

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s5771
Amount/Classification
UNKNOWN Unsecured Unliquidated

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.

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.

2005 JAN 12 P 4 08
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
**N. Gayle Holt
4451 N 100 E
Winchester, IN 47394**

Creditor Telephone Number **765 584-0806**

Creditor Federal Tax ID
311-62-0574

Account Or Other Number By Which Creditor Identifies Debtor
**Fed # 38-3262809
EATC ID 032809690019**

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 _____ 3 IF COURT JUDGMENT, DATE OBTAINED _____

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (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 \$ _____
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 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
RECD JAN 14 2005

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).
N. Gayle Holt N. GAYLE HOLT

Oxford Automotive Inc
 00442

emp 343518 13JAN05

FORM 0200

14JAN05 A1

TRK# 8474 3274 4093

90245 -CA-US

LAX XH AVXA

FedEx Express US Airbill

FedEx Tracking Number **847432744093**

1 From Date **1/11/05**

Sender's Name **PORTER MACHINERY** Phone **734 299 1871**

Company **CLAWSON REGISTRATION**

Address **11 W FLINT AVE**

City **FTTPOIT** State **MI** ZIP **48304**

2 Your Internal Billing Reference **BMC**

3 To Recipient's Name **LITA HILPPIER** Phone **5002 71 21 11**

Company **BMC CORP (NORTHROP #11)** **RECD**

Recipient's Address **130 E FRANKLIN AVE**

Address **FLORQUINDO** State **CA** ZIP **95041**



4a Express Package Service

FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx First Overnight First business morning delivery to select locations

4b Express Freight Service

FedEx 2Day Second business day
 FedEx 2Day Freight Second business day
 FedEx 3Day Freight Third business day

5 Packaging

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling

SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx Freight to select ZIP codes
 HOLD Weekday at FedEx Location
 HOLD Saturday at FedEx Location A vehicle ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

7 Payment Bill to

Sender Recipient Third Party Credit Card Cash/Check

Total Packages **1** Total Weight **00** Total Declared Value **\$ 00** Total Charges **00**

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.
Questions? Visit our Web site at fedex.com
FedEx Customer Care: 1.800.463.3339
Fax: 1.800.463.3339
Printed in U.S.A. MWMA 04

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