PE03-049

GM

12/12/03

LETTER TO ODI FROM GM

ATTACHMENT 3C

BOOK 5 OF 7

PART 2 OF 4

Paul Olle
Claims Administrator
ESIS/GM Central Claims Unit

ESIS
An Insurance Services Company

P.O. Box 300
Mail Code 482 C20 D71
Detroit MI 48265
Telephone 313.665.3393
Facsimile 313.665.0911

September 24, 2002

Tax ID: 71 046 3508

BILL WALTERS
WALTERS, HAMBY & VERKAMP
HIGHWAY 10 SPUR WEST
1405 W CENTER, 3RD FL
GREENWOOD, AR 72936

Re: Claimant: [redacted]
Date of Event:
Our File:
Our Client: General Motors Corporation

Dear Mr. Walters,

This will acknowledge my conversation with Jennifer, of your office, on September 23, 2002, during which we agreed to settle the above matter for $13,000.00.

Prior to issuing the check, the enclosed Release needs to be signed by your client in the presence of a Notary Public. Please read the Release carefully, as this will be considered the full and final settlement of any and all claims with regard to this matter.

Once I have the completed Release, a settlement check will be issued in the agreed amount of $13,000.00.

Should you have any questions, please do not hesitate to contact me at 800.888.0164.

Thank you for your cooperation in this matter.

Sincerely,

Paul Olle

Enclosure:
Release

RECEIVED
OCT 0 8 2002
ESIS-GM CLAIMS UNIT

INDIVIDUAL RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: [redacted]

KNOW ALL MEN BY THESE PRESENTS:

The undersigned [redacted] being of lawful age, for the sole consideration of Thirteen-thousand dollars, ($13,000.00) to the undersigned in hand paid, receipt whereof is hereby acknowledged, does hereby and for my heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge **ESIS/General Motors Corporation**, and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 8th day of April, 2002, at or near Central City, AR.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefor, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about April 8, 2002, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT, IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 3rd day of October, 2002

CAUTION: READ BEFORE SIGNING

[redacted] [redacted] LS

WITNESS Tim McCorkle

_____ _____ LS

State of Arkansas)
)
County of Sebastian)

On the 4th day of October, 2002 before me personally appeared [redacted] to me known to be the person(s) named herein and who executed the foregoing Release and he acknowledged to me that he voluntarily executed the same.

My term expires April 9, 2006

Jennifer Trotter
Notary Public

"OFFICIAL SEAL"
Jennifer Trotter
Notary Public, State of Arkansas
County of Sebastian
My Commission Exp. 04/09/2006

Rec'd from MSX

436603

NO OTMO
NO LP
NO IDH 5/16

WALTERS, HAMBY & VERKAMP
Attorneys at Law
Highway 10 Spur West
1405 W. Center, 3rd FL
Greenwood, AR 72936
e-mail: WaltLaw@waltlaw.net

[redacted]

Bill Walters
Michael Hamby
John P. Verkamp
Dianna Hewitt Ladd

Telephone 479-996-2122
Fax No. 479-996-2565

Wednesday, April 24, 2002

General Motors
ATTN: LEGAL DEPARTMENT
P.O. Box 33170
Detroit, Michigan 48232-5170

RECEIVED
MAY 06 2002
ESIS-GM CLAIMS UNIT

RE: [redacted]
1998 Chevrolet Pickup End Gate Cables

Greetings:

On April 8, 2002, our client was loading his ATV four-wheeler onto the back of his 1998 Chevrolet pickup truck. When the four-wheeler was approximately half onto the end gate of the pickup and halfway off, the right cable snapped and then the left snapped. The four-wheeler rolled upside down on top of our client breaking his elbow in the joint. This was an extremely damaging fracture and it is one that is likely to cause substantial future impairment.

We have had the cables examined by a professor of engineering at the University of Arkansas, Fayetteville campus, who concluded that the cables simply rusted into.

The purpose of this letter is to put you on notice that it is our position that the cables on this Chevrolet pickup are defective in a number of ways including the design, manufacturing and installation. The cables on an end gate create a substantial danger when defective. We would appreciate you having a representative contact us at your earliest convenience so we can discuss the situation that exists with these cables and with our client.

With kind personal regards.

Sincerely,

Bill Walters

Bill Walters

BW:lh
cc: [redacted]

PRIVILEGED MATERIAL REDACTED

ESIS
An Insurance Services Company

ESIS/GM Central Claims
M/C: 482 C20 071
P.O. Box 300
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Paul Olle
Claims Administrator

May 8, 2002

BILL WALTERS
WALTERS, HAMBY & VERKAMP
HIGHWAY 10 SPUR WEST
1405 W CENTER, 3RD FLOOR
GREENWOOD, AR 72936

RE: Claimant: [redacted]
Our File No.:
Our Client: General Motors Corporation
Date/Event: 04/08/2002
Subject vehicle: 1998 Chevrolet Pick-up

Dear Mr. Walters:

This will acknowledge that I received your letter of retention regarding the above-referenced client. ESIS is the third party administrator handling claims on behalf of General Motors Corporation. Please direct all future correspondence to my attention.

I have requested Michael Williams to assist me in the investigation of this matter. You should be hearing from him in the near future.

I am enclosing a ***Consent to Develop Wage and Medical Information*** form which you should have your client complete and return to my attention with the names, addresses and telephone numbers of each treating physician. This authorization will also allow me to obtain wage information. Additionally, if your client is making a wage loss claim, please provide me with the employer's name, address and telephone number.

Thank you for your anticipated cooperation. If you have any questions, please feel free to contact me.

Sincerely,

Paul Olle

Attachment

JRW 5/8/02

CONSENT TO DEVELOP MEDICAL AND WAGE INFORMATION

ClmAdm/Paul Olle

CLAIM NUMBER:	436603

ADMISSION DATE(s)/DATE OF EVENT (on or about): 04/08/2002	INJURIES (if known):

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings.

A photocopy of this authorization can be accepted with the same authority as the original.

Name (Please Print): [redacted]	Social Security Number:
Address:	Date of Birth/Age:
Signature:	Date Signed:

Attachment for
CONSENT TO DEVELOP WAGE AND MEDICAL INFORMATION

ClmAdm/Paul Olle

CLAIM NUMBER:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Please use the back of this sheet or a separate piece of paper if additional space is needed.

1998 EXT CAB SWB FLTSDE PICKU 4WD
51U DARK CARMINE RED METALLIC /V8G
13D GRAY CUSTOM CLOTH TRIM
ORDER NO. 851PH8/TR8 STOCK NO.
VIN 2GC EK19 R8 W1225819

CHEVROLET MOTOR DIVISION
GENERAL MOTORS CORPORATION
30007 VAN DYKE
WARREN MI 48093-2350
VEHICLE INVOICE 1AD03831681

**********13*176198

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
CK10753 EXT CAB SWB FLTSDE PICKUP	21355.00	18685.63	INVOICE 02/13/98
AG9 SIX-WAY POWER DRIVER'S SEAT	240.00	206.40	SHIPPED 02/13/98
AJ1 DEEP TINTED GLASS	107.00	92.02	EXP I/T 02/26/98
AU0 REMOTE KEYLESS ENTRY	150.00	129.00	INT COM 02/26/98
A95 HIGH BACK RECLINING BUCKET	270.00	232.20	PRC EFF 02/13/98
SEATS W/CENTER & ROOF CONSOLE			KEYS L826 L826
C5S 6,600 LB GVW RATING	N/C	N/C	WFP-F QTR OPT-1
DD7 ELECTROCHROMIC ISRV MIRROR/COMP	145.00	124.70	BANK: GMAC - 076
E24 EASY ACCESS SYSTEM/THIRD DOOR	420.00	361.20	CHG-TO 17-619
FE9 FEDERAL/NY/MA/CT EMISSIONS	N/C	N/C	
F44 HEAVY DUTY CHASSIS EQUIPMENT	230.00	197.80	SHIP WT: 5002
GT4 REAR AXLE - 3.73 RATIO	135.00	116.10	HP: 51.2
L31 VORTEC 5700 V8 SFI ENGINE	1195.00	1027.70	GVW: 6600
M30 4 SPD AUTOMATIC TRANSMISSION	970.00	834.20	GVWF: 3925
NP1 ELECTRONIC SHIFT TRANSFER CASE	150.00	129.00	GVWR: 3750
PF4 CAST ALUMINUM WHEELS	340.00	292.40	NTR: 1/2
UP0 AM/FM STEREO W/CASS & CD PLAYER	290.00	249.40	DAN: STOCK
(REPLACES RADIO IN OPTION PKG)			MEMO 1436.65
XBX LT245/75R16/C OOR WOL TIRES-FRT	72.10	61.92	
YBX LT245/75R16/C OOR WOL TIRES-RR	72.10	61.92	
ZBX LT245/75R16/C OOR WOL TIRE-SPR	36.05	30.96	
Z71 Z71 OFF-ROAD CHASSIS EQUIP PKG	270.00	232.20	
1SB PREFERRED EQUIPMENT GROUP 1SB	3036.00	2610.96	
CONSISTS OF SAVINGS W/ MINIMUM			
PURCHASE OF:			
* SILVERADO DECOR INCLUDES:			
* AIR CONDITIONING			
* DUAL ELECTRIC MIRRORS			
* AM/FM STEREO W/CASSETTE			
* CHROME REAR STEP BUMPER			
* BODY SIDE MOLDINGS			
* TILT WHEEL & SPEED CONTROL			
* POWER LOCKS AND WINDOWS			
* LEATHER WRAPPED STEERING WHL			
* COLOR KEYED FLOOR MATS			
1SZ PREFERRED EQUIPMENT SAVINGS	750.00-	645.00-	
13D GRAY CUSTOM CLOTH TRIM	0.00	0.00	
51U DARK CARMINE RED METALLIC	N/C	N/C	

** CONTINUED ON PAGE 2 **

SMITH CHEVROLET OLDSMOBILE CADILLAC

1998 EXT CAB SWB FLTSDE PICK 4WD
51U DARK CARMINE RED METALLIC /V8G
13D GRAY CUSTOM CLOTH TRIM
ORDER NO. 851PH8/TRS STOCK NO.
VIN 2GC EK19 R8 W1225819

CHEVROLET MOTOR DIVISION
GENERAL MOTORS CORPORATION
30007 VAN DYKE
WARREN MI 48093-2350
VEHICLE INVOICE 1AD03831681

**********13*176198

MODEL & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK	
** CONTINUED FROM PAGE 1 **				
TOTAL MODEL & OPTIONS	28733.25	25030.71	ACT 237	24793.97
DESTINATION CHARGE	625.00	625.00	H/B 261	861.99
DEALER ADVERTISING		143.67	ADV 65A	143.67
TIRE WEIGHT TAX		0.25		
TOTAL	29358.25	25799.63	PAY 310	25799.63

MEMO: TOTAL LESS HOLDBACK AND
APPROX WHOLESALE FINANCE CREDIT 24617.31

****

INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.

