



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 s2105 Amount/Classification	
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.				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If 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. 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	
Name of Creditor and Address  08111832000384 PARKER NICHOLAS 2970 QUAIL RUN DR TROY MI 48098-4168		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Creditor Telephone Number () Creditor Federal Tax ID Account Or Other Number By Which Creditor Identifies Debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or amends a previously filed claim dated _____			
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of SS # 6691 Unpaid compensation for services performed from 7/30/04 to 1/31/05 (date) (date)					
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED			
4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 27,959.55 (unsecured) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> 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.		\$ 4,925 (unsecured priority) \$ 32,884.55 (Total)			
5 SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		7 UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ 4,925 Specify the priority of the claim: <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>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.</small>			
6 UNSECURED NONPRIORITY CLAIM \$ 27,959.55 <input checked="" type="checkbox"/> 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-Governmental 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 01/17/05		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). PARKER NICHOLAS		Oxford Automotive, Inc.  00716	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

United States Bankruptcy Court
Summary Proof of Claim
January 17 2005

Name Nicholas Parker

Case # 04-74377-SRW Oxford Automotive

Documents enclosed

- Settlement Release
- Copies of payment from July 30 2004
- Copy of last pay stub from regular employment
- Proof of claim form

Summary

- Last day of employment July 30 2004
- Agreement is for salary continuance for 26 weeks or \$95,000
- Payments received for 17 weeks or \$62,115 45
- Amount due 9 weeks or \$32,884 55



SETTLEMENT RELEASE AND AGREEMENT

This Settlement and Release Agreement (the Agreement) is made on July 30, 2004 between Oxford Automotive, Inc (Oxford) and Nicholas Parker (Employee) Employee's last day of employment with the Company is July 30, 2004 Except as provided below, all employment benefits cease as of July 30, 2004

The parties to this Agreement desire to resolve and settle any and all claims existing between them, their agents, employees, representatives, spouses, successors and assigns This Agreement does not constitute an admission of liability or concession of the merits of any claim by any party, but is entered into by and between the parties solely for the purpose of settling disputed claims The parties agree as follows

- 1 Employee, on behalf of himself and his successors, heirs, assigns, executors, attorneys, agents, representatives and any other persons claiming by, through or under him, unconditionally and forever RELEASES, ACQUITS and DISCHARGES Oxford and its owners, predecessors, successors, subsidiaries, divisions and affiliates, and their former and current directors, officers, shareholders, employees, agents, attorneys, insurers, and assigns from any and all claims, causes of action, rights, damages, losses, liabilities, obligations and demands, whether based in tort, contract or any other legal or equitable theory of recovery, which employee has, or may have, of any kind or character, whether now known or unknown, including but not limited to, any claim for salary, compensation, benefits, expenses, compensatory and exemplary damages, interest, attorneys fees, costs and present or future employment This release includes all claims arising from, attributable to, related to, or which could have been raised in conjunction with
 - a) Employee's employment with Oxford,
 - b) Employee's termination of employment with Oxford,
 - c) Any alleged discriminatory, retaliatory, tortious, wrongful, breaching and/or improper action of Oxford

This release includes, but is not limited to, any claims of wrongful termination, discrimination (based on age, race, sex or any other factor), including claims brought under Title VII of the Civil Rights Act of 1964 or similar Michigan laws, retaliation, defamation, intentional and/or negligent infliction of emotional distress, mental anguish, breach of employment contract or offer letter, breach of an implied covenant of good faith and fair dealing, negligent training or supervision, tortious interference or any other alleged unlawful or wrongful conduct, whether arising under federal or state statutes, regulation or the common-law (contract, tort, or other) of any jurisdiction

