

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re OXFORD AUTOMOTIVE INC
LOBDELL EMERY CORP. ETAL

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

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

Jessup, John H

08111833000439

590 N SHORE DR
CRYSTAL MI. 48818

Creditor Telephone Number 989 235-4309

Creditor Federal Tax ID
376-50-4888

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 # 4888 SEE ATTACHED
Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED ON GOING

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ (unsecured) \$ (secured) \$ SEE ATTACHED (unsecured priority) \$ SEE ATTACHED (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

FILED
JAN 18 2005
BMC

Oxford Automotive Inc



DATE SIGNED

1/15/05

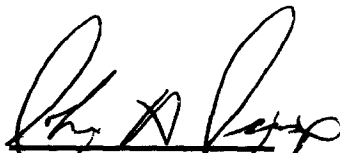
SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

JOHN H. JESSUP

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-John H Jessup
DATE OF CLAIM-JANUARY 15, 2005

The undersigned John H Jessup, in good faith, believes that he has inchoate, indeterminate 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


John H Jessup

1/15/05
Date