


In re
OXFORD AUTOMOTIVE, INC.

Case Number
04-74377-R

NOTE See Reverse for List of Debtors and Case Numbers
 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 and Address



Oil Chem, Inc
 711 W 12th St
 Flint MI 48503-3851

08111833004760

- 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
- Check box if you have never received any notices from the bankruptcy court in this case
- Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number **810-233-0951**

Creditor Federal Tax ID
38-2233560

Account Or Other Number By Which Creditor Identifies Debtor
Invoice # 62430

Check here replaces or amends a previously filed claim dated _____ if this claim

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries, and compensation (Fill out below)

Money loaned Other (describe briefly) _____

Last four digits of SS # _____
 Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED **11-12-04**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured) \$ _____ (secured) \$ **882.00** (unsecured priority) \$ **882.00** (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

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 charge.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle

Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____

7 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim

- Wages, salaries, or commissions (up to \$4,925)* 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)(3)
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
- Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
- Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9 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.

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, on January 18, 2005 for Non-Governmental Claimants OR on or before April 7, 2005 for Governmental Units

BY MAIL TO
 Oxford Automotive Inc
 c/o BMC Group
 PO Box 977
 El Segundo, CA 90245-0977

BY HAND OR OVERNIGHT DELIVERY TO
 Oxford Automotive Inc
 c/o BMC Group
 1330 East Franklin Ave
 El Segundo, CA 90245


THIS SPACE FOR COURT USE ONLY

FILED

JAN 03 2005

BMC

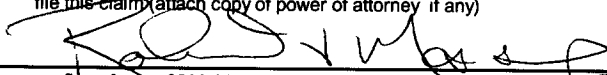
Oxford Automotive Inc



00118

DATE SIGNED
12-22-04

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)

 **ROBERT J. MASSEY**



PURCHASE ORDER NUMBER	
BZ	P055589 - 00
THIS NUMBER MUST APPEAR ON ALL INVOICES PACKAGES AND SHIPPING PAPERS	

VENDOR
OIL CHEM, INC 711 WEST 12TH STREET FLINT MI 48503 UNITED STATES OF AMERICA
8102353040 8102385260

SHIP TO
OXFORD AUTOMOTIVE - ALMA FACILIT 520 REPUBLIC STREET ALMA MI 48801 UNITED STATES OF AMERICA

BILL TO
OXFORD AUTOMOTIVE Accounts Payable PO Box 129 ALMA MI 48801 UNITED STATES OF AMERICA

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WITH	
IN	IN US Dollars

P O DATE	VENDOR	SHIP VIA	FOB DESCRIPTION	TERMS	DEL DATE
11/08/04	B4782	YOUR DELIVERY	Shipping Point	Due2ndDay2MthFromInvDate	SEE BODY

QUESTIONS REGARDING THIS ORDER SEND TO PURCHASING DEPT ATTN OF BUYER
 Alma MRO Pamela Patton BUYER # 01502

SPECIAL CHARGES FREIGHT PHONE# 989-463-3151 x 156

DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
CRIB STOCK CONTACT DAVE CLEVELAND FOR ANY PRICING/ DELIVERY PROBLEMS PH 989-463-2268 X 208 FAX, 989-463-1075 ITEM- NONSTOCK01 UNT/NATR- 01000 6307 Non Stock Item REMOVE 5000 GAL WASTE OIL @ \$ 18 GAL PLUS TRUCKING DELIVER ON 11/15/04	1	EA	900 0000	900 00