****

THIS MOTOR VEHICLE IS SUBJECT TO A SECURITY INTEREST HELD BY GMAC.

SMITH CHEVROLET OLDSMOBILE CADILLAC

REMIT TO GMAC NO. 076
VIN 2GCEK19R8W1225819
$ 25799.63 INV 1AD03831681
DUE 02/26/98 DEALER 17-619

VINCAMPI DISPLAY VIN\RELATED CAMPAIGNS KIPSA06I

05/17/2002 11:33

VIN: 2GCEK19R8W1225819 OPEN\CLOSED STATUS:

SEL CODE	CAMPAIGN NUMBER	STATUS	REPAIR DATE	REPAIR DEALER	PREV. NUMBER	CAMPAIGN TYPE

NO CAMPAIGNS CURRENTLY AFFECTING THIS VEHICLE PW:

PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

GM Vehicle Inquiry System
Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	2GCEK19R6W1225819

VEHICLE INFORMATION

Merchandising Model:	CK10753 - 1998 SPORTSIDE EXT CAB PICKUP 4WD	Warranty Start Date:	03/23/1998
BARS Order Type	70 - RETAIL - STOCK		
Delivering Dealer :	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72915-3069 (501) 646-7301	Selling Source:	13 - CHEVROLET
		Site Code:	17619
		Business Associate Code:	114230

Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

CAMPAIGN ELIGIBILITY

Vehicle Has No Current Record Of Outstanding Campaigns.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	03/23/1998	18 miles	3/23/2001	36018 miles
72/100000 SHEET METAL RUST-THROUGH	03/23/1998	18 miles	3/23/2004	100018 miles
36/36000 CORROSION	03/23/1998	18 miles	3/23/2001	36018 miles
96/80000 PCM/CC EMISSIONS	03/23/1998	18 miles	3/23/2006	80018 miles
36/36000 FEDERAL EMISSIONS	03/23/1998	18 miles	3/23/2001	36018 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
09/14/1999	151084	#	E7690 - STR WH ROTAT SEN (EVO) RPL	26735 miles
09/14/1999	151084	#	B4650 - LATCH / WEDGE RR DR UPPER	26735 miles
09/14/1999	151084	#	R3318 - EL CONT MOT SW RPL	26735 miles
06/25/1998	126323	#	B4650 - LATCH / WEDGE RR DR UPPER	6241 miles
06/25/1998	126323	#	A4660 - RIGHT PICKUP BOX EXTERIOR PANEL DECAL STRIPE - REPLACE	6241 miles
02/13/1998	A25819	1	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

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GM Vehicle Inquiry System
Claim History

VIN:	2GCEK19R8W1225819

CLAIM HISTORY

Repair Order Date:	09/14/1999	Repair Order Number:	151084	Odometer Reading:	26735 miles

Serviced By:	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72913-3069 (501) 646-7301	Selling Source:	13 - CHEVROLET
		Site Code:	17619
		Business Associate Code:	114230

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
09/17/1999	995	01	#	E7690 - STR WH ROTAT SEN (EVO) RPL	26064468 - SENSOR	N/A	N/A	$98.84	N
09/17/1999	995	02	#	B4650 - LATCH / WEDGE RR DR UPPER	N/A	N/A	N/A	$15.49	N
[illegible]7/1999	995	03	#	R3318 - EL CONT MOT SW RPL	15009690 - SW-OS/MIR	N/A	N/A	$59.21	N

Repair Order Date:	06/25/1998	Repair Order Number:	126323	Odometer Reading:	6241 miles

Serviced By:	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72913-3069 (501) 646-7301	Selling Source:	13 - CHEVROLET
		Site Code:	17619
		Business Associate Code:	114230

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
07/16/1998	872	01	#	B4650 - LATCH / WEDGE RR DR UPPER	N/A	N/A	N/A	$20.30	N
07/16/1998	872	02	#	A4660 - RIGHT PICKUP BOX EXTERIOR PANEL DECAL STRIPE - REPLACE	N/A	N/A	N/A	$20.30	N

Repair Order Date:	02/13/1998	Repair Order Number:	A25819	Odometer Reading:	0 miles

Serviced By:	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72913-3069 (501) 646-7301	Selling Source:	13 - CHEVROLET
		Site Code:	17619
		Business Associate Code:	114230

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
02/16/1998	829	01	1	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$65.96	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

VIN:	2GCEK19R8W1225819

VEHICLE BUILD

Merchandising Model:	CK10753 - 1998 SPORTSIDE EXT CAB PICKUP 4WD		
Gross Vehicle Weight Rating:	N/A	Order Number:	N/A
Build Date:	02/13/1998	Build Plant:	2W153

OPTION CODES

AG9	AJ1 - DEEP, ALL EXCEPT W/S AND DRS
AM7 - REAR SEAT FOLDING	AU0 - REMOTE ENTRY
AU3 - SIDE DR, ELEC	A20 - RR QTR, VENT SWING OUT
A31 - POWER OPERATED, ALL DOORS	A95 - FRT BKT, HIGH BACK, DRIVER & PA
B32 - FLOOR MATS, AUX	B33 - FLOOR MATS, AUX
[illegible] - BODY SIDE MOULDINGS, BRIGHT	B96
C5S - 6,600 LBS	C60 - AIR CONDITIONER FRT, MAN CONTRO
DD7 - MIRROR - INSIDE REARVIEW,	DK6 - ROOF CONSOLE
D48 - LH & RH, REMOTE CONTROL, ELECTR	D55 - FRT COMPT, FLOOR
EVA - DVT, EVAP EMISSION REQUIREMENT	E24 - DOOR - SIDE CARGO, HINGED
E63 - FLEETSIDE BODY OPTION	FE9 - FEDERAL EMISSIONS
FK2 - TORS BAR SPRING ADJ (A)	FK3 - TORS BAR SPRING ADJ (B)
F44 - HEAVY DUTY	GT4 - 3.73 RATIO (DUP WITH 5X1)
JB6 - POWER, DISC/DRUM, 7,200 LBS	K34 - CRUISE CONTROL
K60 - 100 AMP	L31 - VORTEC 5700 SFI V8 ENGINE
M30 - 4L60 AUTO TRANS	NA1 - LESS THAN 8,500 LB
NF2 - EMISSION SYSTEM, FEDERAL TIER 1	NP1 - ELECTRIC SHIFT CONT, TWO SPEED
NP5 - STEERING WHEEL- LEATHER WRAPPED	NRQ - CLOSE COUPLED
NZZ - SKID PLATE, "OFF ROAD" SPOT	N33 - TILT TYPE
OSG - OSHAWA, ONT, CANADA (TRK)	PF4 - 16" ALUMINUM WHEELS, BRIGHT (4)
[illegible] - SILVER ARROW PACKAGE:	SLM - STOCK ORDERS
UP0 - AM/FM STEREO, SEEK/SCAN, AUTO R	UQ3 - PREMIUM SPEAKER SYSTEM INCLUDES
VB3 - STEP, CHROME, IMPACT STRIP	VG3 - IMPACT STRIP

VK3 - FRT MOUNTING PKG	VX8 - COMPLETE
V22 - RADIATOR, CHROME	V73 - USA/CANADA
XBX - LT245/75R16/C WOL R/PE ST TL OO	X88 - CHEVROLET
[illegible] - LT245/75R16/C WOL R/PE ST TL OO	YD3 - (BASE EQUIP) FOR SCHEDULING GVW
YD6 - RR, BASE EQUIPMENT	YE9 - DECOR PACKAGE
ZHX - LT245/75R16/C WOL R/PE ST TL OO	ZQ3 - CONVENIENCE GROUP: TILT WHEEL
ZY1 - SOLID	Z71 - OFF ROAD CHASSIS EQUIPMENT
1SB - PREFERRED EQUIP. GROUP - 1SB **	1SZ - OPTION PACKAGE
13D - GRAY CUSTOM CLOTH	131 - LT SMOKE GRAY (94)
51U - EXTERIOR, SMOKEY CARMEL TTN (95	6GG - COMPUTER SEL SUSP (6GG)
7GG - COMPUTER SEL SUSP (7GG)	

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GM Vehicle Inquiry System
Vehicle Component

VIN:	2GCEK19R8W1225819

Vehicle Component

Component Code:	10 - ENGINE ASSEMBLY				
Source Plant:	K - GM OF CANADA, LTD. ST. CATHARINES, ONTARIO				
Part/Num Broadcast:	PCA		Traceability:	021080316	
Date Scanned:	02/13/1998	Time Scanned:	03.43.00	Scan Station:	02

Component Code:	35 - STEERING COLUMN - SIR SYSTEM				
Source Plant:	S - SAGINAW DIVISION SAGINAW,MI				
Part/Num Broadcast:	JSP		Traceability:	663110378	
Date Scanned:	02/13/1998	Time Scanned:	05.22.00	Scan Station:	10

Component Code:	50 - INSTRUMENT CLUSTER				
Source Plant:	3				
Part/Num Broadcast:	PBR		Traceability:	PBR	
Date Scanned:	N/A	Time Scanned:	N/A	Scan Station:	N/A

Component Code:	60 - TRANSFER CASE (4 WHEEL DRIVE)				
Source Plant:	N				
Part/Num Broadcast:	DX		Traceability:	000702615	
Date Scanned:	02/13/1998	Time Scanned:	03.51.00	Scan Station:	04

Component Code:	61 - TRANSMISSION				
Source Plant:	Y - HYDRAMATIC TOLEDO, OHIO				
Part/Num Broadcast:	8KCD		Traceability:	21596236	
Date Scanned:	02/13/1998	Time Scanned:	03.43.00	Scan Station:	02

Component Code:	63 - FRONT AXLE/FRONT CRADLE WITH FRONT HUB ASSEMBLIES
Source Plant:	G

Part/Num Broadcast:	ZB2		Traceability:	L007755	
Date Scanned:	02/13/1998	Time Scanned:	04.34.00	Scan Station:	05

Component Code:	65 - REAR AXLE ASSEMBLY				
Source Plant:	G - SAGINAW DETROIT, MICHIGAN				
Part/Num Broadcast:	JK3		Traceability:	004866	
Date Scanned:	02/13/1998	Time Scanned:	04.29.00	Scan Station:	07

