

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION	PROOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
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In re Oxford Automotive, Inc	Case Number 04-74377	Schedule/Claim ID s2888 Amount/Classification Priority Unliquidated
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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.

Name of Creditor and Address 08111832008057 MCGLOWN MELISSA PO BOX 46505 MOUNT CLEMENS MI 48046-6505	<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 this address differs from the address on the envelope sent to you by the court.
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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

Creditor Telephone Number (SAW) 873-2788	Creditor Federal Tax ID	Account Or Other Number By Which Creditor Identifies Debtor	Check here <input type="checkbox"/> if this claim replaces or amends a previously filed claim dated _____.
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1 BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input checked="" type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Last four digits of SS # <u>9743</u>

Unpaid compensation for services performed from 1/1/04 to 12/31/04
(date) (date)

2 DATE DEBT WAS INCURRED 12/26/04 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured)	\$ _____ (secured)	\$ <u>673.08</u> (unsecured priority)
		\$ <u>673.08</u> (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 \$ _____

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.

7 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ 673.08

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
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THIS SPACE FOR COURT USE ONLY

FILED

JAN 14 2005

BMC

Oxford Automotive, Inc
00438

DATE SIGNED <u>12/20/04</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>Melissa McGowan</u>
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December 21 2004

Notice of Termination

Melissa McGlown

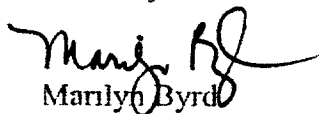
Dear Melissa

The current business condition at Oxford Automotive requires that we take action to reduce operating costs immediately. With regret, I must inform you that your position is being eliminated effective today, Tuesday, December 21, 2004. You will be paid through Friday, December 31, 2004.

You will receive the following payments: Christmas Holiday pay (6 days) in the amount of \$807.70, accrued but unused vacation of 2 days in the amount of \$269.23 and a stay bonus of 1 week in the amount of \$673.08 which is subject to court approval. Your employee benefits will end effective December 21, 2004, except your medical, dental and flexible spending account coverage, which will be extended through December 31, 2004. You will be eligible for continued health coverage through Oxford Automotive under COBRA and the terms of the health plan, which provide for at least 18 months coverage. However, in the event that the health plans are discontinued entirely, COBRA coverage may not be available for your full eligibility period.

If you have any questions regarding the above, please contact Laura Cutrei at 248/577-3404.

Sincerely,


Marilyn Byrd