

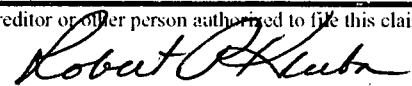


FORM B10/Metaldyne (Modified Official Form 10)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor:	Case Number:	THIS SPACE IS FOR COURT USE ONLY
<small>NOTE: Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses 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(a).</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property):	<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.	
Name and address where notices should be sent:  16533100000000 EUCLID MACHINE & MFG INC 29030 NORTHLINE ROAD ROMULUS, MI 48174 Telephone number:		
Last four digits of account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated:	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>see</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>STATEMENT</u>	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ <u>12598.62</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any: \$ _____	
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <u>FILED</u> <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 \$10,500 earned within 90 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"/> Contribution 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 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>	
Section 503(b)(9) Claim \$ _____ <input type="checkbox"/> Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case. Attach itemized statement of the amount of such claim in the space for "Amount". <div style="text-align: right;">  01994 </div>		
5. Total Amount of Claim at Time Case Filed: \$ <u>12598.62</u> + _____ + _____ = <u>12598.62</u> (unsecured) (secured) (priority) (Total)		
If all or part of your claim is secured OR entitled to priority treatment, also complete the relevant portions of Item 4 above. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. 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.		THIS SPACE IS FOR COURT USE ONLY
Date: <u>8/4/09</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>ROBERT P KLUBA</u> 	

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

— DEFINITIONS —

Debtor

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.

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 clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured 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

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Southern District of New York), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly described the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owned by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Classification of Claim

Secured Claim

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was

filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

Unsecured Priority Claim

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) or § 507(a)(3) should be asserted by filling in the appropriate information on this Proof of Claim form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this Proof of Claim form.

Unsecured Nonpriority Claim

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above). If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount **not** entitled to priority.

5. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

6. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

7. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

STATEMENT

FORMTECH
FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK,, MI 48073-1712

Statement date 7/23/09

Amount Due 12,598.62

Date	Document number	Description	Charges	Payments	Balance
3/22/01	01-193		195.00		
		RJ-00000345 previously applied			
7/16/01	01-551		-100.00		95.00
7/8/03	03-428	Sale	390.00		485.00
		RJ-00000531 previously applied	360.00		
8/27/03	03-532	Statement Description	-50.00		795.00
9/24/03	03-592	Sale	250.00		1,045.00
1/16/04	04-028	Sale	123.00		1,168.00
		RJ-00000531 previously applied	50.00		
2/20/04	04-096	Statement Description	-350.00		868.00
5/26/04	04-265	Statement Description	550.00		1,418.00
6/17/04	04-319	Statement Description	840.00		2,258.00
		RJ-00000664 previously applied	1,575.00		
10/5/04	04-596	Sale	-2,025.00		1,808.00
		RJ-00000800 previously applied	460.00		
2/16/05	05-110	Statement Description	-480.00		1,788.00
		RJ-00000904 previously applied	570.00		
7/14/05	05-587	Statement Description	-760.00		1,598.00
		RJ-00001058 previously applied	400.00		
		RJ-00001066 previously applied	-400.00		
7/12/06	06-445	Statement Description	-400.00		1,198.00
		RJ-00001499 previously applied	2,542.52		
11/15/06	06-712	Statement Description	-2,541.90		1,198.62
		RJ-00001580 previously applied	1,190.00		
9/5/08	08-593	Statement Description	-1,165.00		1,223.62
10/15/08	08-663	Statement Description	2,000.00		3,223.62
10/30/08	08-692	Statement Description	1,875.00		5,098.62
			7,500.00		12,598.62

Current	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Balance
					12,598.62	12,598.62

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **06-712**

DATE: 11/15/06

BILL TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP VIA:	CARRIER:	FOB:	TERMS:
OUR DELVIERY			NET 30

PO NUMBER:	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
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12944

1 EA

DIATEST SPINDLE FOR PPN-145-GA-1
JOB # 33831

\$1,190.00

\$1,190.00

SUBTOTAL:

\$1,190.00

TAX:

\$0.00

TOTAL:

