

PROOF OF CLAIM

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

In re
Exide Technologies

P268 - C70745 - 01

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.

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
 02209278109532
Elizabeth Fisher
~~JACKIE DELONG~~ CLAIM REPRESENTATIVE
SEARS C/O HELMSMAN MGMT SVCS INC
1000 PLAZA DR STE 800 PO Box 708
SCHAUMBURG, IL 60173-7900
MISHAWAKA IN 46546 0768

Creditor Telephone Number (Area) 348-2478 X 2506

CREDITOR TAX ID #
04-2791584

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
P268-070795-01

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 used and causing damage*
 - 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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 296.58 (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)(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 04 2004
BMC
Exide Technologies

04656

DATE SIGNED
7/24/2004

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 A Fisher 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 ROBERTS, SHELLY

CHECK LIST (CK)
 DOL 09/05/2000 CLAIM NO P 268-070795-01 HOD
 CLAIM STATUS O

SPEC CLM SERV H

SV NO	CH/EFT NO	PAYEE	PYMT AMT	ISSUE DATE	T/C PR	RV R/R	ID
001	00099750	SHELLY ROBERTS	296 58	11/30/2000		00	C268B07

SKIP TO DATE

ENTER SV NO AND
 STATUS STOP PRINT DISPLAY CORR MENU

SP CMSP R+C CMR+C
 R/R ST MESSAGE

SCREEN SUFFIX REMARKS Y ID A499B10

S

1000 Plaza Dr
Suite 600
Schaumburg, Illinois 60173-7900

Telephone 800-311-8175
Fax 847-517-2540



Helmsman
Management
Services, Inc

September 26, 2000

Exide Corporation
645 Penn Street
Reading, PA 19601
Attn Brenda/Sheila

RE Shelly Roberts - Sears, Roebuck & Co
Claim Number P268-070795-01

To whom it may concern

Helmsman Management Services, Inc is the third party administrator for Sears, Roebuck & Co. The above-captioned claim for damages has been made against Sears alleging liability arising out of the sale of your product. We hereby tender complete defense and indemnification of Sears to you and your insurance company.

Specifically, the claimant, Ms Roberts, alleges that on September 5th, 2000, the battery she purchased from Sears on 12/24/97, leaked and caused damage to her vehicle. The battery has a model number of 36575 and the Sears store is in possession of it at this time. Ms Roberts, resides at 1800 Larchne Circle #101, Palm Bay, FL 32905. She has a home phone number of 321-674-0228 and a business phone number of 321-725-0670. Via carbon copy of this letter, we have advised the claimant of the tender of this claim to you.

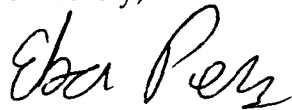
Your relationship with Sears requires that you add Sears as an additional insured on your insurance policy. You also agreed to indemnify and hold harmless Sears for any liability it has arising out of the sale of the product.

As a result, I request that you forward this tender to your insurer, and that you and your insurer agree to accept Sears' complete defense and indemnity with respect to this claim. Please confirm within thirty (30) days that you and your insurance company will accept the complete defense and indemnification of Sears. If confirmation is not received by that time, Helmsman and Sears will take whatever actions necessary to enforce your obligations to Sears.

S

Should you have any questions in this regard, please feel free to contact me at 800-811-8175, ext 2492

Sincerely,



Elsa Perez
Claims Representative

cc Shelly Roberts, claimant

Sears Roebuck & Co , customer
Sears Auto Center
1050 S Babcock Street
Melbourne, FL 32901
Attn John Ezzolina
321-768-9250

S



Helmman Management Services, Inc

NOTICE OF RELEASE AND SETTLEMENT OF CLAIM

Shelly Roberts - Sears Roebuck & Co File No P268-070795-01

For the sole consideration of Two Hundred Ninety Six Dollars And 25/100 (\$296 58) 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 5th, 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

X(1) Dated 11/21/ 2000

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

(4) _____ (Witness Signature)

(Address)

(5) _____ (Witness Signature)

(Address)

X(2) I/WE Shelly Roberts (Print)

X(3) Shelly R Roberts (Signature)

(3) _____ (Signature)

S

FILE

No. 0573

Bob's Auto & Truck Repair

1497 Norman St • N E Palm Bay, FL 32907 • (321) 984-2832 • (321) 984-7788

1711
MONTECITY

Name Shelly Roberts
Address 1711 Montecity Dr
City Palm Bay 32909
Bl e

Date	9-13-00
Sold By	
Home Phone	
Bus Phone	
P O Number	

VEHICLE YEAR	VEHICLE MAKE	LICENSE NO.	MILEA.	CHARGE	CASH	TIME PROMISED
94	Chevy Camaro	TU 06M	65798			

QTY	PART NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
		Repair Highside A/C Lines Labor		25.00
		Vacuum Pump + Seal		45.00
		From 134 H		38.00
		New type assembly		27.44
		R-R Vision Battery 50 + Bottle		
		Pull out + Reinstall Broken		
		Stud for battery Hold Down		
		New battery Thermostat		25.00
		Hot Cool Tube		11.65
		Grommet		1.80
		New screw + Nut		1.50
		R-R Total Labor 2. hr		100.00

Please read carefully, check one of the statements below and sign I understand that under state law I am entitled to a written estimate if my bill will exceed \$50 I request a written estimate I do not request a written estimate long as the repair costs do not exceed \$ The shop may not exceed this amount without my written or oral approval I do not request a written estimate. Signed Shelly Roberts Date 9-13-00

SUB TOTAL	279.79
TAX	16.79
TOTAL	296.58

MV21780

11/13/2000 15 23 4077687813

SEARS*AUTO#5645

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100 LINCOLN WAY WEST
MISHAWAKA, IN 46544

PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
02 14
0004320170
MAILED FROM ZIP CODE 46544
FINELY PRINTED
\$ 05.75⁰
JUL 30 2004

FIRST CLASS MAIL

FROM



**Liberty
Mutual™**

CENTRAL RECOVERY UNIT
1 LIBERTY SQUARE
100 LINCOLNWAY WEST
MISHAWAKA, IN 46544

TO

EXIDE TECHNOLOGIES ET AL
C/O BANKRUPTCY MANAGEMENT CORPORATION
PO BOX 1063
EL SEGUNDO CA 90245-1063

REC'D AUG 04 2004

Please Handle Carefully