Component Code:	86 - ELECTRONIC CONTROL MODULE (ECM)				
Source Plant:	K - DELCO ELECTRONICS KOKOMO,IN				
Part/Num Broadcast:	9685		Traceability:	18037RYH0	
Date Scanned:	02/13/1998	Time Scanned:	15.24.00	Scan Station:	05

Component Code:	92 - BRAKE PRESSURE MODULATOR VALVE ASSEMBLY				
Source Plant:	K - KELSEY-HAYES JASPER, INDIANA				
Part/Num Broadcast:	3199		Traceability:	00217501	
Date Scanned:	02/13/1998	Time Scanned:	05.05.00	Scan Station:	09

Component Code:	AB - IR-MODULE ASM-INFLATOR				
Source Plant:	I - INLAND				
Part/Num Broadcast:	3920		Traceability:	6S9ME3P	
Date Scanned:	02/13/1998	Time Scanned:	07.20.00	Scan Station:	11

Component Code:	AD - IR-SENSOR-FORWARD				
Source Plant:	H - HAMLIN INC, LAKE MILLS WISCONSIN				
Part/Num Broadcast:	3545		Traceability:	019FQF	
Date Scanned:	02/13/1998	Time Scanned:	00.57.00	Scan Station:	12

Component Code:	AL - IR-MODULE ASM-I/P				
Source Plant:	Q - RIMIR MATAMORS MEXICO				
Part/Num Broadcast:	4062		Traceability:	2S9G4GM	
Date Scanned:	02/13/1998	Time Scanned:	00.19.00	Scan Station:	01

Component Code:	AS - SENSING DIAGNOSTIC MODULE				
Source Plant:	K - DELCO ELECTRONICS KOKOMO,IN				
Part/Num Broadcast:	9685		Traceability:	18037RYH0	

Date Scanned:	02/13/1998	**Time Scanned:**	15.24.00	**Scan Station:**	05

Component Code:	CB - SEQ NUM (FLEX) BODY ASM				
Source Plant:	N/A				
Part/Num Broadcast:	199		**Traceability:**	1350249	
Date Scanned:	02/05/1998	**Time Scanned:**	23.02.00	**Scan Station:**	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	133		**Traceability:**	9469740	
Date Scanned:	02/13/1998	**Time Scanned:**	00.23.00	**Scan Station:**	N/A

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GM Vehicle Inquiry System
Delivery Information

VIN:	2GCEK19R8W1225819

IN-SERVICE INFORMATION

In-Service Information Not On File

DELIVERY INFORMATION

Delivery Date:	03/23/1998	Delivery Type:	010 - RETAIL/INDIVIDUAL	Delivered Odometer:	18 miles

Delivering Dealer:	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72913-3069 (501) 646-7301	Delivery Selling Source:	13 - CHEVROLET
		Delivery Site Code:	17619
		Business Associate Code:	114230

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GM Vehicle Inquiry System
Dealer Information

VIN:	2GCEK19R5W1225819

INVOICE INFORMATION

Invoice Date:	02/13/1998		
Site Address:	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72913-3069 (501) 646-7301	Selling Source:	13 - CHEVROLET
		Site Code:	17619
		Business Associate Code:	114230

SHIP-TO INFORMATION

Ship-To Date:	02/24/1998		
Site Address:	SMITH CHEVROLET OLDSMOBILE CADILLAC PO BOX 3069 STA FORT SMITH, AR 72913-3069 (501) 646-7301	Selling Source:	13 - CHEVROLET
		Site Code:	17619
		Business Associate Code:	114230

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```
SAPIENS - TRANSACTIONS              VEH INQURY INFO                (560152)
COMMAND =>
                    ********* VEHICLE INFORMATION SUMMARY *********
          VIN                   YEAR MAKE MODEL STYLE CYL UN WG  COLOR  DIS  A
2GCEK19R8W1225819               1998 CHEV  GK1   PK   8    5002 MAR
STOP PROCESS:     STOP PROCESS DATE:              DISMANTLED:     PRIVACY FLAG:
PURCHASE DT:              PUR TYP: USED AR DEALER          DEALER LIC: M3300
STATE      :        NBR OF AXLES:      FUEL CODE: G
                    ********* SPECIAL VEHICLE INFORMATION *********
DATE: 03-26-2002  TIME: 120531732  IRP:
LICENSE NBR: 761BSW     LICENSE END DATE:              STATUS:
LIC END REASON:

