PART I CLAIMANT INFORMATION – GENERAL

United States Bankruptcy Court for the District of Delaware	CONTAMINANT-RELATED PROPERTY DAMAGE PROOF OF CLAIM
Exide Technologies et al , Case Number 02-11125 (KJC) Jointly Administered	

This form should be used to assert a CONTAMINANT-RELATED PROPERTY DAMAGE CLAIM against any of the Debtor(s) To assert such a claim, YOU MUST COMPLETE AND EXECUTE THIS FORM SO THAT IT IS ACTUALLY RECEIVED BY THE DEBTORS' CLAIM AGENT, BANKRUPTCY MANAGEMENT CORPORATION AT P O BOX 1063, EL SEGUNDO, CALIFORNIA 90245 **FOR MAIL DELIVERIES** OR 1330 E FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY** ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON AUGUST 15, 2003 (THE "CONTAMINANT BAR DATE") OR YOU WILL BE FOREVER BARRED FROM ASSERTING THE CLAIM

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach a copy of statement giving particulars

☑ Check box if you have never received any notices from the Bankruptcy Court in this case

☐ Check box if your current address differs from the address on the envelope sent to you by the Bankruptcy Court and/or Bankruptcy Management Corporation

☑ Check here if this claim

☐ Replaces
☑ Amends a previously filed claim, dated _____

Name of Debtor against which this claim is asserted

Name of Claimant (the person or other entity to whom the debtor owes money or property)

Name and address where notices should be sent

Telephone Number

Facsimile Number

E-Mail Address

Claimant s Age

Birth Date

Social Security Number

FILED

JUL 23 2004

BMC

Exide Technologies

06417

PART II: CLAIMS RELATING TO ENVIRONMENTAL CONTAMINATION OR THE OPERATION OF THE DEBTORS' BUSINESSES

IF YOU BELIEVE THAT YOUR ALLEGED PROPERTY DAMAGE IS THE RESULT OF ENVIRONMENTAL CONTAMINATION OR FROM THE OPERATION OF THE DEBTORS' BUSINESSES, YOU MUST BEGIN ON QUESTION 1 IF YOU BELIEVE THAT YOUR ALLEGED PROPERTY DAMAGE CLAIM IS THE RESULT OF A DEFECT IN THE DEBTORS' PRODUCTS, PLEASE SKIP TO QUESTION 17

QUESTIONS 1-16 AND 37-55 BELOW MUST BE COMPLETED FOR <u>EACH SITE OR BUILDING OR STRUCTURE (THE "SITE")</u> THAT IS THE BASIS OF A CONTAMINANT-RELATED PD CLAIM. IF YOU ARE ASSERTING A CONTAMINANT-RELATED PD CLAIM FOR MORE THAN ONE SITE, THEN YOU MUST FILE A SEPARATE CLAIM FOR EACH SITE

1 What is the exact location, including, if applicable, the name and street address, of the Site

Name _____
Address _____

2 What is your property interest in the Site (for example owner, operator, lessee) and when did you acquire that interest?

Interest _____
Date Acquired _____

3 Is the Site developed? _____ If yes, when was the Site developed? (Please check)

Before 1968 ☐ Between 1968 and 1973 ☐ After 1973 ☐

4 What is the address or location of the Debtor s facility or property which you believe caused the contamination of your Site?

5 Describe the basis for your belief that the Debtor's facility caused contaminant-related damage to your property interest

6 Specify the contaminant(s) causing the damage

7 Does the property have plumbing?

☐ Yes ☐ No

If yes has the plumbing been tested or examined for lead or lead-containing pipes joints, or solder? Please attach the test reports If you did not perform or request the tests and do not have the reports please identify the person who obtained the test report

8 Identify the current use of the property Please be specific detailed and complete

9 Identify each prior use of the property Please be specific, detailed and complete

10 Has the property been tested for lead paint?

☐ Yes ☐ No

If yes, please attach copy of report

11 Does the property contain Venetian blinds?

☐ Yes ☐ No

12 Has coal ever been used as fuel at the Site?

☐ Yes ☐ No

13 Has coal ash ever been used on the Site?

☐ Yes ☐ No

14 Have you made complaints about your claim(s) against any of the Debtors to any federal state or local environmental or public health agency?

☐ Yes ☐ No

If yes, please identify each complaint by describing the details of the complaint agency to whom addressed, and date of complaint Please attach copies of the complaint and any subsequent correspondence sent by you or received from the agency

15 Have you had an appraisal of your Site performed? If yes when and by whom? Please attach copies of each appraisal report

16 Have you (or anyone else including, but not limited to a lender or prospective purchaser) ever had an environmental assessment done for your property? This includes what are called Phase 1 or Phase 2 assessments or any property evaluation done for the purpose of identifying potential environmental concerns

If yes, please attach each and every evaluation If you do not have the evaluation, identify the person who has the evaluation For further information about environmental property assessments see, for example American Society for Testing and Materials (ASTM) Standard No E-1527-00

PLEASE SKIP TO QUESTION 37 AND COMPLETE QUESTIONS 37-55

PART III· CLAIMS RELATED TO PRODUCT DEFECT

QUESTIONS 17-36 AND 37-55 MUST BE COMPLETED FOR EACH CLAIM THAT IS THE RESULT OF A DEFECT IN THE DEBTORS' PRODUCTS IF YOU ARE ASSERTING A CONTAMINANT-RELATED PD CLAIM FOR MORE THAN ONE OF THE DEBTORS' PRODUCTS, THEN YOU MUST FILE A SEPARATE CLAIM FOR EACH PRODUCT

17 What is the name, trade name and/or number of the exact Exide product? Formic acid Hydrazine, AN Hydrous Phosphate

18 Describe the product by content (example, lead-acid battery, nickel cadmium battery etc) size, shape and color?_____

_____

19 What is the make, model number and year of the vehicle or machinery in which the product was being used (or in which you intended to use the product)?_____

_____

20 What is the name and address of the store or person from whom you purchased or obtained the Exide product?_____

_____

21 What is the exact date that you purchased or obtained the product?_____

_____

22 Describe the packaging for the product _____

_____

23 When you purchased or obtained the product, was it new or used?_____

24 Was the product ever installed into any vehicle or equipment?_____

If so, identify the name and address of the person who installed the product (including yourself) the date of installation, and the vehicle or machinery into which it was installed _____

