

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

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re **OXFORD AUTOMOTIVE, INC. &
LOBDELL EMERY CORPORATION, et al**

Case Number
**04-74377
04-74386**

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

FILED

2005 JAN 12 P 2 09

**U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT**

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

Heys Ricky L
153 Snyder Rd
Wellston MI 49689-9414

08111833000379

Creditor Telephone Number **(231) 848-4588**

Creditor Federal Tax ID

381-72-6298

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
- 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 # _____ **SEE ATTACHED**
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED **ONGOING**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ \$ _____ \$ **SEE ATTACHED** \$ **SEE ATTACHED**
(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 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 \$ **SEE ATTACHED STATEMENT**
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 \$ **SEE ATTACHED**

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

DATE SIGNED

1/11/05

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)

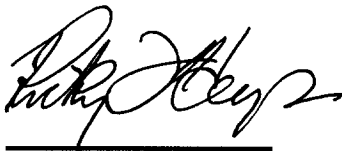
Ricky Lee Heys RICKY LEE HEYS

Oxford Automotive Inc
00447

ATTACHMENT TO PROOF OF CLAIM
OXFORD AUTOMOTIVE, INC
BANKRUPTCY COURT FILE NO 04-74377, CHAPTER 11
LOBDELL EMERY CORPORATION
BANKRUPTCY COURT FILE NO 04-74386, CHAPTER 11
CLAIMANT-RICKY LEE HEYS
DATE OF CLAIM-JANUARY 11, 2005

The undersigned Ricky Lee Heys, in good faith, believes that he has inchoate, indeterminable unliquidated claims, both priority and non-priority in the following matters

- 1 Bankruptcy Code Section 507 (a) (4) claim and related code sections arising from contributions to an employee benefit plan Amount indeterminable
- 2 Bankruptcy Code Section 507 (a) (3 (A) claims arising from unpaid vacation pay et al
- 3 Potential inchoate claim from unfunded and or under-funded retirement and related plan benefits due and unpaid from the above debtor Amount indeterminable
- 4 Other claims that may exist that may be discovered during the pendency of this bankruptcy petition that are due and owing to future retirees or existing retirees et al



Ricky Lee Heys

1/11/05

Date

emp 343318 13JAN05

FORM 0200

14JAN05 AI

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 **FCI CORPORATION** Phone **314 274 4814**

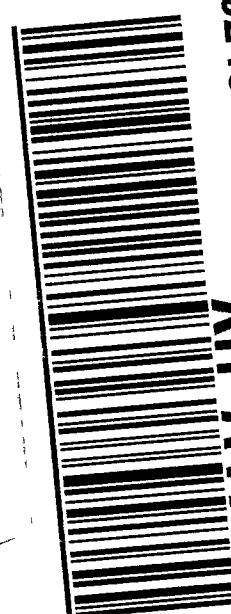
Company **CLARK REFRIGERATION** Address **11 WEST 111** City **ST. LOUIS** State **MO** ZIP **63106**

2 Your Internal Billing Reference **BMC**

3 To Recipient's Name **LA COMPILER** Address **5002 T 1 AVE** City **ST. LOUIS** State **MO** ZIP **63106**

Company **BMC CORP (ST. LOUIS)** Recipient's Address **5002 T 1 AVE** City **ST. LOUIS** State **MO** ZIP **63106**

Address **EL SEQUOYO** City **EL SEQUOYO** State **TX** ZIP **75844**



4a Express Package Service FedEx Priority Overnight FedEx Standard Overnight Next business day

4b Express Freight Service FedEx 1Day Freight* FedEx 2Day Freight Next business day

5 Packaging FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling SATURDAY Delivery HOLD Saturday at FedEx Location Fragile Do not open Do not stack

7 Payment Bill to Sender Recipient Third Party Credit Card Cash/Check

8 Sign to Authorize Delivery Without a Signature Total Packages Total Weight Total Declared Value*

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.

467