



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM	
In re: JL French case # 09-12445		Case Number: 09-12445	
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.		<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name of Creditor and Address: the person or other entity to who the debtor owes money or property  18533732005355 GRANDSTAY RESIDENTIAL SUI 708 NIAGARA AVE SHEBOYGAN, WI 53081 920-208-8000		RECEIVED SEP 04 2009 BMC GROUP	
Creditor Telephone Number () Name and address where payment should be sent (if different from above): <p style="text-align: center;"><i>same as above</i></p>			
Payment Telephone Number (920) 208-8000		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (see reverse):	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 948.20 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. <input type="checkbox"/> 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: <p style="text-align: center;"><i>Un-paid lodging services</i></p>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 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 Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Secured Claim Amount: \$ _____ DO NOT include the priority portion of your claim here. Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, Basis for Perfection:			
5. PRIORITY CLAIM <input type="checkbox"/> 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: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <small>* 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.</small>			
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. BY MAIL TO: J.L. French Automotive Castings, Inc. Attn: BMC Group, Claims Processing PO Box 3020 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY JL French Auto Castings  00117	
DATE		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. <p style="text-align: center;"><i>Nathan Sieve</i> Nathan Sieve - Director of Operations</p>	

Grandstay Residential Suites
 708 Niagara Ave.
 Sheboygan, WI 53081
 920-208-8000
 920-208-8001

JL French
 Mary Dantzler

P.O.Box 1024
 SHEBOYGAN, WI 53083

Invoice#: 10531
 Account Number: 9
 Date Printed: 8/28/2009
 Phone: 9204534585
 Fax:

Date	Folio#	Description	Folio Line Amount	Reference	Original Amount	Current Balance
05/22/09	7240	Folio #7240 - Total Folio (Flynn, Patrick)			\$338.60	\$338.60
5/18/2009		Rm: 317 JL French for 5/18/2009	\$74.90			
5/18/2009		Sales Tax	\$3.75			
5/18/2009		Lodging Tax	\$6.00			
5/19/2009		Rm: 317 JL French	\$74.90			
5/19/2009		Sales Tax	\$3.75			
5/19/2009		Lodging Tax	\$6.00			
5/20/2009		Rm: 317 JL French	\$74.90			
5/20/2009		Sales Tax	\$3.75			
5/20/2009		Lodging Tax	\$6.00			
5/21/2009		Rm: 317 JL French	\$74.90			
5/21/2009		Sales Tax	\$3.75			
5/21/2009		Lodging Tax	\$6.00			

Current	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	Balance Due
\$0.00	\$0.00	\$0.00	\$0.00	\$338.60	\$338.60

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 Mary Dantzier

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 SHEBOYGAN, WI 53083

Invoice#: 10637
 Account Number: 9
 Date Printed: 8/28/2009
 Phone: 9204534585
 Fax:

Date	Folio#	Description	Folio Line Amount	Reference	Original Amount	Current Balance
07/02/09	8627	Folio #8627 - Total Folio (Flynn, Patrick)			\$304.80	\$304.80
6/29/2009		Rm: 402 JL French for 6/29/2009	\$89.90			
6/29/2009		Sales Tax	\$4.50			
6/29/2009		Lodging Tax	\$7.20			
6/30/2009		Rm: 402 JL French	\$89.90			
6/30/2009		Sales Tax	\$4.50			
6/30/2009		Lodging Tax	\$7.20			
7/1/2009		Rm: 402 JL French	\$89.90			
7/1/2009		Sales Tax	\$4.50			
7/1/2009		Lodging Tax	\$7.20			

Current	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	Balance Due
\$0.00	\$0.00	\$304.80	\$0.00	\$0.00	\$304.80

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JL French
 Mary Dantzler

P.O.Box 1024
 SHEBOYGAN, WI 53083

Invoice#: 10680
 Account Number: 9
 Date Printed: 8/28/2009
 Phone: 9204534585
 Fax:

Date	Folio#	Description	Folio Line Amount	Reference	Original Amount	Current Balance
07/10/09	8930	Folio #8930 - Total Folio (Flynn, Patrick)			\$304.80	\$304.80
7/7/2009		Rm: 307 JL French for 7/7/2009	\$89.90			
7/7/2009		Sales Tax	\$4.50			
7/7/2009		Lodging Tax	\$7.20			
7/8/2009		Rm: 307 JL French	\$89.90			
7/8/2009		Sales Tax	\$4.50			
7/8/2009		Lodging Tax	\$7.20			
7/9/2009		Rm: 307 JL French	\$89.90			
7/9/2009		Sales Tax	\$4.50			
7/9/2009		Lodging Tax	\$7.20			

Current	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	Balance Due
\$0.00	\$0.00	\$304.80	\$0.00	\$0.00	\$304.80