\$1,190.00

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **05-110**

DATE: 2/16/05

BILL TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

NOTE: RELEASE #34461 DATED 2/16/05 - ATTN: DEPT.#3

SHIP VIA:	CARRIER:	FOB:	TERMS
OUR DELIVERY			NET 30

PO NUMBER:	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
449-49	3 EA	PP-212-TTR-1© JOB # 30930	\$190.00	\$570.00	

SUBTOTAL: \$570.00
TAX: \$0.00
TOTAL: \$570.00

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **05-587**

DATE: 7/14/05

BILL TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

NOTE: RELEASE 34894 DATED 7/14/05
ATTN: DEPT.#2

SHIP VIA	CARRIER	FOB	TERMS
OUR DELIVERY			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
449-354	20 EA	PR-KP-99 K.O. PADS JOB # 31773	\$20.00	\$400.00	

SUBTOTAL: \$400.00
TAX: \$0.00
TOTAL: \$400.00

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **06-445**

DATE: 7/12/06

BILL TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

NOTE: SENDING PER REVISED QUOTE - 11 PCS. (75% COMPLETE)
ATTN: NISHITH TRIPATHI
ALSO PRICING ON INVOICE IS BECAUSE DIFFERENT CHARGES FOR 4PCS. AND 11 PCS.
*** SEE ATTACHED ***

SHIP VIA:	CARRIER:	FOB:	TERMS:
OUR DELIVERY			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
449-418	4 EA	PS-037-FD-1(REV. M) FORM DIE - LAST SHIPPEED 7/12/06 PER NISHITH TRIPATHI JOB # 31968	\$169.50	\$678.00	
449-418	11 EA	PS-037-FD-1(REV. M) FORM DIE - LAST SHIPPEED 7/12/06 PER NISHITH TRIPATHI JOB # 31968	\$169.50	\$1,864.52	

SUBTOTAL: \$2,542.52
TAX: \$0.00
TOTAL: \$2,542.52

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **03-532**

DATE: 8/27/03

BILL TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

NOTE: ORIGINALLY SENT 2 PCS. BY ACCIDENT SHOULD HAVE BEEN 3 PCS. PER P.O.

SHIP VIA	CARRIER	FOB	TERMS
OUR DELIVERY			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
8837-1	1 EA	PP-853-TH-I		\$250.00	\$250.00
		JOB # 30131			

SUBTOTAL: \$250.00
TAX: \$0.00
TOTAL: \$250.00

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **04-096**

DATE: 2/20/04

BILL TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP VIA	CARRIER	FOB	TERMS
OUR DELIVERY			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
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2 EA

PP-853-TH-I

\$275.00

\$550.00

JOB # 30637

SUBTOTAL: \$550.00
TAX: \$0.00
TOTAL: \$550.00

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **04-319**

DATE: 6/17/04

BILL TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS:

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP VIA:	CARRIER:	FOB:	TERMS:
OUR DELIVERY			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
10010-5	2 EA	PNF-554 ARBOR JOB # 30901	\$225.00	\$450.00	
10010-4	2 EA	DGF-548 ARBOR JOB # 30902	\$225.00	\$450.00	
10010-3	1 EA	PNF-337 (3-337) JOB # 30904	\$225.00	\$225.00	
10010-2	1 EA	DGF-907 (3-907) JOB # 30905	\$225.00	\$225.00	
10010-1	1 EA	DGF-328 (3-328) JOB # 30906	\$225.00	\$225.00	

SUBTOTAL: \$1,575.00
TAX: \$0.00
TOTAL: \$1,575.00

EUCLID

MACHINE & MANUFACTURING CO.

SHIP TO:

MASCO-TECH BRAUN COMPANY
19001 GLENDALE AVENUE
DETROIT, MI

48223

29030 Northline Road
Romulus, Michigan 48174
Phone: (734) 941-1080
FAX: (734) 941-4711

I N V O I C E

BILL TO:

MASCO-TECH BRAUN COMPANY
19001 GLENDALE AVENUE
DETROIT, MI

48223

Invoice No. 01-193
Customer No. 2
Date March 22 **

Order/P.O. No.	Our Job No.	Terms	Date Shipped	Shipped VIA	
449-44	M072	Net 30	Mar 22 **	OUR DELIVERY	
Quantity Ordered	Quantity Shipped	Description	Units	Unit Price	Amount
1	1	DBR-165-WTF-1 BKWD TRANS.FINGER BLANKET ORDER	1	195.00	195.00

NOTE: RELEASE #25151 DATED 3/22/01
ATTN: DEPT. #13-A/B

TOTAL

\$195.00
=====

T H A N K Y O U

EUCLID

MACHINE & MANUFACTURING CO.

