

<b>PROOF OF CLAIM</b>		101730 <b>YOUR CLAIM IS SCHEDULED AS</b> sa42109  UNKNOWN UNSECURED CONTINGENT DISPUTED UNLIQUIDATED
In re Exide Technologies  <i>P268-157085-01</i>	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**

02209278109532

Elizabeth Fisher  
**JACKIE DELONG CLAIM REPRESENTATIVE**  
 SEARS C/O HELMSMAN MGMT SVCS INC  
 1000 PLAZA DR STE 600  
 SCHAUMBURG, IL 60173-7900  
 PO Box 768  
 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 TAX ID # *04-2791584*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR *P268-157085-01*

Check here  replaces or amends a previously filed claim dated \_\_\_\_\_

**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): *Battery leaked/acid, exploded*      Your social security number \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** *12-21-2003*      **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ *903.71* (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



04661

**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 Fisher for Helmsman Management Services*

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. §§ 752 AND 3571

PAGE 01	CHECK LIST (CK)	SPEC CLM SERV H
INSD SEARS ROEBUCK AND CO	DOL 12/21/2003	CLAIM NO P 268-157085-01 HOD
CLMT DIXON, ROBERT P		CLAIM STATUS O

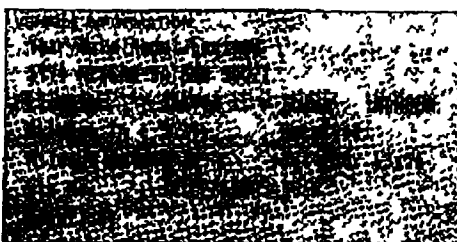
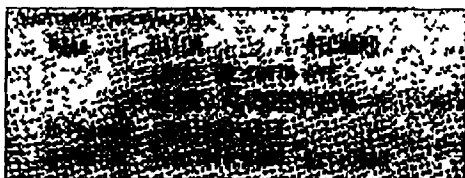
SV	CH/EFT	PAYEE	PYMT	ISSUE	T/C	PR	RV	R/R	ID
NO	NO		AMT	DATE	ST	ST	ST	ST	
001	00163659	ROBERT P DIXON	903 71	04/02/2004			00		C268B09

SKIP TO DATE

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

SCREEN	SUFFIX	REMARKS Y	ID A499B10
--------	--------	-----------	------------

S



CUSTOMER CONTACTED		IN PERSON <input type="checkbox"/>	BY PHONE <input type="checkbox"/>	TAG # 9
DATE	TIME	PHONE NO	ASBQC # 542003	
INITIAL ESTIMATE	REVISID ESTIMATE	REFERENCE NUMBER		
71.499		CW00152343		
6.99L		AUTHORIZATION		
78.487		X) RD		

Promised Time: 03/14/98 02:26P WAITING!

CUSTOMER COMMENTS REASON FOR BRINGING VEHICLE IN  
BATTERY CHECK

STORE ADDRESS  
20701 S ALLEATTIN DR (305)373-5195  
MIAMI, FL 33189  
EPA# Store#06875

MOTOR VEHICLE REPAIR NO MV-0a275

COMMENTS

COMMENT GROUP 35 - 650CA -  
RESERVE MIN = 100  
COMMENT DIMENSIONS LxWxH = 9

Send  
Dokman & Lauschke

file Number  
D-268-157085-01

- \* Warranty Information
- \* 36335 Comes with 72 Months of Warranty Coverage
- \* If Found Defective During the First 18 Months it is
- \* Replaced Free, After the First 18 and Up to
- \* 72 Months the Customer is Responsible for the Cost

NOTICE: Applying tires to your vehicle with a lower speed rating than the original equipment tire on your vehicle is not recommended and may change the handling and performance of the vehicle. Your vehicle should not be operated at speeds in excess of the replacement tire.

Customer initials

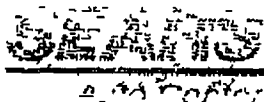
I understand that All mag wheel lug nuts must be re-torqued after 25 miles and replaced periodically

Customer initials

The following parts and/or labor have been installed or performed on your vehicle

Quantity	Stock #	Part Description	Price	Ext	Quant	Code	Labor Description	Rate	Price	Ext
All parts new unless otherwise specified										
1	082022	BATTERY ENVIRONMENTAL FEE	1.50	1.50	1	19021010	BATT, START & CHG SERVICE	6.99	6.99	6.99
1	22826335	BATRY, OH SLVR WSMPLD GP 35	76.99	76.00			Includes Professional batt installation, cleaning holddowns & tray, corrosion treatment & starting/charging system diagnostics	0.00	0.00	0.00
1	56	TRADE-IN ALLOWANCE	-7.00	-7.00				0.00	0.00	0.00
1					1	19021023	BATTERY SERV, IN WARRANTY	0.00	0.00	0.00
							Includes a starting/charging pass or fail test	0.00	0.00	0.00
1					1	19021041	FREE CK, BATTERY	0.00	0.00	0.00

REMARKS



WHEEL LOCK	POSITION TIRE A	6 DOWN
YES <input type="checkbox"/>	RF <input type="checkbox"/>	RR <input type="checkbox"/>
NO <input type="checkbox"/>	LF <input type="checkbox"/>	LR <input type="checkbox"/>
	WA IN <input type="checkbox"/>	OUT <input type="checkbox"/>

Total 71.49  
Total Labor 6.99  
Pre-Tax Subtotal 78.48

NO CHARGE FOR ESTIMATES  
NO CHARGE FOR VEHICLE STORAGE

REPLACED PARTS REQUESTED BY CUSTOMER NO

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 FINAL BILL WILL EXCEED \$50.00.

