

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

FILED
2015 MAY -7 AM 10:22

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Case No. 13-11482(KJC)

NOTICE OF OBJECTION

Response of claimant: Norma Spivey; Claim No.: 1646 (Pension)

In response to the Notice of Objection to the claim of Norma Spivey, said notice having been given on April 24, 2015, Norma Spivey, Claimant herein, and given Claim No. 1646, hereby responds as follows:

1. The claim is a viable pension claim based upon over 19 years of employment with Exide Technologies. This creditor is entitled to continuation of her pension for life benefit which began at her retirement as being justly and duly earned by her. She is a senior citizen, 81 years of age. Her monthly pension benefit of \$194.83 is direct deposited into her bank account each month and is noted on her bank statement (From EXIDE GNB).
2. To the extent that creditor has any "documentation" or other evidence of the claim, the claim is submitted here with, with the understanding that all of the information regarding her future pension benefits and the right thereto are exclusively within the knowledge and documentation maintained and possessed by the Debtor. Claimant documents submitted herewith are: Copy of IRS Form 1099R (2014); Copy of Exide's Reserve Power Direct Deposit Summary, dated 10/01/13 showing monthly deposit of \$194.83 and year to date of \$1948.30; Copy of claimant bank account statement dated Nov 8 thru Dec 5, 2014 which shows direct deposit By EXIDE GNB for the amount of \$194.83.
3. Response's from either the court or the Debtor should be sent to the claimant at her residence
Norma Spivey
408 Morrison St
Hot Springs, AR 71901

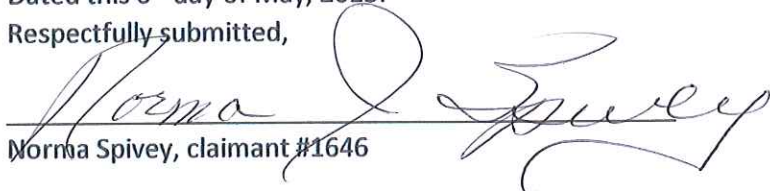
Claimants phone number-Home- 501-620-4772, Cell- 501-538-8200

Claimant may be faxed at- 501-623-1381

4. Claimant reserves the right to supplement this response with further documentation if needed due to the incredibly short response time allowed for a response to debtor's motion and the recent ill health of claimant further shortening her ability to respond.

Dated this 6th day of May, 2015.

Respectfully submitted,


Norma Spivey, claimant #1646

Cc:

Office of the U.S. Trustee, 844 North King St, Room 2207, Lockbox 35, Wilmington, Delaware 19801,
Attn:Mark Kenney, Esq.,

Debtor, Exide Technologies, 13000 Deerfield Parkway, Suite 100, Milton, Georgia 30004, Attn: B. Holland
Pritchard,

Counsel to the debtor, Skadden, Arps, Slate, Meagher & Flom LLP, 155 N. Wacker Drive, Chicago, Illinois
60606-1720, Attn: James J. Mazza, Jr. and Louis S. Chiappetta

GUC Trust Trustee, Peter S. Kravitz of Province, Inc., 9209 Canwood Street, Suite 210, Agoura Hills, Ca
91301

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

483311

EXI90M

BNY803 T1017 1 OF 1 **AUTO**3-DIGIT 719
NORMA SPIVEY
408 MORRISON AVE
HOT SPRINGS, AR 71901-6829



1 Gross distribution \$ 2,337.96		2a Taxable amount \$ 2,337.96		OMB No. 1545-0119 2014 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		COPY C For Recipient's Records
9a Your percentage of total distribution %		8 Other \$ %		
9b Total employee contributions \$		12 State tax withheld \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		13 State/Payer's state no. AR/12306765-WHP
15 Local tax withheld \$		16 Name of locality \$		14 State distribution \$ 2,337.96
PAYER'S Federal ID number 25-1926855		RECIPIENT'S ID number XXX-XX-2548		17 Local distribution \$
Account number (see instructions) EXI90M 230000				

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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

NORMA SPIVEY
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HOT SPRINGS, AR 71901-6829

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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 2 File this copy with your state, city, or local income tax return, when required.
9a Your percentage of total distribution %		8 Other \$ %		
9b Total employee contributions \$		12 State tax withheld \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		13 State/Payer's state no. AR/12306765-WHP
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FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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