PRINT TITLE STATUS: N  NOT TO BE PRINTED



DIRECT LIEN EXIST FOR THIS VEHICLE.PRESS PF KEY FOR MORE INFO
WRN2404 W A R N I N G: 565099/10 THIS IS A PRIVATE RECORD.
== E R R O R ==........................... S RA RXMHAT1  06-28-02    15:22:38
1-HELP 3-QUIT 12-REG-INFO 13-TTL-INFO 14-FEE-INFO 15-DL-INFO 17-ERR-CODE
18-RIN-PPAN 19-FEE-INF2 22-DSMTL-IN
```

I hereby certify that the photostat on the reverse side hereof is a true and exact copy of the original record filed with this office.

In witness whereof, my hand and the seal of the Department on the _____ day of JUN 2 6 1982

Department of Finance
Bureau of Motor Vehicles

Bill Portan, Administrator
Office of Motor Vehicle
State of Arkansas

SAPIENS - TRANSACTIONS VEH INQURY INFO (560162)
COMMAND =>

********** REGISTRATION INFORMATION **********

LICENSE	TYPE	USE	DECAL	INV	EXPIR DATE	LEASED
[redacted]	[redacted]					

RENEWAL OD READ: 65111 LICENSE ENDING DATE: IRP FLAG:
ACCOUNT NBR: WEIGHT: TOTAL: 23.75 FEE: 21
OWNER (S):
NAME : [redacted] [redacted] OR
COMPANY NAME:
NAME : [redacted] [redacted]
COMPANY NAME:
ADDRESS : [redacted]
CITY NAME: CENTRAL CITY STATE: AR ZIP CODE: [redacted] COUNTY: 6
ATTENTION:
RNL MAIL ADD:
CITY NAME: STATE: ZIP CODE: COUNTY:
ATTENTION:
TTL MAIL ADD:
CITY NAME: STATE: ZIP CODE:
ATTENTION:

== MODIFY ==..... S RA RXMHAT1 06-28-02 15:22:40
1-HELP 2-SELECT 3-QUIT 11-HISTORY 13-TTL-INFO 14-FEE-INFO 19-FEE-INF2

SAPIENS - TRANSACTIONS VEH INQURY INFO (560163)
COMMAND =>

********** TITLE INFORMATION **********

TITLE NBR [redacted] REEL/FRAME: 20856602 USER ID: RXAWILL
TITLE BRAND: ISSUE DATE: 11-15-2001 OD-CODE: 3 OD-READ: 5572
PREV TTL INFO: ARKANSAS TITLE PREV TTL NBR: 17020009644 PREV STATE: A

LIEN NBR: 1 NAME: FIRST NATL BANK OF FT SMITH CONTRACT DT : 10-10-2001
ADDRESS : PO BOX 7 RELEASE DATE:
CITY : FORT SMITH STATE: AR ZIP CODE: 72902

LIEN NBR: 2 NAME: CONTRACT DT :
ADDRESS : RELEASE DATE:
CITY : STATE: ZIP CODE:

DIRECT LIEN EXIST FOR THIS VEHICLE.PRESS PF KEY FOR MORE INFO

== MODIFY ==..... S RA RXMHAT1 06-28-02 15:22:42
1-HELP 2-SELECT 3-QUIT 7-BACK 8-FORW 11-HISTORY 12-REG-INFO 14-FEE-INFO
15-DL-INFO 19-FEE-INF2

SAPIENS - TRANSACTIONS DIRECT LIEN (770005)
COMMAND =>
V[redacted] : 2GCEK19R8W1225819 YR: 1998 MK: CHEV MD: ST: T
C[redacted]TRACT INFORMATION
FILING NUMBER: [redacted]
CREATE DATE : [redacted] AYOFF: 04-22-2003
RELEASE DATE : [redacted]
LIENHOLDER INF[redacted]
LIENHOLDER : [redacted]
ADDRESS : [redacted]
CITY NAME : [redacted] ZIP CODE: 37068
DEBTOR ADDRESS [redacted]
ADDRESS : [redacted]
CITY NAME : [redacted] ZIP CODE: 72921
DEBTOR INFORMA[redacted]
[redacted]N
MCENTIRE DAVID [redacted]

== MODIFY ==..... S RA RXMHAT1 06-28-02 15:22:49
1-HELP 2-SELECT 3-QUIT 5-CONT 7-BACK 8-FORW 9-CASH-REG 11-VEH INQU

013184 134800

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
APPLICATION FOR TITLE NUMBER 0402011663

[redacted] [redacted] OR

CENTRAL CITY AR 72941-6604

TRANSFER FEE 1.00
TITLE FEE 5.00
LIEN FEE .50
RENALTY
RESTORE .25
TOTAL REG FEES 9.25

LICENSE PLATE NO	LICENSE PLATE TYPE	MODEL NUMBER	REGISTRATION DATE	VEHICLE IDENTIFICATION NUMBER		
741BDV	PCI P-PK	5078BHH	01-11-2002	2GCEK19R6W1275819	0.50	9.25

YEAR	MAKE	MODEL	BODY	COLOR	FUEL	CYL	VALUATION WEIGHT	AXLES	TITLE NUMBER
1998	CHEV	CK1	PK	MAR		8	5000		PENDING

OWNERS COUNTY SEBASTIAN

OWNERS SIGNATURE [redacted]

[redacted] OR

CENTRAL CITY AR 72941-6604

NEW PURCHASE PRICE 16500.00
PLUS EXT WARR LOCAL TAXES 88-00 85.00
LESS TRADE IN LOCAL TAXES 7900.00
TRADE IN PRICE LOCAL TAXES 8600.00
STATE TAX LOCAL TAXES 440.75
STATE TAX PENALTY LOCAL TAX PENALTY
TOTAL TAXES 465.75
TOTAL REG FEES 9.25
TOTAL PAID 475.00

INSURANCE REFERENCE
95725
00 ACTUAL

(PURCHASED)
USED FROM AR DEALER 16300

PREVIOUS TITLE NO
17020009648 AR

TITLE PRINT STATUS
PRT FROM BATCH

LIENHOLDER
FIRST NATL BANK OF FT SMITH
PO BOX 7
FORT SMITH AR 72902
10/10/2001

TRANSFER AND TITLE

NOVEMBER 06, 2001
03:54:45:86:0 P.M.

GREENWOOD 04-09
SUSAN DUNN
800 W DENVER
(501)996-2193 RXSDUNN
2001-11-06

013184 134001

VEHICLE REGISTRATION CERTIFICATE
STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
KEEP THIS DOCUMENT IN YOUR VEHICLE 66029002123

[redacted] OR

CENTRAL CITY AR [redacted]

REGISTRATION FEE 21.00
CREDIT
REPLACEMENT FEE
TRANSFER FEE
ADDITIONAL FEES
TITLE FEE
PER DAYS FEES
LIEN FEE
SPECIAL FEE (1)
PENALTY
SPECIAL FEE (2)
POSTAGE .25
SPECIAL FEE (3)
TOTAL AMD FEES 2.50 23.75

LICENSE PLATE NO	LICENSE TONNAGE	ENGINE NUMBER	EXPIRATION DATE	VEHICLE IDENTIFICATION NUMBER
761RRW	POLF-PK	307839H	03/31/2002	1GCDC14KRLZ150461

YEAR	MAKE	MODEL	BODY	COLOR	FUEL	GVW	GROSS WEIGHT	SEATS	TITLE NUMBER
1990	CHEV		PK	WHI	G		3903	00	66029002123

OWNERS COUNTY SEBASTIAN

OWNERS SIGNATURE: _____

IDENTITY OF APPLICATION FOR REGISTRATION 66029002123 761RRW 1GCDC14KRLZ150461

[redacted] OR

CENTRAL CITY AR [redacted]

INSURANCE REMARKS:
122909
00 EXEMPT

IDENTITY INFORMATION

REGISTRATION FEE 21.00
CREDIT
REPLACEMENT FEE
TRANSFER FEE
ADDITIONAL FEES
TITLE FEE
PER DAYS FEES
LIEN FEE
SPECIAL FEE (1)
PENALTY
SPECIAL FEE (2)
POSTAGE .25
SPECIAL FEE (3)
TOTAL AMD FEES 2.50 23.75

TERRITORIAL REGISTRATION APPROVAL

RENEWAL
MARCH 27, 2001
10:32:07:711 A.M.

TITLE REGISTRATION APPROVAL

FT SMITH BTW 66-02
JAMIE MARTIN
7300 RODERS AVE #28
(501)452-7031 RAYTNOR
2001-03-27

FOR MOTOR VEHICLES AND TRAILERS.

THIS REGISTRATION CERTIFICATE SHOULD BE CARRIED IN THE VEHICLE TO WHICH IT REFERS OR CARRIED BY THE PERSON DRIVING OR IN CONTROL OF SUCH VEHICLE, WHO SHALL DISPLAY IT UPON DEMAND OF A POLICE OFFICER OR ANY OFFICER OR EMPLOYEE OF THE OFFICE.

- If you replace this vehicle you must go to a State Revenue Office and transfer your registration to your new vehicle within twenty (20) days.
- If you move you must submit your change of address to the MV Data Unit, Office of Motor Vehicle, P.O. Box 1272, Little Rock, AR 72203. To accomplish a name change you must go to a State Revenue Office.
- If you sell or dispose of your vehicle and do not plan to replace it, you should return your license plate to a State Revenue Office.

ARKANSAS LAW REQUIRES THAT PROOF OF LIABILITY INSURANCE BE MAINTAINED AT ALL TIMES IN THE VEHICLE (TRAILERS EXCLUDED), AND FOR VEHICLES TO BE IN SAFE MECHANICAL CONDITION. FAILURE TO COMPLY WITH THESE LAWS IS A MISDEMEANOR.

FOR BOATS.

- If this certificate is lost or stolen, State Law requires the issuance of a new registration.
- The operator of this boat shall:
  (1) Report every accident involving injury or death to persons, or property damage over $500.
  (2) Stop and render aid or assistance if involved in a boating accident.
- Report change of boat ownership to the local county revenue office.

Cut Here For Boats

The undersigned certifies that the boat described in this registration has been transferred to:

_____

Signature of Seller

_____

Upon surrender of this registration to another State, please mail to:
Arkansas Game and Fish Commission
Boating Safety Section
#2 Natural Resources Drive
Little Rock, Arkansas 72205

10-000

FEDERAL AND STATE LAW REQUIRES THIS REGISTRATION BE IN YOUR BOAT WHEN IN USE

The undersigned certifies that the boat described in this registration has been transferred to:

_____

Signature of Seller

_____

Upon surrender of this registration to another State, please mail to:
Arkansas Game and Fish Commission
Boating Safety Section
#2 Natural Resources Drive
Little Rock, Arkansas 72205

CERTIFICATE OF TITLE

STATE OF ARKANSAS 1702000966

VEHICLE IDENTIFICATION NUMBER: CCE1[illegible]225519
YEAR: 78 MAKE: CHEV MOD: GEI BODY: PC
PREVIOUS TITLE NUMBER: 1702[illegible]6671
TITLE NUMBER:
ODOMETER: ACTUAL
PRIOR TITLE: 29,152-
DATE ISSUED: 07/11/2000 5002

DATE PAID ADDRESS

FIRST RESOURCE FEDERAL CU
3700 JENNY LIND RD
FT SMITH AR 72908

OWNER

ROSE, GREG E
1011 COTTELSHE DR
VAN BUREN AR 72956

Greg E Rose

OWNER'S SIGNATURE OF JOINT OWNERSHIP BOTH MUST SIGN

FIRST LIENHOLDER

SECOND LIENHOLDER

SECOND RELEASE

ATTESTED TO THE ABOVE DESCRIBED VEHICLE IS NOW RELEASED

BY

TITLE DATE

Timothy J. Leo

BRENNEN DODGE, INC.

5900 HWY 71 SOUTH, FT. SMITH, AR 72908

Miles Auto Sales

F252

TIMA FORM 71 STATE OF ARKANSAS No. 1156777

DEALER'S REASSIGNMENT OF TITLE TO A MOTOR VEHICLE

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	BODY STYLE
[illegible]	[illegible]	[illegible]	[illegible]

FEDERAL LAW REQUIRES THAT YOU STATE THE ODOMETER MILEAGE UPON TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR INCORRECT A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

REASSIGNMENT BY LICENSED DEALER ONLY

DEALER TRADE

The undersigned [illegible]

Printed Name [redacted]

Printed address [redacted]

Lien in favor of First National Bank of Ft. Smith

P. O. Box 7 Ft. Smith, Ar 72902

Odometer Reading (No Tenths) [illegible]

DESCRIPTION OF VEHICLE TRADED IN (IF ANY)

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE IDENTIFICATION NUMBER

FULL SALES PRICE OF VEHICLE PURCHASED $

LESS TRADE-IN $

NET TAXABLE TRADE DIFFERENCE $

SIGNATURE OF DEALER [illegible] DEALER'S NO. [illegible]

DATE OF SALE [illegible] PRINTED NAME [illegible]

"For sale of the above vehicle to be in the name" SIGNATURE OF BUYER [redacted]

BUYER'S PRINTED NAME [redacted]

REASSIGNMENT BY LICENSED DEALER

The undersigned certifies that the title and the vehicle described in the title has been transferred to the following named person and address

Printed Name

Printed address [illegible]

Lien in favor of

Odometer Reading (No Tenths)

DESCRIPTION OF VEHICLE TRADED IN (IF ANY)

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE IDENTIFICATION NUMBER

FULL SALES PRICE OF VEHICLE PURCHASED: $

LESS TRADE-IN: $

NET TAXABLE TRADE DIFFERENCE $

SIGNATURE OF DEALER DEALER'S NO.

DATE OF SALE PRINTED NAME

"For sale of the above vehicle to be in the name" SIGNATURE OF BUYER

