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CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

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In re: : Chapter 11

EXIDE TECHNOLOGIES, : Case No. 13-11482 (KJC)

Debtor.¹ : Hrg. Date: June 23, 2015 at 10:00 a.m. (Eastern)

Obj. Due: May 8, 2015 at 4:00 p.m. (Eastern)

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NOTICE OF OBJECTION

PLEASE TAKE NOTICE that the Debtor (“Exide” or the “Debtor”) has filed the attached 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”).²

PLEASE TAKE FURTHER NOTICE that responses to the Objection, if any, must be filed on or before **May 8, 2015 at 4:00 p.m. (Eastern)** (the “Response Deadline”) with the United States Bankruptcy Court for the District of Delaware, 824 Market Street, 3rd Floor, Wilmington, Delaware 19801; and served upon (i) the Office of the U.S. Trustee, 844 North King Street, Room 2207, Lockbox 35, Wilmington, Delaware 19801, Attn: Mark Kenney, Esq., (ii) the Debtor, Exide Technologies, 13000 Deerfield Parkway, Suite 100, Milton, Georgia 30004, Attn: B. Holland Pritchard, (iii) 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, and (iv) GUC Trust Trustee, Peter S. Kravitz of Province, Inc., 9209 Canwood Street, Suite 210, Agoura Hills, CA 91301 in each case so as to be received **no later than 4:00 p.m. (Eastern) on May 8, 2015.**

PLEASE TAKE FURTHER NOTICE that responses to the Objection **MUST, at a minimum,** contain the following:

- (a) a caption setting forth the name of this Court, the above-referenced case number, and the title of the Objection to which the Response is directed; the name of the Claimant and description of the basis for the amount of the Claim;

¹ The last four digits of the Debtor’s taxpayer identification number are 2730. The Debtor’s corporate headquarters are located at 13000 Deerfield Parkway, Building 200, Milton, Georgia 30004.

² Capitalized terms not otherwise defined herein shall have the meanings ascribed to such terms in the Objection.

- (b) a concise statement setting forth the reasons why a particular Claim should not be disallowed for the reasons set forth in the Objection, including, but not limited to, the specific factual and legal bases upon which the Claimant will rely in opposing the Objection at the Hearing;
- (c) all documentation or other evidence of the Claim in question, to the extent not already included with the Claimant's proof of claim, upon which the Claimant will rely in opposing the Objection at the Hearing;
- (d) the name, address, telephone number, and fax number of the person(s) (who may be the Claimant or a legal representative thereof) possessing ultimate authority to reconcile, settle, or otherwise resolve the Claim on behalf of the Claimant; and
- (e) the name, address, telephone number, and fax number of the person(s) (who may be the Claimant or a legal representative thereof) to whom the Debtor should serve any reply to the Response, if different than the address(es) presented in the Claim.

PLEASE TAKE FURTHER NOTICE THAT A HEARING ON THE OBJECTION WILL BE HELD ON June 23, 2015 AT 10:00 a.m. (EASTERN) BEFORE THE HONORABLE KEVIN J. CAREY, UNITED STATES BANKRUPTCY JUDGE, IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE, 824 MARKET STREET, 5TH FLOOR, COURTROOM NO. 5, WILMINGTON, DELAWARE 19801.

PLEASE TAKE FURTHER NOTICE THAT IF YOU ARE A CLAIMANT AND FAIL TO TIMELY FILE AND SERVE A RESPONSE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS THE COURT MAY GRANT THE RELIEF REQUESTED IN THE OBJECTION WITHOUT FURTHER NOTICE OR HEARING.

Dated: Wilmington, Delaware
April 24, 2015

SKADDEN, ARPS, SLATE, MEAGHER &
FLOM LLP

/s/ Dain A. De Souza

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Counsel for Debtor and Debtor-in-Possession

EXIDE TECHNOLOGIES 13-11482 (KJC)
 FIFTEENTH (NON-SUBSTANTIVE) OMNIBUS CLAIMS OBJECTION
 EXHIBIT A - NO DOCUMENTATION CLAIMS