_____

If the product was installed in more than one vehicle or piece of equipment, identify each _____

_____

25 Was any maintenance by anyone ever performed on the product?_____

26 If so what is the name and address of the person performing that maintenance (including yourself)?_____

_____

27 What maintenance was performed?_____

_____

28 Specify each of the dates that maintenance was performed on the product _____

_____

29 Did you or anyone else ever pour water or any other fluid or substance into the product? If so, what was poured into the product how much was poured and under what circumstances? Please describe why this was done _____

_____

30 Was any maintenance or repair done to the starter/ignition system or electrical system of the vehicle or machinery (at a time when the product was installed)? _____

If so describe the repair/maintenance that was done, and the date(s) on which such repair/maintenance work was done _____

31 Was the vehicle or equipment (in which you were using the product) ever involved in any accidents?____

_____

If so, describe the accident, the exact location where it occurred (streets name of town and state/province), the date of the accident, and whether any accident report was filled out and by whom Please attach copies of any such accident report _____

32 In what location(s) have you operated the vehicle or equipment (in which the product was installed)?____

_____

33 Describe the basis for your belief that the product is defective _____

_____

34 Did you witness any incident involving the product?_____

_____

If so, please describe it fully _____

_____

35 Describe the damage or injury which occurred that you contend resulted from the product defect _____

_____

_____

36 Have you made complaints about your claims against Exide to any federal, state local or consumer product safety agency or authority?_____

_____

If yes please identify each complaint by describing the details of the complaint, the agency/authority to whom it was addressed, and date of complaint Please attach copies of the complaint and any subsequent correspondence sent by you or received from the agency

QUESTIONS 37-55 MUST BE COMPLETED BY ALL CLAIMANTS FILING THIS FORM

PART IV: LITIGATION

37 Has any contaminant-related lawsuit ever been filed on behalf of this injured party?

☐ Yes ☑ No

If Yes answer the rest of this section If No, skip to Part VI

a Give the two-letter mail code of the state/province where this suit is or was pending _____

b Give the Court in which the case was filed _____

c Give the case number _____

d Has a judgment or verdict been entered?

☐ Yes ☐ No

e If Yes, provide the verdict amount and the names of each defendant to the litigation

Verdict Amount _____

Defendants(s) _____

f Who represents you or represented you in the matters?

_____

PART V: SETTLEMENTS

38 Has any contaminant-related property damage claim been submitted on behalf of the injured party to any bankruptcy trust or other claim facility or entity?

☐ Yes ☐ No

39 Who represented you in the matter? _____

40 Has any such claim been settled?

☐ Yes ☐ No

If Yes, please provide aggregate amount of settlements

$ _____

41 Has the injured party settled any contamination-related personal injury claim with any of the Debtors?

☐ Yes ☒ No

If Yes answer the rest of this section If No, skip to Part VII

42 Date of settlement

Month *Day* *Year*

43 Were there any others named in the lawsuit?

☐ Yes ☐ No

44 Were others named in separate lawsuits, claims or demands for the same property?

☐ Yes ☐ No

If Yes, please identify (a) the court in which the case was filed, (b) the case number, (c) the names of all defendants to the lawsuit claim or demand and (d) the date of filing

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45 If the matter is settled or concluded, please describe when and how the matter was settled or concluded including the total amount of such settlement and the amounts paid by each defendant Attach any final documents releases, etc

46 Please check all that apply regarding the status of the settlement

☐ Release executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes please attach executed release

☐ Settlement agreement executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes please attach executed settlement agreement

☐ Settlement paid in full

If Yes amount $ _____ Date of Payment _____ *Month* *Day* *Year*

☐ Settlement paid in part

If Yes, amount $ _____ _____ *Month* *Day* *Year*

Settlement documents submitted to any of the Debtors or on behalf of the injured party

Date of Submission _____ *Month* *Day* *Year*

PART VI: DEPENDENT OR RELATED PARTY CLAIM

This section is to be completed only by dependents or related parties (such as spouse or child) of an injured party who believes he/she has a current contaminant-related claim against any of the Debtors that does not involve property damage to himself/herself If a dependent or related party has a current claim against any of the Debtors for containment-related damages that does involve property damage to his/her property as the result of contaminants then such dependent or related party is considered a separate "injured party and he/she or the legal representative must fill out a separate Exide Contaminant-Related Property Damage Proof of Claim Form

- This section is to be used by only one dependent or related party If you wish to submit more than one dependent or related-party claim, please photocopy this page prior to filling it out and complete a separate page for each person making a claim
- This claim form must be signed by the dependent or related party or the person filing the claim on his/her behalf (such as the personal representative or his/her attorney)

47 Dependent or Related Party Name

Last Name *First Name* *MI*

48 Address

Street Address

City *State/ Province* *Zip Code/ Postal Code*

Country (if not U S)

49 Social Security Number

50 Financially Dependent ☐ Yes ☐ No

51 Date of Birth

Month *Day* *Year*

52 Relationship to Injured Party ☐ Spouse ☐ Child ☐ Other specify

53 Injured Party Name

Last Name *First Name* *MI*

54 Injured Party Social Security Number

PART VII: SUPPORTING DOCUMENTATION

55 **Supporting Documents and Materials**

Attach copies of all supporting documents or materials including, but not limited to, purchase orders, invoices, contracts, specifications, architectural drawings, appraisals, environmental reports, product samples or test results, relating or referring to your claim DO NOT SEND ORIGINAL DOCUMENTS

If the documents are not available, explain why not If the documents re too voluminous to attach, attach a summary of the documents identifying and providing a brief description of each document, identifying the location of the document and who has possession and control of it

If you provide a summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to the Debtors upon the Debtors' further request

This space is for the Court Use Only

Release executed by or on behalf of injured party and any of the Debtors authorizing additional claim for certain diseases manifesting after date of settlement (known as a limited disease release)

Date of Execution

Month Day Year

PART VIII: SIGNATURE PAGE

All claims must be signed by the injured party or the person filing on his/her behalf (such as the personal representative or attorney)

1 I have reviewed the information submitted on this Form and all documents submitted in support of my claim To the best of my knowledge, the information is accurate and complete

2a I hereby authorize and request each medical professional listed in this claim form and all other parties with custody of any documents or information concerning the injured party's medical history and treatment disclose any and all records concerning the injured party's medical history diagnoses and treatment to the Debtors or their representatives

