

In re  
**Oxford Automotive Inc**

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.

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**  
  
 Northern Corp Industrial Consulting 08111833006683  
 NORTHERN CORP INDUSTRIAL CONSULTING  
 David Selbo  
 4375 Chestnut Ln NE  
 Prior Lake MN 55372-1185

Creditor Telephone Number (612) 581-7619

Creditor Federal Tax ID  
 474-50-7411

Account Or Other Number By Which Creditor Identifies Debtor  
 Vendor L753K

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

**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** 10-11-04 thru 12-11-04

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED**  
 \$ \_\_\_\_\_ (unsecured) \$ \_\_\_\_\_ (secured) \$ 1,500<sup>00</sup>/<sub>xx</sub> (unsecured priority) \$ 1,500<sup>00</sup>/<sub>xx</sub> (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 \$ 1,500<sup>00</sup>/<sub>xx</sub>  
 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.

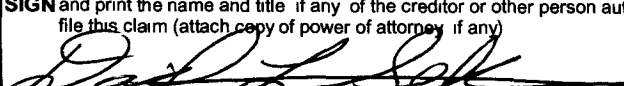
**10 DATE-STAMPED COPY** To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

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 20 2005  
 BMC

DATE SIGNED: 1-10-05  
 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):  
  
 David L Selbo

Oxford Automotive Inc  
  
 00678



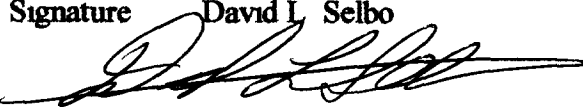
Rodney Shehorn  
QC Manager  
Oxford Auto  
Corydon In

Invoice Number 418OX For Week Ending Saturday 12-11-04  
PO# unknown  
Vendor# L753K

Name or Corporate Name N C I C SS# 474-50-7411  
David L. Selbo  
Address 4375 Chestnut Lane  
Prior Lake Mn. 55372

<b>Monday</b>		<b>Hours 1.0</b>
Normal reviews		
<b>Tuesday</b>		<b>Hours 1.0</b>
Normal reviews		
<b>Wednesday</b>		<b>Hours 2.0</b>
Normal reviews	Night shift reviews	
<b>Thursday</b>		<b>Hours 1.5</b>
Normal reviews		
<b>Friday</b>		<b>Hours 2.0</b>
Normal reviews	Night shift reviews	
<b>Weekend</b>		<b>Hours</b>

Hourly Rate 40 00	x Hours worked 7 5	\$300 00
	Total due	\$300 00

Signature	David L. Selbo	Authorized for Payment
		
Date	12-12-04	Date

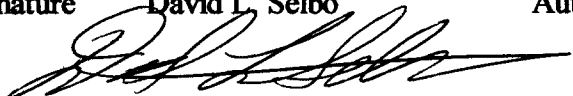
Rodney Shehorn  
QC Manager  
Oxford Auto  
Corydon In

Invoice Number 417OX For Week Ending Saturday 12-04-04  
PO# unknown  
Vendor# L753K

Name or Corporate Name N C I C SS# 474-50-7411  
David L Selbo  
Address 4375 Chestnut Lane  
Prior Lake Mn. 55372

**Monday** **Hours 2.0**  
Normal reviews Work with a-pillar fit to cab back  
**Tuesday** **Hours 2.0**  
Normal reviews Work with a-pillar fit to cab back Reviews of parts with edge weld and  
possible issues this will cause  
**Wednesday** **Hours 1.0**  
Normal reviews Work with a-pillar fit to cab back Edge weld issues Night shift  
reviews  
**Thursday** **Hours 1.5**  
Normal reviews Night shift reviews A-pillar and bent metal reviews  
**Friday** **Hours 1.0**  
Normal reviews  
**Weekend** **Hours**

