

October 2025

GM Motors Product Field Action

Customer Reimbursement Request Form

RE: Non-resolution of Safety Defect for my 2024 GMC Yukon Denali

VIN: [REDACTED]

GM Recall N252494000

As you are aware, my new, 2024 GMC Yukon Denali vehicle is flagged under this recall with a safety defect relating to the motor vehicle safety, equipped with the 6.2L V8 gas engine (RPO L87). As stated, my vehicle was serviced for this defect. A replacement engine, not containing the defect, was not offered.

This is not acceptable, paying 90k+ for a vehicle, only to have it "marked" as defective.

Will GMC replace this vehicle with a safe vehicle? We are willing to exchange this vehicle for a new, safe vehicle?

Would you buy this vehicle for your husband, wife or kids? I did, and now are afraid to drive due to GMC safety defect. This should not be my problem as I have paid for this vehicle, you have not provided a safe product. The "patch" that you offer is not acceptable.

Please advise ASAP,

[REDACTED]
St. Augustine, FL [REDACTED]

Cc:

Administration, National Highway Traffic Safety Administration

Campaign ID# 25V274

General Motors Product Field Action Customer Reimbursement Request Form

N252494000

This section to be completed by customer (please print)

Customer Name: _____

Street Address or P. O. Box Number: _____

City: St. Augustine State: FL Zip Code: _____

Preferred Contact Telephone Number (include Area Code): _____

Preferred Contact Email Address: _____

Date Request Form and Supporting Documentation Submitted to Dealer: 11/10/2025

Vehicle Identification Number of Involved Vehicle: _____
(17 Characters)

Mileage at Time of Repair: 11,550 Date of Repair: 6/2/2025

Amount of Reimbursement Requested: \$ 84,767.⁰⁰ 9/5/2025

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Customer's Signature: _____

Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-866-467-9700.

This section to be completed by dealer (please print)

Bulletin No.: _____ Request Approved: _____ Date: _____ Amount: \$ _____

Request Denied: _____ Date: _____ Reviewed By: _____

Reason: _____

If denied, please provide a copy of this form to the customer and retain original for your files

LAW 553-FL-ARB-eps 1/24

RETAIL INSTALLMENT SALE CONTRACT – SIMPLE FINANCE CHARGE (WITH ARBITRATION PROVISION)

Buyer Name and Address [REDACTED] SAINT AUGUSTINE, FL SAINT JOHNS [REDACTED]	Co-Buyer Name and Address N/A	Seller-Creditor (Name and Address) JACK WILSON BUICK GMC 2250 US HWY 1 S ST AUGUSTINE, FL 32088
Buyer's Birth Month [REDACTED]	Co-Buyer's Birth Month: N/A	
Cell [REDACTED]	Cell: N/A	
Email [REDACTED]	Email: N/A	

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements in this contract. You agree to pay the Seller-Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis at the Base Rate of 7.99% per year. The Truth-In-Lending Disclosures below are part of this contract. You have thoroughly inspected, accepted, and approved the vehicle in all respects.

New/Used/ Demo	Year	Make and Model	Weight (lbs.)	Vehicle Identification Number	Primary Use For Which Purchased
NEW	2024	GMC YUKON	N/A	[REDACTED]	Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A

You agree that we advised you whether, based on seller's knowledge, the vehicle was titled, registered, or used as a taxicab, police vehicle, short term rental or is a vehicle that is rebuilt or assembled from parts, a kit car, a replica, a flood vehicle, or a manufacturer buy back.

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE <small>The cost of your credit as a yearly rate.</small>	FINANCE CHARGE <small>The dollar amount the credit will cost you.</small>	Amount Financed <small>The amount of credit provided to you or on your behalf.</small>	Total of Payments <small>The amount you will have paid after you have made all payments as scheduled.</small>	Total Sale Price <small>The total cost of your purchase on credit, including your down payment of</small>
7.99%	\$ 9,200.54	\$ 41,767.06	\$ 50,967.60	\$ 52,500.00 is \$ 113,467.60

Your Payment Schedule Will Be: (e) means an estimate

Number of Payments	Amount of Payments	When Payments Are Due
60	849.46	Monthly beginning 03/28/2024
One Final Payment Of	\$ N/A	On N/A

Or As Follows: N/A

Late Charge. If payment is not received in full within 10 days after it is due, you will pay a late charge of 5 % of each installment.