BUYER'S PRINTED NAME

Miller

Auto - Sales

3210 MIDLAND BLVD.
FORT SMITH, AR 72904
TELEPHONE 783-4446

SALES INVOICE

DATE 10-9-01

PURCHASER [redacted]

ADDRESS [redacted] Central City, Ark. [redacted]

SELLING UNIT 1998 Chev Silverado VIN - 1GCEK19RXW1225819

SELLING PRICE 16500.00

USED CAR TRADE IN 1990 Chev Silverado VIN - 1GCDC14K2L2156461

TRADE IN VALUE 7900.00

TRADE DIFFERENCE 8600.00

PURCHASER'S SIGNATURE [redacted]

MILLER AUTO SALES

Bob Miller, Owner

M-3300

THE FIRST NATIONAL BANK OF FORT SMITH
PO BOX 7
FT SMITH, AR 72902

[redacted]

[redacted], 2001

Loan Amount $ 8,900.00

Received on

[redacted]

ORIGINAL CITY, AR [redacted]

Total Amount of Payments $ 8,900.00 and EIGHT THOUSAND NINE HUNDRED and NO/100 Dollars $ 8,900.00

plus interest from October 10, 2001 at the rate of 5.995 % per year until October 10, 2003

PAYMENT - I will pay this note as follows:

(a) ☐ Interest due:

Principal due:

(b) ☒ This note has 24 payments. The first payment will be in the amount of $ 172.22 and will be due Nov. 15, 2001.

A payment of $ 172.22 will be due on the 15th day of each month thereafter.

The final payment of the entire unpaid balance of principal and interest will be due October 15, 2003

INTEREST - Interest accrues on a Actual/365 basis. ☒ PRE-MATURITY INTEREST - Interest will accrue at the rate of

☐ DELAYED INTEREST CHARGE - I agree to pay a delayed interest charge of 5.995% per year on the balance of this note not paid at maturity,

$ _____ if I pay this loan all before you first made the loan in full, [illegible] maturity by acceleration.

☒ LATE CHARGE - I agree to pay a late charge equal to 10 [illegible] ☒ THE PURPOSE OF THE LOAN IS - CONSENT TO PURCHASE A

amount of the scheduled payment ☐ unpaid portion of the scheduled payment 1998 CHEV K21 SILVERADO EXT CAB PK

made more than 10 days after it is due, up to a maximum of $ 20.00

SECURITY - You have certain rights that may affect my property as explained on page 2. You also [illegible] ☐ [illegible]

(a) ☐ This loan is secured by _____ dated _____

(b) ☒ Security Agreement - I give you a security interest in the Property described below in the order that gives you a lien against the Property and the obligations this agreement secures are defined on page 2 of this agreement. 1998 CHEV SILVERADO EXT CAB 5 DOOR PK

VIN#2GCEK19R8W1225819

COPY

This Property will be used for PERSONAL purposes

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	FINANCE CHARGE The dollar amount the credit will cost you	AMOUNT FINANCED The amount of credit provided to you or on your behalf	TOTAL OF PAYMENTS The amount you will have paid after you have made all scheduled payments
5.995%	$ 801.39	$ 8,900.00	$ 9,703.39

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
23	$ 172.22	monthly beginning November 15, 2001
1	$ 5,832.73	October 15, 2003
	$	
	$	

I have the right to receive at this time an itemization of the Amount Financed. YES - I want an itemization. NO - I do not want an itemization. "E" means an estimate. $ _____ Filing Fees $ _____ Monthly Insurance

☐ This note has a demand feature. ☐ This note is payable on demand and all disclosures are based on an assumed maturity of one year.

Security - I am giving a security interest in: ☐ Brief description of other property

☒ the goods or property being purchased.

☐ additional property other loans with you may also secure this loan.

☐ my deposit accounts and other rights to the payment of money I owe you.

☒ Late Charge - I will be charged a late charge equal to 10% of the ☒ full amount of the scheduled payment ☐ unpaid portion of the scheduled payment

made more than 10 days after it is due, up to a maximum of $ 20.00

☐ Required Deposit - The annual percentage rate does not take your required deposit.

Prepayment - If I pay off this note early, I ☐ may ☒ will not have to pay a minimum interest charge.

(See your contract documents for any additional information about nonpayment, default, any required repayment before the scheduled date, and prepayment refunds and penalties.)

CREDIT INSURANCE - Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional costs.

Type	Premium	Term
Credit Life		
Credit Disability		
Joint Credit Life		

I ☐ do ☒ do not want credit life insurance.

I ☐ do ☒ do not want credit disability insurance.

I ☐ do ☒ do not want joint credit life insurance.

I ☐ do ☒ do not want _____ Insurance.

Signature: [illegible] DATE

Signature: [illegible] DATE

I may obtain ☐ Property Insurance ☐ Vehicle Insurance from anyone I want that is acceptable to you. If I get the insurance from or through you I will pay $ _____ for _____ coverage.

☒ I am giving you a security interest in property as shown on this loan. I understand that I must keep this property insured against loss, damage or theft for the term of the loan, subject to other terms and conditions in the insurance you require. If I fail to do so, you may, but need not, buy insurance to protect your interest in the property, and I will pay for the insurance you buy.

Signature: [illegible] For Lender

Title: [illegible]

CALCULATION OF AMOUNT FINANCED

AMOUNT GIVEN TO ME DIRECTLY	$ 8,900.00
AMOUNT PAID ON MY LOAN AMOUNT	$
AMOUNTS PAID TO OTHERS ON MY BEHALF:	
to Insurance Companies	$
to Other Creditors	$
	$
	$
	$
	$
Total PREPAID FINANCE CHARGES	$
Amount Financed	$ 8,900.00

(Add all items financed and subtract prepaid finance charges.)

SIGNATURES - I AGREE TO THE TERMS SET OUT ON PAGE 1 AND PAGE 2 OF THIS AGREEMENT. I HAVE RECEIVED A COPY OF THIS AGREEMENT ON TODAY'S DATE.

WARNING - SEE NOTICE ON PAGE 2 BEFORE SIGNING.

Signature X [redacted]

TIM [illegible]

Signature X [redacted]

BETTY [illegible]

SEE NOTICE ON PAGE 2 BEFORE SIGNING

[illegible] Loan - NOT FOR DISCLOSURE [illegible]

Page 1 of 2

ADDITIONAL TERMS OF THE NOTE

ADDITIONAL TERMS OF THE SECURITY AGREEMENT

TERMS OF THE SECURITY AGREEMENT

RECEIVED A COMPLETED COPY OF THIS NOTE AND SECURITY

Page 2 of 2

001935 117209

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
APPLICATION FOR TITLE NUMBER

GREG E ROSE
1011 STATELINE DR
VAN BUREN AR 72956

1.00
5.00
.50
.25
9.50 9.50

1990 GREY GR1 FK RAR 6 8 5002 09

OWNERS COUNTY CRAWFORD

OWNERS SIGNATURE _____

ROSE GREG E
1011 STATELINE DR
VAN BUREN AR 72956

22995.00
17-00 25.00
20153
CO ACTION
10995.00
7000.00
USED FROM AR DEALER
AR
17009656571
PRT FROM BATCH
348.75
9.25

FIRST RESOURCE FEDERAL CU
6900 JERRY LIND RD
FT SMITH AR 72908
06/14/2000

TRANSFER AND TITLE
JULY 10, 2000
05:15:51:141 A.M.

EARTHCORE
S ANDERSON
LITTLETON BLDG
(501)682-1809
2000-06-01

001935 117201

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
APPLICATION FOR TITLE NUMBER

GREG C
1011 STATELINE DR
VAN BUREN

ROSE
AR 72956

.00
5.00
.50
.85
2.50 9.85

OWNERS COUNTY

OWNERS SIGNATURE

ROSE
1011 STATELINE DR
VAN BUREN

GREG C
AR 72956

$2995.00
12-00 23.00
15995.00
7000.00
322.75
AR
348.75
9.85
358.00

00 ACTUAL

USED FROM AR DEALER 7250

PAT FROM BATCH

FIRST MERCURIE
6000 JENNY LIND RD
FT SMITH
06/16/2000

AR 72908

TRANSFER AND TITLE

JUNE 23, 2000
08:15:07 A.M.

VAN BUREN
VICKI WARD
601 MAIN ST
(501)474-3079
2000-06-91

0019351172B2

VEHICLE REGISTRATION CERTIFICATE
STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
KEEP THIS DOCUMENT IN YOUR VEHICLE

$1.00

$.50

$.25

GREG E
1011 STATELINE DR
VAN BUREN AR 72956

PCL/-PK A066071 01/31/2000

2.50 89.85

OWNERS COUNTY CRAWFORD

DATE ISSUED MARCH 31, 1999

OWNERS SIGNATURE

GREG E
1011 STATELINE DR
VAN BUREN AR 72956

20895.00

1350
60 ACTUAL

97750.50

897.19

NEW FROM AR DEALER 7292

NEW

PRINT OVERNIGHT/MAIL

AR 72908

897.19

89.85

986.04

TITLE AND REGISTRATION

MARCH 31, 1999
11:28:52:25:0 A.M.

VAN BUREN
VICKI
221 MAIN ST
(501)474-2070 LOCATION

17-00

FOR MOTOR VEHICLES AND TRAILERS.

THIS REGISTRATION CERTIFICATE SHOULD BE CARRIED IN THE VEHICLE TO WHICH IT REFERS OR CARRIED BY THE PERSON DRIVING OR IN CONTROL OF SUCH VEHICLE, WHO SHALL DISPLAY IT UPON DEMAND OF A POLICE OFFICER OR ANY OFFICER OR EMPLOYEE OF THE OFFICE.

- If you replace this vehicle you must go to a State Revenue Office and transfer your registration to your new vehicle within twenty (20) days.
- If you move you must submit your change of address to the MV Data Unit, Office of Motor Vehicle, P.O. Box 1272, Little Rock, AR 72203. To accomplish a name change you must go to a State Revenue Office.
- If you sell or dispose of your vehicle and do not plan to replace it, you should return your license plate to a State Revenue Office.

ARKANSAS LAW REQUIRES THAT PROOF OF LIABILITY INSURANCE BE MAINTAINED AT ALL TIMES IN THE VEHICLE (TRAILERS EXCLUDED), AND FOR VEHICLES TO BE IN SAFE MECHANICAL CONDITION. FAILURE TO COMPLY WITH THESE LAWS IS A MISDEMEANOR.

FOR BOATS.

- If this certificate is lost or stolen, State Law requires the issuance of a new registration.
- The operator of this boat shall:
  (1) Report every accident involving injury or death to persons, or property damage over $500.
  (2) Stop and render aid or assistance if involved in a boating accident.
- Report change of boat ownership to the local county revenue office.

The undersigned certifies that the boat described in this registration has been transferred to:

Signature of Seller

Upon surrender of this registration to another state, please mail to:
Arkansas Game and Fish Commission
Boating Safety Section
#2 Natural Resources Drive
Little Rock, Arkansas 72205

Cut Here For Boats

FEDERAL AND STATE LAW REQUIRES THIS REGISTRATION BE IN YOUR BOAT WHEN IN USE

The undersigned certifies that the boat described in this registration has been transferred to

Signature of Seller

Upon surrender of this registration to another State, please mail to
Arkansas Game and Fish Commission