2b I hereby authorize the release of the injured party s Social Security Number for use in comparing information provided separately to other trusts or claims facilities to verify the completeness and accuracy of the information contained in this form

2c I hereby authorize and consent to the production and release of any and all documents that I have not attached to this Form that support my claim

Jessie R. Leon

SIGNATURE OF INJURED PARTY, REPRESENTATIVE, OR ATTORNEY

8 15 03
Month *Day* *Year*

IF THE SIGNATURE IS NOT THAT OF THE INJURED PARTY, PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE RELATIONSHIP TO THE INJURED PARTY

THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM IS A FINE OF UP TO $500,000 OR IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH 18 U S C §§ 152, 3571

KEEP A COPY OF THIS PROOF OF CLAIM FORM AND ALL ATTACHMENTS FOR YOUR FILES AND MAIL AN ORIGINAL PROOF OF CLAIM FORM AND COPIES OF ALL ATTACHMENTS TO **BANKRUPTCY MANAGEMENT CORPORATION**, AT P O BOX 1063, EL SEGUNDO, CALIFORNIA 90245 **FOR MAIL DELIVERIES** OR 1330 E FRANKLIN AVENUE, EL SEGUNDO, CALIFORNIA 90245 **FOR HAND DELIVERY OR COURIER DELIVERY**

EXIDE TECHNOLOGIES
Contaminant-Related Property Damage
Proof of Claim Form

The United States Bankruptcy Court for the District of Delaware
In re Exide Technologies et al , Debtors, Case No 02-11125 (KJC)
(Jointly Administered)

SUBMIT COMPLETE CLAIMS TO: Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 **for mail deliveries** or 1330 E Franklin Avenue El Segundo, California 90245 **for hand delivery or courier delivery.**

"The Debtors" are the following entities

Exide Technologies, f/k/a Exide Corporation
Exide Illinois, Inc
Dixie Metals Company
Exide Delaware, L L C
RBD Liquidation, L L C
Refined Metals Corporation

If you have a claim against any of the Debtors for property damage resulting from exposure to any contaminants (a 'Contaminant-Related PD Claim ' which is defined below) as a result of the acts or omissions of any of the Debtors THIS PROPERTY DAMAGE PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON AUGUST 15, 2003 or you will be forever barred from asserting or receiving payment for your claim

INSTRUCTIONS FOR FILING THE EXIDE TECHNOLOGIES CONTAMINANT-RELATED PROPERTY DAMAGE PROOF OF CLAIM FORM

WHO SHOULD USE THIS CONTAMINANT-RELATED PROPERTY DAMAGE PROOF OF CLAIM FORM

1 You must complete this Contaminant-Related Property Damage Proof of Claim Form (referred to in th document as the "Form") if you wish to assert a Contaminant-Related PD Claim against any of the Debtors as result of the acts or omissions of the Debtors (or any other person or entity for which the Debtors may be liabl prior to April 15, 2002 (the "Petition Date")

2 A "Contaminant-Related PD Claim," as used in this Motion, shall mean any claim alleging arising out of, or i any way relating to physical, economic, environmental, or any other damage or injury to any property or propert interest, including any cost incurred by any person, for which any Debtor is alleged to be liable, arising out of c in any way relating to the installation, presence, removal of, or release of a Contaminant at, on or from any facilit of any Debtor or of any other person, or in or from any products or materials containing a Contaminan Contaminant-Related PD Claims include all such claims whether in tort, contract, warranty, restitution conspiracy, contribution, indemnity, guarantee, subrogation, under an environmental law or under any othe theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive exemplary, administrative, reimbursement, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PD Claims include any such claims that have beer resolved or are subject to resolution pursuant to any agreement, or any such claims that are based on a judgment or verdict

3 You should NOT use this form for claims other than Contaminant-Related PD Claims For information abou how and when to file other types of claims against the Debtors, please contact Bankruptcy Managemen Corporation at one of the addresses below or you may call them toll-free at (888) 909-0100

4 Please do not distribute this form to others Please call Bankruptcy Management Corporation at the toll-free phone number above to request additional forms if they are needed

5 If you wish to file a Contaminant-Related PD Claim against more than one Debtor you must complete an additional form for each Debtor and submit the forms separately

GENERAL INSTRUCTIONS

1 This form must be signed by the claimant or authorized agent of the claimant THE ORIGINAL OF THIS FORM MUST BE RECEIVED ON OR BEFORE 4 00 PM PREVAILING EASTERN TIME ON AUGUST 15, 2003 (the 'Contaminant Bar Date") by Bankruptcy Management Corporation at one of the addresses below or you shall be forever barred, estopped, and enjoined from (a) asserting any Contaminant-Related PD Claim (or filing a proof of claim with respect to such claims) against any of the Debtors, their property or their estates and if any such claims are barred, each of the Debtors and its property shall be forever discharged from all indebtedness, (b voting upon or receiving distributions under, any plan or plans of reorganization in the Debtors chapter 11 cases in respect of such Contaminant-Related PD Claim, notwithstanding that you may later discover facts in addition to or different from those which you know or believe to be true as of the Contaminant Bar Date and without regard to the subsequent discovery or existence of such different or additional facts, and (c) receiving any distribution in these chapter 11 cases on account of such Contaminant-Related PD Claims or receiving further notices regarding such claims or these chapter 11 cases Return your completed, executed and original Form to the Debtors' claim agent, Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 **for mail deliveries** or 1330 E Franklin Avenue, El Segundo, California 90245 **for hand delivery or courier delivery** A Form will be deemed filed only when **actually received** by Bankruptcy Management Corporation at one of the above addresses Forms must be submitted by courier service, hand delivery or mail Forms may **not** be submitted in person or by e-mail, telecopy or facsimile and Forms transmitted in person or by e-mail, telecopy or facsimile will not be accepted for filing If you are returning this form by mail, allow sufficient time so that this form is received on or before the Contaminant Bar Date Forms that are postmarked before the Contaminant

Bar Date but received after the Contaminant Bar Date will not be accepted Only original forms will be accepted for filing

2 All Forms must be (a) written in English (b) be denominated in lawful currency of the United States and (c) indicate the Debtor against which you are asserting a claim

