

PROOF OF CLAIM

101730
YOUR CLAIM IS SCHEDULED AS
sa42109
UNKNOWN UNSECURED CONTINGENT,
DISPUTED UNLIQUIDATED

In re
Exide Technologies

Case Number
02-11125

P268-070138-01

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

02209278109532
Elizabeth Fuher
~~JACKIE DELONG CLAIM REPRESENTATIVE~~
SEARS C/O HELMSMAN MGMT SVCS INC
1800 PLAZA DR STE 800 PO Box 768
SCHAUMBURG, IL 60173-7900
MISHAWAKA IN 46546 0768

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 Telephone Number 348-2478 x2506

CREDITOR TAX ID #
04-2791584

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
P268-070138-01

Check here 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)
Battery leaked & caused damage to AC
- 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 _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED 09-09-2000

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 813.35 (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)(8)
- 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 04 2004

BMC
Exide Technologies
04653

DATE SIGNED

7/29/2004

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)

Elizabeth C Fuher for Helmsman Management Service

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

PAGE 01
INSD SEARS ROEBUCK AND CO
CLMT CRUZ, SUSAN

CHECK LIST (CK)

DOL 09/09/2000 CLAIM NO P 268-070138-01 HOD
CLAIM STATUS O

SPEC CLM SERV H

SV NO	CH/EFT NO	PAYEE	PYMT AMT	ISSUE DATE	T/C PR ST	RV ST	R/R ST	ID
001	00096730	SUSAN CRUZ	813 35	09/21/2000		00		C268B07

SKIP TO DATE

SP	CMSP	R+C	CMR+C	ENTER SV NO STATUS	AND STOP PRINT	DISPLAY	CORR MENU

SCREEN	SUFFIX	REMARKS Y	ID
			A499B10

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Helmsman Management Services, Inc

NOTICE OF RELEASE AND SETTLEMENT OF CLAIM

Susan Cruz - Sears Roebuck & Co File No. P268-070138-01

For the sole consideration of Eight Hundred Thirteen Dollars And 35/100 (\$813.35) The undersigned hereby releases and forever discharges

SEARS ROEBUCK & COMPANY, HELMSMAN MANAGEMENT SERVICES, EXIDE and all other persons, firms and corporations from all claims and demands, rights and cause of action of any kind the undersigned now has or hereafter may have on account of or in any way growing out of Personal injuries known or unknown to me/us at the present time and Property Damage resulting or to result from an occurrence which happened on or prior to, September 9, 2000, and do hereby covenant to indemnify and save harmless the said party or parties from against all claims and demands whatsoever on account of or in any way growing out of said occurrence or its results both to person and property This release expresses a full and complete SETTLEMENT of a liability claimed and denied, regardless of the adequacy of the above consideration, the acceptance of this release shall not operate as an admission of liability on the part of anyone nor as estoppel, waiver or bar with respect to any claim the party or parties released may have against the undersigned Witness my hand and seal

(1) Dated Sept 14 2000

YOU ARE MAKING A FINAL SETTLEMENT THIS IS A RELEASE READ BEFORE SIGNING

(4) Donna Beale (Witness Signature) 1311 E Atlantic Blvd Pompano Beach, FL 33062

(2) I/WE Susan Cruz

(9) [Signature] (Signature)

(5) Patricia Madoff (Witness Signature) 1311 E Atlantic Blvd Pompano Beach, FL 33060

(3) [Signature] (Signature) 11066 Delta Circle Boca Raton, FL 33428

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09/11/2000 at 03 33 PM
12422

Job Number

JM LEXUS

License # AB062
THE RELENTLESS PURSUIT OF PERFECTION
5350 W SAMPLE RD
MARGATE, FL 33073
(954)969-3214x0000 Fax (954)971-8094

PRELIMINARY ESTIMATE

Written by Shane O'Connor #
Adjuster

Insured	SUSAN CRUZ	Claim #	
Owner	SUSAN CRUZ	Policy #	
Address	11066 DELTA CIR	Deductible	
	BOCA RATON, FL 33428	Date of Loss	
Day		Type of Loss	
Evening		Point of Impact	

Inspect
Location

Insurance
Company

Days to Repair

1990 LEXU LS 400 8-4 OL-FI 4D SED BLUE Int

VIN JT8UF11E2L0040311 Lic

Prod Date

Odometer 125496

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Telescopic Wheel	Climate Control
Theft Deterrent/Alarm	Tinted Glass	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
Power Windows	Power Locks	Power Driver Seat
Power Passenger Seat	Power Antenna	Power Mirrors
Power Trunk	Anti-Lock Brakes (4)	Driver Airbag
4 Wheel Disc Brakes	Cloth Seats	Bucket Seats
Recline/Lounge Seats	Alloy Wheels	

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09/11/2000 at 03 33 PM
12422

Job Number

PRELIMINARY ESTIMATE
1990 LEXU LS 400 8-4 OL-FI 4D SED BLUE Int

NO	OP	DESCRIPTION	QTY	EXT	PRICE	LABOR	PAINT
1		AIR CONDITIONER & FEATER					
2	Repl	Hose discharge	1	°	140 84	m	3 7 M
3		Evacuate & recharge				m	1 4 M
4		Refrigerant recovery				m	0 4 M
5	Repl	Dehydrator	1		139 93	m	0 7 M
6		ELECTRICAL					
7*	Repl	Tray	1	°	92 61		0 5 M
8#		CLEAN OTHER CORROSION	1				1 0
9#		FREON R134	1	°	25.00		
10	Repl	Hold down	1	°	15 24		
Subtotals ==>					413 62	7 7	0 0

Parts		413 62
Body Labor	1 0 hrs @ \$ 34 95/hr	34 95
Mechanical Labor	6 7 hrs @ \$ 65 00/hr	435 50
SUBTOTAL		\$ 884 07
Sales Tax	\$ 884 07 @ 6 0000%	53 04
GRAND TOTAL		\$ 937 11

THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN OPENED UP OCCASIONALLY AFTER THE WORK HAS STARTED, WORN OR DAMAGED PARTS ARE DISCOVERED WHICH ARE NOT EVIDENT UPON ORIGINAL INSPECTION PARTS PRICES ARE NOT GUARANTEED

LIC# AB62

***** VALID 90 DAYS *****