Boating Safety Section
#2 Natural Resources Drive
Little Rock, Arkansas 72205

CERTIFICATE OF TITLE

STATE OF ARKANSAS

[redacted] 98 CHEV GRI PK MRD [redacted]

00 ACTUAL 18 06/23/1998 5002

PRIMUS AUTOMOTIVE FINANCIAL
P.O. BOX 660030
FRANKLIN TN 37068

WC

[redacted]

ALMA AR [redacted] 8-M-275

PRIMUS AUTOMOTIVE FINANCIAL
P.O. BOX 660030
FRANKLIN TN 37068
DATE OF ISSUE 03/23/1998

Primus Automotive Financial Services

Timothy J. Leathe

BREEDEN DODGE

"The Little Chapter Dealer"

Highway 71 South – 646-4731

FORT SMITH, ARKANSAS 72908

DEAL 13035

ROSE, FRED E

GREG R. ROSE

SOLD TO: 1011 STATELINE RD

ADDRESS

CITY / STATE VAN BUREN AR ZIP 72956

DATE 06/16/00

PHONE (501)471-1639

CUSTOMER NO. 25611

	MAKE	MODEL	BODY STYLE	N or U	COLOR	YEAR	STOCK NO.	SERIAL NO.
CAR SOLD	CHEVROLET	1500 PICKUP	EC	USED	MAROON	98	01226815	[illegible]
TRADE-IN	DODGE	DAKOTA		USED	BLACK	98	US731636	[illegible]
2nd TRADE-IN								

EQUIPMENT AND ACCESSORIES

I/WE GUARANTEE THAT THE TRADE IN TITLE IS NOT A SALVAGE TITLE: __________

ODOMETER DISCLOSURE STATEMENT

BREEDEN DODGE INC. — 29153

GREG R. ROSE — 91387

[illegible]

BREEDEN DODGE INC.

GREG R. ROSE

PRICE OF CAR: TOTAL CASH PRICE [illegible]; TOTAL TIME PRICE [illegible]

SETTLEMENT: FIRST RESOURCE $ 15178.78

TOTAL

Purchaser hereby grants BREEDEN DODGE, INC. Power of Attorney as to signature on title and all documents pertaining to this transaction.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16 day of JUNE, 19 00

NOTARY PUBLIC IN AND FOR COUNTY OF ______ STATE OF ARKANSAS

MY COMMISSION EXPIRES ______

NOTARY PUBLIC

Thank You

We Appreciate Your Business.

GREG R. ROSE WL226019

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing false statement may result in fines and/or imprisonment.

I, BREEDER DODGE INC. (transferor's name, Print)

29163

state that the odometer now reads _____ (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ (2) I hereby certify that the odometer reading is NOT the actual mileage.

WARNING - ODOMETER DISCREPANCY.

MAKE	MODEL	BODY TYPE
CHEVROLET	1500 PICKUP	EC
VEHICLE IDENTIFICATION NUMBER		YEAR
2GCEK19R0W1226019		98

x _____

TRANSFEROR'S SIGNATURE

CLOVIS BREEDER

TRANSFEROR

6900 HWY 71 S

TRANSFEROR'S ADDRESS (STREET)

FORT SMITH, AR 72908

CITY STATE ZIP CODE

06/16/00

DATE OF TRANSFER

x _____

TRANSFEREE'S SIGNATURE

GREG R. ROSE

TRANSFEREE

GREG R. ROSE

TRANSFEREE'S ADDRESS

1011 STATELINE RD

TRANSFEREE'S ADDRESS (STREET)

VAN BUREN AR 72956

CITY STATE ZIP CODE

FIRST FINANCE

Note and Disclosure Statement

TRUTH-IN-LENDING DISCLOSURE

PAYMENT SCHEDULE

LATE CHARGE: You agree to pay either 5% of the payment amount or $10.00 whichever is greater, as a late charge on any payment not paid within 10 days of the payment date.

PROPERTY INSURANCE: You may obtain property insurance from anyone you want that is acceptable to the Credit Union.

FILING FEES:

SECURITY: You grant the Credit Union a security interest in your share, share draft and other accounts in the Credit Union (other than those accounts that which are exempt for income taxes under Section or Federal Law) as Security Agreement applies to them) and the property described below:

TYPE

PROMISE TO PAY: You promise to pay $ plus interest on the unpaid balance at rate of % per year until the loan is repaid. If you

ITEMIZATION OF THE AMOUNT FINANCED

Description of Amount Financed	$	Amount Given to You Directly	$	Amount Paid on Your Account	$	Amount Paid to Others on Your Behalf	$
Amount Paid to Others on Your Behalf		TO				TO	
		TO				TO	
		TO				TO	

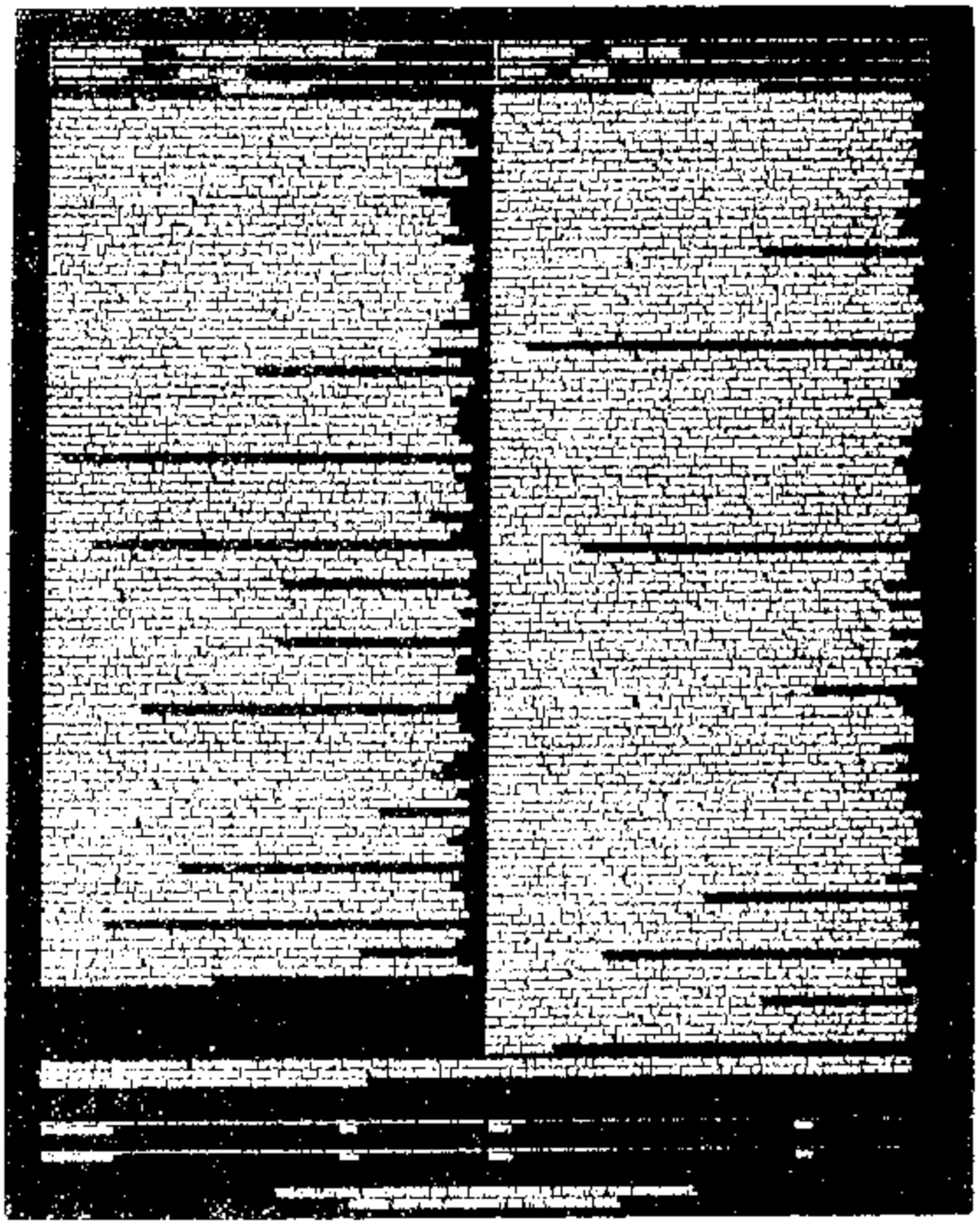
CREDIT INSURANCE APPLICATION

YOU SHALL / THE FOLLOWING COVERAGES:

				Estimated Premium
☐ Yes	☒ No	Single Credit Life	☐	
☐ Yes	☒ No	Joint Credit Life	☐	
☐ Yes	☒ No	Credit Disability		
☐ Yes	☒ No	Single Credit Life & Disability		
☐ Yes	☒ No	Joint Credit Life & Disability		

MEMBER COPY

CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.



9311311258930

STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
APPLICATION FOR TITLE NUMBER [redacted]

[redacted]

ALMA AR [redacted]

71.00

5.00

.50

.25

2.50 29.95

1998 DEV 8KT PA NAR G 8 5007 00

OWNERS COUNTY -CRAWFORD

OWNERS SIGNATURE [redacted]

[redacted]

33153.00 17-DP 35.00

00 AGTUM

16653.00

16500.00

653.13

NEW FROM AR DEALER 1.05P

PSO

PRT FROM BATCH

PRIME AUTOMOTIVE FINANCIAL
P.O. BOX 80087
TRANSIT 14 IN 17068
03/31/1998

788.13

29.95

817.38

PAID CA0000002134020181 2584

DEPT OF FINANCE AND ADMINISTRATION

APRIL 10, 1998
01:07:39:7718 P.M.

VAN PARTS 17-DP
VICKI ROSE
PPI MAIN ST
(501)968-5028 ROGERS

CERTIFICATE OF ORIGIN FOR A VEHICLE

0032

GM

RBLPD019

DATE
02/13/98

INVOICE NO
1AD03831681

VEHICLE IDENTIFICATION NUMBER
2GCEK19RBW1225819

YEAR
1998

MAKE
CHEVROLET

MODEL TYPE
PICKUP

SHIPPING WEIGHT
5002

51.2 | 6600 | 08 | CK10753

N.T.R.
1/2

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR OR DEALER FIRM

17619 851PH8

SMITH CHEVROLET OLDSMOBILE CADILLAC
PO BOX 3069 STA
FORT SMITH AR 72913-3069

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

****
* THIS VEHICLE *
* HAS A *
* FEDERAL *
* EMISSION *
* SYSTEM *
****

G09038248

CHEVROLET MOTOR DIVISION
GENERAL MOTORS CORPORATION

BY _____
SIGNATURE OF AUTHORIZED REPRESENTATIVE

WARREN MI
CITY STATE

DISTRIBUTOR DEALER ASSIGNMENT NUMBER 1

[redacted]

SUTTI CHEV-CAD-GED CO., INC. FS2

AR 23rd MAR 98

SEBASTIAN

DISTRIBUTOR DEALER ASSIGNMENT NUMBER 2

DISTRIBUTOR DEALER ASSIGNMENT NUMBER 3

DISTRIBUTOR DEALER ASSIGNMENT NUMBER 4

DEALER CERTIFICATE OF ORIGIN FOR RETAIL SALE

03/23/98 03/23/98

23rd MAR 98

[redacted]

AR SEBASTIAN

DENVER ST

LIENHOLDER

AUTOMOTIVE FINANCIAL

PO BOX 000000 FRANKLIN TN 37068-0030

DMV 1 REV 3-94

VEHICLE INVOICE

SMITH CHEVROLET OLDSMOBILE CADILLAC CO.

(501)632-3140
(800)615-2333

15491

1346

DATE 03/23/98

CUST #

SOLD TO DAVID MCENTIRE
1369 CENTER ST
ALMA AR 72921

SALESMAN PASCAL CAMMALIATO ADDRESS

KEY NO CK10753

SOLD

MAKE	MODEL/YR		VIN	STYLE
CHEVROL	98 1/2 TON P NEW		2GCEK19R8W1225819	L826

PRICE OF VEHICLE 33153.00

L826 OPTIONAL EQUIP & ACCESS

STOCK NUMBER: 498521

TRADE IN

MAKE	MODEL/YR		VIN	STYLE
MERCURY	96 SABLE LS	U	1MELM53S4TA605115	4 DOOR
		U		

ST. FILING FEE 1.00

PAYOFF 14653.00

SALES TAX N/A

LICENSE AND TITLE N/A

TOTAL CASH PRICE 47807.00

MILEAGE: 18 COLOR: MAROON

PRIMUS AUTOMOTIVE FINANCIAL

FINANCING 8282.20

INSURANCE N/A

TOTAL TIME PRICE 56090.20

SETTLEMENT:

DEPOSIT N/A

CASH ON DELIVERY 1000.00

TRADE-IN 96 MERCURY SABLE LS 16653.00

LESS LIEN

TYPE 1MELM53S4TA605115

VIN

PAYMENTS 60 @ 640.62 BEG.04/22/98 38437.20

TOTAL 56090.20

[redacted]

SIGNATURE OF BUYER

SIGNATURE OF SELLER

TRADE 1 LIEN: NATIONAL BANK OF COMMERCE
ONE COMMERCE SQUARE MEMPHIS TN 38150

[redacted]

ARKANSAS SIMPLE INTEREST VEHICLE RETAIL INSTALLMENT CONTRACT

ACCT. NO. _____ DATE [illegible]

Buyer (and Co-Buyer) Name and Address (Include County and Zip Code)	CREDITOR (Seller Name and Address)
[redacted] ALMA AR [redacted] CRAWFORD	SMITH CHEV-CAD-BUO CO.,INC. P.O. BOX 3069 FORT SMITH AR 72913

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

New or Used	Year and Make	Series	Body Style	No. Cyl.	If Truck, GVW (lbs.)	Vehicle Identification Number	Use For Which Purchased
NEW	98 CHEVROLET	1/2 TON	P (7) PU	8	5002	2GCEK19R9W1225819	☐ General ☐ Agricultural ☐ Commercial

INCLUDING: ☐ Radio ☐ Air Conditioner ☐ Automatic Transmission ☐ Power Steering ☐ _____ ☐ _____

TRADE-IN: 94 MERCURY (Year and Make) $ 16553.00 (Gross Allowance) $ [illegible] (Net Allowance)

TIMEIZATION OF AMOUNT FINANCED

(1) Cash Price		$ 30163.00
(2) Down Payment		
Cash Down Payment	$ 1000.00	
Trade-In (Description Above)	$ 1000.31	
Total Down Payment		$ 2000.31 (2)
(3) Unpaid Balance of Cash Price (1 minus 2)		$ 28162.69 (3)
(4) Amounts Paid on Your Behalf (Seller may be retaining a portion of these amounts)		
To Public Officials (i) for license, title & registration fees $ NONE		
(ii) for filing fees $ 1.00		
(iii) for taxes (not in Cash Price) $ NONE	$ 1.00	
To Insurance Companies for		
Vehicle Insurance	$ NONE	
Credit Life Insurance	$ NONE	
Credit Disability Insurance	$ NONE	
_____	$ 0.00	
To _____ for _____	$ NONE	
To _____ for _____	$ NONE	
To _____ for _____	$ _____	
Total		$ 1.00 (4)
(5) Amount Financed (3 plus 4)		$ 28164.69 (5)

Amount Financed (The amount of credit provided to you or on your behalf) $ 28164.69

FINANCE CHARGE (The dollar amount the credit will cost you) $ 8293.61

ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) 10.00 %

Total of Payments (The amount you will have paid when you have made all scheduled payments) $ 36457.30

Payment Schedule — Your payment schedule will be:

	Number of Payments	Amount of Each Payment	When Payments Are Due
☐	60	$ 608.02	monthly starting
	1 First	$ 608.02	10-27-98
☐			

Total Sale Price (The total price of you purchase on credit including your downpayment of $ 2000.31) $ 41456.61

Prepayments: If you pay off early, you will not have to pay a penalty.

Late Payment: You must pay a late charge on the portion of each payment received more than 10 days late. The charge is 7.5 percent of the late amount.

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

Contract: Please see the contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date and prepayment penalty.

INSURANCE

A. Vehicle Insurance:

You are required to insure the vehicle. If a charge is shown below, the Creditor will try to buy the coverages checked for the term shown. Coverages will be based on the cash value of the vehicle at the time of loss but not more than the limits of the policy.

☐ Comprehensive ☐ Fire-Theft-Combined Additional Coverage ☐ Term _____ Months (Estimate)

☐ $ _____ deductible (Fill in) ☐ Towing and Labor Premium $ N/A

