

- 439.80 -

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s2152
Amount/Classification
Priority Unliquidated

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

- 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.

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:
BABCOCK DORY
7955 CLOVER VALLEY RD NW
RAMSEY IN 47166-8428

Creditor Telephone Number ()

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

Check here if this claim 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)
Cell-phone
- 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 11-10-04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ 439.80 (unsecured priority) \$ 439.80 (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 \$ 439.80
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.

FILED
JAN 24 2005
BMC

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 PROOF OF CLAIM IS FOR COURT USE ONLY
JAN 24 2005
BMC

DATE SIGNED
1-12-05

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)
Dory Babcock Dory Babcock

Oxford Automotive Inc

1-12-05

This claim is being filed based on the 12 month agreement I made with Cingular Wireless to obtain a new cell phone and service in my name per direction of Oxford Automotive Directory of Quality

Two months have already been paid I'm filing a claim for the remaining 10 months at \$43 98 each month Copy of sales agreement, detail of charges for the 43 98 and a copy of the signed service contract from 11-10-04

Thank you,


Dory Babcock



No 003201

ADVANCED CELLULAR

WALMART SHOPPING CENTER
2363 HWY 135 N W • SUITE 116
CORYDON, IN 47112
PHONE (812) 738-8001
FAX (812) 738-8002

SALES INVOICE

(No Further Statement Will Be Sent)

10-24

Customer Name Mobile # FD-267-5961

Deposit Amount Required \$

ESN # Price \$ 79.99

9014102060107124790

34557001767101

ESN # Price \$

Price \$ 17.95

Price \$ 9.98

Subtotal \$ 109.92

Tax \$ 6.00

Amount Due \$ 116.52

Check #
Rep. Deduct

Representative Name Rep # 56

The Subscriber (individual or company) agrees that they will maintain service for a minimum of 12 months... Failure to maintain service for 12 months... will result in a cancellation fee of \$250.00 per phone...

x Rory Babcock
Customer Signature

Accessories are exchanged with receipt only for a maximum of 30 days - NO REFUNDS
15% Restocking Fee On All Phones

AGREEMENT

1-800-331-0500

BILLING ACCOUNT INFORMATION

Table with 2 columns: Field, Value. Fields: Advance Payment/Deposit Amount (\$0), Billing Period (12 11)

MONTHLY PLAN

Table with 2 columns: Field, Value. Fields: Monthly Service Fee (\$39.99)

ACTIVATION CHARGE

Table with 2 columns: Field, Value. Fields: One Payment, Installment Bill (\$/month)

FEATURES/RATE PLAN OPTIONS

Table with 3 columns: Feature Name, Customer Initials, Cost/Mo. Rows include: CT (\$0.00), SST (\$0.00), IA PHON (\$0.00), PACKAGE (\$0.00), C (\$0.00), FEE (\$3.99), C (\$0.00), NC (\$0.00), C (\$0.00)

Refer to page two

Table with 2 columns: Field, Value. Fields: SIM, IMEI

4102060107124790 354987001767101

Customer necessary to replace... Agency to provide Cingular with any information it has on me...

of up to \$125 to help defray its costs incurred in... become due under this Agreement. I agree you can collect

incorporated herein by reference including a binding... describing the services to which I subscribed (Rate Plan...)

the amount of \$240 per phone prorated over the term of... may be assessed against you in the event that you terminate this contract before the expiration of its term...

ACKNOWLEDGE I HAVE READ AND UNDERSTAND THIS AGREEMENT... I have submitted this application in the capacity indicated by my Title thereunder...

CUSTOMER SIGNATURE/AUTHORIZATION

SVC-AGMT 1001 SE GS NY Indy CW700918-POS PAGE 1 OF 2

x Rory Babcock

* 378 send

WIRELESS SERVICE AGREEMENT

1 800-331 0500

Market/Region 22 CORYDON		Activation Date 11/10/2004		CREDIT AND BILLING ACCOUNT INFORMATION																																											
Agent Code YM4		Sales Person YM4002		Credit Check Number 20043150001808		Advance Payment/Deposit Amount \$0																																									
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City RAMSEY		State IN		Zip Code 47166		SERVICE ACTIVATION CHARGE																																									
Home Number (812)347 2664		Work Number (111)111 1111		Activation Charge (One Time Charge) \$36.00		One Payment \$36.00																																									
Drivers License Number 8944071088		State Name IN		Installation B# (if applicable) \$ /month		OPTIONAL FEATURES/RATE PLAN OPTIONS																																									
Service Commitment <input type="checkbox"/> 1 Year <input checked="" type="checkbox"/> 2 Year <input type="checkbox"/> Other				<table border="1"> <thead> <tr> <th>Check</th> <th>Feature Name</th> <th>Customer Initials</th> <th>Cost/Mo</th> </tr> </thead> <tbody> <tr> <td></td> <td>CALLER ID</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>CONNECTION CHG MAY APPL</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>DATA VOLUME DETAIL BILL</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>PAY PER USE MMS</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>TEXT MSG PAY PER USE</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>WLESSINTEXP PAY PER USE</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>WX DATA CONNECT</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>ROADSIDE ASSIST CREDIT</td> <td></td> <td>\$-2.99</td> </tr> <tr> <td></td> <td>ROADSIDE ASSISTANCE2 99</td> <td></td> <td>\$2.99</td> </tr> </tbody> </table>				Check	Feature Name	Customer Initials	Cost/Mo		CALLER ID		\$0.00		CONNECTION CHG MAY APPL		\$0.00		DATA VOLUME DETAIL BILL		\$0.00		PAY PER USE MMS		\$0.00		TEXT MSG PAY PER USE		\$0.00		WLESSINTEXP PAY PER USE		\$0.00		WX DATA CONNECT		\$0.00		ROADSIDE ASSIST CREDIT		\$-2.99		ROADSIDE ASSISTANCE2 99		\$2.99
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I understand I am receiving 60 days free roadside assistance and will be billed \$2.99 a month starting in month 3																																															
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Model	Color	Access Number	Product Description	IMEI	ESN	Customer Initials
New		(812)267-5961	motorola v220		89014102060107124790	354997001767101

