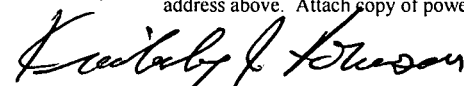



<b>UNITED STATES BANKRUPTCY COURT</b> <b>District of Delaware</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Central Die, LLC		Case Number: 09-12451
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Motion Industries, Inc.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: Kimberly J. Robinson, Esq. Barack Ferrazzano Kirschbaum & Nagelberg LLP 200 West Madison St., Suite 3900 Chicago, IL 60606  Telephone number: (312) 629-5188		
Name and address where payment should be sent (if different from above):   Telephone number:		<div style="text-align: center; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">SEP 10 2009</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">BMC GROUP</div> <input type="checkbox"/> Check this 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 type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:      \$ <u>49,095.68</u>  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.		5. 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.  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"/> 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"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( <u>2</u> ). 503(b)(9) Administrative Claim Amount entitled to priority: \$ <u>4,564.21</u>  *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.
2. Basis for Claim: <u>Goods sold</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
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 setoff 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 Describe:  Value of Property: \$ _____ Annual Interest Rate ____%  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <u>9-9-09</u>  Signature:  Kimberly J. Robinson, Attorney and Agent		FOR COURT USE ONLY  JL French Auto Castings  00183

# **TOTAL CLAIM INVOICE LISTINGS**

BRANCH	CUSTOMER	ACCT .	REFERENCE .	INV DATE	AMOUNT
WI09	CENTRAL DIE INC	777885	WI09438346	6/4/2009	5,638.49
WI09	CENTRAL DIE INC	777885	WI09438915	6/11/2009	5,638.85
WI09	CENTRAL DIE INC	777885	WI09439496	6/19/2009	581.69
WI09	CENTRAL DIE INC	777885	WI09439604	6/22/2009	32,672.44
WI09	CENTRAL DIE INC	777885	WI09439799	6/24/2009	156.76
WI09	CENTRAL DIE INC	777885	WI09439906	6/25/2009	58.42
WI09	CENTRAL DIE INC	777885	WI09440174	6/29/2009	4,349.03
			<b>TOTAL</b>		<b>49,095.68</b>

# **503(b)(9) INVOICE LISTINGS**

<b>BRANCH</b>	<b>CUSTOMER</b>	<b>ACCT . REFERENCE . INV DATE</b>	<b>AMOUNT</b>
WI09	CENTRAL DIE INC	777885 WI09439799 6/24/2009	156.76
WI09	CENTRAL DIE INC	777885 WI09439906 6/25/2009	58.42
WI09	CENTRAL DIE INC	777885 WI09440174 6/29/2009	4,349.03
	<b>CENTRAL DIE INC Total</b>		<b>4,564.21</b>

BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP

200 WEST MADISON STREET, SUITE 3900  
CHICAGO, ILLINOIS 60606

Mark R. Mackowiak  
(312) 629-5187  
Voice Mail Ext. 4587  
Mark.mackowaik@bfkn.com

Telephone (312) 984-3100  
Facsimile (312) 984-3150

September 9, 2009

**Via Overnight Courier Delivery**

J.L. French Automotive Castings, Inc.  
c/o BMC Group, Inc.  
18750 Lake Drive East  
Chanhassen, Minnesota 55317

Re: In re: J.L. French Automotive Castings, Inc., et al., Case No. 09-12445 (KG)  
(Jointly Administered)

Dear Sir or Madam:


I have enclosed for filing original proofs of claim for creditor Motion Industries, Inc. in the following cases:

1. Nelson Metals Products LLC – Case No. 09-12447
2. Allotech International LLC – Case No. 09-12448
2. J.L. French LLC – 09-12449
3. Central Die, LLC – 09-12451

I have provided copies of these claims and request that you please file and date stamp these copies and return them in the self enclosed, postage prepaid envelope.

Thank you for your assistance in this regard and please contact me if you have any questions.

Very truly yours,

  
Mark R. Mackowiak  
Paralegal

cc: Kimberly J. Robinson