

UNITED STATES BANKRUPTCY COURT <u>EASTERN</u> DISTRICT OF <u>MICHIGAN</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>OXFORD AUTOMOTIVE, INC</b> <span style="float: right; font-size: 2em;">CMI</span>		Case Number <b>0474377</b>
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 (The person or other entity to whom the debtor owes money or property) <b>Mississippi State Tax Commission</b>		<div style="text-align: right; font-size: 1.5em;">23</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">REC'D FEB 01 2005</div> <div style="text-align: center; font-size: 0.8em;">THIS SPACE IS FOR COURT USE ONLY</div>
Name and address where notices should be sent <b>Bankruptcy Section Mississippi State Tax Commission P O Box 23338 Jackson, MS 39225-3338</b>		
Telephone number		<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 the address differs from the address on the envelope sent to your by the court.
Account or other number by which creditor identifies debtor <b>611411998</b>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center; font-size: 0.8em;">(date) (date)</div>
<b>2 Date debt was incurred</b> <u>04/01/2003</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>143 75</u> If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 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.		
<b>5 Secured Claim</b> <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 \$ <u>00 00</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>137 50</u> Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. <input type="checkbox"/> 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) Up to \$1,800* of deposits toward purchase, lease, or rental of property or services <input type="checkbox"/> 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) <input checked="" 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>8 Supporting Documents</b> 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.		
<b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>1-19-05</u>	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) <u>Brandon T. Carter</u>	
Penalties for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3211.		



Exhibit "A"

# STATE TAX COMMISSION



JACKSON, MISSISSIPPI 39205

'EXHIBIT A'

## UNSECURED PRIORITY CLAIM

TYPE	ACCT. NO	PERIOD	TAX	INTEREST	BASIS
FRAN	611411998	2003	25.00	2.50	MCA SEC. 27-13-1 ET SEQ
CO INC		2003	100.00	10.00	MCA SEC. 27-7-1 ET SEQ

## GENERAL UNSECURED CLAIM

TYPE	ACCT. NO	PERIOD	TAX	PENALTY	INTEREST
FRAN	611411998	2003		1.25	
CO INC		2003		2.00	

SIGNATURE

DATE

*Brenda T. Carter*      1-19-05

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BRENDA T. CARTER  
BANKRUPTCY ADMINISTRATOR  
MISSISSIPPI STATE TAX COMMISSION  
601/923-7393



**Joseph L. Blount, Chairman**  
*and Commissioner of Revenue*

**Terry L. Jordan**  
*Associate Commissioner*

**Donald L. Green**  
*Associate Commissioner*

**MISSISSIPPI**  
**STATE TAX COMMISSION**

**Corporate Tax Division**  
1577 Springridge Road  
Raymond, Mississippi 39154

Post Office Box 1033  
Jackson, Mississippi 39215-1033

Telephone 601-923-70  
Fax 601-923-7094

December 29, 2004

OXFORD AUTOMOTIVE  
ALABAMA, INC  
850 STEPHENSON HWY, #600  
TROY, MI 48083

Account Number 61-1411998  
Delinquent Period 2004  
Tax Type Corporate  
Response Time 30 days

Dear Taxpayer

The records of the commission do not show that you have filed a return nor paid tax for the period referred to above. Consequently, we are required by law to make an assessment for this period. The total due indicated below includes statutory damages.

Franchise Tax Due	25 00
Income Tax Due	100 00
Interest	12 50
Penalty	<u>6 25</u>
Total Due	<u><u>143 75</u></u>

This amount must be paid, or a return filed with payment of the total liability as computed on the return, within the response time indicated above. Your failure to do so will compel us to issue a warrant to effect its collection, which will necessitate additional damages and costs. We would like to avoid this action and save you this additional expense, if at all possible.

If you ever filed bankruptcy and have not received a discharge and your case has not been dismissed or closed and the indicated period is prior to your filing bankruptcy, or if the liability has been discharged in bankruptcy, this does not constitute an assessment or a demand for payment, but instead, a notice of tax deficiency. If this constitutes a notice of tax deficiency, you must contact your nearest Tax Commission office within ten (10) days.

