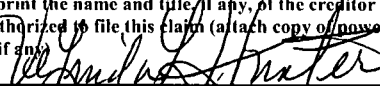


FORM 10. PROOF OF CLAIM

COPY

United States Bankruptcy Court District of Delaware		Proof of Claim									
In re (Name of Debtor) J L FRENCH AUTOMOTIVE CASTINGS INC, 13-3983670		Case Number 09-12445									
NOTE: 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 <i>(The persons or other entity to whom the debtor owes money or property)</i> Atmos Energy/ KENTUCKY DIVISION A division of Atmos Energy Corporation		<input type="checkbox"/> Check box if you are aware that anyone else has filled a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.									
Name and Address Where Notices Should be Sent Attn: Bankruptcy Group Atmos Energy Corporation P.O. Box 650205 Dallas, TX. 75265-0205 Telephone No.: 972-855-3342											
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim _____ replaces a previously filed claim, dated: _____ _____ amends									
1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods Sold - NATURAL GAS RECEIVED <input type="checkbox"/> Services Performed SEP 10 2009 <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) BMC GROUP											
2. DATE DEBT WAS INCURRED: VARIOUS		3. IF COURT JUDGMENT, DATE OBTAINED:									
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.											
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2,000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____.									
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="width:25%;">\$ 13,193.59</td> <td style="width:25%; text-align: center;">\$ _____</td> <td style="width:25%; text-align: center;">\$ _____</td> <td style="width:25%; text-align: right;">\$ 13,193.59</td> </tr> <tr> <td style="font-size: small;">(Unsecured)</td> <td style="font-size: small;">(Secured)</td> <td style="font-size: small;">(Priority)</td> <td style="font-size: small;">(TOTAL)</td> </tr> </table> CASE FILED: 07/13/09				\$ 13,193.59	\$ _____	\$ _____	\$ 13,193.59	(Unsecured)	(Secured)	(Priority)	(TOTAL)
\$ 13,193.59	\$ _____	\$ _____	\$ 13,193.59								
(Unsecured)	(Secured)	(Priority)	(TOTAL)								
Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.											
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant due has deducted all amounts that claimant owes to debtor.											
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.											
8. TIME-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.											
Date AUGUST 26, 2009		Sign and print the name and title of any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Linda L Hunter, Credit & Collections									

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

BMC

JL French Auto Castings



00165

2009 SEP - 1 AM 11:38

COPY

FEDERAL BANKRUPTCY COURT DISTRICT OF DELAWARE

Customer	Premises	Debt No	Reas	Coll Agency	Bkrpcy	BD Amount	BD Balance	Recov Bal
86926	125929	178320	BDUD			765.75	0.00	
						0.00		
86926	125929	228844	BDBR		BK03	11068.56	0.00	
						11068.56		
86926	125929	228846	BDBR		BK03	2125.03	0.00	
						2125.03		

Customer: 86926 JL FRENCH AUTOMOTIVE CASTINGS, KEN
 Premises: 125929 20 PRESTWICK DR
 Reas Code: BDBR Transfer to Bankruptcy Date: 22-AUG-2009
 Coll Agency: Date:
 Bankruptcy: BK03 CHAPTER 11 CORP & BUS ENTIT Case: \$13,193.59 09-12445
 Lien: Stat:
 Accr Int: 0.00

Bad Debt Detail ... Select Quit