- 2 In compliance with the Older Workers Benefit Protection Act, 29 U S C , S63 (f) and similar Michigan laws, Employee expressly acknowledges that
 - a) This Agreement is written in a manner to be understood by him and he understands all of the terms of this Agreement,
 - b) In addition to the waiver and release of all other claims, this Agreement results in the waiver and release by him of all claims arising under the Age Discrimination in Employment Act of 1967, 29 U S C S621 ET seq (ADEA) and similar Michigan laws,
 - c) In exchange for the waiver and release by him of all ADEA claims, Employee is receiving consideration in addition to anything of value to which he already is entitled,
 - d) Prior to executing this Agreement, he is entitled to seek legal advice and counsel from an attorney regarding his rights and obligations under this Agreement,
 - e) He has been provided at least 45 days within which to consider this Agreement,
 - f) Employee has been informed that he is not releasing any claims that accrue after the effective date of this Agreement
- 3 Employee and his attorney shall maintain this Agreement in strict confidence Employee, his attorneys and tax advisors agree that they will not disclose, directly or indirectly, the terms of this Agreement or any communications, written, verbal or otherwise, constituting or concerning the negotiation of this Agreement, to any third person other than his immediate family and, apart from his attorney that Employee may consult concerning this Agreement Any breach of this Agreement by Employee, Attorney or tax advisors shall be deemed a breach If employee in Oxford's good faith judgment breaches any obligation hereunder including, without limitation, Employee's obligations of this Agreement, Oxford may immediately terminate any payment/payments and the provision of any other benefits to be made or provided hereunder or under any benefit plan Any such termination by Oxford shall not impair the validity or enforceability of Paragraph 1 or 2 hereto
- 4 Employee agrees that this settlement is intended to resolve all matters between the parties and to terminate, forever, any relationship they may have Therefore, as a part of this settlement and compromise, Employee agrees to relinquish any and all rights to present or future employment, after July 30, 2004 with Oxford and its successors, assigns subsidiaries, divisions and affiliates and further agrees never to seek employment with any of these entities In addition, as of the date hereof, Employee hereby resigns from all positions

of officer, director, trustee or otherwise at Oxford Automotive or any subsidiary or affiliates thereof and will agree to sign any specific resignation request

- 5 Employee agrees not to sue or initiate against Oxford any action, proceedings or compliance review or to participate as a party, individually or as a member of a class, under any contract, express or implied, law or regulation, whether federal, state or local, pertaining in any manner whatsoever to Employee's employment with Oxford, the termination of that employment, or any matter covered by the release contained in this Agreement, except for any claims or disputes arising out of Employee's entitlement to any pension/retirement benefits Employee agrees not to make any disparaging comments about Oxford Automotive
- 6 Employee will cooperate and make himself available upon reasonable notice to Oxford in connection with any claim or proceeding asserted or filed against Oxford involving any matters of which Employee has material information or knowledge Employee will be reimbursed on a per diem basis for any time and for reasonable expenses incurred in connection with any such claims or proceedings that the company deemed his involvement to be necessary
- 7 After execution of this Agreement, Oxford agrees to pay Employee, salary continuance for twenty-six (26) weeks pay in the amount of \$95,000 00 and an amount of \$6,394 23 for accrued but unused vacation After execution of this agreement Oxford agrees to arrange for outplacement services or pay \$2,000 00 in lieu of outplacement services, whichever the employee prefers All monies mentioned above will be less all lawful deductions required If Employee elects to continue medical and dental coverage under the Employer's plans in accordance with the continuance requirements of COBRA, the Employer shall pay for the costs of said coverage beginning on the last day of employment and ending on January 31, 2005 Thereafter, the Employee shall be entitled to elect to continue such COBRA coverage for the remainder of the COBRA period, at his own expense
- 8 Employee will be responsible for reasonable expenses, including legal fees, incurred by Oxford for any enforcement of this Agreement
- 9 Employee acknowledges, by entering into this Agreement that Oxford does not admit to any unlawful, discriminatory, or tortious conduct or other wrong doing in connection with Employee's employment and his subsequent termination of employment Neither this Agreement, nor any action taken in connection with this Agreement, nor pursuant to it, will constitute an admission or any evidence of wrong doing on the part of Oxford, or its employees or agents Oxford, in fact, denies that it or any of its employees or agents committed unlawful, tortious or improper acts against Employee at any time
- 10 Each party shall bear its own costs and attorneys fees in connection with the negotiation, review and execution of this Agreement Employee will be responsible for reasonable

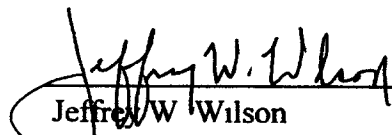
expenses, including legal fees, incurred by Oxford for any enforcement of this Agreement


