

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

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s5771
Amount/Classification **FILED**
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 3 43

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
08111832011018
HAWLEY NANCY
4451 N CO RD 100 E
WINCHESTER IN 47394

Creditor Telephone Number **(765-584-0806)**
Creditor Federal Tax ID **303-64-4506**

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

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

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 # _____
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
REC'D JAN 14 2005
Oxford Automotive Inc
00445

DATE SIGNED
12/23/2004

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).
Nancy S Hawley Nancy S Hawley

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.

licts between employees for the taking of vacations except, however that employees who have requested and have been granted vacation time off one (1) or more months prior to the starting date of the employee's vacation and if the vacation is three (3) consecutive days or more shall be given priority among contending employees for vacation time

(a) For up to six (6) times in an employee's anniversary year, employees who qualify for vacation will be permitted to take vacation one (1) day at a time. Employee shall request vacation time off and pay (if applicable) in writing at least three (3) working days prior to the starting date of the vacation

(b) Each employee will be given a written disposition of his request. Approved vacation time off will not thereafter be canceled or changed without mutual consent of the Management and the employee.

Sec 7 Employee shall request vacation time off and pay (if applicable) in writing at least one (1) week prior to the starting date of the vacation. A copy of the request shall be retained by the employee. The employee request for vacation shall be signed by management

ARTICLE XIV - PENSION

The Company hourly rated employee's retirement income plan which became effective May 1, 1977 shall have a benefit rate of \$13.00 per credited year of service effective May 1, 1994 (May 1 1996 - \$14.00, May 1 1998 \$15.00)

ARTICLE XV - GENERAL

Sec 1 This agreement shall be subject to changes that may become necessary due to Federal and State statutes, court decisions, Executive order and properly authenticated administrative rulings

Sec 2 Nothing herein shall permit the Union or any of its members to assume authority to officiate in a managerial or supervisory capacity

Sec 3 Company rules have been established as of the date of the signing of this Agreement, and discipline will be administered in a fair and reasonable manner

AGREEMENT

MAY 1994-MAY 1999

THE LOBDELL-EMERY
MANUFACTURING COMPANY
AND LOCAL 1955

INTERNATIONAL UNION
UNITED AUTOMOBILE
AEROSPACE & AGRICULTURAL
IMPLEMENT WORKERS OF AMERICA

emp 343318 13JAN05

TRK# 8474 3274 4093

FORM 0200

14JAN05 A1

90245

-CA-US

LAX XH AVXA

FedEx Express

FedEx Tracking Number **847432744093**

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

Sender's Name **PO BOX 27 MITCHELL** Phone **734 714 1811**

Company **CLUBMART HFG, GIESSEN, CHINA**

Address **11 W F C ST**

City **DETROIT** State **MI** ZIP **48206** Dept./Room/Store/Room

2 Your Internal Billing Reference **BMC**

3 To Recipient's Name **L L A IN PFAILER** Phone **502 411 1111**

Company **BMC CORP 107 FORD #111** Address **RECD**

Recipients Address **130 E FRANKLIN AVE**

Address **FLORISSANDO** State **CT** ZIP **06411** Dept./Room/Store/Room



4 Express Package Service

FedEx Priority Overnight FedEx Standard Overnight Next business morning Next business afternoon Packages up to 150 lbs 1 in x 16 in FedEx First Overnight Next business morning Delivery to select locations

FedEx 2Day Second business day FedEx Express Saver Third business day

FedEx 1Day Freight* Next business day FedEx 2Day Freight Second business day FedEx 3Day Freight Third business day

5 Packaging FedEx Envelope* FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak FedEx Box FedEx Tube Other Delivered Val e/haz \$500

6 Special Handling SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx Home Delivery, and FedEx 2Day Freight to select ZIP codes Does this shipment contain dangerous goods? No Yes Shipper's Declaration Shipper's Declaration not required Dry Ice Dry Ice 5/1N/185 Cargo Aircraft Only In bulk, FedEx will ship 5 ton 3 HOLD Weekday at FedEx Location Not available for FedEx First Overnight HOLD Saturday at FedEx Location Available ONLY for FedEx Overnight and FedEx 2Day to select locations

7 Payment Bill to Sender Recipient Third Party Credit Card Cash/Check Enter FedEx Acct No or Credit Card No below At r/ Mh Oblan the ip

8 Sign to Authorize Delivery Without a Signature Sender Recipient Third Party Credit Card Cash/Check Enter FedEx Acct No or Credit Card No below At r/ Mh Oblan the ip

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

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 or call 1 800 FedEx, 1 800 463 3333. No. 016 11/03 Form 0200-0194 2001 FedEx. PRINTED IN USA. MWMA 04

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