

The UPS Store®
1280 SOM Center Road
Mayfield Heights, OH 44124
440.461.6654 fax
440.461.5605 phone

DEC 14 2010



FAX

To _____

From _____

Company COMPLAINT # 103-559-02

Phone number _____

Fax number 1-202-366-1767

Fax number _____

Date 12/10/2010

Total pages 4

Job number _____

Message/Text area within text box



THREE FLAGS

Equipment Repair
Towing & Recovery

RM 229969
601-444-4773
P.O. Box 602 Foxworth MS. 39483

Date of Service 6-25-10 Rel Date _____

Paid By Centrust Transportation Phone _____
Address _____ C/S/Z _____
Signature of Operator _____ Phone _____
Driver's License # _____ Truck # 990

Year 07 Make Volvo Model _____ 2dr/4dr Color white Lic# _____
VIN# 7N _____ ST _____ EXP _____
Mileage on Vehicle _____ Other _____

Location of Pick up/Service Highway 49 Hattiesburg Called By _____
Location of Drop Volvo Dealer Foxworth MS
Rel/Delivered To _____

Reason for Tow: WRECK BREAKDOWN TOW AWAY
Other _____

TIME MILEAGE MILES @ \$ PER MILE
COMPLETE _____ + MILEAGE CHARGE \$ _____
ARRIVE _____
DISPATCH _____ HOURS @ \$ PER HOUR
TOTAL USED _____ + TIME CHARGE \$ _____

Storage Start Date _____ Storage End Date _____
of Days _____ X Rate _____ = Storage Charges \$ _____

SERVICES PROVIDED

TOWING	SERVICE	WINCHING
SLING	JUMP	SINGLE
WHEEL LIFT	TIRE	DOUBLE
FLAT BED	FUEL	RECOVER
HEAVY DUTY	HEAVY DUTY	HEAVY DUTY

EXPLAIN ANY OTHER CHARGES HERE _____

FEES

TOWING	\$ <u>450.00</u>
WINCHING	\$ _____
LABOR	\$ _____
ROAD SER.	\$ _____
SHOW UP FEE	\$ _____
ORSV	\$ _____
ADM FEE	\$ _____
TIME	\$ _____
MILEAGE	\$ _____
OTHER	\$ _____
STORAGE	\$ _____
EQPT.	\$ _____
2ND TOW	\$ _____
TOTAL	\$ <u>450.00</u>

AMT COLLECTED \$ 450.00

METHOD OF PAYMENT
CASH ONLY

AUTHORIZED TOW SIG. X DRIVER _____
for Private Property of Owner's Service
AUTHORIZED REPAIR SIG. X

OLD RIVER TRUCK SALES

WE WORK HARDER

139 OLD HWY. 49 S. RICHLAND, MS 39218 (601) 664-1410
 3724 HWY. 33 N. CROSBY, MS 39633 (601) 639-4341
 40 HWY. 35 SERVICE RD. FOXWORTH, MS 39483 (601) 736-9822
 251 YANDELL AVE. CANTON, MS 39046 (601) 407-1160

VOLVO

GMC

ISUZU

INVOICE DATE	
06/30/2010	
INVOICE NO.	PAGE
2201810019	1
CUSTOMER NO.	BRANCH
00102	* 2*

BR2 MISC COD

SOLD TO:

SHIP TO:

MS

27584Z

MAYFIELD HEIGHTS OH

CUSTOMER NO.	REFERENCE NO.	PRICE/PER	EXTENSION
	009189	01	000/90

*** C. O. D. SALE ***

COMPLETION DATE: 06/29/2010

UNIT: 0990 YEAR: 2007 MAKE/MODEL: VOLVO VNL64T

SERIAL: 4V4NC9KK77N MILEAGE: 273375

JOB#01 40 000 00 TRANSMISSIONS

HUNG UP IN SECOND GEAR

TECH 11

WE PULLED TRUCK INTO SHOP AND CHECKED FOR HANGING IN GEAR WE CHECKED AND TRUCK WOULD NOT GO IN GEAR CHECKED CLUTCH AND IT HAD BROKEN SPRINGS IN FLYWHEEL HOUSING WE REMOVED DRIVE SHAFT AND REMOVED TRANS AND FOUND THAT THE CLUTCH HAD BROKEN SPRINGS WE CALLED EATON AND THEY ADVISED THAT IT WAS OUT OF WARRENTY THEY SAID TO CHECK RIVETS AND THEY WERE OK WE REMOVED FLYWHEEL AND GOT RESERVICED AND REINSTALLED BACK IN TRUCK WE CALLED OWNER AND TOLD HIM IT WAS NOT WARRENTY AND HE SAID OK TO FIX WE INSTALLED A NEW CLUTCH AND TORQUED TO SPECTS AND INSTALLED TRANS ADJUSTED CLUTCH AND INSTALLED DRIVE LINE TEST DROVE AND ALL CHECKED OUT GOOD