3 All Forms must be signed and dated in the appropriate spaces

4 A separate Form must be completed executed and filed on account of each Contaminant-Related PD Claim you wish to assert

5 If you are asserting a Contaminant-Related PD Claim against more than one Debtor, you must complete, execute and file a separate Form for each Debtor you are asserting a claim against

6 If you cannot fit all information in any particular section or page, please make a copy of that page before filing it out and attach as many additional pages as needed

7 This Form must be filled out completely using BLACK or BLUE ink Typed responses are also acceptable

8 Mark check boxes with an "X" (example at right) ☒

9 Send only original Forms to the Debtors' claims agent at the following address Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 **for mail deliveries or** 1330 E Franklin Avenue El Segundo, California 90245 **for hand delivery or courier delivery** It is recommended that you make a copy of your completed Form to keep for your records

10 In addition to the completed, original Form, you must provide copies of all supporting documents in your possession relating to your Contaminant-Related PD Claim Attach copies of all supporting documents or materials, including, but not limited to, purchase orders, invoices, contracts, specifications, architectural drawings appraisals, environmental reports, product samples or test results, related or referring to your claim DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain why not If the documents are too voluminous to attach, attach a summary of the documents identifying and providing a brief description of each document identifying the location of the document and who has possession and control of it If you provide summary of documents rather than the documents themselves, you are required to consent to the production and release of those documents to the Debtors upon the Debtors' further request

11 You may attach any additional documentation that supports your claim However such information will not be substitute for information provided in the Form itself

12 Be accurate and truthful This Form is an official court document that may be used as evidence in any legal proceeding regarding your claim The penalty for presenting a fraudulent claim is a fine up to $500,000 or imprisonment for up to five years or both 18 U S C §§ 152 and 3571

13 For additional questions and/or assistance, please contact Bankruptcy Management Corporation at the address and/or phone number above

PART III: CHILD CLAIMANT INFORMATION FROM PARENT/GUARDIAN

14 If this claim is being submitted on behalf of a minor child, please be sure that the child s parents and/or guardians review and sign it Please provide the following information

(i) Who provides daily care for the child? Identify each caregiver from birth to 7 years of age

_____

(ii) If not both parents, please explain why

_____

Have both parents ever had joint custody and responsibility for care of the child? _____

(iii) When and where?

_____

15 Please identify each address at which the claimant has spent more than 10 days during the period from 0-7 years (0-84 months) Include residences, day care centers, homes providing child care/babysitting services, schools, relatives homes and any other place where the child has spent significant time Identify the persons responsible for care at each location Use additional pages as needed

_____

_____

_____

_____

_____

PART IV: SUPPORTING DOCUMENTATION

16 You must attach medical records relating to the diagnosis/-es claimed and medical data provided in Part III Please use the checklist below and indicate which medical documents you are submitting with this form Submit all records for all such tests performed in the last two years

☐ Medical records and/or report containing a statement of diagnosis for conditions claimed and all testing performed

☐ Neurological testing (EEG)

☐ Neurological testing/other (describe)

☐ PET scans

☐ Other

PART V: LITIGATION

17 Has any contaminant-related lawsuit ever been filed on behalf of this injured party?

☐ Yes ☑ No

If Yes, answer the rest of this section If No, skip to Part VI

a Give the two-letter mail code of the state/province where this suit is or was pending _____

b Give the Court in which the case was filed _____

c Give the case number _____

d Has a judgment or verdict been entered?

☐ Yes ☐ No

e If Yes, provide the verdict amount and the names of each defendant to the litigation

*Verdict Amount*_____

Defendants(s) _____

f Who represents you or represented you in the matters?

_____

PART VI: SETTLEMENTS

18 Has any contaminant-related personal injury claim been submitted on behalf of the injured party to any bankruptcy trust or other claim facility or entity?

☐ Yes ☑ No

19 Who represented you in the matter?

_____

20 Has any such claim been settled?

☐ Yes ☑ No

If Yes, please provide aggregate amount of settlements

21 Has the injured party settled any contaminant-related personal injury claim with any of the Debtors?

☐ Yes ☑ No

If Yes, answer the rest of this section If No, skip to Part VII

22 Date of settlement _____

Month *Day* *Year*

23 Were there any others named in the lawsuit?

☐ Yes ☐ No

24 Were others named in separate lawsuits, claims or demands for the same injury?

☐ Yes ☐ No

If Yes, please identify (a) the court in which the case was filed, (b) the case number, (c) the names of all defendants to the lawsuit, claim or demand, and (d) the date of filing

_____

25 If the matter is settled or concluded, please describe when and how the matter was settled or concluded, including, the total amount of such settlement and the amounts paid by each defendant Attach any final documents, releases, etc _____

_____

_____

_____

_____

26 Please check all that apply regarding the status of the settlement

☐ Release executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes, please attach executed release

☐ Settlement agreement executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15, 2002

If yes, please attach executed settlement agreement

☐ Settlement paid in full

If Yes, amount $ _____ Date of Payment _____ *Month* *Day* *Year*

☐ Settlement paid in part

If Yes, amount $ _____ _____ *Month* *Day* *Year*

Settlement documents submitted to any of the Debtors or on behalf of the inured party

Date of Submission _____ *Month* *Day* *Year*

Date of Execution

Release executed by or on behalf of injured party and any of the Debtors authorizing additional claim for certain diseases manifesting after date of settlement (known as a limited disease release)

Month *Day* *Year*

PART VII: DEPENDENT OR RELATED PARTY CLAIM

- This section is to be completed only by dependents or related parties (such as spouse or child) of an injured party who believes he/she has a current contaminant-related claim against any of the Debtors that does not involve physical injury to him/herself based on his/her own exposure If a dependent or related party has a current claim against any of the Debtors for contamment-related damages that does involve physical injury to him-/herself based on his/her own exposure to contaminants, then such dependent or related party is considered a separate "injured party" and he/she or the legal representative must fill out a separate Exide Contaminant-Related Personal Injury Proof of Claim Form
- This section is to be used by only one dependent or related party If you wish to submit more than one dependent or related-party claim, please photocopy this page prior to filling it out and complete a separate page for each person making a claim
- This claim form must be signed by the dependent or related party or the person filing the claim on his/her behalf (such as the personal representative or his/her attorney)