Prepayment. If you pay early, you may have to pay a penalty.

Security Interest. You are giving a security interest in the vehicle being purchased.

Additional Information: See this contract for more information including information about nonpayment, default, prepayment penalties, any required repayment in full before the scheduled date and security interest.

WARRANTIES SELLER DISCLAIMS

Unless the Seller makes a written warranty, or enters into a service contract within 90 days from the date of this contract, the Seller makes no warranties, express or implied, on the vehicle, and there will be no implied warranties of merchantability or of fitness for a particular purpose. This provision does not affect any warranties covering the vehicle that the vehicle manufacturer may provide.

Returned Payment Charge: If any check or other payment instrument you give us is dishonored or any electronic payment you make is returned unpaid, you will pay a charge of \$25 if the payment amount is \$50 or less; \$30 if the payment amount is over \$50 but not more than \$300; \$40 if the payment amount is over \$300; or such amount as permitted by law.

Florida documentary stamp tax required by law in the amount of \$ 146.30 has been paid or will be paid directly to the Department of Revenue.
 Certificate of Registration No. N/A

You assign all manufacturer rebates and cash back incentives used as a downpayment on this contract to seller. You agree to complete all documents required for assignment of rebates and incentives.

Buyer Signs _____ Co-Buyer Signs X N/A

CAR CARE SERVICE PLAN

HIGH-LINE/DIESEL/SYNTHETIC OIL
205622

1 VEHICLE

CONTRACT # [REDACTED] FORM SYNC1119 [REDACTED]
 YEAR 2024 MAKE GMC MODEL YUKON CURRENT ODOMETER READING 4

2 DEALER

SELLING DEALER Buick GMC of St Augustine DEALER # 67831
 ADDRESS 2250 US Highway 1 CITY St Augustine STATE FL ZIP 32086
 LIENHOLDER VALLEY NATIONAL BANK ADDRESS 1445 VALLEY RD WAYNE NJ 07470

3 CONTRACT HOLDER

FIRST NAME [REDACTED] LAST NAME [REDACTED] CO-BUYER NAME [REDACTED]
 ADDRESS [REDACTED] CITY SAINT AUGUSTINE STATE FL ZIP [REDACTED]
 (AREA CODE) TELEPHONE [REDACTED] EMAIL ADDRESS [REDACTED]

4 CAR CARE SERVICE PLAN

SEE OWNER'S MANUAL FOR YOUR VEHICLE'S ENGINE OIL SPECIFICATIONS AND COMPLETE LISTING OF FACTORY RECOMMENDED SERVICES

SELECT BOTH TERM (YEARS) / MILEAGE AND SERVICE LEVEL:

