

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

In re:
J L FRENCH LLC

Case Number:
09-12449 (KG)

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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: the person or other entity to who the debtor owes money or property

 18533732002087
SHEBOYGAN FALLS GLASS
433 MONROE
SHEBOYGAN FALLS, WI 53085

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 this box if you are the debtor or trustee in this case.

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 Telephone Number ()

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

FALLS GLASS SERVICE, INC.
PO Box 123
Sheboygan Falls, WI 53085

RECEIVED

AUG 27 2009

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

Claim Number (see reverse):

Payment Telephone Number ()

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **1,193.53**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM:

Services Performed

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **9676**

3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Secured Claim Amount: \$ _____

DO NOT include the priority portion of your claim here.

Nature of property or right of setoff:

Unsecured Claim Amount: \$ _____

Real Estate Motor Vehicle Other _____

Amount of arrearage and other charges at time case filed included in secured claim,

Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____

Basis for Perfection:

5. PRIORITY CLAIM

Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Unsecured Priority Claim Amount: \$ _____

Include **ONLY** the priority portion of your unsecured claim here.

You **MUST** specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
- Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

- Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 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 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.)

If the documents are not available, please explain.

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on September 10, 2009 for Non-Governmental Claimants OR on or before January 11, 2010 for Governmental Units.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
J.L. French Automotive Castings, Inc.
Attn: BMC Group, Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
J.L. French Automotive Castings, Inc.
Attn: BMC Group, Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

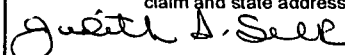
JL French Auto Castings

00057

DATE

8/24/09

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.



Judith A. Selk

V. Pres / Sec

JL French LLC

Purchase Order

57025

Falls Glass Service, Inc
433 Monroe St.
Sheboygan Falls, WI 53085

Phone: 920-467-3192
Fax: 920-467-0341

05-43000.2750 S-51



Ship To:
JL French LLC
4243 Gateway Drive
Sheboygan, WI 53081

Phone: 920-453-4421

Fax:

Purchase Order Number	
P123337	
Date Ordered	Page Number
4/29/2009	1

This number must appear on all invoices, shipping papers, packages, and correspondence.

Bill To:
PO Box 1024
Sheboygan, WI 53082-1024

Order Number	Payment Terms	Shipping Instructions	Buyer
9242		01	Brion, Kim

Crib/Bin Item #	Description	Quantity	Price	Extension	Filled
Special Manufacturer	Comment	Supplier No.		Promised	Required
	MAPICS Number		UPC Code		Sales Tax
62-03-10-001	Hollow metal door with new ball bearing hinges includes reuse of glass & frame	1	1,052.25	1,052.25	
SERVICECALL					
NONSTOCK	ROB FRONT NONSMOKING BREAK ROOM				



MAPICS # MS2866

PO Total	1 Item	\$1,052.25	
	Freight	0.00	
	Sales Tax	0.00	6.00%
	Total	1,052.25	

Signature: _____

Date: _____

MAPICS PO #: _____



Robert Kaderabek
3500 Ton Maintenance Manager

Aluminum Die Casting
Precision Machining
Engineered Assemblies
ISO 9001 Registered Firm
TS 16949 Compliant
ISO 14001 Registered Firm

4243 Gateway Drive
Sheboygan, WI 53082
Phone: 920-458-7724
Fax: 920-458-5149
Cellular: 920-287-2090
E-mail: rkaderabek@jlfrench.com

CITY

Sent
4-28-09

Proposal Falls Glass Service, Inc.

Est. 1950

Thermopanes - Mirrors Plate Glass - Windows & Doors
Alum. Awnings & Railings & Fireplaces

Phone (920-467-3192 Fax (920) 467-0341

433 Monroe

Sheboygan Falls, WI. 53085

ATTN: Robert Kaderabeck

Proposal Submitted to

JL French

Street

City, State, & Zip Code

Phone

458-5149 Fax

Job Name

4243 Gateway

Job Location

Date

4-28-09

We hereby submit specifications & estimates for:

Furnish & Install

1- Hollow Metal Door with new ball bearing hinges includes reuse of glass & glass frame to match door next to existing one also to reuse sweep, push pull hardware & closure.

\$ 1,052.25 Installed

Furnish Only

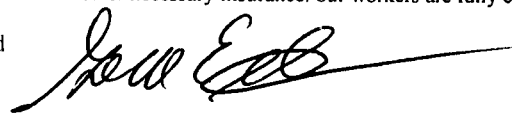
9-Extra Ball Bearing hinges @ \$ 14.95 Each

We Propose hereby to furnish material & labor- complete in accordance with above specifications, for the sum of: Dollars (\$ See Above).

Payments to be made as follows: 30 Days after delivery

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specification involving extra costs will be executed only upon written order, and will become an extra charge over & above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado & other necessary insurance. our workers are fully covered by workman's compensation Insurance.

Authorized
Signature



Note: This proposal may be withdrawn by us if not accepted within **15 Days.**

Acceptance of Proposal- The above prices, specifications & conditions are satisfactory & are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above

Date of Acceptances:

Signature

Falls Glass Service, Inc.

433 Monroe St.
P.O. Box 123
Sheboygan Falls, WI 53085

Invoice

Date Invoice #
7/16/2009 9676

Bill To

Ship To

J. L. French Co.
3101 S. Taylor Dr.
Sheboygan, WI 53081

P.O. No. Terms Sales R... Installation ...
458-7724 Robert Net 30 Days Jerry JO&CS

Quantity	Item	Description	Rate	Amount
1	Commercial D...	Furnish & Install Hollow metal door with new ball bearing hinges includes Reuse of glass & glass frame , to match door next to existing one also to reuse sweep, push / pull hardware & closure	1,052.25	1,052.25
9	Commercial D...	(Furnish Only) Extra Ball Bearing Hinges (Furnish Only)	14.95	134.55T
		Gateway plant 4243		
		P.O. P123337		
		Sales Tax	5.00%	6.73

Phone # Fax #
920-467-3192 920-467-0341

Thank you for your business

Total \$1,193.53