PROOF OF CLAIM

In re
Exide Technologies

Case Number
02-11125

63435
YOUR CLAIM IS SCHEDULED AS
sa2146
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

02209279071682

ALEFTERAS JOHN
9815 MEADOW WAY
HAYDEN LAKE ID 83835

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 #	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 _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED March 25, 1999

3 IF COURT JUDGMENT, DATE OBTAINED [redacted]

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ _____ (unsecured)	$ _____ (secured)	$ 6,500.00 (unsecured priority)	$ 6,500.00 (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
AUG 03 2004
BMC
Exide Technologies
04630

DATE SIGNED
7/10/2004

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)

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

Skip Frazier, M. Ed., LPC-P

1200 W. Ironwood Drive, Suite 302, Coeur d'Alene, ID 83814
(208) 765-9585

December 3, 2001

Client Summary: John Alefteras

Dates of Service: April 30, May 14, June 4 2001

Diagnosis 300.4 Dysthymic Disorder 309.81 PTSD (provisional)

John is a self-referred client who came to counseling with a presenting problem of depression which he associates with an experience about two years ago when a battery exploded in his face. His symptoms of depression were improved with treatment of Zoloft, a selective serotonin re-uptake inhibitor, and Trazodone, an anti-depressant with sedative qualities. Because John has low income, I referred him to a low income health clinic to continue his medication program.

While John is convinced that his psychological difficulties are directly related to the battery explosion, and there is high liklihood this is so.

Skip Frazier, LPC-P

North Idaho
Allergy
Asthma
and
Immunology
Center, P.C.
John Strimas, M.D., M.S.
Jennifer Whidden, A.R.N.P

Immunology In Children and Adults

1200 Ironwood Drive, Suite 202
Coeur d'Alene, ID 83814

(208) 666-1481
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E-mail: ddjohn@aol.com
Web site: www.niaaic.salu.net

Diplomate of the American Board of Allergy & Immunology
Diplomate of the American Board of Pediatrics

DEC 3 - 2001

Alefteras: John
D O B 09-20-1956
Referred by Skip Frazier

05-14-01

S John noticed itchy, burning skin after the first dose of Celexa. He broke the tablet in half and tried the Celexa again for 2 days and continued to have itchy, burning skin Denies development of rash, hives He continues to sleep very poorly, a maximum of 1-2 hours at one stretch. When he sleeps he does have dreaming, usually more along the nightmare line He goes to bed around 11 00 p m. He falls asleep by 3 00 a.m. and he is up for the day by 8 00 a.m In general he does not nap during the day, but notices sleepiness or drowsiness with stationary activities (ie watching T V or reading the newspaper) He brings in with him today pictures of the battery that exploded on him. He is quite focused on this event and it seems to help him to talk through the events and go over the pictures

O BP 180/100 left arm seated

A Depression

P Trial of Zoloft starter pack with instructions to take in the morning and Trazodone, 50 mg at bedtime # 14 days then we will plan on increasing to 75 mg for 14 days We would like to see him again in two weeks, at which point he will also see his counselor, Skip Frazier, sooner if needed. JW lb

Alefters: John
06-04-01

S John is here with his counselor, Skip Frazier, today to review medications He is sleeping better with the Trazodone, in general sleeping from 10 00 p m. to 2 00 a.m. He is not able to recall dreaming. He sleeps soundly from 10 to 2 then has a fitful sleep from then on He is noticing better energy during the day, decreased appetite, slight weight loss and increased physical activity

O He maintains good eye contact today and is smiling and cheerful He is dressed appropriately

A Depression

P Increase Trazodone from 75 mg to 100 mg at bedtime Continue with Zoloft, 50 mg q day # 30 Trazodone without refills, written prescription provided # 17 days worth of Zoloft sampled He will return in 2 weeks to see both myself and Skip, sooner if needed JW lb

John Hetrera

Divine Community Health Clinic
1111 Ironwood Drive (lower)
Coeur d'Alene, ID 83814

seen in private practice : Jennifer Whiddens, N
@ Dr. Stimac Allergy clinic.

Zoloft 50 mg. working well to control depression. Recommend continuation @ same level, #60. — CK.

SEP 25 2001

Anxiety - problem sleeping. Depression managed well. Anxiety @ 8 at times on Rec. increasing Zoloft to 75 mg. #A, return in 2 weeks

& Rev

T-t Celexa 3 days; made skin burns
& blotches w/ itching.

Feels similar w/ depression as before sleep
especially disturbed. Lethargy; lack of energy.
"Very frustrating"
[Related again the battery story w/ pictures]

Nothing really shakes him out of depression. Lack of
pleasure w/ all things that brought him pleasure
before (i.e. fishing).

BP 160/100

Zoloft/trazodone provided by J. Whitten.
start 1st 50 mg

6/4 Sleeps better - from 10-1 the night 3 the
fitful sleep.
Energy, mood better, more motivated
AWARE process
Recommend continue Zoloft @ 50 mg (sample)
Trazodone at 100 mg HS #30

762-3382

John Alefteras — 44 — 9/20/56

Battery blew up in face couple years ago; been depressed since. No acid burns — Now experience unreasonable fear of batteries — can't go into Car parts store, be near batteries — Hank walked up for short a month- didn't see doctor.

Self-employed (farm-) Does some lifting- back hurt/ache - do some maintenance work.

Symptoms: hopeless ("nothing good is going to happen") helpless ("in not in control") low energy ("everything is blah") feeling of impending doom, total despair, low mood, bad nightmares & poor sleep in past year, suicidal ideation, no plan because of religious beliefs.

Single - one child (7) - lives w/ John - 1st grade - doing well in school

50 lb. wt gain - eat for comfort since accident

Non-smoker - Quit 10 years ago.

EVAL SSRI — w/ Jen; Celexa @ 20 mg. poss. add Trazodone in 2 weeks?

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