3,000 MILES		3,750 MILES		5,000 MILES		6,000 MILES		7,500 MILES		10,000 MILES	
<input type="checkbox"/> 2/30,000		<input type="checkbox"/> 3/37,500		<input type="checkbox"/> 2/30,000		<input type="checkbox"/> 3/36,000		<input checked="" type="checkbox"/> 3/37,500		<input type="checkbox"/> 4/50,000	
<input type="checkbox"/> 3/36,000	STANDARD (MN3)	<input type="checkbox"/> 4/52,500	STANDARD (MNP)	<input type="checkbox"/> 3/35,000	STANDARD (MNS)	<input type="checkbox"/> 4/48,000	STANDARD (MNG)	<input type="checkbox"/> 4/52,500	STANDARD (MNV)	<input type="checkbox"/> 5/60,000	STANDARD (M10)
<input type="checkbox"/> 3/45,000	<input type="checkbox"/>	<input type="checkbox"/> 5/60,000	<input type="checkbox"/>	<input type="checkbox"/> 3/45,000	<input type="checkbox"/>	<input type="checkbox"/> 5/60,000	<input type="checkbox"/>	<input type="checkbox"/> 5/60,000	<input type="checkbox"/>	<input type="checkbox"/> 6/70,000	<input type="checkbox"/>
<input type="checkbox"/> 4/48,000		<input type="checkbox"/> 6/75,000	PLUS (NP+)	<input type="checkbox"/> 4/50,000		<input type="checkbox"/> 6/72,000	PLUS (N6+)	<input type="checkbox"/> 6/75,000	PLUS (NV+)	<input type="checkbox"/> 7/100,000	PLUS (M+1)
<input type="checkbox"/> 5/60,000	PLUS (N3+)	<input type="checkbox"/> 7/101,250	<input type="checkbox"/>	<input type="checkbox"/> 5/60,000	PLUS (N5+)	<input type="checkbox"/> 7/102,000	<input type="checkbox"/>	<input type="checkbox"/> 7/105,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6/75,000	<input type="checkbox"/>			<input type="checkbox"/> 6/75,000	<input type="checkbox"/>						
<input type="checkbox"/> 7/102,000	<input type="checkbox"/>			<input type="checkbox"/> 7/100,000	<input type="checkbox"/>						

CAR CARE PURCHASE DATE 2/12/2024 CAR CARE PURCHASE PRICE 700.00

Text Messaging Authorization: By providing my phone number to Fidelity Warranty Services, Inc., and signing below, I consent to receive reminders, updates and other materials (including advertisements) by text message sent by an automatic telephone dialing system at the telephone number I provided. I understand that consent is not required as a condition of purchase. If I have any questions, I can call Fidelity Warranty Services, Inc. at 800-327-5172.

CUSTOMER SIGNATURE [REDACTED] DATE 2/13/2024

YOU UNDERSTAND THAT THE PURCHASE OF THIS CAR CARE SERVICE PLAN PRE-PAID MAINTENANCE CONTRACT IS OPTIONAL, CANCELLABLE AND IS NOT REQUIRED IN ORDER TO OBTAIN FINANCING OR TO PURCHASE OR LEASE THIS VEHICLE.
 This Contract is subject to the **ARBITRATION** section contained herein. Please see **STATE AMENDMENTS** section for additional state provisions.

5 SIGNATURES

[REDACTED] DATE 2/13/2024

CO-BUYER SIGNATURE [REDACTED] DATE 2/13/2024

DEALER SIGNATURE [REDACTED] DATE 2/13/2024

SERVICE COMPANY AND ADMINISTRATOR:

FIDELITY WARRANTY SERVICES, INC.

P.O. BOX 8567 ▼ DEERFIELD BEACH, FL 33443 ▼ 1-800-327-5172 ▼ www.fidelitywarranty.com

COPY 1 - FWS ▼ COPY 2 - DEALER ▼ COPY 3 - LIENHOLDER ▼ COPY 4 - CUSTOMER

FNMNC (09/19) ▼ SYNC (11/19)

GM Recall
PASS
LOF

CUSTOMER

Jack Hanania Buick/GMC

INVOICE

2250 US Highway 1 S
Saint Augustine, FL 32086
(904) 797-4577

PAGE 1

Repair Shop Registration Number: MV102069

SERVICE ADVISOR: 90013 LINDSAY MIER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE FROS	24	GMC YUKON			13642/13643	T0142
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	RATE	PAYMENT	INV. DATE
12FEB24	DL22JAN24		18:00 05SEP25		CASH	05SEP25

