

<b>UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION</b>	<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS</b>
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In re  <b>Oxford Automotive, Inc</b>	Case Number  <b>04-74377</b>	Schedule/Claim ID    s7336 Amount/Classification UNKNOWN Unsecured Unliquidated
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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.

<b>Name of Creditor and Address</b> 08112372012603 SCHLAPPI MICHELLE 629 E SOUTH ST ITHACA MI 48847	<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.
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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**

Creditor Telephone Number <b>(989) 875-3618</b>	Creditor Federal Tax ID	Account Or Other Number By Which Creditor Identifies Debtor	Check here <input type="checkbox"/> if this claim <input type="checkbox"/> replaces <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____.
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**1 BASIS FOR CLAIM**

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input 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 # _____

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

<b>2 DATE DEBT WAS INCURRED</b>	<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>
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<b>4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured)	\$ _____ (secured)	\$ <u>unknown</u> (unsecured priority)	\$ _____ (Total)
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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 February 11, 2005 for Non-Government Claimants OR on or before April 7, 2005 for Governmental Units.

<b>BY MAIL TO</b> Oxford Automotive, Inc c/o BMC Group PO Box 977 El Segundo, CA 90245-0977	<b>BY HAND OR OVERNIGHT DELIVERY TO</b> Oxford Automotive, Inc c/o BMC Group 1330 East Franklin Ave El Segundo, CA 90245
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**FILED**

THE CLERK OF COURT

**JAN 31 2005**

**BMC**

Oxford Automotive, Inc

01629

DATE SIGNED <b>1-28-05</b>	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). <b>Michelle Schlappi - Michelle Schlappi</b>
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