SHIP TO:

MASCO-TECH BRAUN COMPANY
19001 GLENDALE AVENUE
DETROIT, MI

48223

29030 Northline Road

Romulus, Michigan 48174

Phone: (734) 941-1080

FAX: (734) 941-4711

2133-8

BILL TO:

MASCO-TECH BRAUN COMPANY
19001 GLENDALE AVENUE
DETROIT, MI

48223

SHIPPER

Invoice No.

01-193

Customer No.

2

Date

March 22 **

zero
now
per
BOB

Order/P.O. No.	Our Job No.	Terms	Date Shipped	Shipped VIA
449-44	M072	Net 30	Mar 22 **	OUR DELIVERY

Quantity Ordered	Quantity Shipped	Description
---------------------	---------------------	-------------

1

1

DBR-165-WTF-1 BKWD TRANS.FINGER
BLANKET ORDER

195-

RECEIVED
SUBJECT TO WEIGHT, COUNT
AND INSPECTION

MAR 22 2001

MASCOTECH BRAUN CO.

BY

RC#

NOTE: RELEASE #25151 DATED 3/22/01
ATTN: DEPT. #13-A/B

RECEIVED BY:

T H A N K Y O U

EUCLID

MACHINE & MANUFACTURING CO.

SHIP TO:
METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI

48223

29030 Northline Road
Romulus, Michigan 48174
Phone: (734) 941-1080
FAX: (734) 941-4711

BILL TO:
METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI

48223

I N V O I C E

Invoice No. 01-551
Customer No. 2
Date July 16 **

Order/P.O. No. 449-44	Our Job No. P994	Terms Net 30	Date Shipped Jul 16 **	Shipped VIA OUR DELIVERY	
Quantity Ordered	Quantity Shipped	Description	Units	Unit Price	Amount
2	2	DBR-165-WTF-1(F) BLANKET ORDER	BK'WD TRANSFER FINGER -	MOWO - ZERO	
			2	195.00	390.00

NOTE: RELEASE PER TOM MYRIS 7/3/01
ATTN: DEPT.#13-A/B

TOTAL

\$390.00

T H A N K Y O U

EUCLID

2809-2

SHIP TO:

METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI

48223

MACHINE & MANUFACTURING CO.

29030 Northline Road

Romulus, Michigan 48174

Phone: (734) 941-1080

FAX: (734) 941-4711

BILL TO:

METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI

48223

S H I P P E R

Invoice No.

01-551

Customer No.

2

Date

July 16 **

MOWO

ZERO

Order/P.O. No.	Our Job No.	Terms	Date Shipped	Shipped VIA
449-44	P994	Net 30	Jul 16 **	OUR DELIVERY

Quantity Ordered	Quantity Shipped	Description
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2	2	DBR-165-WTF-1(F) BK'WD TRANSFER FINGER - MOWO - ZERO BLANKET ORDER
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195-

RECEIVED
SUBJECT TO WEIGHT COUNT
AND INSPECTION

JUL 1 - 2001

MASCOTECH SYSTEMS CO.

BY

RC#

NOTE: RELEASE PER TOM MYRIS 7/3/01
ATTN: DEPT. #13-A/B

RECEIVED BY: _____

T H A N K Y O U

EUCLID

SHIP TO:
METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI
48223

MACHINE & MANUFACTURING CO.

