DISTRICT OF DELAWARE		OF OF CLAIM		
J. L French Autmohve Cashings		) - 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 n filed pursuant to 11 U.S.C. § 503.	may be	Check box if you are		
Name of Creditor and Address: the person or other entity to who the de owes money or property	ebtor f	iled a proof of claim relating to your claim. Attach copy of statement giving particulars.		
PEAK TECHNOLOGIES PO BOX 8500 (S-4955) PHILADELPHIÀ, PA 19178	t	Check this box if you are the debtor or trustee in this case.		
Creditor Telephone Number 410 ) 312-1,000		RECEIVED	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
Name and address where payment should be sent (if different from abo	ove):	KECELVED	_	ox to indicate that this
		SEP 08 2009	claim amend	ls a previously filed claim. er (see reverse):
Payment Telephone Number ( )	<del></del>	BMC GROUP		
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 1,735.0	$\frac{1}{a}$	· · · · · · · · · · · · · · · · · · ·		
If all or part of your claim is secured, complete item 4 below; however, if all of y If all or part of your claim is entitled to priority, complete item 5.	your claim	is unsecured, do not complete i	tem 4.	
Check this box if claim includes interest or other charges in addition to the prince	icipal amou	unt of claim. Attach itemized sta	tement of interest of	or charges.
Goods Sold/Sunces Performed "	(See instru #2 and #3a reverse sid	on IDENTIFIES DEBTO	DR:	IMBER BY WHICH CREDITOR  of as:
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	ured Claim	Amount: \$		NOT include the priority portion of our claim here.
Real Estate Motor Vehicle Other  Value of Property: \$ Annual Interest Rate:	%	Amount of arrearage and other	-	case filed included in secured claim, sis 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 calegories, check the box and state the amount.	ority 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)		Up to \$2,425* of deposits towa services for personal, family, o		
Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to gov		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Ц	Other - Specify applicable para  * Amounts are subject to adjus	• .	· · · · · · · · · · · · · · · · · · ·
6. CREDITS: The amount of all payments on this claim has been credited	d for the	with respect to cases commen	ced on or after the	
<ol> <li>GREDITS: The amount of all payments of this claim has been credited.</li> <li>SUPPORTING DOCUMENTS: <u>Attach redacted copies of supporting</u> statements of running accounts, contracts, court judgments, mortgages evidence of perfection of a security interest. (See definition of "redacted.")</li> </ol>	ng docum s, securit	<u>ents,</u> such as promissory n y agreements. You may als	otes, purchase o o attach a summ	orders, invoices, itemized ary. Attach redacted copies of t available, please explain.
DATE-STAMPED COPY: To receive an acknowledgment of the filin enclose a stamped, self-addressed envelope and copy of this proof of control of the control of				AL DOCUMENTS. ATTACHED DESTROYED AFTER SCANNING.
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 4:00 pm, pr for Non-Governmental Claimants OR on or before January 11, 201	revailing	Eastern Time on Septem		THIS SPACE FOR COURT USE ONLY
		R OVERNIGHT DELIVERY TO Automotive Castings, Inc.	:	
Attn: BMC Group, Claims Processing Att PO Box 3020 18	ttn: BMC ( 3750 Lake	Group, Claims Processing Drive East n, MN 55317		JL French Auto Castings 00136
DATE SIGNATURE: The person filing this claim must sign claim and state address and teleph				other person authorized to file this ch copy of power of attorney, if any.

Penalty for presenting fraudulent claim is a file of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

# ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

#### Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Debtor Name	Case No
J.L. French Automotive Castings, Inc.	09-12445 (KG)
Prench Holdings LLC	09-12446 (KG)
Nelson Metal Products LLC	09-12447 (KG)
Aliotech International LLC	09-12448 (KG)
J.L. French LLC	09-12449 (KG)
J.L. French Automotive, LLC	09-1 2450 (KG)
Central Die, LLC	09-12451 (KG)

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

# 4. Classification of Claim

# **Unsecured Nonpriority Claim:**

If your claim is an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim" (See DEFINITIONS, below), check the appropriate box in this section. If your claim is partly secured and partly unsecured, state here only the amount that is unsecured. If part of your claim is entitled to priority, state here the amount not entitled to priority.

#### Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien

# 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

#### 6 Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

# 7. Supporting Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

# Date-Stamped Copy and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.

Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

#### **DEFINITIONS**

# DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

#### CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

#### CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

# PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

## SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

# UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

# UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

#### **Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

#### INFORMATION

document showing that the lien has been filed or recorded.

# Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

# Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com



Peak Technologies, Inc. 10330 Old Columbia Road Columbia MD 21046

# **Maintenance Invoice**

Remit To: Peak Technologies, Inc P.O. Box 8500 (S-4955) Philadelphia, PA 19178

1 of 1

**Billing Address** 

J L FRENCH CORPORATION PO BOX 1024 SHEBOYGAN WI 53082 ATTN: JUDY WEINFURTER

Ship To Address

J L FRENCH CORPORATION PO BOX 1024 SHEBOYGAN WI 53082

Information

Invoice Number

60015685

Invoice Date

08/24/2009

Purchase Order No. **Purchase Order Date** 

126260 08/23/2009

**Payment Terms** 

Due Upon Receipt

Billing Date

08/24/2009

**Invoice Amount** 

1,040.29 USD

Customer

1011403

Reference doc#

4131138

ltem	Material Description	Quantity	Jnit Price er Month	Term Amount
	SHIP-TO PARTY 1011403  J L FRENCH CORPORATION PO BOX 1024 SHEBOYGAN WI 53082 Model: Serv. ZEBRA Z105SL THERMAL PRINTER Serial Number: 6527751 Date of service 07/31/09			
10	T&M Labor charges - Regular time	3.170 H	\$ 175.00	\$ 554.75
20	Travel charges - Regular Time			\$ 316.00
30	ZTC45099M ZEB ASSEMBLY, TOGGLE	2 EA	\$ 60.00	\$ 120.00
		Site Subtotal		\$ 990.75
	·	Shipping & Handling		\$ 0.00
		Subtotal		\$ 990.75
		Tax		\$ 49.54
		Total Amount		\$ 1,040.29

For your convenience, PEAK now offers invoicing electronically. If you would like to receive your invoices via e-mail or have general inquiries, please call 1-888-ASK-PEAK. Unless there is in place as of the invoice date a current agreement signed by both parties applicable to the type of product and/or services ordered, this invoice shall be govern the terms and conditions located at http://www.peaktech.com/terms\_end\_conditions/service\_terms\_end\_conditions.aspx



PEAK Technologies 10330 Old Columbia Road Columbia MD 21046 U S A

# **Maintenance Invoice**



Peak Technologies, Inc. 10330 Old Columbia Road Columbia MD 21046

Remit To: Peak Technologies, Inc P.O. Box 8500 (S-4955) Philadelphia, PA 19178

1 of 1

**Billing Address** 

J L FRENCH CORPORATION PO BOX 1024 SHEBOYGAN WI 53082

ATTN: JUDY WEINFURTER

Ship To Address

J L FRENCH CORPORATION 4464 GATEWAY DRe SHEBOYGAN WI 53082

Information

Invoice Number

60015686

**Invoice Date** 

08/24/2009

Purchase Order No.

126260

**Purchase Order Date** 

08/23/2009

**Payment Terms** 

Due Upon Receipt

**Billing Date** 

08/24/2009

**Invoice Amount** 

169.58 USD

Customer Reference doc# 1011403 4131009

Item	Material Description	Quantity	,	 Init Price er Month	!	Term Amount
	SHIP-TO PARTY 2036794  J L FRENCH CORPORATION  4464 GATEWAY DRe SHEBOYGAN WI 53082  Model: Serv. ZEBRA 220XI III  Serial Number: 2057853  Date of service 07/30/09					
10	T&M Labor charges - Regular time	0.420	н	\$ 73.50	\$	73.50
20	ZTC22101M KIT, PLATEN MAINT KIT F/220XI2	1	EA	\$ 77.00	\$	77.00
30	ZTC45189-5 BELT 235T	1	EΑ	\$ 11.00	\$	11.00
		Site Subtota	al		\$	161.50
		Shipping & Handling			\$	0.00
		Subtotal			\$	161.50
		Tax			\$	8.08
		Total Am	ount		\$	169.58

For your convenience, PEAK now offers invoicing electronically. If you would like to receive your invoices via e-mail or have general inquiries, please call 1-888-ASK-PEAK.

Unless there is in place as of the invoice date a current agreement signed by both parties applicable to the type of product analor services ordered, this invoice shall be governed exclusively by the terms and conditions located at http://www.peaklech.com/terms\_and\_conditions/service\_terms\_and\_conditions.aspx



PEAK Technologies 10330 Old Columbia Road Columbia MD 21046



# Remit To: Peak Technologies, Inc. P.O. Box 8500 (S-4955) Philadelphia, PA 19178-4955

# REPRINT

Customer Number	Invoice	Number	Invoice Date	Total Amount Due \$526.05	
20528700	G0227	00306	02/27/06		
Purchase Order No.	Order Re	eference	Shipping Number	F.O.B.	Terms
JEFF KREEGER	WG020	080283			NET 30
Rep. No./Office	Order Date	Ship Date	Ship Via	No. Boxes	Weight
001/2233	02/09/06	02/09/06	· · · · · · · · · · · · · · · · · · ·		Lbs.

Bill To:

ATTN: JUDY WEINFURTER ACCOUNTS PAYABLE J L FRENCH CORP 3101 S TAYLOR DR PO BOX 1024 SHEBOYGAN, WI 53082

ShipTo:

CLINT SWANSON J L FRENCH CORP 3101 S TAYLOR DR SHEBOYGAN, WI 53081

Part Number	Product Description / Serial Number	Order Qty	Shipped Qty	Unit Price	UOM	Amount
	SN:2206309					
PTGSUPPLIES	T&M WORK ORDER SUPPLIES	1	1	10.00	Ε	10.00
Labor Charge	Job Time: 0000:50 HOURS	1	1	175.00	Ε	175.00
Travel Charge		1	1	316.00	E	316.00

Comments:

MODEL: ZVCZTCZ220XIIII+ ZEBRA Z220XI III PLUS

Total Before Taxes: Total Tax: SHEBOYGAN Please Pay This Amount: 501.00 25.05 526.05

THANK YOU FOR YOUR ORDER!