	NAME OF CLAIMANT	CLAIM NUMBER	TOTAL CLAIM DOLLARS	REASON FOR PROPOSED DISALLOWANCE
111	HATFIELD, KATHLEEN 70 LEE ROAD 209 PHENIX CITY, AL 36870-8441	2708	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
112	HEDGLIN, FRANK 304 BALLARD RD BEREA, KY 40403-8721	2087	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
113	HENDERSON, LARRY D PO BOX 55 FLORA, MS 39071-0055	1576	\$40,000.00	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
114	HENNEN, MS JOYCE E 4003 SUNRISE WAY DR SAINT LOUIS, MO 63125-3444	1198	\$7,159.00	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
115	HOE, PHAM 73 HARRELL RD SUMTER, SC 29150-4724	1740	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
116	HOLLOWELL, HAROLD PO BOX 1286 BATESVILLE, MS 38606-1286	2463	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
117	HOOD, DIANA 126 STATE ST LOT 27 SPEARFISH, SD 57783-2773	1822	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
118	HOOPER, AUSTIN PO BOX 32 DUNCAN FALLS, OH 43734-0032	1425	\$7,000.00	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
119	HORN, FRANCIS 402 WHITE RD RICHMOND, KY 40475-7507	1744	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.
120	HORNER, DAVID 25410 SW PETES MOUNTAIN RD WEST LINN, OR 97068-9513	853	Undetermined*	Claim does not include sufficient documentation to ascertain the validity of the asserted claim amount.

* Plus unliquidated and/or undetermined amounts



PARTICIPANT'S ELECTION

I hereby request that the benefits payable to me under the Plan be paid commencing May 1, 2002 (or as promptly thereafter as practicable) in the form indicated below. I acknowledge that I have received and that I completely understand all of the information that I have received or requested as to the alternate forms of benefits available to me. I understand that if I am married at my commencement date, my account under the Plan must be applied to a benefit payable as a **Qualified Joint and Survivor Annuity**, unless (1) I have elected otherwise, and (2) the person who is my spouse at the benefit commencement date has consented to the election I have made herein.

As a **Qualified Joint & Survivor Annuity**, providing me with a lifetime monthly benefit (\$113.88) providing my present spouse, should (s) he survive me, with a monthly lifetime benefit of (\$56.94) 50% monthly benefit, the said spouse's benefit to commence with the month following the month in which my death occurs, and to end with the payment for the month in which my spouse's death occurs.

RECEIVED
MAY 2 2002
MAY 2 2002
MAY 2 2002

N/A

As a **Qualified Joint & Survivor Annuity**, providing me with a lifetime monthly benefit providing my present spouse, should (s)he survive me, with a monthly lifetime benefit of 75% of my monthly benefit, the said spouse's benefit to commence with the month following the month in which my death occurs, and to end with the payment for the month in which my spouse's death occurs.

As a **Straight Life Annuity**, with benefits payable at the rate of approximately \$130.90 per month during my lifetime and with the last payment to be the monthly payment due for the month in which my death occurs.

N/A

As a **Five Year Certain Annuity**, payments for the lifetime of the retiree provided, if the retiree dies within five years of the first payment, similar payments will continue to the beneficiary for the balance of the five year period.

N/A

As a **Ten Year Certain Annuity**, (\$) payments for the lifetime of the retiree provided, if the retiree dies within ten years of the first payment, similar payments will continue to the beneficiary for the balance of the ten year period.

Transportation Business Group
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Exide's Reserve Power PO Box 199719 Dallas, TX 75219-9774

I understand that the election made hereby shall become invalid upon (1) receipt by the Plan Administrator prior to my benefit commencement date either my written revocation of this election or my spouse's written revocation of my spousal consent when required as a precondition of this election, (2) the death prior to my benefit commencement date of my spouse if the Joint & Survivor Annuity form of benefit has been selected, or (3) operation of laws or terms of a qualified domestic relations order.

Dated 6-3-02

Francis A. Horn
Participant's Signature

IMPORTANT- The election indicated on this form will not be effective if the participant is married as of his benefit commencement date UNLESS (1) the Joint & Survivor Annuity form of benefits has been selected or (2) the participants spouse has declined coverage under the Joint & Survivor form of benefits and consented to the election by the participant of an alternate form of benefits. Such spousal consent must be on the enclosed "Decision Concerning the Qualified Joint and Survivor Benefit" form, and the signature of the Participants spouse must be witnessed by a Notary Public.

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