

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

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



O block Vincent J
2115 Woodcrest Ave
Youngstown, OH 44505-3723

08111833002513

Creditor Telephone Number **(330) 746-1549**

Creditor Federal Tax ID

270-48-8259

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
- 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 35 YEARS OF SERVICE

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured) \$ _____ (secured) \$ **665 00** (unsecured priority) \$ _____ (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 \$ 665 00

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

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REC'D JAN 20 2005

DATE SIGNED

01/13/05

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)

Vincent J O'Block

Oxford Automotive Inc



00705

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

FedEx Service

Extremely Urgent

FedEx emp 364814 19JAN05

PRIORITY OVERNIGHT

THU

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FORM 0200

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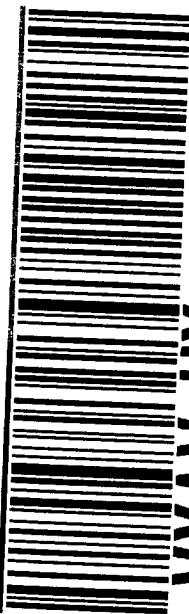
90245

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FedEx Express US Airbill

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1 From Date 1/18/05

Sender's Name USDOC DEPT OF JUSTICE

Company ERI GREG GRESCHAF

Address 1300 FRANKLIN AVE

City EL SEGUNDO State CA ZIP 90245

2 Your Internal Billing Reference OXFORD #1

3 To Recipient's Name USA RIPPAUER Phone REC'D 311 5541

Company BMC CORP (DARI RIVERI) JAN 20 2005

Recipient's Address 132 E FRANKLIN AVE BMC

Address EL SEGUNDO State CA ZIP 90245



8474 3274 4082

4b Express Freight Service

5 Packaging

6 Special Handling

7 Payment

8 Sign to Authorize Delivery Without a Signature

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