R.O. OPENED	READY	OPTIONS:
08:10 05SEP25	16:09 05SEP25	SOLD-STK:RR155613 DLR:309845 ENG:6.2_LITER TRN:10_SPEED_AUTO

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A C/S: N252494000.L87 ENGINE LOSS OF PROPULSION RELATED FIELD ACTION:
SEE SPECIAL COVERAGE N252494003 .LINDSAY DROP OFF
CAUSE: RECALL
9107931 PICO SCOP INSP AND UPDATE ENGINE OIL TYPE
PASS
915567 WG (N/C)
1 12737081 (S) FILTER (N/C)
1 12713787 (S) CAP (N/C)
8 19432866 OIL (N/C)
FC: PART#: 19432866 COUNT: 8
CLAIM TYPE: ZFAT
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00
13642
performed recall n252494000 and changed oil and oil cap to 0w-40
lop: 9107931 time: 0.9
wcc: fdy293720255

B MULTI POINT INSPECTION
MPI MPI
915567 CAAS 0.00 0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

*SHOP SUPPLY COSTS: We have added a charge equal to 15% of the total cost of labor and parts, not to exceed \$99.98, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state (s.403.7185).

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE	DESCRIPTION	TOTALS
			LABOR AMOUNT	
			PARTS AMOUNT	
			GAS, OIL, LUBE	
			SUBLET AMOUNT	
			MISC. CHARGES *	
			TOTAL CHARGES	
			LESS INSURANCE	
			SALES TAX	
			PLEASE PAY THIS AMOUNT	

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X _____ Customer X _____

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

CUSTOMER #

Jack Hanania Buick/GMC

INVOICE

2250 US Highway 1 S
Saint Augustine, FL 32086
(904) 797-4577

PAGE 2

Repair Shop Registration Number: MV102069

SAINT AUGUSTINE, FL
HOME
BUS

SERVICE ADVISOR: 90013 LINDSAY MIER

COLOR	YEAR	MAKE	MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE	FROG	24	GMC YUKON			13642/13643	T0142
DEL DATE	PROD. DATE	WARR. EXP.	PROMISE	RATE	PAYMENT	INV. DATE	
12FEB24	DD22JAN24		18:00 05SEP25		CASH	05SEP25	

R.O. OPENED: 08:10 05SEP25
 READY: 16:09 05SEP25
 OPTIONS: SOLD-STK:RR155613 DLR:309845
 ENG:6.2_LITER TRN:10_SPEED_AUTO

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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ESTIMATE: 0.00 05SEP25 08:10 SA: 90013

CONTACT:

#0142 CREATED 2025-09-03
02:54:00PM TAKEN BY LINDSAY MIER

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR VEHICLE. YOU WILL BE CONTACTED BY GM VIA EMAIL ABOUT YOUR VISIT, IF YOU ARE NOT "COMPLETELY SATISFIED" WITH YOUR VISIT, PLEASE CONTACT THE SERVICE MANAGER ASAP.

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

*SHOP SUPPLY COSTS: We have added a charge equal to 15% of the total cost of labor and parts, not to exceed \$99.98, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state (s.403.7185).

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X _____ Customer X _____

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

CUSTOMER #

Jack Hanania Buick/GMC

INVOICE

2250 US Highway 1 S
Saint Augustine, FL 32086
(904) 797-4577

PAGE 2

Repair Shop Registration Number: MV102069

SAINT AUGUSTINE, FL
HOME
BUS:

SERVICE ADVISOR: 900105 MOSTAFA ABDELHAMID

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE FROS	24	GMC YUKON			11550/11550	T468
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISE	RATE	PAYMENT	INV. DATE
12FEB24	DD22JAN24		WAIT 02JUN25		CASH	02JUN25

R.O. OPENED	READY	OPTIONS:	SOLD-STK:RR155613	DLR:309845			
07:56 02JUN25	10:26 02JUN25	ENG:6.2_LITER	TRN:10_SPEED_AUTO				
LINE OPCODE	TECH TYPE	HOURS	LIST	NET	TOTAL		
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:	0.00

