


In re **04-74377**

Case Number  
**74377-R**

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

**Name of Creditor and Address**  
  
**Andrade Osvaldo** 08111833002878  
 3147 S Komensky Ave  
 Chicago, IL 60623-4914

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.

Creditor Telephone Number **773 247-9052**  
 Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor **04-74377R OXFORD AUTOMOTIVE**

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

**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 # **0480**  
 Unpaid compensation for services performed from **1998** to **1998** (date) **5 weeks** (date)  
**VACATION**

**2 DATE DEBT WAS INCURRED** **1998**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED**  
 \$ \_\_\_\_\_ (unsecured) \$ \_\_\_\_\_ (secured) \$ **3600** (unsecured priority) \$ **3600** (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 \$ **3600**  
 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.

**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**  
**FILED**  
**JAN 19 2005**  
**BMC**

DATE SIGNED  
**1/12/05**

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).  
**X Osvaldo Andrade**

Oxford Automotive Inc  
  
 00630