- 11 This Agreement supercedes, replaces, and merges all previous agreements and discussions between Employee and Oxford, or their respective attorneys and agents, and constitutes the entire agreement between Employee and Oxford with respect to its subject matter
- 12 This Agreement may not be changed or terminated orally, and no change, termination, or waiver of this Agreement or any of its provisions shall be binding unless made in writing and signed by all parties
- 13 This Agreement shall be interpreted and construed in accordance with, and shall be governed by, the laws of the State of Michigan except to the extent that federal law may apply
- 14 Employee has been fully informed by his attorney of the terms, contents, conditions and effects of this Agreement before executing it Employee acknowledges that he has read this entire Agreement, understands that it constitutes a contract, and represents that he has entered into it voluntarily
- 15 Employee has 45 days within which to consider this agreement Employee may revoke this Agreement within seven (7) days of execution hereof by delivery of a written revocation notice to Oxford in care of Dennis Bemis No payment shall be made hereunder until the seven-day revocation period has expired If Employee does not revoke this Agreement within the seven-day revocation period, then this Agreement shall become finally effective and enforceable and any payments hereunder will be paid thereafter


Please return this agreement by September 13, 2004


IN WITNESS WHEREOF, the parties have executed and delivered this Agreement,

Subscribed and sworn to
Before me


Jeffrey W. Wilson 7-29-04
President & COO Date
Oxford Automotive, Inc


Dennis G. Bemis 7-29-04
Sr Vice President Human Resources Date
Oxford Automotive, Inc


8/10/04
Date


Witness/Notary 8/10/04
Date

2970 Quail Run Troy MI 48098			SSN 053-82-6691		Location TROYHQ Country US Division 05		Paygroup 05SOX Job DREXPMGT Pay Rate 91 35		DDA Date 10/15/2004 Period End 10/10/2004 DDA Amt \$5648 55			
EARNINGS Pay Type		Hours	Current	YTD	DEDUCTIONS Deduction		Current	YTD	TAXES Tax Code		Current	YTD
Base/Regular				105230 88	Dental Care			286 50	Federal Income		1286 79	28221 27
Car Fixed NT				2870 29	Group Term Life			723 52	Employee Medica		105 96	2354 92
Car Fixed Tax1				2495 35	Med RX Premier			1087 50	Social Security			5449 82
ExpAirfare				7637 51	Medical Flex			1442 25	MI State Income		266 40	5952 91
ExpCarMaint				111 92								
ExpCarRent				2589 43								
ExpFood				1052 44								
ExpHotel				3940 22								
ExpMealsEnt				813 31								
ExpOther				36 67								
ExpParkTolls				418 00								
Fixed Car Tax2				149 11								
Group Term Life				723 52								
Holiday				8038 47								
Misc Pay				2000 00								
Reg Separation			7307 70	40192 35								
Vacation				6394 23								
					DEDUCTIONS Totals		0 00	3539 77	TAXES Totals		1659 15	41978 92
					EMPLOYEE ACCRUALS				NET PAY DISTRIBUTION		Current	YTD
									21058155		5648 55	C

Jill Oias Parker 2970 Quail Run Troy MI 48098			Oxford Automotive SSN 053-82-6691		Emp No 1063 Location TROYHQ Country US Division 05		J-It Paygroup 05SOX Job DREXPMGT Pay Rate 91 35		DDA No 19740 DDA Date 11/12/2004 Period End 11/7/2004 DDA Amt \$5648 55				
EARNINGS Pay Type			Hours	Current	YTD	DEDUCTIONS Deduction		Current	YTD	TAXES Tax Code		Current	YTD
Base/Regular					105230 88	Dental Care			286 50	Federal Income		1286 79	30794 85
Car Fixed NT					2870 29	Group Term Life			723 52	Employee Medica		105 96	2566 84
Car Fixed Tax1					2495 35	Med RX Premier			1087 50	Social Security			5449 82
ExpAirfare					7637 51	Medical Flex			1442 25	MI State Income		266 40	6485 71
ExpCarMaint					111 92								
ExpCarRent					2589 43								
ExpFood					1052 44								
ExpHotel					3940 22								
ExpMealsEnt					813 31								
ExpOther					36 67								
ExpParkTolls					418 00								
Fixed Car Tax2					149 11								
Group Term Life					723 52								
Holiday					8038 47								
Misc Pay					2000 00								
Reg Seperation				7307 70	54807 75								
Vacation					6394 23								
						DEDUCTIONS Totals		0 00	3539 77	TAXES Totals		1659 15	45297 22
						EMPLOYEE ACCRUALS				NET PAY DISTRIBUTION		Current	YTD
										21058155		5648 55	C
EARNINGS Totals						7307.70	199309.10			Check Amt		\$0 00	
										NET PAY TOTALS		5648 55	150472 11

