

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



02202491056385

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

NATIONAL AUTOMOTIVE PARTS ASSOC
C/O HEATHER HARRINGTON
PO BOX 533
HOLLIDAYSBURG PA 16648-0533

- 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 ()

CREDITOR TAX ID #

25-1319663

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
SM 019/106942204-09

Check here replaces or amends a previously filed claim dated _____ if this claim

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 **DOI 10/6/93**

3 IF COURT JUDGMENT, DATE OBTAINED **Not yet tried**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ unknown (unsecured) \$ -0- (secured) \$ -0- (unsecured priority) \$ unknown (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 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.

FILED
APR 07 2003
BMC

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.

THIS SPACE FOR COURT USE ONLY

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

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)

4/13/03

Heather Harrington



02666

Proof of Claim
Case No 02-11125
Exide Technologies

#4 Creditor is a co-defendant in a third-party personal injury action where potential for liability for contribution and/or indemnification exists. If judgment is entered against the defendants, statutory interest and delay damages may be applicable pursuant to Pennsylvania law.

LAW OFFICES
McINTYRE, DUGAS, HARTYE & SCHMITT

P O BOX 533

HOLLIDAYSBURG, PA 16648-0533

(814) 696-3581

FAX (814) 696-9399

www.mdhsllaw.com

April 3, 2003

Our Reference SM 019 NH

JOHN L. McINTYRE
STEPHEN L. DUGAS
FRANK J. HARTYE
LOUIS C. SCHMITT JR.
HEATHER A. HARRINGTON
MICHAEL A. SOSNOWSKI

Bankruptcy Management Corporation
P O Box 1063
El Segundo, CA 90245-1063

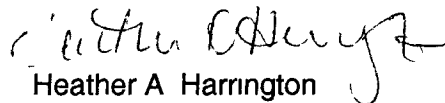
Re Exide Technologies
Case No 02-11125

To Whom It May Concern

Enclosed are the completed Proof of Claim forms and attachments for creditors,
Somerset Auto and National Automotive Parts Association

Should you have any questions or comments regarding these materials, please do not
hesitate to contact me

Sincerely,


Heather A. Harrington

HAH/sg
Enclosures

cc (w/encl) Barry Kallman, Somerset Auto
William Kallman, Somerset Auto