

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s5722
Amount/Classification
UNKNOWN Unsecured Unliquidated
FILED
2005 JAN 18 5 01 PM '05
The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below - DETROIT
If the amounts shown above are listed as Contingent, Unliquidated or Disputed you must file a proof of claim
If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

NOTE 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
08111832010969
BALDWIN DAVID
312 N UNION ST
WINCHESTER IN 47394-1211

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.

Creditor Telephone Number (765-584-1299)
Creditor Federal Tax ID
311-62-0025

Account Or Other Number By Which Creditor Identifies Debtor Fed # **38-3262809**
St# **032809690019**

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ _____ (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 charges

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 \$ _____
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 \$ _____
 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

THIS SPACE FOR COURT USE ONLY
REC'D JAN 20 2005

DATE SIGNED **1/13/05**
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)
David A Baldwin DAVID A BALDWIN

Oxford Automotive Inc
 00712

licts between employees for the taking of vacations except, however that employees who have requested and have been granted vacation time off one (1) or more months prior to the starting date of the employee's vacation and if the vacation is three (3) consecutive days or more shall be given priority among contending employees for vacation time

(a) For up to six (6) times in an employee's anniversary year, employees who qualify for vacation will be permitted to take vacation one (1) day at a time. Employee shall request vacation time off and pay (if applicable) in writing at least three (3) working days prior to the starting date of the vacation

(b) Each employee will be given a written disposition of his request. Approved vacation time off will not thereafter be canceled or changed without mutual consent of the Management and the employee.

Sec 7 Employee shall request vacation time off and pay (if applicable) in writing at least one (1) week prior to the starting date of the vacation. A copy of the request shall be retained by the employee. The employee request for vacation shall be signed by management

ARTICLE XIV - PENSION

The Company hourly rated employee's retirement income plan which became effective May 1, 1977 shall have a benefit rate of \$13 00 per credited year of service effective May 1, 1994 (May 1, 1996 - \$14 00, May 1, 1998 \$15 00)

ARTICLE XV GENERAL

Sec 1 This agreement shall be subject to changes that may become necessary due to Federal and State statutes, court decisions, Executive order, and properly authenticated administrative rulings

Sec 2 Nothing herein shall permit the Union or any of its members to assume authority to officiate in a managerial or supervisory capacity

Sec 3 Company rules have been established as of the date of the signing of this Agreement, and discipline will be administered in a fair and reasonable manner

AGREEMENT

MAY 1994-MAY 1999

**THE LOBDELL-EMERY
MANUFACTURING COMPANY
AND LOCAL 1955**

**INTERNATIONAL UNION
UNITED AUTOMOBILE
AERO-SPACE & AGRICULTURAL
IMPLEMENT WORKERS OF AMERICA**

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

Do not ship liquids, blood, or diagnostics in this packaging.

FedEx PRIORITY OVERNIGHT THU
 emp 364814 19JAN05
 TRK# 8474 3274 4071 FORM 0200
 Deliver By 20JAN05 A1
 90245 -CA-US LAX
 XH AVXA



FedEx Express US Airbill

FedEx Tracking Number 84743274

1 From
 Date 1/19/05
 Sender's Name USARCO, INC. Phone 313-777-4071
 Company CLERK GREG GRESCHAY
 Address 311 W FORD ST FL
 City DETROIT State MI ZIP 48206
 Dept./Floor/Suite/Room

2 Your Internal Billing Reference
 JAN 20 2005
 04 FORD ST FL

3 To
 Recipient's Name LISA FUI PANEF Phone 415 398 812
 Company PMC CORP (04 FORD ST FL)
 Recipient's Address 130 E FRANKLIN AVE
 We cannot deliver to P.O. boxes or P.O. ZIP codes
 Dept./Floor/Suite/Room
 Address 1111 SEGUNDO
 To request a package be held at a specific FedEx location print FedEx address here
 City CA ZIP 91241
 State ZIP

4a Express Package Service Packages up to 150 lbs To most locations

FedEx Priority Overnight Next business morning
 FedEx Standard Overnight Next business afternoon
 FedEx First Overnight Earliest next business morning delivery to select locations

FedEx 2Day Second business day
 FedEx Express Saver Third business day
 FedEx Envelope rate not available Minimum charge One pound rate

4b Express Freight Service Packages over 150 lbs To most locations

FedEx 1Day Freight* Next business day**
 FedEx 2Day Freight Second business day**
 FedEx 3Day Freight Third business day**

Call for Confirmation

5 Packaging Declared value limit \$500

FedEx Envelope*
 FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
 FedEx Box
 FedEx Tube
 Other

6 Special Handling Include FedEx address in Section 3

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? One box must be checked
 No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required Dry Ice Dry Ice 9 UN 1845 x kg
 Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging Cargo Aircraft Only

7 Payment Bill to Enter FedEx Acct. No or Credit Card No below (If this Bill is for Recipient, Third Party, or Cash/Check)

Sender Acct. No in Section 1 will be billed
 Recipient Third Party Credit Card Cash/Check

Total Packages	Total Weight	Total Declared Value*	Total Charges
		\$ 00	

*Our liability is limited to \$100 unless you declare a higher value. See back for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims. Questions? Visit our Web site at fedex.com

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Insert airbill here

1A1863

1B1863

1C1863

1E1863