VEHICLE INSURANCE MAY BE OBTAINED FROM A PERSON OF YOUR CHOICE

INSURANCE DOES NOT COVER PERSONAL LIABILITY AND PROPERTY DAMAGE CAUSED TO OTHERS

B. Credit and Other Optional Insurance

CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

☐ Credit Life _____ Insurer _____ Insured(s) $ _____ Premium _____ Signature(s)

FINANCE CHARGE (The dollar amount the credit will cost you) .....

ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate) ..... 10.00 %

Total of Payments (The amount you will have paid when you have made all scheduled payments) ..... $ 28437.20

Payment Schedule — Your payment schedule will be:

	Number of Payments	Amount of Each Payment	When Payments are Due
☐	59	$ 640.62	monthly starting
	1 Final	$ 640.62	APR 29 '99
☐			

Total Sale Price (The total price of your purchase on credit including your downpayment of $ 7000.00) $ 41436.51

Prepayment: If you pay off early, you will not have to pay a penalty.

Late Payment: You must pay a late charge on the portion of each payment received more than 10 days late. The charge is 7.5 percent of the late amount.

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

Contract: Please see the contract for additional information on security interest, nonpayment, default, the right to require repayment of your debt in full before the scheduled date and prepayment penalty.

INSURANCE

A. Vehicle Insurance:

You are required to insure the vehicle if a charge is shown below. The Dealer will try to buy the coverages checked for the term shown. Coverages will be based on the cash value of the vehicle at the time of loss but not more than the limits of the policy.

☐ Comprehensive ☐ Fire-Theft-Combined Additional Coverage ☐ Term _____ Months (Maximum)

☐ $ _____ deductible (collision) ☐ Towing and Labor Premium $ N/A

VEHICLE INSURANCE MAY BE OBTAINED FROM A PERSON OF YOUR CHOICE

INSURANCE DOES NOT COVER PERSONAL LIABILITY AND PROPERTY DAMAGE CAUSED TO OTHERS

B. Credit and Other Optional Insurance

CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

☐ Credit Life _____ Insurer _____ Insured(s) $ _____ Premium _____ Signature(s)

☐ Credit Disability _____ Insurer _____ Insured $ _____ Premium _____ Signature

Credit Life and Credit Disability insurance are for the term of the contract. The amount and coverages are shown in a notice or agreement given to you on this date.

☐ _____ Type of Insurance _____ Insurer _____ Term $ _____ Premium _____ Signature

NOTICE TO THE BUYER: Do not sign this contract before you read it or if it contains any blank spaces. You are entitled to an exact copy of the contract you sign.

Buyer acknowledges receipt of a true and completely filled in copy of this contract at the time of signing.

[redacted] _____ [redacted] _____

SEE BACK FOR ADDITIONAL AGREEMENTS

By signing below, the Seller accepts this contract

[redacted] SMITH CHEV-CAD-RO-CO., INC. By [redacted]

This contract prepared by BRENDA FEEKS

Assignment: If no other Assignee is named in a separate assignment attached to this contract the Seller assigns it to PRIMUS Automotive Financial Services, Inc. under the Assignment on the back of this contract.

[redacted] SMITH CHEV-CAD-RO-CO., INC. By [redacted]

RAFS 7400-BILC Rev 97 Previous editions may NOT be used

TRUE COPY

ADDITIONAL AGREEMENTS

A. Payments: [illegible] when they are due [illegible] Finance Charge [illegible] Amount Financed [illegible] Finance Charge [illegible] Amount Financed [illegible] the actual [illegible]

B. Security Interest: [illegible] security interest [illegible] put on the vehicle [illegible] vehicle are in or [illegible] licensed to you [illegible] in this contract [illegible] the contract

C. Use of Vehicle: [illegible] take care of the vehicle and keep it [illegible] from any claims of [illegible] or Creditor or [illegible] of the Creditor, [illegible] for personal use [illegible] vehicle [illegible] you get [illegible] for a particular purpose [illegible] Otherwise, you [illegible] such implied warranties.

D. Vehicle Insurance: [illegible] and the Creditor [illegible] Creditor. The Creditor [illegible] does not have to [illegible] he may insure only [illegible] event you must pay [illegible] the insurance (also [illegible] If the Creditor [illegible] law. If the Creditor [illegible] obtained. Whether [illegible] or not the [illegible] pay for it is [illegible] loss, damage or [illegible]

It is a charge for [illegible] on the front, the Creditor will try to [illegible] extended for the term shown. The Creditor [illegible] if he cannot do so.

[illegible] charge, collection costs more than the amount shown for insurance, the Creditor may buy them for a shorter term or he may add you credit for the amount shown. If he cannot buy any insurance for, add you credit for the amount shown. The credit will be made to the last payments due.

E. Late Charge: [illegible] will have to pay a late charge on the portion [illegible] payment [illegible] late. The charge is shown on the front. You must also pay any cost paid by the Creditor to collect any late payment as allowed by law. [illegible] late charge [illegible] your default or report that you are late making payments when they are due. The Creditor may take the vehicle back [illegible] if they [illegible] default.

F. Default: You will be in default if [illegible] you fail to make any payment when it is due [illegible] misleading [illegible] information on a credit application in order to get this contract or [illegible] any local, state or federal authority [illegible] the vehicle to get [illegible] or [illegible] the vehicle to you or [illegible] requirement [illegible] If you are in default, the Creditor may require [illegible] the unpaid Amount Financed, the unpaid [illegible] Finance Charge, and other amounts [illegible] the contract. If the [illegible] (take back) the [illegible] the vehicle [illegible] to you.

[illegible] the vehicle [illegible] the vehicle. The [illegible] to repossess the vehicle, it will be [illegible]

[illegible] the vehicle, [illegible] and legal [illegible] law and allowed by law. If there is any money left [illegible] will be paid to you. If the money from the [illegible] to pay off the credit and costs, you will [illegible] what is still owed to the Creditor.

G. General: Any change in this contract must be in writing and signed by you and the Creditor. The law of Arkansas applies to this contract. If that law does not allow all the agreements in this contract, the part that any not allowed will be void. The rest of this contract will still be good.

NOTICE: ANY [illegible] OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND [illegible] WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR [illegible] OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY [illegible] BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR [illegible]

"Does not [illegible] commercial or agricultural use. In that case, you (debtor) will not assert against any [illegible] Creditor any claims, defenses or setoffs which you may have against the Seller [illegible]

Used [illegible] If you are buying a used vehicle with this contract, federal regulations may require a [illegible] on the window of the vehicle. **THE INFORMATION YOU SEE ON THE WINDOW [illegible] VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW [illegible] ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.**

GUARANTY

To cause the Seller [illegible] on the front of this contract to the Buyer, on credit, each person who signs below as a "Guarantor" [illegible] contract. This means that if the Buyer fails to pay any money that is owed on the contract, each [illegible] pay it when asked. Each person who signs below agrees that he will be liable for the [illegible] even if the Creditor does [illegible] Guaranty, he also agrees to be liable even if the Creditor does [illegible] one or more payments, or (b) gives a release in full or in part to any [illegible] Each Guarantor also states that he has received a completed copy of this contract and [illegible]

Guarantor _____ Address _____

Guarantor _____ Address _____

ASSIGNMENT

The seller (hereinafter [illegible] the Contract) sells, assigns and transfers to PRIMUS [illegible] Seller's entire right, title and interest in and to the Contract and the property [illegible] and authorizes PRIMUS to do every act and thing necessary to obtain and [illegible] the Assignment. Dealer to notify PRIMUS to accept alterations of the Contract [illegible] and delivered, free and clear of all liens and encumbrances [illegible] Seller) (hereinafter [illegible] who has guaranteed both a total sale price and [illegible] and Seller made all disclosures required by law, and in the manner required [illegible] capacity to contract, and that the [illegible] signed on the [illegible] on behalf of Buyer and furnished to PRIMUS by Seller are true and Seller has no [illegible] of the Contract, title to the Property is vested in Seller free of all liens and encumbrances, and is authorized to sell the Property subject to a lien for repossession for the [illegible] as permitted by law. If there is any breach of any of the foregoing [illegible] with respect thereto or PRIMUS [illegible] Seller hereby agrees [illegible] to repurchase the Contract [illegible] whether the Contract shall then be or [illegible]

GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS [illegible] RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER

[illegible] does not apply if purchased for commercial or agricultural use. [illegible] against any assignee of subsequent holder of this Contract any claims [illegible] or manufacturer of the vehicle.

