

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

**PROOF OF CLAIM**

**YOUR CLAIM IS SCHEDULED AS**

In re  
**Oxford Automotive, Inc**  
*520 Republic  
PO Box 129  
Alma, MI 48801*

Case Number  
**04-74377**

Schedule/Claim ID s1502  
Amount/Classification  
\$4 015 00 Unsecured

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

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

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below  
If the amounts shown above are listed as Contingent Unliquidated or Disputed you must file a proof of claim  
If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again  
**THIS SPACE IS FOR COURT USE ONLY**

**Name of Creditor and Address**  
08111819005444  
MINSTER MACHINE CO (THE)  
PO BOX 632313  
CINCINNATI OH 45263-2313

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

Creditor Telephone Number ( )

Creditor Federal Tax ID  
**34-4306440**

Account Or Other Number By Which Creditor Identifies Debtor  
**00-537-8112**

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

**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** **9-9-04**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ **4,015.00** \$ \_\_\_\_\_  
(unsecured) (secured) (unsecured priority) (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 charges

**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 \$ **4,015.00**  
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

**6 UNSECURED NONPRIORITY CLAIM \$** \_\_\_\_\_  
 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 c) none or only part of your claim is entitled to priority

**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 ADDITIONAL COPY OF THIS PROOF OF CLAIM** 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

**FILED IN COURT**  
**JAN 14 2005**  
**BMC**

DATE SIGNED **1/11/2005**  
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)  
**JAMES MAISCH JAMES MAISCH CONTROLLED**

Oxford Automotive Inc  
00395

**Minster Machine Co (the)**

**CASE NO 04-74377, Oxford Automotive, Inc**

**INVOICE DETAIL REPORT - INVOICES THAT MAKE UP THE SCHEDULED AMOUNT**

MINSTER MACHINE CO (THE)  
PO BOX 632313  
CINCINNATI OH 45263 2313

**SCHEDULED AMOUNT** \$4 015 00

**SCHEDULE ID** 1502

**CREDITOR ID** 5444

**VENDOR CODE** 6328

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<i>VENDOR CODE</i>	<i>INVC NUMBER</i>	<i>INVC DATE</i>	<i>BUSINESS UNIT</i>	<i>INVOICE STATUS</i>	<i>INVC AMT</i>
6328	00163184	09/08/2004	Corydon		\$4 015 00
					<hr/> \$4 015 00