NET WORK REPLACEMENT NOTICE Cingular Wireless is replacing its existing wireless technology with the Global System for Mobile Communications (GSM). We may upgrade the system in your area sometime in the next 12 to 24 months. When we do, it may be necessary to replace your existing phone. We will be presenting you with various options as the time to convert approaches (applicable within certain areas in FL, LA, MS, AL, and GA).

CREDIT CHECK CONSENT AND REPORTING AUTHORIZATION I authorize any person or consumer or credit reporting agency to provide Cingular with any information it has on me or the entity on whose behalf I make this application. I authorize Cingular to (a) compile this information, (b) disclose my account information including my payment history and confidential information to credit reporting agencies or private credit reporting associations, and (c) periodically obtain and use my credit report and other credit information from any source in connection with Cingular's offering of wireless and other services. I understand that if I fail to fulfill the terms of my credit obligations under this Agreement, Cingular may report my failure to a credit reporting agency.

REGULATORY COST RECOVERY FEE Cingular also imposes the following charges: a Regulatory Cost Recovery Fee of up to \$1.25 to help defray its costs incurred in complying with obligations and charges imposed by State and Federal telecom regulations; a gross receipts surcharge; and State and Federal Universal Service charges. The Regulatory Cost Recovery Fee is not a tax or a government required charge.

JOINT LIABILITY If I am signing on behalf of an entity, I agree to be jointly responsible with the entity for payment of any sums that become due under this Agreement. I agree you can collect directly from me without first proceeding against the entity.

CONTRACT PROVISIONS This Agreement includes all the provisions of Cingular's terms of service form number 09030039, incorporated herein by reference, including a binding arbitration clause. It also includes and incorporates additional provisions contained in a separate rate plan or other brochure(s) describing the services to which I subscribed ("Rate Plan Brochure"). I agree to all of these contract provisions. If I am signing on behalf of a corporation, partnership or other entity, I represent that I am authorized to sign on its behalf.

COVERAGE LIMITATIONS Cingular does not guarantee service availability at all times in all places. Coverage maps are available at www.cingular.com and are subject to the additional limitations described there. There are gaps in coverage within the service areas shown on coverage maps which, by their nature, are only approximations of actual coverage. I agree to accept Cingular's service with these limitations.

EARLY TERMINATION FEE In FL, GA, SC, NC, KY, TN, MS, LA, AL, NY, and parts of IN and NJ, an Early Termination Fee in the amount of \$240 per phone prorated over the term of your commitment may be assessed against you in the event that you terminate this contract before the expiration of its term. In all other areas, an Early Termination Fee of \$150 per phone may be assessed against you in the event that you terminate this contract before the expiration of its term.

CANCELLATION POLICY As further set forth in this Agreement, we will cancel your service for any reason and without imposing the Early Termination Fee within fifteen (15) days of your signing this Agreement, PROVIDED however, that if you cancel service you will remain responsible for service fees and charges incurred. If you exercise this option, it may be necessary for you to return handsets and associated accessories purchased in connection with your entry into this Agreement.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, INCLUDING ALL CONTRACT PROVISIONS (including Changes to Terms and Plans), and I agree to be BOUND HEREBY. If signing on behalf of an entity, I represent that I am a duly authorized representative of the entity shown under Billing Name, and I have submitted this application in the capacity indicated by my Title thereunder. If I am representing a corporation, I acknowledge that the execution of this agreement has been authorized by all necessary corporate actions.

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Customer Initials				Customer Initials			
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				FREE TRIAL OF RD ASST			
				DECLINE MULTIMEDIA PHON			
				DECLINE MEDIA PACKAGE			
				BASIC VOICEMAIL N/C			
				CELLULAR INS/SVC FEE			
				HOTLINE			
				3 PARTY CALLING N/C			
				CALL FORWARDING N/C			
				CALL WAITING			
				Refer to page two			

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