [illegible] after the commencement of the case. A request for [illegible] administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

Boge Iron & Metal Co., Inc
800 S St Francis
P O Box 286
Wichita, KS 67201-0286

Telephone number 316 263-8241

☐ 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.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

[illegible] 43-0525647

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
N/A

Check here if this claim ☐ replaces ☐ amends [illegible] filed claim dated

[illegible] CLAIM
☒ Goods sold
☐ Services performed
☐ [illegible]
☐ 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)

[illegible] DEBT WAS INCURRED 4-10-02

3. IF COURT JUDGMENT, DATE OBTAINED N/A

TOTAL AMOUNT OF CLAIM OF PETITION DATE $ 2,414 50 (unsecured) $ ____ (secured) $ ____ (unsecured priority) $ 2,414 50 (total)

All or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ [illegible] 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.

[illegible] CLAIM
☐ [illegible] if your claim is secured by collateral (including right of setoff)
[illegible] description of collateral
☐ [illegible]
☐ [illegible]
☐ [illegible]

[illegible] of collateral $ ____

[illegible] of arrearage and other charges at time case filed [illegible] 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 $1,650) 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) Returned Check

Amounts are subject to adjustment on 4/1/01 and every 3 years [illegible] with respect to cases commenced on or after the date of adjustment.

CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of [illegible] accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. [illegible] are not available, explain. If the documents are voluminous, attach a summary.

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
MAR 12 2003
BMC

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)

Allen Boge
Allen Boge, President

[illegible]-6-03

[illegible] the debtor claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND

Exide Technologies
01751