29030 Northline Road
Romulus, Michigan 48174
Phone: (734) 941-1080
FAX: (734) 941-4711

*Shipped
02-487*

BILL TO:
METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI
48223

I N V O I C E

Invoice No. 02-428
Customer No. 2
Date June 07 **

Order/P.O. No.	Our Job No.	Terms	Date Shipped	Shipped VIA	
449-37	R014	Net 30	Jun 07 **	OUR DELIVERY	
Quantity Ordered	Quantity Shipped	Description	Units	Unit Price	Amount
2	2	PS-893-FD-1(Q) FORM DIE BLANKET ORDER - O	2	210.00	420.00

NOTE: RELEASE #27245 DATED 6/7/02
ATTN: DEPT.#13-A/B

TOTAL \$420.00

=====

T H A N K Y O U

EUCLID

2415-6

SHIP TO:

METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI

48223

MACHINE & MANUFACTURING CO.

29030 Northline Road
Romulus, Michigan 48174
Phone: (734) 941-1080
FAX: (734) 941-4711

BILL TO:

METALDYNE PRECISION FORMING
19001 GLENDALE AVENUE
DETROIT, MI

48223

S H I P P E R

Invoice No. 02-428
Customer No. 2
Date June 07 **

Order/P.O. No.	Our Job No.	Terms	Date Shipped	Shipped VIA
449-37	R014	Net 30	Jun 07 **	OUR DELIVERY

Quantity Ordered	Quantity Shipped	Description
---------------------	---------------------	-------------

2	2	PS-893-FD-1(Q) FORM DIE BLANKET ORDER - 0
---	---	--

210-

RECEIVED
SUBJECT TO WEIGHT, COUNT
AND INSPECTION

JUN 08 2002

MASCOTECH BRAUN CO.

BY L. M. Leary

RC# _____

NOTE: RELEASE #27245 DATED 6/7/02
ATTN: DEPT. #13-A/B

RECEIVED BY: _____

T H A N K Y O U

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
ROMULUS, MI 48174

INVOICE: **04-265**

DATE: 5/26/04

BILL TO ADDRESS

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP TO ADDRESS

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP METHOD	CARRIER	FOB	OUR REP
U.P.S.			

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
71298	2 EA	DGF-645 JOB # 30859		\$225.00 \$450.00	
71298	2 EA	PNF-643 JOB # 30860		\$195.00 \$390.00	
SUBTOTAL:				\$840.00	
TAX:				\$0.00	
TOTAL:				\$840.00	

75884-2

EUCLID MACHINE & MANUFACTURING

Shipper

29030 NORTHLINE ROAD
ROMULUS, MI 48174

SHIPPER: 04-265

DATE: 5/26/04

BILLTO: 201

METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

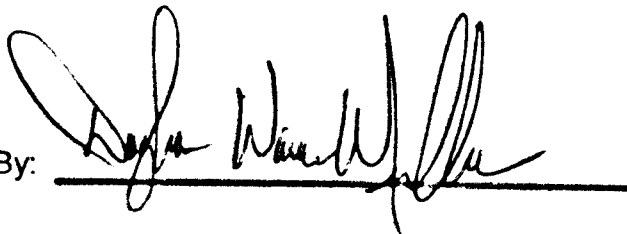
METALDYNE PRECISION FORMING
19001 GLENDALE AVE.
DETROIT, MI 48223

5/26/04	U.P.S.			NET 30
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2	2	DGF-645		
		JOB # 30859	PO #	71298
2	2	PNF-643		
		JOB # 30860	PO #	71298

ATTN: Diane Werner

Received By:



Date:

5-28-2004

Thank you!

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **08-593**

DATE: 9/5/08

BILL TO ADDRESS:

FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK, MI 48073-1712

SHIP TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP VIA	CARRIER	FOB	TERMS
OUR DELIVERY			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
D006011	2 EA	FLUSH PIN OUTER LENGTH JOB # 36718	\$625.00	\$1,250.00	
D006011	2 EA	FLUSH PIN INNER JOB # 36719	\$375.00	\$750.00	
SUBTOTAL:				\$2,000.00	
TAX:				\$0.00	
TOTAL:				\$2,000.00	