D** DOCUMENT STORAGE FEE
 DOCC DOCUMENT STORAGE FEE
 999 CB 0.00 0.00
 DOCC DOCUMENT STORAGE FEE. This charge represents
 cost and profit to the dealer for
 maintaining and scanning customer records.
 3.49 3.49
 PARTS: 0.00 LABOR: 0.00 OTHER: 3.49 TOTAL LINE D: 3.49
 DOCC

CUSTOMER PAY WASTE/SUPPLIES FOR REPAIR ORDER 14.99

*Service Hours M-F 7:30-6PM Sat 7:30-2PM

* THANK YOU for allowing us to serve you *

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

*SHOP SUPPLY COSTS: We have added a charge equal to 15% of the total cost of labor and parts, not to exceed \$75.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state (s.403.7185).

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DESCRIPTION	TOTALS
LABOR AMOUNT	49.23
PARTS AMOUNT	50.72
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	18.48
TOTAL CHARGES	118.43
LESS INSURANCE	0.00
SALES TAX	7.69
PLEASE PAY THIS AMOUNT	126.12

DATE	CUSTOMER SIGNATURE	AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE
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Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X

Customer X

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

CUSTOMER #:

Jack Hanania Buick/GMC

INVOICE

2250 US Highway 1 S
Saint Augustine, FL 32086
(904) 797-4577

PAGE 1

Repair Shop Registration Number: MV102069

SAINT AUGUSTINE, FL

HOME:

BUS:

SERVICE ADVISOR: 900105 MOSTAFA ABDELHAMID

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE FROS	24	GMC YUKON			11550/11550	T468

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
12FEB24	DD22JAN24		WAIT 02JUN25			CASH	02JUN25

R.O. OPENED	READY	OPTIONS:	LIST	NET	TOTAL
07:56 02JUN25	10:26 02JUN25	SOLD-STK:RR155613 DLR:309845 ENG:6.2 LITER TRN:10 SPEED_AUTO			

LINE OPCODE TECH TYPE HOURS
 A GENERAL MOTORS DEXOS FULL SYNTHETIC OIL & FILTER CHANGE, 4 TIRE ROTATION, UP TO 8 QTS. SET TIRE PRESSURES AND TOP OFF FLUIDS, AND PERFORMED MULTI - POINT INSPECTION.

CAUSE: LOF ROT
 LOF8 GENERAL MOTORS DEXOS FULL SYNTHETIC OIL & FILTER CHANGE, 4 TIRE ROTATION, UP TO 8 QTS. SET TIRE PRESSURES AND TOP OFF FLUIDS, AND PERFORMED MULTI - POINT INSPECTION.
 914702 CAAS 49.23 49.23
 1 12737081 (S) FILTER 6.00
 8 19432334 N-OIL (08800-BOPCKT) 44.72
 PARTS: 50.72 LABOR: 49.23 OTHER: 0.00 TOTAL LINE A: 99.95
 11550 LOF ROT OIL FILTER CHANGED TIRES ROTATED

B FACTORY CAMPAIGNS N242447990 Failed Brake Fluid Leak Detection
 CAUSE: RECALL #N242447990
 9107420 BSCM REPROGRAM W/SPS (N/C)
 914702 WG

FC: PART#: COUNT:
 CLAIM TYPE: ZFAT
 AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00
 11550 RECALL #N242447990 MODULE REPROGRAMMED PER RECALL, WCC:
 28YZ278846859. NO FURTHER ACTIONS NEEDED RECALL COMPLETE

C MULTI-POINT INSPECTION
 MPI MULTI-POINT INSPECTION
 914702 CAAS 0.00 0.00

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES *	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PERFORMED BY THE DEALERSHIP AS IS. THE DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR ACCESSORIES OR ANY REPAIRS PERFORMED TO THE VEHICLE. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.
 *SHOP SUPPLY COSTS: We have added a charge equal to 15% of the total cost of labor and parts, not to exceed \$75.00, to the Repair Order. This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies and waste disposal. The State of Florida requires a \$1.00 fee to be collected for each new tire sold in the state (s.403.718), and a \$1.50 fee to be collected for each new or remanufactured lead-acid battery sold in the state (s.403.7185).
 By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