I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL

I REQUEST A WRITTEN ESTIMATE  
 I DO NOT REQUEST A WRITTEN ESTIMATE

SIGNATURE

DATE

FIXED JOB RATE  FLAT RATE  HOURLY RATE  CASH  CREDIT

OPTIONAL NAME & PHONE # OF PERSON WHO MAY AUTHORIZE REPAIR WORK

I REQUEST THAT REPLACED PARTS BE SAVED FOR MY INSPECTION

COMPLETION DATE

FROM Plummers

FAX NL 3052531488

Apr 02 2004 12 09PM P1

REINALDO PAINT AND BODY SHOP, INC  
1700 NW 12th Ave  
Medley, FL 33166  
PHONE: (305) 885-4080 FAX: (305) 885-2405  
NVR #94101167

CD LOG NO 2535-1 DATE 03/24/04 REP ORDER 54506-

SHOP REINALDO PAINT AND BODY SHOP INSP DATE 03/24/04  
ADDRESS 7100 NW 12 AV PHONE 1 (305) 885-4080  
M.V R #94101167 FAX (305) 885-2405  
CITY STATE MEDLEY, FL  
ZIP 33166-

OWNER ESSERMAN NISSAN WORK PHONE (305) 626-2600  
ADDRESS 16125 NW 57TH AV  
CITY STATE MIAMI, FL  
ZIP 33055-

POINT OF IMPACT 6 FILE HANDLER ESSERMAN NISSAN

LIC# STATE FL VIN JN1CZ24D5RX545064  
BODY COLOR RED MILEAGE  
CONDITION GOOD ACCTNG CTL#

\*=USER-ENTERED VALUE E=REPLACE OEM NG=REPLACE NAGS  
FC=REPLACE ECONOMY UC=RECONDITIONED PRT UM=REMAN/REBUILT PRT  
EU=REPLACE SALVAGE FP=REPLACE PAN PC=PAN RECONDITIONED  
PM=PAN REMAN/REBUILT TE=PARTL REPL PRICE DT=PARTL REPL LABOR  
IT=PARTIAL REPAIR Y=REPAIR L=REFINISH  
BR=BLEND REFINISH TT=TWO-TONE CG=CHIPGUARD  
SB=SUBLET N=ADDITIONAL LABOR RI=R&I ASSMBLY  
P=CHECK AA=APPEAR ALLOWANCE RP=RELATED PRIOR  
UP=UNRELATED PRIOR

1994 NISSAN 300ZX STD 2DOOR COUPE 6CYL GASOLINE TURBO 3 0  
CODE Z1152A/E OPTNS B/24FKRW

OPTIONS  
TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
POWER FRONT SEATS HEATED REMOTE CONTROL MIRRORS  
T-TOP ROOF REAR SPOILER

OP	QTY	MC	DESCRIPTION	MFG PART NO	PRICE	AJ	B3	HOURS	R
E	0186		BASE, BATTERY TRAY	RT 2442930P11	20 28			0 3	1
L	0186		BASE, BATTERY TRAY	RT REFINISH				0 2	1
				0 2 SURFACE					
N	0987		A/C EVAC RECHRG & RCVR	ADDNL LABOR OPERA	89 95*			INC	*2
E	0767		PIPE, A/C	9245148P05	36 38			0 2	2
E	0938		HORN	2561044P00	45 80			0 2	1
I	0160		COWL & DASH ASSEMBLY	REPAIR				5 0	1
L	0160		COWL & DASH ASSEMBLY	REFINISH				4 2	4
				3 5 SURFACE					
				0 7 TWO STAGE					

S

1	0102	PANEL, UPPER COWL VE FT 6661030 P10	01 00	1 2
2	010	13 PANEL, UPPER COWL VE RT REFINISH		1 4
		0 5 SURFACE		
		0 0 TWO STAGE SETUP		
		0 1 TWO STAGE		
N	M14	CORROSION PROTECTION	ADDNL LABOR OPERA	0 0*
N	M60	HAZARD WSTE REM	ADDNL LABOR OPERA	3 00*

11 ITEMS

MC MESSAGE(S)

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	197 34
OTHER PARTS	92 95
PAINT MATERIAL	115 90
PARTS & MATERIAL TOTAL (TAXABLE)	406 19

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	36.00	0 7	5 0	205 20
2-MECH/ELEC	68 00	0 2		13 60
3-FRAME	37 00			
4-REFINISH	36 00	5 6	0 5	219 60
5-PAINT MATERIAL	19 00			
LABOR TOTAL (TAXABLE)				438 40
SUBLET REPAIRS (TAXABLE)				
TOWING				
STORAGE				

TAXABLE TOTAL	844 50			
TIERED TAX 1	844.50 @		7 000%	59 12
TIERED TAX 2	@		6 000%	
TIERED TAX 3	@			
TIERED TAX TOTAL				59 12

GROSS TOTAL 903 71

NET TOTAL 903 71

ADP SHOPLINK W3083 ES CD LOG 2535-1 DATE 03/24/04 04 05 02PM R6 35 CD 02/04  
HOST LOG  
(C) 1998 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC

1 4 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA

-----  
PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENT BELOW, AND SIGN  
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN  
ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.00  
\_\_\_\_\_ I REQUEST A WRITTEN ESTIMATE  
\_\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS I-E

S



100 LINCOLN WAY WEST  
MISHAWAKA, IN 46544

PRESORTED  
FIRST CLASS



UNITED STATES POSTAGE  
02 1A  
0004320170  
\$ 05.75<sup>0</sup>  
JUL 30 2004  
MAILED FROM ZIP CODE 46544

**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*