

April 29, 2015

FILED  
2015 MAY -5 AM 9:41  
CLERK  
US BANKRUPTCY COURT  
DISTRICT OF DELAWARE

United States Bankruptcy Court for the District of Delaware  
824 Market Street, 3<sup>rd</sup> Floor  
Wilmington, Delaware 19801

Dear Sir:

Re: Chapter 11 Case No. 13-11482(KJC)  
United States Bankruptcy Court for the District of Delaware

NOTICE OF OBJECTION

Exide Technologies (Debtor) has filed the Debtor's (Non- Substantive) Fifteenth Omnibus Objection Pursuant To Bankruptcy Code Section 502(b), Bankruptcy Rule 3007, And Local Rule 3007-1 To Certain Insufficient Documentation Claims (the "Objection")

I am submitting this letter as documentation that my Claim should not be disallowed under the above noted Case No. 13-11482(KJC). I was employed by General Battery Corporation until my retirement on January 2, 1987 at which time I was entitled to a pension for life. To the best of my recollection, I received my first pension payment of \$350.01 in February, 1987. Since 1987 I have continued to receive my entitled monthly pension of \$350.01. I have included my 1099-Rs from Exide Technologies, who acquired General Battery Corporation in 1987, for the years 2008 through 2014 as proof of such continued entitled pension benefits. I have also included my previously submitted pension claim.

Sincerely,



Forrest K. Murphy, Claimant  
Exhibit A Claim Number 862  
6230 N 33<sup>Rd</sup> Ave, Unit 135  
Phoenix, AZ 85017-1452  
602-841-5619

1024870

XID0222681834



**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE** **PROOF OF CLAIM**

Name of Debtor: Exide Technologies Case No. 13-11482

**Your Claim is Scheduled As Follows:**

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. However, you must use this form to make a claim made pursuant to 11 U.S.C. § 503(b)(9). You may file a request for payment of other administrative expenses according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): MURPHY, F

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:  
MURPHY, F  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452

Court Claim Number:  
  
*(If known)*

Telephone number: (602) 841-5619  
Email address:

Filed on:

Name and address where payment should be sent (if different from above):

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



If an amount is identified above, you have a claim scheduled by the Debtor as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. Amount of Claim as of Date Case Filed: \$ 350.01 per month for life of creditor  
If all or part of the claim is secured, complete item 4.  
If all or part of the claim is entitled to priority, complete item 5.  
If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before June 10, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.  
 Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: pension benefit  
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: \_\_\_\_\_  
3a. Debtor may have scheduled account as: \_\_\_\_\_  
*(See instruction #3a)*  
3b. Uniform Claim Identifier (optional): \_\_\_\_\_  
*(See instruction #3b)*

4. Secured Claim (See instruction #4)  
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  
Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other  
Describe: \_\_\_\_\_  
Value of Property: \$ \_\_\_\_\_  
Annual Interest Rate \_\_\_\_\_ %  Fixed or  Variable  
(when case was filed)  
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_  
Basis for perfection: \_\_\_\_\_  
Amount of Secured Claim: \$ \_\_\_\_\_  
Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  
 Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  
 Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  
 Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(\_\_\_\_).  
Amount entitled to priority: \$ \_\_\_\_\_

\*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before June 10, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ \_\_\_\_\_

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT  
EXIDE TECHNOLOGIES  
P O BOX 569  
PITTSBURGH, PA 15230

Customer service telephone number: (800) 418-0273

RECIPIENT'S name and address

**Forwarding Service Requested**

521142

EXI14M

BNY803T1162 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
F MURPHY  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452



10 Amount allocable to IRR within 5 years \$  
11 1st year of desig. Roth contrib. \$

PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-6001	Account number (see instructions) EXI14M 220000
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FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 4,200.12	2a Taxable amount \$ 4,200.12	OMB No. 1545-0119 <b>2014</b> Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	
5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE	COPY C  For Recipient's Records
8 Other \$	%	
9a Your percentage of total distribution %	9b Total employee contributions \$	
12 State tax withheld \$	13 State/Payer's state no. AZ/251926855	14 State distribution \$ 4,200.12
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT  
EXIDE TECHNOLOGIES  
P O BOX 569  
PITTSBURGH, PA 15230

Customer service telephone number: (800) 418-0273

RECIPIENT'S name and address

**Forwarding Service Requested**

278433

EXI14M

BNY414T594 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
F MURPHY  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452



10 Amount allocable to IRR within 5 years \$  
11 1st year of desig. Roth contrib. \$

PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-6001	Account number (see instructions) EXI14M 220000
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FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 4,200.12	2a Taxable amount \$ 4,200.12	OMB No. 1545-0119 <b>2013</b> Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	
5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE	COPY C  For Recipient's Records
8 Other \$	%	
9a Your percentage of total distribution %	9b Total employee contributions \$	
12 State tax withheld \$	13 State/Payer's state no. AZ/251926855	14 State distribution \$ 4,200.12
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

PAYER'S Name, Street Address, City, State and ZIP code

EXIDE CORP DEFINED BENEFIT PLAN  
C/O BNY MELLON ASSET SVC  
P O BOX 569  
PITTSBURGH, PA 15230

Customer Service Telephone Number: (800) 418-0273

RECIPIENT'S Name and Address

**Forwarding Service Requested**

0339997  
EX114M

BNY218 T713 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
F MURPHY  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452