Section 501.98, Florida Statutes, requires that, at least 30 days before bringing any claim against a motor vehicle dealer for an unfair or deceptive trade practice, a consumer must provide the dealer with a written demand letter stating the name, address, and telephone number of the consumer; the name and address of the dealer; a description of the facts that serve as the basis for the claim; the amount of damages; and copies of any documents in the possession of the consumer which relate to the claim. Such notice must be delivered by the United States Postal Service or by a nationally recognized carrier, return receipt requested, to the address where the subject vehicle was purchased or leased or where the subject transaction occurred, or an address at which the dealer regularly conducts business.

Customer X Customer X ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.
 DealerCAR 2014 GM 0144, LLC 106173 SERVICE INVOICE TYPE 7 2512C TAB 05 - BU - FL 24/11/13 CUSTOMER COPY

HANAU'LA BUICK GMC
2250 US HIGHWAY 1 SOUTH
ST AUGUSTINE, FL 32086

06/02/2025

14:12:19

CREDIT CARD

VISA SALE

Card:

Att:

SEQ #:

Batch #:

INVOICE

Approval Code:

Entry Method:

Mode:

SALE AMOUNT

\$126.12

CUSTOMER COPY



GMC
 P.O. Box 909989
 Milwaukee, WI 53209-9989

IMPORTANT SAFETY RECALL

[REDACTED]

SAINT AUGUSTINE, FL

[REDACTED]

October 2025

This notice applies to your vehicle, VIN [REDACTED]

Dear [REDACTED]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect which relates to motor vehicle safety exists in certain 2024 model year GMC Yukon Denali/AT4-T1 vehicles equipped with the 6.2L V8 gas engine (RPO L87). As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

I M P O R T A N T

- Your vehicle is involved in GM recall N252494000.
- There is no action required on your part.

Why is your vehicle being recalled?

The connecting rod and/or crankshaft engine components in these vehicles may have manufacturing defects that can lead to engine damage and engine failure. If the engine fails during vehicle operation, the vehicle will lose propulsion, increasing the risk of a crash.

What will we do?

GM records show your vehicle has been serviced for this condition or previously received a replacement engine that does not contain the defect addressed by this recall and therefore does not require additional inspection or replacement.

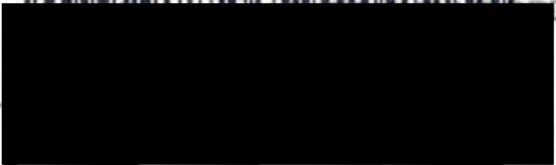
As a result, there is no need for you to take your vehicle to your dealer for recall N252494000.

GM is providing you with additional protection if an engine failure occurs in your vehicle as a result of the condition described above. If this condition occurs on your vehicle within 10 years from the date your vehicle was originally placed in service or 150,000 miles (240,000 km), whichever occurs first, the condition will be repaired for you at no charge. Diagnosis or repair for conditions other than the condition described above is not covered under this special coverage program.

10/2025



DC 320



Department of Transportation

To: W48-226

Building: DOT

Mailsstop: 4 West

Rtg Symbol: NVS-200,210,300,010

External Carrier: Registered

Sender:

DOT

12/1/2025 11:47 PM



NHTSA HQ

Attn: Safety Director - GM Recall

1200 New Jersey Ave SE

West Bldg

Washington DC 20590

20590





PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NHTSA
 1200 New Jersey Ave
 Washington DC 20590



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Adult Signature Restricted Delivery

Certified Mail[®]

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

3d Mail

3d Mail Restricted Delivery (over \$500)

Priority Mail Express[®]

Registered Mail[™]

Registered Mail Restricted Delivery

Signature Confirmation[™]

Signature Confirmation Restricted Delivery

Domestic Return Receipt