


UNITED STATES BANKRUPTCY COURT <u>Eastern</u> DISTRICT OF <u>Michigan/So</u> Division		PROOF OF CLAIM
Name of Debtor HOWELL INDUSTRIES, INC		Case Number 04-74381
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) David Rocknic		<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 checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court
Name and address where notices should be sent Atty Kathleen Slavens 2219 Fifth Avenue Youngstown, OH 44504 Telephone number 330-742-8800		
Account or other number by which creditor identifies debtor n/a		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ if this claim <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input checked="" 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>Pension</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # <u>2244</u> Unpaid compensation for services performed from <u>02-01-1993</u> to <u>08-09-2003</u> (date) (date)		
2 Date debt was incurred <u>02-01-1993 to 08-09-2003</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>unliquidated</u> (unsecured) <u>unliquidated</u> (secured) <u>unliquidated</u> (priority) <u>unliquidated</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>unliquidated</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 checked="" 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 checked="" type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(9) <u>1113</u> *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 Claims <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		
8 Credits 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 FILED FEB 01 2005 BMC Oxford Automotive Inc  01677
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 1-28-05	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) Lana M. Rahms DAVID M ROCKNIC	

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances such as bankruptcy cases that are not filed voluntarily by a debtor there may be exceptions to these general rules.

— DEFINITIONS —

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began, in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1 Basis for Claim

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check *Other* and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

2 Date Debt Incurred

Fill in the date when the debt first was owed by the debtor.

3 Court Judgments

If you have a court judgment for this debt, state the date the court entered the judgment.

4 Total Amount of Claim at Time Case Filed

Fill in the applicable amounts, including the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5 Secured Claim

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above.)

6 Unsecured Nonpriority Claim

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim" (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount **not** entitled to priority.

7 Unsecured Priority Claim

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above.) A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

8 Credits

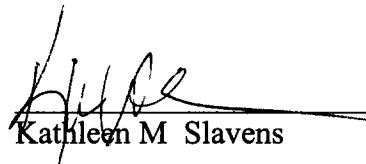
By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

9 Supporting Documents

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

ATTACHEMENT "A"

The collective bargaining agreement, and all documents, including pension documents are in the debtor's possession, and are too voluminous to attach, hereto. The Creditor believes the priority of his claim is due to the provisions of 11 U S C 1113, and 11 USC 507 as applicable to both Howell Industries, Inc , and Oxford Automotive, Inc


Kathleen M Slavens

Kathleen M. Slavens

Attorney at Law
2219 Fifth Avenue
Youngstown, OH 44504
330-742-8800

January 28, 2004

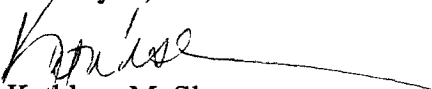
Oxford Automotive Inc , et al
c/o The BMC Group, Inc
1330 E Franklin Ave
El Segundo, CA 90245

RE United States Bankruptcy Court, Eastern District of Michigan, Southern Division
Oxford Automotive, Inc 04-74733
Howell Industries, Inc 04-74381
Creditor David M Rocknic
Proof of Claim

To Whom it May Concern

Enclosed, please find an original and one copy of the following proof of claim filed by the above referenced creditor against Oxford Automotive, and proof of claim from same creditor filed against Howell Industries Please file the originals, and return a time stamped copy of each to my attention in the enclosed self addressed stamped envelope

Thank you,


Kathleen M Slavens

Enclosures

90245 -CA-US

XH AVXA

11CES

FedEx Express **US Airbill**
FedEx Tracking Number **8478734866**



Your local

1 From Date: 1/1/97

Sender's Name: [Redacted] Phone: [Redacted]

Company: [Redacted]

Address: [Redacted] City: [Redacted] State: [Redacted] ZIP: [Redacted]

2 Your Internal Billing Reference

3 To Recipient's Name: [Redacted] Company: [Redacted] Address: [Redacted] City: [Redacted] State: [Redacted] ZIP: [Redacted] Phone: [Redacted]

Recipient's Address: [Redacted] We cannot deliver to P.O. boxes or P.O. ZIP codes

Address: [Redacted] To request a package be held at a specific FedEx location print FedEx address here

City: [Redacted] State: [Redacted] ZIP: [Redacted]



Next business morning Next business day Next business day*

FedEx 2Day FedEx Express Saver Special services day* Third business day* FedEx Overnight (not available. Minimum charge. One pound min. FedEx Standard Overnight and FedEx 2Day Next Business Day**

4 Express Freight Service FedEx 1Day Freight* FedEx 2Day Freight FedEx 3Day Freight FedEx 1Day Freight* Second business day** Second business day** Third business day**

5 Packaging FedEx Pak* FedEx Small Pak FedEx Box FedEx Tube Other Envelope* FedEx Pak and FedEx Surety Pak FedEx Tube and FedEx Surety Pak

6 Special Handling SATURDAY Delivery Available ONLY for FedEx Priority Mail, FedEx Standard Overnight and FedEx 2Day Freight to select ZIP codes HOLD Weekday at FedEx Location Available ONLY for FedEx Priority Mail, FedEx Standard Overnight and FedEx 2Day Freight to select ZIP codes HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Mail, FedEx Standard Overnight and FedEx 2Day Freight to select ZIP codes

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

8 Sign to Authorize Delivery Without a Signature Signature Required Signature Not Required Signature Not Required Signature Not Required

Total Packages: [Redacted] Total Weight: [Redacted] Total Declared Value: [Redacted] Total Charges: [Redacted]

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