WAC JAMES TALLER 2970 Quail Run Troy MI 48098		SSN 053-82 6691		Location TROYHQ Country US Division 05		Paygroup 05SOX Job DREXPMGT Pay Rate 91 35		DDA Date 11/24/2004 Period End 11/21/2004 DDA Amt \$5648 55				
EARNINGS Pay Type		Hours	Current	YTD	DEDUCTIONS Deduction		Current	YTD	TAXES Tax Code		Current	YTD
Base/Regular				105230 88	Dental Care			286 50	Federal Income		1286 79	32081 64
Car Fixed NT				2870 29	Group Term Life			723 52	Employee Medica		105 96	2672 80
Car Fixed Tax1				2495 35	Med RX Premier			1087 50	Social Security			5449 82
ExpAirfare				7637 51	Medical Flex			1442 25	MI State Income		266 40	6752 11
ExpCarMaint				111 92								
ExpCarRent				2589 43								
ExpFood				1052 44								
ExpHotel				3940 22								
ExpMealsEnt				813 31								
ExpOther				36 67								
ExpParkTolls				418 00								
Fixed Car Tax2				149 11								
Group Term Life				723 52								
Holiday				8038 47								
Misc Pay				2000 00								
Reg Seperation			7307 70	62115 45								
Vacation				6394 23								
					DEDUCTIONS Totals		0 00	3539 77	TAXES Totals		1659 15	46956 37
					EMPLOYEE ACCRUALS				NET PAY DISTRIBUTION		Current	YTD
									21058155		5648 55	C
EARNINGS Totals			7307.70	206616.80					Check Amt		\$0 00	
									NET PAY TOTALS		5648 55	156120 66

NICHOLAS PARKER
2970 Quail Run
Troy MI 48098

Oxford Automotive
SSN 053-82-6691

Emp No 10105
Location TROYHQ
Country US
Division 05

Unit 051164
Paygroup 05SOX
Job DREXPMGT
Pay Rate 91 35

DDA No 18696
DDA Date 9/17/2004
Period End 9/12/2004
DDA Amt \$5648 55

EARNINGS Pay Type	Hours	Current	YTD	DEDUCTIONS Deduction	Current	YTD	TAXES Tax Code	Current	YTD
Base/Regular			105230 88	Dental Care		286 50	Federal Income	1286 79	25647 69
Car Fixed NT			2870 29	Group Term Life		723 52	Employee Medica	105 96	2143 00
Car Fixed Tax1			2495 35	Med RX Premier		1087 50	Social Security		5449 82
ExpAirfare			7637 51	Medical Flex		1442 25	MI State Income	266 40	5420 11
ExpCarMaint			111 92						
ExpCarRent			2589 43						
ExpFood			1052 44						
ExpHotel			3940 22						
ExpMealsEnt			813 31						
ExpOther			36 67						
ExpParkTolls			418 00						
Fixed Car Tax2			149 11						
Group Term Life			723 52						
Holiday			8038 47						
Misc Pay			2000 00						
Reg Separation		7307 70	25576 95						
Vacation			6394 23						
EARNINGS Totals			7307 70	170078 30					
				DEDUCTIONS Totals	0 00	3539 77	TAXES Totals	1659 15	38660 62
				EMPLOYEE ACCRUALS			NET PAY DISTRIBUTION	Current	YTD
							21058155	5648 55	C
							Check Amt	\$0 00	
							NET PAY TOTALS	5648 55	127877 91

Nicholas Parker
2970 Quail Run
Troy MI 48098

Oxford Automotive
SSN 053-82-6691

Emp No 10105
Location TROYHQ
Country US
Division 05

Unit 05M164
Paygroup 05SOX
Job DREXPMGT
Pay Rate 91 35

DDA No 18696
DDA Date 10/29/2004
Period End 10/24/2004
DDA Amt \$5648 55

EARNINGS Pay Type	Hours	Current	YTD	DEDUCTIONS Deduction	Current	YTD	TAXES Tax Code	Current	YTD
Base/Regular			105230 88	Dental Care		286 50	Federal Income	1286 79	29508 06
Car Fixed NT			2870 29	Group Term Life		723 52	Employee Medica	105 96	2460 88
Car Fixed Tax1			2495 35	Med RX Premier		1087 50	Social Security		5449 82
ExpAirfare			7637 51	Medical Flex		1442 25	MI State Income	266 40	6219 31
ExpCarMaint			111 92						
ExpCarRent			2589 43						
ExpFood			1052 44						
ExpHotel			3940 22						
ExpMealsEnt			813 31						
ExpOther			36 67						
ExpParkTolls			418 00						
Fixed Car Tax2			149 11						
Group Term Life			723 52						
Holiday			8038 47						
Misc Pay			2000 00						
Reg Separation		7307 70	47500 05						
Vacation			6394 23						
EARNINGS Totals			7307 70	192001 40					
				DEDUCTIONS Totals	0 00	3539 77	TAXES Totals	1659 15	43638 07
				EMPLOYEE ACCRUALS			NET PAY DISTRIBUTION	Current	YTD
							21058155	5648 55	C
							Check Amt	\$0 00	
							NET PAY TOTALS	5648 55	144823 56

