


In re
Oxford Automotive

Case Number
04-74377

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

Name of Creditor and Address



Thunder Bay Moving & Storage
 Kim Walz
 817 W Miller St
 Alpena MI 49707-1825

08111833006681

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 () _____
 Creditor Federal Tax ID **382576942**
 Account Or Other Number By Which Creditor Identifies Debtor **Inv # 1157-21381**

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

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)
 \$ **508.49** (unsecured priority)
 \$ **508.49** (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 \$ _____

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

7 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ **508.49**

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 USE ONLY

FILED

JAN 19 2005

BMC

DATE SIGNED **1-7-05**

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)
Kim Walz / General Mgr

Oxford Automotive Inc

 00635