EUCLID MACHINE & MANUFACTURING

4459-1
Shipper

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

SHIPPER: 08-593

DATE: 9/5/08

BILLTO: 201

SHIP TO ADDRESS

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

BILL TO ADDRESS

FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK, MI 48073-1712

DATE SHIPPED	SHIP VIA	CARRIER	FOB	TERMS
9/5/08	OUR DELIVERY			NET 30

QTY ORDERED	QTY SHIPPED	DESCRIPTION	OUR REF
-------------	-------------	-------------	---------

2	2	FLUSH PIN OUTER LENGTH	
		JOB # 36718	PO # D006011
2	2	FLUSH PIN INNER	
		JOB # 36719	PO # D006011

625-

375-

RECEIVED
SUBJECT TO WEIGHT, COUNT
AND INSPECTION

SEP 05 2008

FORMTECH

BY [Signature]
RC# _____

Received By: _____

Date: _____

Thank you!

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **08-663**

DATE: 10/15/08

BILL TO ADDRESS:

FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK,, MI 48073-1712

SHIP TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

NOTE: PARTIAL SHIPMENT - HOLDING 15 MORE PCS. ON OUR SHELF FOR RELEASE

SHIP VIA	CARRIER	FOB	TERMS
UPS			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
D006163	15 EA	NHF-750-THF-1 INSERTS JOB # 36803	\$125.00	\$1,875.00	

SUBTOTAL: \$1,875.00
TAX: \$0.00
TOTAL: \$1,875.00

EUCLID MACHINE & MANUFACTURING

4482-3
Shipper

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

SHIPPER: 08-663

DATE: 10/15/08

BILLTO: 201

SHIP TO ADDRESS
FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

BILL TO ADDRESS
FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK,, MI 48073-1712

DATE SHIPPED	SHIPWAY	CARRIER	FOB	TERMS
10/15/08	UPS			NET 30

QUANTITY	DESCRIPTION	OUR REF
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30	15	NHF-750-THF-1 INSERTS
		JOB # 36803 PO # D006163

NOTE: PARTIAL SHIPMENT - HOLDING 15 MORE PCS. ON OUR SHELF FOR RELEASE

125-

Received By: _____

Date: _____

Thank you!

EUCLID MACHINE & MANUFACTURING

Invoice

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

INVOICE: **08-692**

DATE: 10/30/08

BILL TO ADDRESS:

FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK, MI 48073-1712

SHIP TO ADDRESS:

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

SHIP VIA	CARRIER	FOB	TERMS
OUR TRUCK			NET 30

PO NUMBER	QTY SHIPPED	DESCRIPTION	UNIT	EXTENSION	TAX
D006200	1 EA	RUNOUT GAGE FOR 60116 (60115-GA-1) JOB # 36811		\$3,750.00	\$3,750.00
D006200	1 EA	RUNOUT GAGE FOR TRASNFER GEAR 60017 (60017-GA-1) JOB # 36812		\$3,750.00	\$3,750.00
SUBTOTAL:				\$7,500.00	
TAX:				\$0.00	
TOTAL:				\$7,500.00	

4490-3

EUCLID MACHINE & MANUFACTURING

Shipper

29030 NORTHLINE ROAD
(734) 941-1080 FAX (734) 941-4711
ROMULUS, MI 48174

SHIPPER: 08-692

DATE: 10/30/08

BILLTO: 201

SHIP TO ADDRESS

FORMTECH INDUSTRIES LLC
19001 GLENDALE AVE.
DETROIT, MI 48223

BILL TO ADDRESS

FORMTECH INDUSTRIES LLC
2727 WEST 14 MILE RD.
ROYAL OAK, MI 48073-1712

DATE SHIPPED	SHIP VIA	CARRIER	FOB	TERMS
10/30/08	OUR TRUCK			NET 30

QTY ORDERED	QTY SHIPPED	DESCRIPTION	OUR REF
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1	1	RUNOUT GAGE FOR 60116 (60115-GA-1)	3750 ✓
		JOB # 36811 PO # D006200	
1	1	RUNOUT GAGE FOR TRASNFER GEAR 60017 (60017-GA-1)	3750 ✓
		JOB # 36812 PO # D006200	

RECEIVED
SUBJECT TO COUNT
AND INSPECTION

OCT 30 2008

FORMTECH

BY [Signature]
RC#

Received By: [Signature]

Date: 10/30/08

Thank you!