NORMA SPIVEY
408 MORRISON AVE
HOT SPRINGS, AR 71901-6829

1 Gross distribution \$ 2,337.96		2a Taxable amount \$ 2,337.96		OMB No. 1545-0119 2014 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		COPY B Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.
9a Your percentage of total distribution %		8 Other \$ %		
9b Total employee contributions \$		12 State tax withheld \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		13 State/Payer's state no. AR/12306765-WHP
15 Local tax withheld \$		16 Name of locality \$		14 State distribution \$ 2,337.96
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Account number (see instructions) EXI90M 230000				

Exide's Reserve Power
 P.O. Box 1014
 Totowa, NJ 07511-1014

**IMPORTANT
 NOTICE**
 RETAIN FOR YOUR
 RECORDS THIS IS
NOT A CHECK

NAME AND ADDRESS

YEAR TO DATE TAX INFO
 TOTAL GROSS 1,948.30
 TOTAL TAXABLE 1,948.30

NORMA SPIVEY 316904 0745-483-92-3DG
 408 MORRISON
 HOT SPRINGS, AR 71901-6829



DIRECT DEPOSIT SUMMARY

ACCOUNT NUMBER EXI90MCP1B5M1A4
 PAYEE NAME NORMA SPIVEY

DATE OF CHECK 10/01/13
 NET PAYMENT AMOUNT 194.83

PAYMENTS	CURRENT	YEAR TO DATE	DEDUCTIONS	CURRENT	YEAR TO DATE
PAYMENT	194.83	1,948.30			
TOTAL	<u>194.83</u>	1,948.30	TOTAL	0.00	0.00

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED

REMINDER: TO CHANGE YOUR FEDERAL TAX WITH HOLDING ELECTION, MAIL YOUR DESIRED CHANGE TO EXIDE S RESERVE POWER/ PO BOX 199719/ DALLAS TX 75219. CALL 1-800-473-4015 FOR A W-4P TAX ELECTION FORM, OR GO TO WWW.IRS.GOV CONTACT EXIDE'S RESERVE POWER FOR STOP PAYMENT & REISSUE, ADDRESS, TAX ELECTION OR DIRECT DEPOSIT CHANGES, AND REPORT LOST, STOLEN OR DESTROYED CHECKS @1-800-473-4015. FOR 1099 REISSUES CONTACT BNY MELLON @1-800-418-0273.
 W/H ELECTIONS: FED NO WITHHOLDING
 STATE NO WITHHOLDING

NON-NEGOTIABLE

(See reverse side for address change form.)



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

9019 IMG

X ST01

Uni-Statement

Account Number:
0 083 1000 0768

Statement Period:
Nov 8, 2014
through
Dec 5, 2014

Page 1 of 1



000051062 1 AT 0.406 106481836882326 P
NORMA J SPIVEY
OR MIKE SPIVEY
408 MORRISON AVE
HOT SPRINGS AR 71901-6829



To Contact U.S. Bank

By Phone: 1-800-US BANKS
(1-800-872-2657)

Telecommunications Device for the Deaf: 1-800-685-5065

Internet: usbank.com

SILVER ELITE CHECKING

Member FDIC

U.S. Bank National Association

Account Number 0-083-1000-0768

Account Summary

Beginning Balance on Nov 8	\$	65.33	Number of Days in Statement Period	28
Deposits / Credits		194.83		
Other Withdrawals		64.70-		
Ending Balance on Dec 5, 2014	\$	195.46		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Dec 1	Electronic Deposit REF=14332001361246 N	From EXIDE GNB PAYMENT 1251926855	\$ 194.83
Total Deposits / Credits			\$ 194.83

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Nov 10	Electronic Withdrawal REF=14314008380729 N	From CHESAPEAKE INSPAYMENT2520676509	\$ 28.90-
Nov 12	Electronic Withdrawal REF=14316012390928 Y	From NGL INS CO INS PREM 3390493780	35.80-
Total Other Withdrawals			\$ 64.70-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 0.00	\$ 97.00
TOTAL	\$ 0.00	\$ 97.00

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Nov 10	36.43	Nov 12	0.63	Dec 1	195.46

Balances only appear for days reflecting change.

195.46

Nov 145.33
28.7