27 Dependent or Related Party Name

Last Name *First Name* *MI*

28 Address

Street Address

City *State/ Province* *Zip Code/ Postal Code*

Country (if not U S)

29 Social Security Number

30 Financially Dependent ☐ Yes ☐ No

31 Date of Birth

Month *Day* *Year*

32 Relationship to Injured Party ☐ Spouse ☐ Child ☐ Other, specify

33 Injured Party Name

Last Name *First Name* *MI*

INSTRUCTIONS FOR FILING THE EXIDE TECHNOLOGIES CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

WHO SHOULD USE THIS CONTAMINANT-RELATED PERSONAL INJURY PROOF OF CLAIM FORM

1 You must complete this Contaminant-Related Personal Injury Proof of Claim Form (referred to in this document as the "Form") if you wish to assert a Contaminant-Related PI Claim against any of the Debtors as a result of the acts or omissions of the Debtors (or any other person or entity for which the Debtors may be liable) prior to April 15, 2002 (the "Petition Date") regardless of whether or not any symptoms of such injury have manifested or been diagnosed by a medical professional Contaminant-Related PI Claims do not include claims for property damage or claims for workers' compensation even if these claims arise from exposure to contaminants

2 A "Contaminant-Related PI Claim," as used in this Motion, shall mean any claim alleging, arising out of, or in any way relating to personal injury, including wrongful death, for which any Debtor is alleged to be liable, arising out of or relating to exposure to lead, cadmium, arsenic, sulfate, chromium, aluminum, nickel, barium, copper, manganese, beryllium, heavy metals, sulfuric acid or other acidic contaminants, or any other toxic or hazardous substances, pollutants, or substances (a "Contaminant"), and any claims in any way related to such claims Contaminant-Related PI Claims include all such claims whether in tort, contract, warranty, restitution, conspiracy, contribution, guarantee, indemnity, subrogation or any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PI Claims include any such claims that have been resolved or are subject to resolution pursuant to any agreement or any such claims that are based on a judgment or verdict

3 You should NOT use this form for claims other than Contaminant-Related PI Claims For information about how and when to file other types of claims against the Debtors, please contact Bankruptcy Management Corporation at one of the addresses below or you may call them toll-free at (888) 909-0100

4 Please do not distribute this form to others Please call Bankruptcy Management Corporation at the toll-free phone number above to request additional forms if they are needed

5 If you wish to file a Contaminant-Related PI Claim against more than one Debtor, you must complete an additional form for each Debtor and submit the forms separately

GENERAL INSTRUCTIONS

1 This form must be signed by the claimant or authorized agent of the claimant THE ORIGINAL OF THIS FORM MUST BE RECEIVED ON OR BEFORE 4 00 PM PREVAILING EASTERN TIME ON AUGUST 15 2003 (the "Contaminant Bar Date") by Bankruptcy Management Corporation at one of the addresses below or you shall be forever barred, estopped, and enjoined from (a) asserting any Contaminant-Related PI Claim (or filing a proof of claim with respect to such claims) against any of the Debtors, their property or their estates and if any such claims are barred, each of the Debtors and its property shall be forever discharged from all indebtedness (b) voting upon, or receiving distributions under, any plan or plans of reorganization in the Debtors' chapter 11 cases in respect of such Contaminant-Related PI Claim, notwithstanding that you may later discover facts in addition to, or different from, those which you know or believe to be true as of the Contaminant Bar Date, and without regard to the subsequent discovery or existence of such different or additional facts, and (c) receiving any distribution in these chapter 11 cases on account of such Contaminant-Related PI Claims or receiving further notices regarding such claims or these chapter 11 cases Return your completed, executed and original Form to the Debtors' claim agent, Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 **for mail deliveries** or 1330 E Franklin Avenue, El Segundo, California 90245 **for hand delivery or courier delivery** A Form will be deemed filed only when **actually received** by Bankruptcy Management Corporation at one of the above addresses Forms must be submitted by courier service, hand delivery or mail Forms may **not** be submitted in person or by e-mail, telecopy or facsimile and Forms transmitted in person or by e-mail,

Debtors' August 15, 2003 bar date for contaminant-related personal injury claims (the "Contaminant-Related PI Claims") and contaminant-related property damage claims (the "Contaminant-Related PD Claims and with the Contaminant-Related PI Claims the 'Contaminant-Related Claims') Therefore, neither the filing of the Amendment nor this Notice provides you with additional time to file a proof of claim relating to such Contaminant-Related Claims The deadline to file a proof of claim for your Contaminant-Related Claims was August 15, 2003

"Contaminant-Related PI Claims" mean any claim alleging, arising out of, or in any way relating to personal injury, including wrongful death, for which any Debtor is alleged to be liable, arising out of or relating to exposure to lead, cadmium, arsenic, sulfate, chromium, aluminum, nickel, barium, copper, manganese, beryllium, heavy metals, sulfuric acid or other acidic contaminants, or any other toxic or hazardous substances, pollutants, or substances (a "Contaminant"), and any claims in any way related to such claims Contaminant-Related PI Claims include all such claims whether in tort, contract, warranty, restitution, conspiracy, contribution, guarantee, indemnity, subrogation or any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PI Claims include any such claims that have been resolved or are subject to resolution pursuant to any agreement, or any such claims that are based on a judgment or verdict

"Contaminant-Related PD Claims" mean any claim alleging, arising out of, or in any way relating to physical, economic, environmental, or any other damage or injury to any property or property interest, including any cost incurred by any person, for which any Debtor is alleged to be liable, arising out of or in any way relating to the installation, presence, removal of, or release of a Contaminant at, on or from any facility of any Debtor or of any other person, or in or from any products or materials containing a Contaminant Contaminant-Related PD Claims include all such claims whether in tort, contract, warranty, restitution, conspiracy, contribution, indemnity, guarantee, subrogation, under an environmental law, or under any other theory of law, equity or admiralty, whether seeking compensatory, special, economic and non-economic, punitive, exemplary, administrative, reimbursement, or any other costs or damages, or whether seeking any legal, equitable or other relief of any kind whatsoever Contaminant-Related PD Claims include any such claims that have been resolved or are subject to resolution pursuant to any agreement, or any such claims that are based on a judgment or verdict