10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. \$
PAYER'S Federal ID number 25-1794900	RECIPIENT'S ID number XXX-XX-6001
Account number (see instructions) EX114M 220000	

FORM 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 4,200.12	2a Taxable amount \$ 4,200.12	OMB No. 1545-0119 <b>2012</b>	
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY C</b>  For Recipient's Records	
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 7	IRA/SEP/SIMPLE	8 Other \$ %	
9a Your percentage of total distribution % \$	9b Total employee contributions % \$		
12 State tax withheld \$	13 State/Payer's state no. AZ/25-1794900	14 State distribution \$ 4,200.12	
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

PAYER'S Name, Street Address, City, State and ZIP code

EXIDE CORP DEFINED BENEFIT PLAN  
C/O BNY MELLON ASSET SVC  
P O BOX 569  
PITTSBURGH, PA 15230

Customer Service Telephone Number: (800) 418-0273

RECIPIENT'S Name and Address

**Forwarding Service Requested**

0196565  
EX114M

MLN035 T424 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
F MURPHY  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452



10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. \$
PAYER'S Federal ID number 25-1794900	RECIPIENT'S ID number XXX-XX-6001
Account number (see instructions) EX114M 220000	

FORM 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 4,200.12	2a Taxable amount \$ 4,200.12	OMB No. 1545-0119 <b>2011</b>	
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY C</b>  For Recipient's Records	
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 7	IRA/SEP/SIMPLE	8 Other \$ %	
9a Your percentage of total distribution % \$	9b Total employee contributions % \$		
12 State tax withheld \$	13 State/Payer's state no. AZ/25-1794900	14 State distribution \$ 4,200.12	
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

PAYER'S Name, Street Address, City, State and ZIP code

EXIDE CORP DEFINED BENEFIT PLAN  
C/O BNY MELLON ASSET SVC  
P O BOX 569  
PITTSBURGH, PA 15230

Customer Service Telephone Number: 1-800-418-0273

RECIPIENT'S Name and Address

**Forwarding Service Requested**

0311825  
EX114M

MLN920 PRST T667 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
MURPHY F  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452



1st year of desig. Roth contrib.

PAYER'S Federal ID number 25-1794900	RECIPIENT'S ID number XXX-XX-6001	Account number (see instructions) EX114M 7 220000MURP
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FORM 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 4,200.12	2a Taxable amount \$ 4,200.12	OMB No. 1545-0119 <b>2010</b> Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY C</b>  For Recipient's Records
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	8 Other \$ %	
9a Your percentage of total distribution %	9b Total employee contributions \$	
10 State tax withheld \$	11 State/Payer's state no. AZ/251794900	12 State distribution \$ 4,200.12
13 Local tax withheld \$	14 Name of locality	15 Local distribution \$

PAYER'S Name, Street Address, City, State and ZIP code

EXIDE CORP DEFINED BENEFIT PLAN  
C/O BNY MELLON ASSET SVC  
P O BOX 569  
PITTSBURGH, PA 15230

Customer Service Telephone Number: 1-800-418-0273

RECIPIENT'S Name and Address

0264399  
EX114M

MLN818 T580 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
MURPHY F  
6230 N 33RD AVE UNIT 135  
PHOENIX, AZ 85017-1452



1st year of desig. Roth contrib.

PAYER'S Federal ID number 25-1794900	RECIPIENT'S ID number 312-14-6001	Account number (see instructions) EX114M 7 220000MURP
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FORM 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 4,200.12	2a Taxable amount \$ 4,200.12	OMB No. 1545-0119 <b>2009</b> Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	<b>COPY C</b>  For Recipient's Records
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	8 Other \$ %	
9a Your percentage of total distribution %	9b Total employee contributions \$	
10 State tax withheld \$	11 State/Payer's state no. AZ/251794900	12 State distribution \$ 4,200.12
13 Local tax withheld \$	14 Name of locality	15 Local distribution \$

EXIDE CORP DEFINED BENEFIT PLAN  
 C/O BNY MELLON ASSET SVC  
 P O BOX 569  
 PITTSBURGH, PA 15230

Customer Service Telephone Number: 1-800-418-0273

RECIPIENT'S Name and Address

MLN722 T869 1 OF 1 \*\*AUTO\*\*3-DIGIT 850  
 MURPHY F  
 6230 N 33RD AVE UNIT 135  
 PHOENIX, AZ 85017-1452

0403113  
 EX114M



1 Gross distribution \$ 4,200.12		2a Taxable amount \$ 4,200.12		OMB No. 1545-0119 <b>2008</b> Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
3 Capital gain (Included in box 2a) \$		4 Federal income tax withheld \$		
5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 7	IRA/SEP/SIMPLE	8 Other \$	%	<b>COPY C</b>  For Recipient's Records
9a Your percentage of total distribution %		9b Total employee contributions \$		
10 State tax withheld \$		11 State/Payer's state no. AZ/251794900	12 State distribution \$ 4,200.12	
13 Local tax withheld \$		14 Name of locality		15 Local distribution \$

PAYER'S Federal ID number 25-1794900	RECIPIENT'S ID number 312-14-6001	Account number (see instructions) EX114M 7 220000MURP
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1st year of desig. Roth contrib.

(keep for your records)

Department of the Treasury - Internal Revenue Service