Sincerely,

**Joseph L. Blount, COMMISSIONER**  
Mississippi State Tax Commission  
Refer Reply to Corporate Income & Franchise Tax Division  
P O Box 1033  
Jackson, MS 39215-1033  
(601) 923-7099

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re Oxford Automotive, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re Oxford Automotive Alabama, Inc Debtor	)	Chapter 11	✓
_____	)	Case No _____	
In re Lobdell Emery Corporation Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re Howell Industries, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re Oxford Suspension, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re RPI Holdings, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re Prudenville Manufacturing, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re RPI, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re OASP, INC Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re OASP II, INC Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re CE Technologies, Inc Debtor	)	Chapter 11	4
_____	)	Case No _____	
In re Tool & Engineering Company Debtor	)	Chapter 11	4
_____	)	Case No _____	

4 - NOT ON TELLIS system, NO CLAIM FILED (NOT ON 505).  
✓ - FILED CLAIM

**UNITED STATES BANKRUPTCY COURT**

DEC 21 2004  
**BANKRUPTCY**

**EASTERN DISTRICT OF MICHIGAN (Detroit)**

Chapter 11 bankruptcy cases concerning the debtor Corporations listed below were filed on **December 7, 2004**

You may be a creditor of one or more of the debtors **This notice lists important deadlines** You may want to consult an attorney to protect your rights **You will not receive notice of all documents filed in these cases** All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below, and at [www.bmccorp.net/oxauto](http://www.bmccorp.net/oxauto) **NOTE** The staff of the bankruptcy clerk's office cannot give legal advice

**See Reverse Side For Important Explanations**

**Debtors names**

Oxford Automotive, Inc (38-3262809), CE Technologies, Inc (38-3511478), OASP II, Inc (38-6453671), Howell Industries, Inc (38-0479830), Lobdell Emery Corporation (38-0768460), Oxford Automotive Alabama, Inc (61-1411998), OASP, Inc (38-3453670), Prudenville Manufacturing, Inc (38-3168721), Oxford Suspension, Inc (38-3401332), RPI Holdings, Inc (38-3134115), RPI, Inc (38-2492117), and Tool and Engineering Company (38-3511476)

**Address of lead case 5750 New King Street, Suite 200, Troy, MI 48098 (Addresses of companion cases are SAME)**

**Case Number** 04-74377-SWR

**EIN or other Taxpayer ID Nos** See above

**Attorney for Debtor (name and address)**

PEPPER HAMILTON LLP  
I William Cohen  
Hannah J Mufson  
100 Renaissance Center, 36<sup>th</sup> Floor  
Detroit, Michigan 48243-1157

**Telephone number**

(313) 259 7110

**Date** January 12, 2005

**Time** 2 00 P M

**Location** 211 West Fort Street Building, Room 743, (NOT AT THE LEVIN COURTHOUSE), Detroit, MI 48226

Proofs of Claim must be received by the bankruptcy clerk's office by the following deadline

For all creditors (except a governmental unit) **January 18, 2005** For a governmental unit 180 days from the date of Order for Relief

**Notice** The BMC Group ("BMC") is the court-appointed claims agent for the Debtors and can provide additional claim forms and information on filing claims BMC can be reached at 1330 East Franklin Avenue, El Segundo, CA 9024, telephone (888) 909-0100 **A Proof of Claim Form is enclosed with this notice** Proof of Claim forms are available in the clerk's office of any bankruptcy court, as well as the following web sites <http://www.micb.uscourts.gov/> or <http://www.bmccorp.net/oxauto>

Proofs of Claim sent by regular U S mail shall be sent to c/o BMC, P O Box 977, El Segundo, CA 90245-0977 Proofs of Claim sent by messenger or overnight courier shall be sent to c/o BMC 1330 E Franklin Ave, El Segundo, CA 90245

Address of the Bankruptcy Clerk's Office	
211 West Fort Street Detroit, MI 48226  For directions to the court or other information call (313) 234-0065	Clerk of the Bankruptcy Court Sheila Tighe
Hours Open 8 30 am - 4 00 pm Monday through Friday	Date December 17, 2004

**FedEx**® US Airbill

Tracking Number **847432744049**

TRK# **8474 3274 4049** FORM 0206

Use 11 01FE

1 From **EL SEGUNDO, CA 91033**

Date **01/18/83**

Sender's Name **CLARK GREGG ROSENCHAK**

Company **1330 E FRANKLIN AVE**

City **EL SEGUNDO** State **CA** ZIP **91033**

2 Your Internal Billing Reference **OXFORD #81**

3 To Recipient's Name **LITAKUPPNER** Phone **741**

Company **AMC CORP (DAN RIVER)**

Address **1330 E FRANKLIN AVE** Dept./Floor/Store/Room

City **EL SEGUNDO** State **CA** ZIP **91033**

4a Express Package Service

4b Express Freight Service

5 Packaging  FedEx Envelope\*  FedEx Pak\*  Box  Tube  Other

6 Special Handling  SATURDAY Delivery  HOLD Weekend at FedEx Location  HOLD Saturday at FedEx Location

7 Payment  Sender  Recipient  Third Party  Credit Card  Cash/Check

8 Sign to Authorize Delivery Without a Signature



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Refer to the FedEx Service Guide or the FedEx International Air Waybill for more details