"General Claim" means a claim other than a Contaminant-Related Claim

PLEASE TAKE FURTHER NOTICE that if you are holding or wishing to assert a claim other than a Contaminant-Related Claim (a "General Claim") against the estate of Exide Technologies and your claim is scheduled as contingent, unliquidated or disputed or you disagree with the amount in which your claim is scheduled by Exide Technologies, you must complete, execute and file a general proof of claim form together with any accompanying or supporting documentation so that it is actually received by BMC on or before the Claims Deadline at one of the below addresses

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(v) Father's Employment History (please identify each of your father's employers by business name workplace address dates employment (beginning/end) and description of each job held)

_____

_____

(vi) Father's education

Highest grade completed _____

School Name (secondary) _____

College (if applicable) _____

Graduate school degree (if applicable) _____

Other education (please describe) _____

(vii) Any special education needs/learning disability? (describe)

_____

(viii) Mother's Name _____

(ix) Mother's Address _____

(x) Mother's Telephone _____

(xi) Mother's Date of Birth _____

(xii) Mother's Employment History (please identify each of your mother s employers by business name, workplace address, dates of employment (beginning/end) and description of each job held)

_____

_____

(xiii) Mother s education

Highest grade completed _____

School Name (secondary) _____

College (if applicable) _____

Graduate school degree (if applicable) _____

Other education (please describe) _____

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE DISTRICT OF DELAWARE

In re	)	
	)	Chapter 11
EXIDE TECHNOLOGIES, et al ,[1]	)	
	)	Case No 02-11125 (KJC)
Reorganized Debtors	)	(Jointly Administered)

NOTICE OF EXIDE TECHNOLOGIES' AMENDMENT TO SCHEDULE F
(Amendment to Schedule F supplements and does not replace previously filed Schedules)

PLEASE TAKE NOTICE that pursuant to Federal Rule of Bankruptcy Procedure 1007, Exide Technologies and certain of its affiliates, Exide Delaware, L L C , Exide Illinois and RBD Liquidation, L L C (the "Debtors") filed their Schedules of Assets and Liabilities on June 13, 2002, including Exide Technologies' Schedule F at Docket No 350 On November 27, 2002, Exide Technologies filed its Amended and Restated Schedules of Assets and Liabilities F & G and Amended and Restated Schedules of Financial Affairs 3A and 4A including Amended and Restated Schedule F at Docket Nos 1168, 1169, 1170 ("Schedule F") On June 16, 2004, Exide Technologies filed the Debtor's Amendment to Schedule F (Docket No 4585) (the "Amendment") The Amendment supplements and does not replace Schedule F The names of individuals appear as initials in the Amendment pursuant to privacy rules Enclosed with this notice is a customized general proof of claim form showing the name of the claimant, the amount of the claim as scheduled in the Amendment and whether the claim is scheduled as contingent, unliquidated or disputed You should carefully review the proof of claim form and follow the instructions for submitting a proof of claim if your claim is scheduled as contingent, unliquidated or disputed or if you disagree with the amount in which Exide Technologies has scheduled your claim You may obtain a non-redacted version of the portion of the Amendment which relates to your claim upon request made to the Debtor's notice and claims agent, Bankruptcy Management Corporation ("BMC"), by contacting them at P O Box 1063, El Segundo, California 90245 or by contacting them toll-free at (888) 909-0100 Schedule F and the Amendment may be examined during regular business hours at the Office of the Clerk of the U S Bankruptcy Court, 824 Market St , Wilmington, DE 19801

PLEASE TAKE FURTHER NOTICE that the Order Establishing a General Bar Date for Filing Proofs of Claim and Approving the Manner and Notice Thereof [Docket No 1545 dated 2/21/03] established 30 days from the date of this notice as the last date for creditors listed in the Amendment to file proof of claim(s) and/or proofs of interest(s) (the "Claims Deadline") The Claims Deadline is **4 00 P M Prevailing Eastern Time on July 26, 2004** However, the Claims Deadline applies only to any **General Claim** (as defined below) you may have against Exide Technologies It does not apply to any **Contaminant-Related Claims** (as defined below) you may have against the Debtors because your deadline to file such Contaminant-Related Claims was August 15, 2003

PLEASE TAKE FURTHER NOTICE that any holder of a claim or interest whose claim or interest appears in the Amendment and whose claim is scheduled in the correct amount and is not scheduled as disputed, contingent or unliquidated as to amount may, but need not, file a proof of claim or interest in these bankruptcy cases Holders of claims or interests whose claims or interests are not scheduled, are scheduled in the incorrect amount, or are scheduled as disputed, contingent or unliquidated, and who desire to participate in these bankruptcy cases and share in any distribution, must file a proof of claim or interest on or before the Claims Deadline Any holder of a claim or interest that desires to rely on the Amendment has the responsibility for determining that its claim or interest is listed accurately

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[1] The Reorganized Debtors in these proceedings are Exide Technologies, f/k/a Exide Corporation, Exide Delaware, L L C , Exide Illinois, Inc , RBD Liquidation, L L C , Dixie Metals Company, and Refined Metals Corporation

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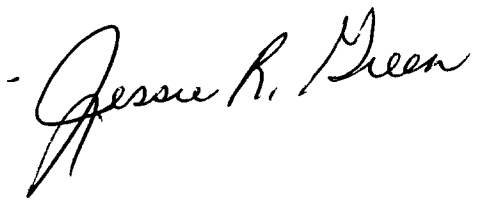
Dated June 25, 2004

KIRKLAND & ELLIS, LLP
Matthew N Kleiman
Jason D Horwitz
200 East Randolph Drive
Chicago, IL 60601
Telephone (312) 861-2000
Facsimile (312) 861-2200

PACHULSKI, STANG, ZIEHL YOUNG JONES & WEINTRAUB P C
Laura Davis Jones (Bar No 2436)
James E O'Neill (Bar No 4042)
919 North Market Street, 16th Floor
P O Box 8705
Wilmington, Delaware 19899-8705 (Courier 19801)
Telephone (302) 652-4100
Facsimile (302) 652-4400

Co-Counsel for the Reorganized Debtors



1 Were you ever employed by any of the Debtors?

☐ Yes ☒ No

2 If yes, with which Debtor(s) were you employed?

_____

3 If yes, does your claim relate to a workplace exposure?

☐ Yes ☐ No

4 Please identify each of the methods used to determine your source of contaminant-related claim (check as many as applicable)

☐ Testing of home residence property for contaminants (describe)

☐ Testing of primary child care location(s) for contaminants

☐ Testing of daycare, preschool location for contaminants

☐ Testing of school for contaminants

☐ Other (describe)

_____

5 Dietary Information

a Did you consume food from metal containers? _____

What kinds? How often? _____

b Were you fed baby formula? What brands? N/A

c Did you take calcium supplements or antacids? yes

What brands? How often? Rolaids. Tums.

6 Consumer Product Information

a Do you use cosmetics or personal care products such as hair dyes? What brands?

yes

b Did you use crayons or chalk as a child? What brands?

Crayolas

c Have you ever been exposed to lead paint? What brands?

Yes?

d Have you ever been tested for lead paint? By whom? What were the results?

No

7 Hobbies

Please describe your hobbies and those of others residing with you during your childhood

Baseball, Foot Ball, Fishing & Swimming - (Same Hobbies)

8 Tobacco Use

Do you smoke? Did others smoke in your presence when you were a child? Did they reside with you?

Yes (NO)

9 Employment – Related source of exposure

Please describe the nature and location of the employment and source of the contaminant exposure

TU electric - Trinidad SES, River Crest SES, MCSES, cleaning Firing Aisle on Unit #5, and Building

10 Diagnosis of Contaminant-Related Injury

a Please describe the circumstances of your first becoming aware of contaminants as the cause of an injury Describe who first related this possibility to you, and the specific questions asked If written materials were used, please attach a copy, if you do not have one, please identify the materials you were given, describe who provided them, and the authors

b What steps did you take following your first becoming aware of the possibility of a contaminant-related personal injury

☐ followed instructions of _____ (provide name, address)

☐ sought medical attention

- ☐ saw family doctor
- ☐ went to clinic I normally use

☐ referred by _____

☐ other _____

c Provide name of family doctor _____

d Provide name of clinic normally used _____

e Provide name of doctor to whom you were referred _____
If you do not have this information, provide information about the person who made the referral

_____

f Contaminant-Related Testing

☐ If your claim is based on a medical examination, please obtain all medical records and attach them to the claim

☑ If you have ever had blood or other samples tested for lead or other contaminants, please attach the test results for each test or identify the medial professional or place where the test was taken (examples doctor's office, school nurse, public health clinic, private clinic, or other)

☐ Other testing (describe) Toxicology,

location of testing Athen Lake Land Hospital - 1985

person/firm conducting test TRU Safety -

PART II: CLAIM OF COGNITIVE INJURY

11 If you claim that your contaminant-related exposure caused sub clinical impairments to your cognitive or developmental functions, resulting in decreased academic performance, please provide a medical evaluation documenting this claim

12 If the claim is based on studies correlating contaminant-related exposure to lower scores on IQ tests, please indicate the extent of IQ loss determined by medical evaluation, and attach copies of each IQ test performed on the claimant

_____

a Family information for claimants based on cognitive or developmental injury

(i) Father's Name _____

(ii) Father's Address _____

(iii) Father's Telephone _____

(iv) Father's Date of Birth _____

(xiv) Any special education needs/learning disability? (describe)

b How many brothers? 1

c How many sisters? 6

d For **each** brother or sister, please provide the following

(i) Name of brother/sister Victor S. Green

(ii) Date of Birth 5/5/

(iii) Father's Name Jessie Green JR. III

(iv) Mother's Name Betty J Smith

(v) Did this brother/sister live with you?

☐ Yes ☑ No

(vi) If Yes What years?

(vii) Highest grade completed 2 yr College

(viii) Year completed 1995

(ix) Occupation(s) Employers name and address and years worked

(x) If a brother or sister was ever tested for exposure to the same contaminants which are the subject of this claim, please provide the results of that testing for each brother or sister

(xi) If other children lived with you please provide the same information for **each** such child

13 Please describe any other injuries sustained from exposure to contaminants Attach any medical evaluation of your injury

PART III: CHILD CLAIMANT INFORMATION FROM PARENT/GUARDIAN

14 If this claim is being submitted on behalf of a minor child please be sure that the child s parents and or guardian review and sign it Please provide the following information

(i) Who provides daily care for the child? Identify each caregiver from birth to 7 years of age

_____

(ii) If not both parents, please explain why

_____

Have both parents ever had joint custody and responsibility for care of the child? _____

(iii) When and where?

_____

15 Please identify each address at which the claimant has spent more than 10 days during the period from 0-7 years (0-84 months) Include residences, day care centers, homes providing child care/babysitting services, schools, relatives homes, and any other place where the child has spent significant time Identify the persons responsible for care at each location Use additional pages as needed

_____

_____

_____

_____

_____

PART IV: SUPPORTING DOCUMENTATION

16 You must attach medical records relating to the diagnosis/-es claimed and medical data provided in Part III Please use the checklist below and indicate which medical documents you are submitting with this form Submit all records for all such tests performed in the last two years

- ☐ Medical records and/or report containing a statement of diagnosis for conditions claimed and all testing performed
- ☐ Neurological testing (EEG)
- ☐ Neurological testing/other (describe)
- ☐ PET scans
- ☐ Other

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_____

_____

_____

_____

_____

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- ☐ PET scans
- ☐ Other

PART V: LITIGATION

7 Has any contaminant-related lawsuit ever been filed on behalf of this injured party?

☐ Yes ☑ No

If Yes, answer the rest of this section If No skip to Part VI

a Give the two-letter mail code of the state/province where this suit is or was pending _____

b Give the Court in which the case was filed _____

c Give the case number _____

d Has a judgment or verdict been entered?

☐ Yes ☐ No

e If Yes, provide the verdict amount and the names of each defendant to the litigation

Verdict Amount _____

Defendants(s) _____

f Who represents you or represented you in the matters?

_____

PART VI: SETTLEMENTS

18 Has any contaminant-related personal injury claim been submitted on behalf of the injured party to any bankruptcy trust or other claim facility or entity?

☐ Yes ☑ No

19 Who represented you in the matter?

_____

20 Has any such claim been settled?

☐ Yes ☑ No

If Yes, please provide aggregate amount of settlements

21 Has the injured party settled any contaminant-related personal injury claim with any of the Debtors?

☐ Yes ☑ No

If Yes, answer the rest of this section If No, skip to Part VII

22 Date of settlement _____
Month Day Year

23 Were there any others named in the lawsuit?

☐ Yes ☐ No

24 Were others named in separate lawsuits, claims or demands for the same injury?

☐ Yes ☐ No

If Yes, please identify (a) the court in which the case was filed, (b) the case number, (c) the names of all defendants to the lawsuit claim or demand, and (d) the date of filing

_____

25 If the matter is settled or concluded, please describe when and how the matter was settled or concluded, including, the total amount of such settlement and the amounts paid by each defendant Attach any final documents, releases, etc _____

_____

_____

_____

_____

26 Please check all that apply regarding the status of the settlement

☐ Release executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15 2002

If yes, please attach executed release

☐ Settlement agreement executed by or on behalf of injured party and submitted to any of the Debtors prior to April 15 2002

If yes please attach executed settlement agreement

Date of Payment

☐ Settlement paid in full

If Yes amount $ _____ *Month Day Year*

☐ Settlement paid in part

If Yes amount $ _____ *Month Day Year*

Date of Submission

Settlement documents submitted to any of the Debtors or on behalf of the injured party

Month Day Year

Date of Execution

Release executed by or on behalf of injured party and any of the Debtors authorizing additional claim for certain diseases manifesting after date of settlement (known as a limited disease release)

Month *Day* *Year*

PART VII: DEPENDENT OR RELATED PARTY CLAIM

- This section is to be completed only by dependents or related parties (such as spouse or child) of an injured party who believes he/she has a current contaminant-related claim against any of the Debtors that does not involve physical injury to him/herself based on his/her own exposure If a dependent or related party has a current claim against any of the Debtors for containment-related damages that does involve physical injury to him-/herself based on his/her own exposure to contaminants, then such dependent or related party is considered a separate "injured party" and he/she or the legal representative must fill out a separate Exide Contaminant-Related Personal Injury Proof of Claim Form
- This section is to be used by only one dependent or related party If you wish to submit more than one dependent or related-party claim please photocopy this page prior to filling it out and complete a separate page for each person making a claim
- This claim form must be signed by the dependent or related party or the person filing the claim on his/her behalf (such as the personal representative or his/her attorney)

27 Dependent or Related Party Name

Last Name *First Name* *MI*

28 Address

Street Address

City *State/ Province* *Zip Code/ Postal Code*

Country (if not U S)

29 Social Security Number

30 Financially Dependent ☐ Yes ☐ No

31 Date of Birth

Month *Day* *Year*

32 Relationship to Injured Party ☐ Spouse ☐ Child ☐ Other specify

33 Injured Party Name

Last Name *First Name* *MI*

Dated June 25, 2004

KIRKLAND & ELLIS LLP
Matthew N Kleiman
Jason D Horwitz
200 East Randolph Drive
Chicago, IL 60601
Telephone (312) 861-2000
Facsimile (312) 861-2200

PACHULSKI, STANG ZIEHL, YOUNG JONES & WEINTRAUB P C
Laura Davis Jones (Bar No 2436)
James E O'Neill (Bar No 4042)
919 North Market Street, 16th Floor
P O Box 8705
Wilmington, Delaware 19899-8705 (Courier 19801)
Telephone (302) 652-4100
Facsimile (302) 652-4400

Co-Counsel for the Reorganized Debtors

EXIDE TECHNOLOGIES
Contaminant-Related Personal Injury
Proof of Claim Form

The United States Bankruptcy Court for the District of Delaware
In re Exide Technologies et al , Debtors, Case No 02-11125 (KJC)
(Jointly Administered)

SUBMIT COMPLETE CLAIMS TO: Bankruptcy Management Corporation, at P O Box 1063, El Segundo, California 90245 **for mail deliveries** or 1330 E Franklin Avenue, El Segundo, California 90245 **for hand delivery or courier delivery.**

"The Debtors ' are the following entities

Exide Technologies, f/k/a Exide Corporation
Exide Illinois, Inc
Dixie Metals Company
Exide Delaware, L L C
RBD Liquidation, L L C
Refined Metals Corporation

If you have a claim against any of the Debtors for personal injury resulting from exposure to any contaminants (a "Contaminant-Related PI Claim," which is defined below) as a result of the acts or omissions of any of the Debtors, THIS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4 00 P M PREVAILING EASTERN TIME ON AUGUST 15, 2003 or you will be forever barred from asserting or receiving payment for your claim

IN THE UNITED STATES BANKRUPTCY COURT

FOR THF DISTRICT OF DELAWARE

In re	)	
	)	Chapter 11
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	)	Case No 02-11125 (KJC)
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Post Office To Addressee

RECD JUL 23 2004

PO ZIP Code: 75148	Day of Delivery: ☒ Next ☐ Second	Flat Rate Envelope: For EMCA or government agency, fill in account number on label.
Date In: Mo. 7 Day 22 Year 04	☒ 12 Noon ☐ 3 PM	Postage: $ 13.65
Time In: ☐ AM ☒ PM	Military: ☐ 2nd Day ☐ 3rd Day	Return Receipt Fee
Weight: ATTACH LABEL lbs. 7 ozs.	Int'l Alpha Country Code	COD Fee: $ / Insurance Fee:
No Delivery: ☐ Weekend ☐ Holiday	Acceptance Clerk Initials: MJF	Total Postage & Fees: $ 13.65

Delivery Attempt: Mo. Day	Time: ☐ AM ☐ PM	Employee Signature
Delivery Attempt: Mo. Day	Time: ☐ AM ☐ PM	Employee Signature
Delivery Date: Mo. 7 Day 23	Time: 0 ☐ AM ☐ PM	Employee Signature

PAYMENT BY PRESCRIPT
Express Mail Corporate Acct. No.
Federal Agency Acct. No. or Postal Service Acct. No.
NO DELIVERY ☐ Weekend ☐ Holiday

FROM: (PLEASE PRINT) PHONE (903) 577-8650

Jesse R Green
Rt 3, Box 1208
Mt Pleasant Tx 75455

DROP OFF PICK UP
Call 1-800-222-1811 for our convenient pick-up service (one low fee no matter how many places) or drop off your Express Mail package at a post office of the Express Mail Network.

TO: (PLEASE PRINT) PHONE ( )

EXIDE Technologies
c/o BMC
PO Box 1063
Eb Seg... 90245-1063

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ZIP + 4

The efficient ... the Express Ma...

EP-13F February 2002

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