

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re **OXFORD AUTOMOTIVE INC**
LOBDELL EMERY CORP ETAL

Case Number
04-74377
64 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
3400 ~~Pennington Avenue~~
~~Chesapeake Beach, MD 20758~~
590 N SHORE DR.
CRYSTAL, MI 48818

08111833000439

Creditor Telephone Number **(989) 235-4369**

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
- Services performed
- Taxes
- Money loaned
- 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 # **4888**
Unpaid compensation for services performed from **SEE ATTACHED** (date) (date)

2 DATE DEBT WAS INCURRED

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

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REC'D JAN 20 2005

DATE SIGNED

1/15/05

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)

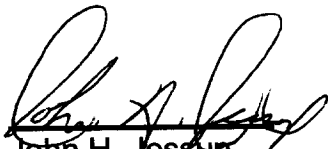
John H. Jessup JOHN H. JESSUP

Oxford Automotive Inc
00703

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, indeterminable 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


Date

Customer This service area is provided for your internal use and convenience Service must be marked on airbill.

FedEx Service

Extremely Urgent

FedEx emp 364814 19JAN05

PRIORITY OVERNIGHT

THU

TRK# 8474 3274 4082 FORM 0200

Deliver By 20JAN05 A1

90245 -CA-US

LAX XH AVXA



0 150 lbs at Inc. It overnight ss morning ications

FedEx US Airbill Express

FedEx Tracking Number 84743274

Insert airbill here

1 From
Date
Sender's Name
Company
Address
City

1/14/05
GREG GREGOR
GREG GREGOR
1100 E FRANKLIN AVE
EL SEGUNDO

2 Your Internal Billing Reference OXFORD # 1

3 To
Recipient's Name
Company
Address
City

LISA RUPPNER
BMC CORP (DAN RUPPNER)
1100 E FRANKLIN AVE
EL SEGUNDO

4b Express Freight Service
FedEx 2Day Second business day
FedEx 1Day Freight Next business day
FedEx 2Day Freight Second business day
FedEx Express Saver Third business day
FedEx 3Day Freight Third business day

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other

6 Special Handling
SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
HOLD Weekday at FedEx Location Not available for FedEx First Overnight
HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?
No Yes
Yes per attached Shipper's Declaration not required
Yes Shipper's Declaration not required
Dry Ice Dry Ice 9 UN 1845
Cargo Aircraft Only

7 Payment Bill to
Sender (Acct. No. in Section 1 will be billed)
Recipient Third Party Credit Card Cash/Check

8 Sign to Authorize Delivery Without a Signature



Recycled Paperboard MINIMUM 35% POST CONSUMER CONTENT

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