Hourly Rate 40 00 x Hours worked 7 5 \$300 00  
Total due \$300 00

Signature David L. Selbo Authorized for Payment  
  
Date 12-04-04 Date

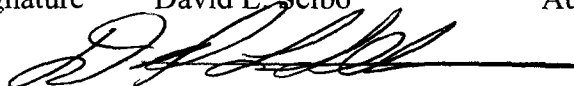
Rodney Shehorn  
QC Manager  
Oxford Auto  
Corydon In

Invoice Number 416AM For Week Ending Saturday 11-06-04  
PO# unknown  
Vendor# L753K

Name or Corporate Name N C I C SS# 474-50-7411  
Address David L Selbo  
4375 Chestnut Lane  
Prior Lake Mn 55372

<b>Monday</b>	<b>Hours 2 0</b>
Normal reviews	
<b>Tuesday</b>	<b>Hours 2 0</b>
Normal reviews	
<b>Wednesday</b>	<b>Hours 1 0</b>
Normal reviews Discussion about shut down plans at TCAP	
<b>Thursday</b>	<b>Hours 1 5</b>
Normal reviews Night shift reviews	
<b>Friday</b>	<b>Hours 1 0</b>
Normal reviews	
<b>Weekend</b>	<b>Hours</b>

Hourly Rate 40 00 x Hours worked 7 5 \$300 00  
Total due \$300 00

Signature David L Selbo Authorized for Payment  
  
Date 11-04-04 Date


Rodney Shehorn  
QC Manager  
Oxford Auto  
Corydon In

Invoice Number 415AM For Week Ending Saturday 10-30-04  
PO# unknown  
Vendor# L753K

Name or Corporate Name N C I C SS# 474-50-7411  
David L Selbo  
Address 4375 Chestnut Lane  
Prior Lake Mn. 55372

<b>Monday</b>		<b>Hours 2.0</b>
Normal reviews Sort for short weld flange/w-strip flange on right a-pillar		
<b>Tuesday</b>		<b>Hours 2.0</b>
Normal reviews Sort for short weld flange/w-strip flange on right a-pillar		
<b>Wednesday</b>		<b>Hours 2.0</b>
Normal reviews Sort for short weld flange/w-strip flange on right a-pillar		
<b>Thursday</b>		<b>Hours 1.5</b>
Normal reviews Night shift reviews Sort for short weld flange/w-strip flange on right a-pillar		
<b>Friday</b>		<b>Hours</b>
<b>Weekend</b>		<b>Hours</b>

Hourly Rate 40 00 x Hours worked 7 5 \$300 00  
Total due \$300 00

Signature David L. Selbo Authorized for Payment  
  
Date 10-30-04 Date

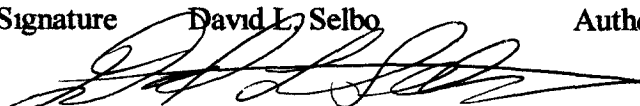
Rodney Shehorn  
QC Manager  
Oxford Auto  
Corydon In

Invoice Number 413AM For Week Ending Saturday 10-16-04  
PO# unknown  
Vendor# L753K

Name or Corporate Name N C I C SS# 474-50-7411  
David L Selbo  
Address 4375 Chestnut Lane  
Prior Lake Mn. 55372

<b>Monday</b>	<b>Hours 1.0</b>
Normal reviews Sample of each part in shipping bins Review A-pillar twist	
<b>Tuesday</b>	<b>Hours 2.0</b>
Normal reviews Discuss FIFO of left a-pillars with TCAP Emphasis on fender cups position.	
<b>Wednesday</b>	<b>Hours 3.0</b>
Normal reviews Completed FIFO of left a-pillars	
<b>Thursday</b>	<b>Hours 1.5</b>
Normal reviews Night shift reviews	
<b>Friday</b>	<b>Hours</b>
<b>Weekend</b>	<b>Hours</b>

Hourly Rate 40 00 x Hours worked 7 59 \$300 00  
Total due \$300 00

Signature David L Selbo Authorized for Payment  
  
Date 10-17-04 Date