

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION		PROOF OF CLAIM			
In re Oxford Automotive, Inc		Case Number 04-74377		Schedule/Claim ID s2203 Amount/Classification Priority 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.				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		08111832007375 BIDDLE MICHAEL 628 FARQUAR AVE CORYDON IN 47112-1539			
Creditor Telephone Number ()		Creditor Federal Tax ID			
Account Or Other Number By Which Creditor Identifies Debtor		Check here <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____			
1 BASIS FOR CLAIM					
<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input 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>3999</u> 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					
<input type="checkbox"/> 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			7 UNSECURED PRIORITY CLAIM		
<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____			<input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <small>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.</small>		
6 UNSECURED NONPRIORITY CLAIM \$ _____					
<input type="checkbox"/> 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.				FILED FOR COURT JAN 18 2005 Oxford Automotive Inc 	
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			
DATE SIGNED <u>1/10/05</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>Michael Biddle</u>			
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.					