NICHOLAS PARKER
2970 Quail Run
Troy MI 48098

Oxford Automotive
SSN 053-82-6691

Emp No 10105
Location TROYHQ
Country US
Division 05

Unit 051164
Paygroup 05SOX
Job DREXPMGT
Pay Rate 91 35

DDA No 18696
DDA Date 9/30/2004
Period End 9/26/2004
DDA Amt \$5648 55

EARNINGS Pay Type	Hours	Current	YTD	DEDUCTIONS Deduction	Current	YTD	TAXES Tax Code	Current	YTD
Base/Regular			105230 88	Dental Care		286 50	Federal Income	1286 79	26934 48
Car Fixed NT			2870 29	Group Term Life		723 52	Employee Medica	105 96	2248 96
Car Fixed Tax1			2495 35	Med RX Premier		1087 50	Social Security		5449 82
ExpAirfare			7637 51	Medical Flex		1442 25	MI State Income	266 40	5686 51
ExpCarMaint			111 92						
ExpCarRent			2589 43						
ExpFood			1052 44						
ExpHotel			3940 22						
ExpMealsEnt			813 31						
ExpOther			36 67						
ExpParkTolls			418 00						
Fixed Car Tax2			149 11						
Group Term Life			723 52						
Holiday			8038 47						
Misc Pay			2000 00						
Reg Separation		7307 70	32884 65						
Vacation			6394 23						
EARNINGS Totals			7307 70	177386 00					
				DEDUCTIONS Totals	0 00	3539 77	TAXES Totals	1659 15	40319 77
				EMPLOYEE ACCRUALS			NET PAY DISTRIBUTION	Current	YTD
							21058155	5648 55	C
							Check Amt	\$0 00	
							NET PAY TOTALS	5648 55	133526 46

2970 Quail Run
Troy MI 48098

SSN 053-82 6691

Location TROYHQ
Country US
Division 05

Paygroup 05SOX
Job DREXPMGT
Pay Rate 91 35

Check Date 8/6/2004
Period End 8/1/2004
Check Amt \$3154 47

EARNINGS Pay Type	Hours	Current	YTD	DEDUCTIONS Deduction	Current	YTD	TAXES Tax Code	Current	YTD
Base/Regular			105230 88	Dental Care		286 50	Federal Income	322 50	21721 94
Car Fixed NT			2870 29	Group Term Life		723 52	Employee Medica	52 98	1796 12
Car Fixed Tax1			2495 35	Med RX Premier		1087 50	Social Security		5449 82
ExpAirfare			7637 51	Medical Flex		1442 25	MI State Income	123 90	4561 51
ExpCarMaint			111 92						
ExpCarRent			2589 43						
ExpFood			1052 44						
ExpHotel			3940 22						
ExpMealsEnt			813 31						
ExpOther			36 67						
ExpParkTolls			418 00						
Fixed Car Tax2			149 11						
Group Term Life			723 52						
Holiday			8038 47						
Reg Seperation		3653 85	3653 85						
Vacation			6394 23						
				DEDUCTIONS Totals	0 00	3539 77	TAXES Totals	499 38	33529 39
				EMPLOYEE ACCRUALS			NET PAY DISTRIBUTION	Current	YTD
							Check Amt	\$3154 47	
							NET PAY TOTALS	3154 47	109086 04
EARNINGS Totals			3653 85						

