

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re

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.

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.

Name of Creditor and Address

GARY L. MISSI II
1611 FERREE RD.
LANESVILLE, IN. 47136

Creditor Telephone Number (812) 952-2209

Creditor Federal/Tax ID

N/A

Account Or Other Number By Which Creditor Identifies Debtor

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages salaries and compensation (Fill out below)

Last four digits of SS # 9535
Unpaid compensation for services performed from

9/27/04 to 12/31/04
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured) \$ _____ (secured) \$ 3,600.00 (unsecured priority)

\$ 3,600.00 (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-Government 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 11 2005

BMC

DATE SIGNED

1/7/05

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)

Gary Missi II

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 152 AND 3571

Oxford Automotive Inc



INSTRUCTIONS FOR FILING 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 the 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 court appointed Claims Agent, The BMC Group Inc., at the address listed on the reverse side of this page

SECURED CLAIM

A claim is a secured claim to the extent that the creditor has a lien on the 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 a 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 PROPERLY FILLED IN)

Name of Debtor, and Case Number

Fill in the name of the debtor in the bankruptcy case against whom you wish to assert a claim and the relevant bankruptcy case number. Debtor names and case numbers are as follows:

Debtor Name	Case No
Oxford Automotive, Inc	04-74377
Oxford Automotive Alabama, Inc	04-74387
Lobdell Emery Corporation	04-74386
Howell Industries, Inc	04-74381
Oxford Suspension, Inc	04-74390
RPI Holdings, Inc	04-74391
Prudenville Manufacturing, Inc	04-74389
RPI Inc	04-74392
OASP, Inc	04-74388
OASP II, Inc	04-74380
CE Technologies, Inc	04-74379
Tool and Engineering Company	04-74393

Information about Creditor

If not already accurately pre-printed, 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 (a) anyone else has already filed a proof of claim relating to this debt, (b) if you never received notices from the Claims Agent, BMC Group, about this case, (c) if your address differs from that to which the Claims Agent sent this notice, or (d) if this proof of claim replaces or amends a proof of claim that was already filed, check the appropriate boxes 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 describe 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 owed by the debtor.

3 Court Judgments

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

4 Total Amount of Claim at Time Case Filed

Fill in the applicable amounts, including 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.

5 Secured Claim

If your claim is a secured claim, check the appropriate boxes in this section. 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.)

6 Unsecured Nonpriority Claim

If your claim is an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim" (See DEFINITIONS, above), check the appropriate box in this section. 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.

7 Unsecured Priority Claim

If your claim is an unsecured priority claim (See DEFINITIONS, above), check the appropriate boxes in this section, and state the amount entitled to priority. 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.

8 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.

9 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.

Please read - important information upon completion of this claim form, you are certifying that the statements herein are true.

Be sure to date the claim and place original signature of claimant or person making the claim for creditor where indicated at the bottom of the claim form. Please type or print name of individual under the signature. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy with any attachments to the Claims Agent, The BMC Group, Inc at the address on the front of this form.



INDIANA WORKFORCE DEVELOPMENT DETERMINATION OF ELIGIBILITY

UC 511 SF 128 (R2/00)DC26A

CONFIDENTIAL RECORD PURSUANT TO IC 22-4-19-6 IC 4-1-6

Name and Address of Claimant

GARY L. MISSI, II
1611 FERREE ROAD
LANESVILLE IN 47136

SSN 304-02-9535 Issue # 03
BYE 7/2/05 Separation Date 9/29/04
Employer Acct #. 389740-000
Local Office REG/86-0

Name and Address of Employer

THE LOBDELL EMERY MFG CO
TALX UC EXPRESS
P O BOX 283
SAINT LOUIS MO 63166

Issue(s) Involved

Discharge for just cause

Circumstances of Case

The claimant was discharged. The employer has failed to provide sufficient information to establish the discharge was the result of willful misconduct.

Conclusion of Case

The claimant was not discharged for just cause. On a discharge case the employer has the burden of proof to establish that the individual was discharged due to misconduct within their control. Sufficient information has not been provided to sustain the employer's burden of proof. In accordance with IC-22-4-15-1, no penalty is imposed under these circumstances.

No disqualification

Legal Result of Case

CLAIMANT NO PENALTY IS IMPOSED AS A RESULT OF THIS ISSUE

Unless otherwise disqualified, claimant is eligible to receive weekly unemployment insurance benefits if able to work. Claimant must actively seek work each week, unless an approved work search waiver is on file.

Date Determination Mailed

10/27/04

Local Office

NEW ALBANY
LOCAL OFFICE

Signature of Deputy

RIGHT OF APPEAL THIS DETERMINATION WILL BECOME FINAL ON 11/8/04 IF NOT APPEALED EITHER PARTY MAY APPEAL THIS DETERMINATION AND REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE WITHIN TEN DAYS OF THE DATE THIS DETERMINATION WAS MAILED OR OTHERWISE DELIVERED PLEASE SEE REVERSE SIDE FOR APPEAL PROCEDURE

IMPORTANT NOTE TO CLAIMANT If you appeal this determination, you must continue to submit vouchers each week while unemployed

Gary Lee Miss II

I was wrongfully discharged from my job at Oxford Auto Inc on Sept 27, 2004 I was awarded unemployment but should receive compensation for wage adjustment from time of discharge till current date

40 hrs. Gross 546.00 wk (OXFORD)
Gross Unemploy 306.00 wk

lost wages 240.00 wk
per week x 15 wks

\$3,600.00 balance
lost wages
due to me.

Should have been called
back to work'