- | | | |
|--|--|---|
| <input type="checkbox"/> OXFORD TROY Tax Id
No 38 3262809 | <input type="checkbox"/> HOWELL LAPEER Tax Id
No 38-0479830 | <input type="checkbox"/> HERMOSILLO MEXICO Tax Id
No N/A |
| <input checked="" type="checkbox"/> LE ALMA Tax Id
No 38 0768460 | <input type="checkbox"/> HOWELL MASURY Tax Id
No 38-0479830 | <input type="checkbox"/> RAMOS ARIZPE MEXICO Tax Id
No N/A |
| <input type="checkbox"/> LE GREENCASTLE Tax Id
No 003280969 001 9 | <input type="checkbox"/> EATON WALLACEBURG Tax Id
No N/A | <input type="checkbox"/> SILAO MEXICO Tax Id
No N/A |
| <input type="checkbox"/> LE CORYDON Tax Id
No 003280969-004 3 | <input type="checkbox"/> MCCALLA ALABAMA Tax Id
No N/A | <input type="checkbox"/> SALTILLO MEXICO Tax Id
No N/A |
| <input type="checkbox"/> RPI PRUDENVILLE Tax Id
No 38-2492117 | <input type="checkbox"/> CANTON MISSISSIPPI Tax Id
No N/A | <input type="checkbox"/> |

TOTAL 900 00

THIS ORDER <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT SUBJECT TO SALES TAX
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PURCHASED / AUTHORIZED BY

THIS ORDER SUBJECT TO THE TERMS AND CONDITIONS APPEARING HERON AND THE REVERSE SIDE HEREOF

READ INSTRUCTIONS ON BACK OF MANIFEST



WASTE AND HAZARDOUS MATERIALS DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY

Required under authority of Part 111 and Part 121 of Act 451 1994 as amended

Failure to file may subject you to criminal and/or civil penalties under Section 324 11151 or 324 12116 MCL

DO NOT WRITE IN THIS SPACE

ATT DIS REJ PR

bbw

Please print or type

Form Approved OMB No 2050 0039

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM IN MICHIGAN AT 1 800 292 4706 OR OUT OF STATE AT 517 373 7680 AND THE NATIONAL RESPONSE CENTER AT 1 800 424 8802 24 HOURS PER DAY

GENERATOR
TRANSPORTER
RECIPIENT

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No MID 005378112		Manifest Document No		2 Page 1 of		Information in the shaded areas is not required by Federal law							
3 Generator's Name and Mailing Address OXFORD AUTOMOTIVE 520 Republic St, Alma, MI 48801						A State Manifest Document Number MI 9093998									
4 Generator's Phone (989) 463-2268						B State Generator's ID									
5 Transporter 1 Company Name OIL CHEM, INC				6 US EPA ID Number MID 081603573		C State Transporter's ID									
7 Transporter 2 Company Name				8 US EPA ID Number		D Transporter's Phone 10-235-3040									
9 Designated Facility Name and Site Address OIL CHEM, INC 711 W 12th ST FLINT, MI 48503				10 US EPA ID Number MID 081603573		E State Transporter's ID									
						F Transporter's Phone									
						G State Facility's ID									
						H Facility's Phone 810-235-3040									
11 US DOT Description (including Proper Shipping Name Hazard Class and HM ID NUMBER)						12 Containers No Type		13 Total Quantity		14 Unit Mt/Vol		Waste No			
a OTHER WASTE						1 TT		4900		G		029			
b															
c															
d															
J Additional Descriptions for Materials Listed Above Oily Waste Water Non-Hazardous by DOT Approval No. 1079-95										K Handling Codes for Wastes Listed Above A B C D					
15 Special Handling Instructions and Additional Information															
16 GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified packed marked and labeled and are in a l respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment storage or disposal currently available to me which minimizes the present and future threat to human health and the environment OR if I am a small quantity generator I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford															
Printed/Typed Name Luan Gorder										Signature Luan Gorder				Date Month Day Year	
17 Transporter 1 Acknowledgement of Receipt of Materials															
Printed/Typed Name KIM C ALLMAN										Signature K. C. Allman				Date Month Day Year 11/1/2004	
18 Transporter 2 Acknowledgement of Receipt of Materials															
Printed/Typed Name										Signature				Date Month Day Year	
19 Discrepancy Indication Space															
20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19															
Printed/Typed Name K. R. GORDON										Signature K. R. Gordon				Date Month Day Year 11/5/04	