NICHOLAS PARKER
2970 Quail Run
Troy MI 48098

SSN 053-82-6691

Location TROYHQ
Country US
Division 05

Paygroup 05SOX
Job DREXPMGT
Pay Rate 91 35

DDA NO 13561
DDA Date 8/20/2004
Period End 8/15/2004
DDA Amt \$5648 55

EARNINGS Pay Type	Hours	Current	YTD	DEDUCTIONS Deduction	Current	YTD	TAXES Tax Code	Current	YTD
Base/Regular			105230 88	Dental Care		286 50	Federal Income	1286 79	23068 73
Car Fixed NT			2870 29	Group Term Life		723 52	Employee Medica	105 96	1902 08
Car Fixed Tax1			2495 35	Med RX Premier		1087 50	Social Security		5449 82
ExpAirfare			7637 51	Medical Flex		1442 25	MI State Income	266 40	4827 91
ExpCarMaint			111 92						
ExpCarRent			2589 43						
ExpFood			1052 44						
ExpHotel			3940 22						
ExpMealsEnt			813 31						
ExpOther			36 67						
ExpParkTolls			418 00						
Fixed Car Tax2			149 11						
Group Term Life			723 52						
Holiday			8038 47						
Reg Seperation		7307 70	10961 55						
Vacation			6394 23						
				DEDUCTIONS Totals	0 00	3539 77	TAXES Totals	1659 15	35488 54
				EMPLOYEE ACCRUALS			NET PAY DISTRIBUTION	Current	YTD
							21058155	5648 55	C
							Check Amt	\$0 00	
							NET PAY TOTALS	5648 55	114734 59
EARNINGS Totals			7307 70						

NICHOLAS PARKER
2970 Quail Run
Troy MI 48098

SSN 053-82-6691

Location TROYHQ
Country US
Division 05

Paygroup 05SOX
Job DREXPMGT
Pay Rate 91 35

DDA NO 13561
DDA Date 9/3/2004
Period End 8/29/2004
DDA Amt \$5648 55

EARNINGS Pay Type	Hours	Current	YTD	DEDUCTIONS Deduction	Current	YTD	TAXES Tax Code	Current	YTD
Base/Regular			105230 88	Dental Care		286 50	Federal Income	1286 79	24360 90
Car Fixed NT			2870 29	Group Term Life		723 52	Employee Medica	105 96	2037 04
Car Fixed Tax1			2495 35	Med RX Premier		1087 50	Social Security		5449 82
ExpAirfare			7637 51	Medical Flex		1442 25	MI State Income	266 40	5153 71
ExpCarMaint			111 92						
ExpCarRent			2589 43						
ExpFood			1052 44						
ExpHotel			3940 22						
ExpMealsEnt			813 31						
ExpOther			36 67						
ExpParkTolls			418 00						
Fixed Car Tax2			149 11						
Group Term Life			723 52						
Holiday			8038 47						
Misc Pay			2000 00						
Reg Seperation		7307 70	18269 25						
Vacation			6394 23						
				DEDUCTIONS Totals	0 00	3539 77	TAXES Totals	1659 15	37001 47
				EMPLOYEE ACCRUALS			NET PAY DISTRIBUTION	Current	YTD
							21058155	5648 55	C
							Check Amt	\$0 00	
							NET PAY TOTALS	5648 55	122229 36
EARNINGS Totals			7307 70						

FINAL RECOUNT

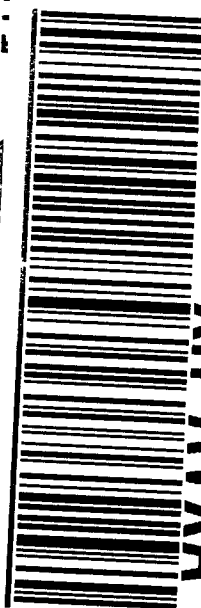
1 to open
corner. This service area is provided for your
convenience. Service must be marked on outside

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

FedEx PRIORITY OVERNIGHT THU
emp 364814 19JAN05

TRK# 8474 3274 4071 FORM 20JAN05
0200

90245 -CA-US LAX A1



FedEx US Airbill
Express

Tracking Number 84743274

1 From

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

Fax

2 To

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

3 Your Internal Billing Reference

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

4- Express Package Service

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

5- Express Freight Service

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

6- Special Handling

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

7- Payment Bill to

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

8- Sign to Authorize Delivery Without a Signature

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

9- Total Packages

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

10- Total Weight

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

11- Total Declared Value

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

12- Total Charges

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

13- Credit Card Auth

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

14- Total Packages

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

15- Total Weight

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

16- Total Declared Value

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

17- Total Charges

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

18- Credit Card Auth

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

19- Total Packages

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

20- Total Weight

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

21- Total Declared Value

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

22- Total Charges

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

23- Credit Card Auth

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

24- Total Packages

Date

Sender's Name

Company

Address

City

State

Zip

Phone

Fax

Dept./Box/Room

City

State

Zip

Phone

25- Total Weight

Date

Sender's Name

Company

Address