

**PROOF OF CLAIM**

102521  
**YOUR CLAIM IS SCHEDULED AS  
sa42900**

In re  
**Exide Technologies**

Case Number  
**02-11125**

**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.

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**

**Name of Creditor and Address**

02209278109472

**Theda Blakney, on the Behalf of  
Kmart Corporation  
PO Box 5058  
Troy, MI 48007-5058**

Creditor Telephone Number

CREDITOR TAX ID #  
**32-0073116**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**124595 BI-01**

Check here  replaces or amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**  
 Goods sold  Personal injury/wrongful death  Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Services performed  Taxes  Wages, salaries, and compensation (Fill out below)  
 Money loaned  Other (describe briefly) \_\_\_\_\_  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2 DATE DEBT WAS INCURRED** **1-7-97** **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ **25,000.00** (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ **25,000.00** (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.

**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 15 2004**  
**BMC**

**DATE SIGNED** **7-13-04**  
**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).  
*Theda Blakney, representative*

Exide Technologies  
04160

REC'D JUL 15 2004

FedEx emp 243351 14JUL04

PRIORITY OVERNIGHT

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- 6 Special Handling options: SATURDAY Delivery, HOLD Weekday at FedEx Location, HOLD Saturday at FedEx Location, Dangerous Goods, Dry Ice, Cargo Aircraft Only.

7 Payment Bill to

- 7 Payment Bill to options: Sender, Recipient, Third Party, Credit Card, Cash/Check.

Table with columns: Total Packages, Total Weight, Total Charges, Credit Card Auth.

8 Release Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

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