

UNITED STATES BANKRUPTCY COURT <u>Eastern</u> DISTRICT OF <u>Michigan (Detroit)</u>		PROOF OF CLAIM
Name of Debtor <u>Oxford Automotive, Inc.</u>		Case Number <u>04-74377-SWR</u>
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Vernon M. Hull</u>		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em; font-weight: bold;">2005 JAN 20 P 3 18</div> <div style="font-size: 0.8em;">U.S. BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN DETROIT</div>
Name and address where notices should be sent <u>8050 Cannonsville Rd Vestaburg, MI 48891</u>		
Telephone number <u>(989) 268-5069</u>		
Account or other number by which creditor identifies debtor <u>Employee/Clock No. 1043</u>		<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 you by the court.
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____		THIS SPACE IS FOR COURT USE ONLY
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Vacation pay for 2004</u> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> 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 <u>2004 Due January 2005</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ _____ (unsecured) _____ (secured) <u>\$ 2,232.00</u> (priority) <u>\$ 2,232.00</u> (Total)		
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		
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 checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority <u>\$ 2,232.00</u> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 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 \$ _____ <input 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 if c) none or only part of your claim is entitled to priority		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 1.5em; font-weight: bold;">REC'D FEB 01 2005</div>
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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date <u>01-19-05</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>Vernon M. Hull</u>	



FedEx® US Airbill
 Express
 Tracking Number: 847432744049

DATE
 03/18/83

1 From
 Date
 Sender's Name
 Company
 Address
 City
 State
 Zip
 Phone

OF MICHIGAN
 3117401/3

Company: CLARK WREG GREGCHAK

Address: 1330 E FRANKLIN AVE

City: EL SEGUNDO, State: CA Zip: 90245

2 Your Internal Billing Reference: OXFORD #81

3 To
 Recipient's Name
 Company
 Address
 City
 State
 Zip
 Phone

Company: AMC CORP (DAN RIVER)

Address: 1330 E FRANKLIN AVE

City: JEGUNTO, State: CA Zip: 90245



FedEx office
 @2000
 Federal Express Corporation

155478
 155475
 15547625
 155475F50
 REV 11A02 RT



4 Express Package Service
 FedEx Priority Overnight
 Next Business Morning

FedEx 2Day
 Second Business Day
 FedEx Express Freight Service
 FedEx 1Day Freight
 Next Business Day

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

6 Special Handling
 SATURDAY Delivery
 HOLD Weekday at FedEx Location
 HOLD Saturday at FedEx Location
 Fragile to select ZIP codes
 Dry Ice
 Shipper's Declaration
 Cargos Aircraft Only

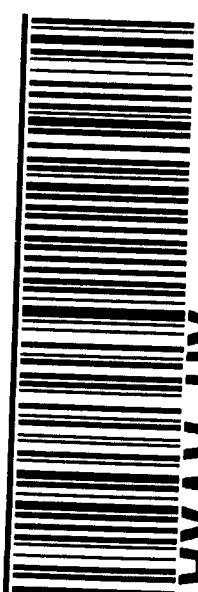
7 Payment Bill to
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

8 Sign to Authorize Delivery Without a Signature
 Total Packages: [redacted]
 Total Weight: [redacted]
 Total Declared Value: \$ 00
 Total Charges: [redacted]

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



TRK# 8474 3274 4049
 FORM 0200
 LAX
 XH AVXA
 01FE



467