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UNITED STATES BANKRUPTCY COURT U S BANKRUPTCY COURT - DISTRICT OF DELAWARE		PROOF OF CLAIM CHAPTER 11		THIS SPACE IS FOR COURT USE ONLY
In re (Name of Debtor) (Name of Co-Debtor) J L FRENCH AUTOMOTIVE CASTINGS INC		Case Number 09-12445		
Name of Creditor Kentucky Department of Revenue Name and Addresses Where Notices Should Be Sent Legal Branch - Bankruptcy Section Attn: Michael Hornback P. O. Box 5222 Frankfort, Kentucky 40602 Revenue Collection Officer's Name: Jennifer Howard Telephone No : (502) 564-4921, Ext #4416 FAX No.: (502) 564-8416		<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 type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: (OSCAR NO) 342279		CHECK HERE IF THIS CLAIM <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amended and Substituted A previously filed claim, dated 02/23/2010		
1 BASIS FOR CLAIM: See Attached Schedule				
2. DATE DEBT WAS INCURRED: See Attached Schedule of Liabilities		3. JUDGEMENT DATE:		
4 CLASSIFICATION OF CLAIM. <input type="checkbox"/> SECURED CLAIM <input type="checkbox"/> Secured to the extent that there is sufficient equity in the Assets of the estate. County Book Page Date Filed Brief Description of Collateral: all property and rights to property owned or subsequently acquired		<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <input type="checkbox"/> Administrative Expenses Claim 11 U. S. C. §503 (b)(1)(B) Specify the priority of the claim <input checked="" type="checkbox"/> Taxes or penalties of governmental units 11 U. S. C. §507 (a)(8)		
5 TOTAL AMOUNT OF CLAIM CALCULATED AS OF PETITION DATE 07/13/2009:				
Administrative Expenses	Unsecured Non Priority \$18,165 80	Secured Tax Claim	Unsecured Priority \$107,462 26	Total \$125,628.06
6 CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making the proof of claim In filing this claim, claimant had deducted all amounts the claimant owes to debtor.				THIS SPACE IS FOR COURT USE ONLY JL French Auto Castings  00212
DATE 03/09/2010	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attached copy of power of attorney, if any) JENNIFER HOWARD Creditor			

I certify that a copy of this claim was mailed to the debtor's attorney

Jennifer Howard
Creditor

DATE 3/9/10

LAURA DAVIS JONES, ATTY
919 NORTH MARKET STREET
17TH FLOOR
WILMINGTON DE 99950

U S TRUSTEE, TRUSTEE
800 MARKET STREET SUITE 114
HOWARD H BAKER JR
KNOXVILLE DE 37902

JL French Corporation
 d/b/a Nelson Metal Products, LLC
 Case # 000342279

KENTUCKY DEPARTMENT OF REVENUE
Unsecured Priority Tax
Claims Due

Period Ending	Notice Number	Tax Liability	Contingent Liability	Interest	Penalty and Fees	Credit if Applicable	Total Due
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Sales Tax Account: 000220880 - Per KRS 139.200 & 139.310							
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12/31/2006	104883701	\$31,290.85	\$0.00	\$6,925.84	\$6,258.20	\$0.00	\$44,474.89
12/31/2007	104883702	\$59,537.92	\$0.00	\$9,707.65	\$11,907.60	\$0.00	\$81,153.17
Total Due for Sales Tax		\$90,828.77	\$0.00	\$16,633.49	\$18,165.80	\$0.00	\$125,628.06
Grand Total		\$90,828.77	\$0.00	\$16,633.49	\$18,165.80	\$0.00	\$125,628.06

The amount due as shown on this Schedule includes Penalty and Interest through 07/13/2009