1 VOL 8070265	SP 127760 CLTH BRKE	26.87EA	26.87
1 VOL 85108980	TUBE	37.60EA	37.60
1 VOL 20512915	BEARING	38.13EA	38.13
1 VOL 20533634	CLUTCH	1465.73EA	1465.73
1 SEQ SEQ5067710	SHL GRSE (SELL BY TUBE) \$3.89	2.95EA	2.95
	RESURFACE FLYWHEEL		112.50
	(REF: 23610.00/009189)		
	LIQUID TEFLON		7.99
	THREAD LOCKER		8.95
	GASKET MAKER		13.88
	WASH RACK CLEAN		10.00
	ZIP TIES		6.52
	FREIGHT		35.00
	TRANS OIL		12.58
	MISC SUBTOTAL		207.42
	PARTS SUBTOTAL		1571.28
* 10.00 HOURS	LABOR SUBTOTAL		850.00
	SHOP SUPPLIES AND EPA CHARGE		93.50
	EPA		0.20
	** JOB SUBTOTAL		2722.40

JOB#02 43 000 00 DIFFERENTIALS

replace u joint at front front rear

FREIGHT	SUBTOTAL	TAX STATUS/STATE	SALES TAX	PLEASE PAY
				CONTINUED
<p>Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.</p>				TERMS

CUSTOMER SIGNATURE

OLD RIVER TRUCK SALES

WE WORK HARDER

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VOLVO

GMC

ISUZU

INVOICE DATE	
06/30/2010	
INVOICE NO.	PAGE
2201810019	2
CUSTOMER NO.	BRANCH
00102	* 2*

SOLD TO: BR2 MISC COD
 MS

SHIP TO: [REDACTED]
 MAYFIELD HEIGHTS OH [REDACTED]

CUSTOMER P.O.	REFERENCE NO.	PRICE/PER	EXTENSION
	009189	01	000/901
TECH 11 TRUCK WAS TOWED IN AND DRIVER SAID HE LOST U JOINT OWNER SAID TO REPLACE UJOINT AND WE DIE 1 VOL 85107584 TDACP2SRPLS U-JOINT 228.06EA 228.06 GREASE 3.99 MISC SUBTOTAL 3.99 PARTS SUBTOTAL 228.06 LABOR SUBTOTAL 127.50 * 1.50 HOURS SHOP SUPPLIES AND EPA CHARGE 14.03 EPA 0.20 ** JOB SUBTOTAL 373.78 *TOTAL PARTS: 1799.34 *TOTAL LABOR: 977.50 *TOTAL OTHER: 211.41 *TOTAL SHOP SUPPLIES AND EPA CHARGE: 107.53 *TOTAL DISPOSAL FEE: 0.40 ***** New Hours are 7:00am to 1:30am MON-FRI 7:00am to 7:00pm SAT & SUN *****			
* * * C. O. D. S A I L E * * *			
FREIGHT	SUB-TOTAL	TAX STATUS/STATE	SALES TAX
	3096.18	TAXABLE MS	216.70
			PLEASE PAY 3312.88

Handwritten calculation:
~~2722~~
~~373~~
~~3095~~

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

CUSTOMER SIGNATURE

* C. O. D. *

Transmission Report

Date/Time
Local ID 1
Local ID 2

12-09-2010
2023663171

12:51:19 p.m.

Transmit Header Text

Local Name 1
Local Name 2

NHTSA W48-329

**This document : Confirmed
(reduced sample and details below)**

Document size : 8.5"x11"

Submit New Claim

https://benefits.paychex.com/fsa_emp/do/claims/submit/new

**Submit New Claim
Confirmation - 5638128
Branch/Client - 0030/0830P585**

Yan Zhang

Advanced System Technology Inc

Claim Details

Current Date: 12/09/2010

	Plan Type	Relationship	Service Date	Description	Claim Amount
1	UME	Self	12/03/2010	Dental	\$191.60
2	UME	Self	11/18/2010	Dental	\$92.80
3	UME	Self	10/01/2010	Dental	\$132.80
4	UME	Dependent	02/23/2010	Dental	\$314.00
5	UME	Dependent	03/16/2010	Dental	\$92.00
6	UME	Self	05/13/2010	Vision	\$111.60
7	UME	Self	10/01/2010	Medical	\$23.00
8	UME	Self	01/10/2010	Medical	\$25.00
9	UME	Dependent	04/09/2010	Medical	\$20.97
Total					\$1,003.77

To complete your claim submission, print this page and attach copies of your itemized receipts. Fax the information to **(585) 389-7003** or mail it to the following address:

Paychex, Inc.
Attn: Section 125 Department
P.O. Box 3000
Henrietta, NY 14467-3000

The information contained herein is true and correct. The expenses incurred were for myself, my spouse, or my eligible dependent(s) and these expenses are not reimbursable under any other source.

Total Pages Scanned : 7

Total Pages Confirmed : 7

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	705	Paychex, Inc	12:49:02 p.m. 12-09-2010	00:01:43	7/7	1	EC	HS	CP28800

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TU: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct