

PROOF OF CLAIM



In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s2154
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
08111832007327
BACKUS GAIL
33006 7 MILE RD
LIVONIA MI 48152 1358

Creditor Telephone Number ()

Creditor Federal Tax ID

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 Retiree benefits as defined in 11 U S C § 1114(a)
 - Services performed Taxes Wages salaries and compensation (Fill out below)
 - Money loaned Other (describe briefly)
- Last four digits of SS # 4098
Unpaid compensation for services performed from Jan 14 05 to unknown
(date) (date)

see corrected GMB Form

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ 1000/week (unsecured priority) 1,163.00 (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 \$ 1000/week 1,163.00
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.

see corrected GMB Form

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 if 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 90245-097,
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
FILED
JAN 31 2005
BMC
Oxford Automotive Inc
01569

DATE SIGNED

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)

UNITED STATES BANKRUPTCY COURT ^{Eastern District} ~~of Michigan~~ DISTRICT OF Michigan PROOF OF CLAIM

Name of Debtor Oxford Automotive, Inc Case Number 04-74377

NOTE: This form should not be used to make a claim for an administrative expense arising under the administration of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property) Gail M Backus
Name and address where notices should be sent Gail M. Backus
33006 7 Mile Rd #255
Livonia, MI 48152-1358
313-541-2561
Check box if you are aware that anyone else has filed a proof of claim claiming a junior lien.
Copy of statement giving particulars.
Check box if you have never received any notices from the court.
Check box if the address differs from the address on the envelope sent to you by the court.

Check here if this claim replaces a previously filed claim dated: _____
 amends _____
Secured claims performed: wages salaries and compensation (fill out below)
Last four digits of SSN # 4098
Unpaid compensation for services performed from 12/04 to 1/14/05
(date) (date)

2 Date debt was incurred. 1/14/05 3 If court judgment, date obtained.

Total Amount of Claim at Time Case Filed \$1,163.00
(unsecured) (secured)
If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below.
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 _____
Amount of arrearage and other charges at time case filed included in _____
6 Unsecured Nonpriority Claim Check this box if (a) there is no collateral or lien securing your claim, (b) there is no lien securing your claim, or (c) none or only part of your claim is entitled to priority.
7 Unsecured Priority Claim. Check this box if you have an unsecured priority claim.
Specify the priority of the claim: 1,163.00
 Wages salaries or commissions (up to \$4,925) * earned within 90 days before the date of the filing of the bankruptcy petition of the debtor's business whichever is earlier - 11 USC § 507(a)(3)
 Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal, family or household use - 11 USC § 507(a)(6)
 Alimony maintenance or support owed to a spouse former spouse - 11 USC § 507(a)(7)
 Taxes or penalties owed to governmental units 11 USC § 507(a)(8)
*See 11 USC § 507(a)(9) for definition of "wages salaries or commissions."
respect to cases commenced on or after the date of adjustment.

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 interests, etc.
10 Date-Stamped Envelope To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

Date 1/28/05 Sign and print the name and title of any of the creditor or other person authorized to file this claim. Gail Backus (Gail Backus), EMS Manager

FILED
JAN 31 2005
BMC

Dear Court-

A mistake was made on the original form,
Therefore a new form was used I have
attached a copy of the original for
your use.

David Baykus



January 12, 2005

Notice of Termination

Gail M Backus

Dear Gail

The current business condition at Oxford Automotive requires that we take action to reduce operating costs immediately. With regret, I must inform you that your position is being eliminated effective January 14, 2005.

You will receive a proposed stay bonus in the amount of \$1,163.00, which is subject to customer and court approval. Your employee benefits will end effective January 14, 2005, except your medical, dental and flexible spending account coverage, which will be extended through January 31, 2005. You will be eligible for continued health coverage through Oxford Automotive under COBRA and the terms of the health plan, which provide for at least 18 months coverage. However, in the event that the health plans are discontinued entirely, COBRA coverage may not be available for your full eligibility period.

If you have any questions regarding the above, please contact Laura Cutrer at 248/577-3404.

Sincerely,

A handwritten signature in black ink, appearing to read "D Bemis", is written over the typed name.

Dennis Bemis
Senior Vice President
Human Resources