Used Motor Vehicle Dealer Notice. If you are buying a used vehicle with this contract, federal regulations may [illegible] Rules Date [illegible] on the reverse of this contract. **THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.**

GUARANTY

To induce the Seller to sell the [illegible] on the front of this contract to the Buyer, the undersigned each person who signs below as a "Guarantor" guarantees the payment of this contract. This means that if the Buyer fails to pay any money that is owed on the contract, each one who signs will pay it when asked. Each person who signs below agrees that he will be liable for the whole amount owed even though [illegible] persons also signs this Guaranty. He also agrees to be liable even if the Creditor does any or more of the following: [illegible] the Buyer more time to pay one or more payments, or (b) gives a release in full or in part to any of the other Guarantors, or [illegible] security. Each Guarantor also states that he has received a completed copy of the contract and the Guaranty [illegible]

Guarantor _____ Address _____

Guarantor _____ Address _____

ASSIGNMENT

[illegible] Contract [illegible] PRIMUS Automotive Finance [illegible] (hereinafter called PRIMUS) [illegible] right, title and interest in and to the Contract and the property [illegible] and [illegible] to the Contract and the Assignment in order to [illegible] PRIMUS [illegible] assignment of the Contract. Seller warrants that [illegible] and guaranty if any, are genuine, [illegible] and arise from the sale of the Property. The Property is [illegible] the Buyer (hereinafter called Buyer) [illegible] who has made both a total sale price and a down payment [illegible] the Contract [illegible] as all aspects and Seller made [illegible] in the [illegible] of this contract expected [illegible] Buyer is not a minor, has capacity to contract, has not the mental ability in the [illegible] on behalf of Buyer [illegible] PRIMUS by Seller [illegible] that Seller has no knowledge of any fact that would [illegible] the validity or [illegible] the Property [illegible] and Seller has [illegible] title and [illegible] the Property [illegible] arrangements for the payment of PRIMUS or Seller [illegible] be applied for authorized [illegible] Seller hereby attach [illegible] or lack of knowledge [illegible] Seller hereby attach [illegible] PRIMUS, upon demand, [illegible] the full amount of the unpaid [illegible] contract, shall then be, or not be, in default. Seller further [illegible] the event Buyer or any other [illegible] a lien against PRIMUS, [illegible] which of [illegible] would constitute a breach [illegible] the following warranties. Seller shall compute the balance of each claim and shall definitely state [illegible] PRIMUS has [illegible] payment [illegible] the Assignment including the provisions of the paragraph [illegible] by Seller provided [illegible] the paragraphs below has been made by Seller, the document shall include the provisions of the paragraph below [illegible]. The liability of Seller shall not be affected by any forbearance, renewal or other change in the time of payment of the Contract [illegible] in its stead, place or terms of payment thereof, or the release, settlement or compromise of or with any party liable for [illegible] Contract or the release or non-perfection of any security thereunder. PRIMUS shall not be bound to enforce its rights against [illegible] other person or any security PRIMUS may at any time have before being entitled to payment from Seller hereunder. Seller [illegible] the acceptance of this Assignment and in [illegible] payment and full performance of the Contract and now [illegible] are unpaid at maturity and [illegible] The Assignment shall become effective upon delivery of the Contract to PRIMUS [illegible] payment of the purchase price therefor, whichever last occurs.

Initial: WITHOUT RECOURSE [illegible] Assignment of the Contract is and shall be without recourse against Seller, except as otherwise provided by the terms of the PRIMUS Retail Plan in effect at the time the Assignment becomes effective.

Initial: "REPURCHASE" [illegible] payment of the full amount remaining unpaid under the Contract and upon any default be made to payment [illegible] hereunder to pay the full amount then owed to PRIMUS, upon demand, except as otherwise provided by the terms of the PRIMUS Retail Plan in effect at the time the Assignment becomes effective.

Initial: "PARTIAL GUARANTY" [illegible] the terms of the PRIMUS Retail Plan, Seller unconditionally guarantees payment of the full amount [illegible] under the Contract, and agrees to purchase the Contract from PRIMUS, upon demand, for the full amount [illegible] the Contract shall then be, or not be, in default, provided, that at the time of any such demand by PRIMUS [illegible] at its election, pay to PRIMUS the sum of $ _____ in consideration of being released [illegible] obligation, and in such event, this Assignment of the Contract is without recourse against Seller, except as otherwise [illegible] by the terms of the PRIMUS Retail Plan in effect at the time the Assignment becomes effective.

Initial: "LIMITED" [illegible] Seller guarantees payment of the full amount remaining unpaid under the Contract, and covenants if default [illegible] payment of any installment thereunder to pay the full amount then owed to PRIMUS, upon demand, except [illegible] by the terms of the PRIMUS Retail Plan in effect at the time the Assignment becomes effective [illegible] Buyer satisfactorily pays each of the first _____ installments coming due under the Contract, the Assignment [illegible] be without recourse against Seller, except as otherwise provided by the terms of the PRIMUS Retail Plan [illegible] the Assignment becomes effective.

Initial: "FULL GUARANTY" [illegible] the terms of the PRIMUS Retail Plan, Seller unconditionally guarantees payment of the full amount [illegible] the Contract and agrees to purchase the Contract from PRIMUS, upon demand, for the full amount [illegible] Contract shall then be, or not be, in default.

[illegible]

WALTERS, HAMBY & VERKAMP
Attorneys at Law
Highway 10 Spur West
1405 W. Center, 3rd FL
Greenwood, AR 72936
e-mail: WaltLaw@waltlaw.net

Bill Walters
Michael Hamby
John P. Verkamp
Dieuna Hawkit Ladd

Telephone 479-996-2122
Fax No. 479-996-2565

Wednesday, May 22, 2002

ESIS/GM Central Claim
Paul Olle
P.O. Box 300
Detroit, MI 48265-3000

RE: Our Client: [redacted]
Your Client: General Motors Corporation
Date of Event: 4-8-02
Vehicle: 1998 Chevrolet Pick-up

Dear Mr. Olle:

Enclosed please find the Consent to Develop Wage and Medical Information from [redacted] that you had requested. If you need additional information, please feel free to contact us.

With kind personal regards.

Sincerely,

Bill Walters

BW:ss
w/enclosure

RECEIVED
MAY 29 2002
ECUS-GM CLAIMS UNIT

CONSENT TO DEVELOP MEDICAL AND WAGE INFORMATION

ClmAdm/Paul Olle

CLAIM NUMBER:	436603

ADMISSION DATE(s)/DATE OF EVENT (on or about): 04/08/2002	INJURIES (if known): Right elbow fractured in (2) two places

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings.

A photocopy of this authorization can be accepted with the same authority as the original.

Name (Please Print): [redacted]	Social Security Number: [redacted]
Address: [redacted] Central City, AR [redacted]	Date of Birth/Age: [redacted] 21 yrs.
Signature: [redacted]	Date Signed: 5/19/02

Attachment for

CONSENT TO DEVELOP WAGE AND MEDICAL INFORMATION

ClmAdm/Paul Olle

CLAIM NUMBER:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Please use the back of this sheet or a separate piece of paper if additional space is needed.

WALTERS, HAMBY & VERKAMP
Attorneys at Law
Highway 10 Spur West
1405 W. Center, 3rd FL
Greenwood, AR 72936
e-mail: WaltLaw@ipa.net

Bill Walters
Michael Hamby
John P. Verkamp
Dianna Hewitt Ladd

Telephone 479-996-2122
Fax No. 479-996-2565

DATE: 6-4-02

TO: Paul Dile

OF: ESIS

FAX: (313) 665-0911

FROM: Bill Walters

PAGES: 3 SENT BY: Amy Solik

RE: [redacted]

MESSAGE: Please see the following consent that you had requested regarding our client's medical providers with employer.

Thank you,
Amy

CONFIDENTIALITY NOTE

The information contained in this facsimile message is legally privileged and confidential information which is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or reproduction of this message is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original message to us at the address listed above via United States Postal Service.

Thank you. Walters, Hamby & Verkamp

CONSENT TO DEVELOP MEDICAL AND WAGE INFORMATION

ClmAdm/Paul Olle

CLAIM NUMBER: [redacted]

ADMISSION DATE(s)/DATE OF EVENT (on or about): 04/08/2002	INJURIES (if known): Right elbow fractured in (2) two places

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings.

A photocopy of this authorization can be accepted with the same authority as the original.

Name (Please Print): [redacted]	Social Security Number: [redacted]
Address: [redacted] Central City, AR [redacted]	Date of Birth/Age: [redacted] 21 yrs.
Signature: [redacted]	Date Signed: 5/19/02

Attachment for
CONSENT TO DEVELOP WAGE AND MEDICAL INFORMATION

ClmAdm/Paul Olle

CLAIM NUMBER:	436603

Name:	St. Edward Mercy Medical Center
Street Address:	P.O. Box 17000
City, State, Zip:	Fort Smith, AR 72917-7000
Phone:	1-479-484-6000

Name:	Dr. Robert Bebout
Street Address:	P.O. Box 3528
City, State, Zip:	Fort Smith, AR 72903
Phone:	1-479-484-4740

**Client is currently unemployed

Name:	
Street Address:	
City, State, Zip:	
Phone:	

Please use the back of this sheet or a separate piece of paper if additional space is needed.

Med. Rec

E020480095

ESIS

An Insurance Services Company

ESIS/GM Central Claims
M/C: 482 C20 D71
P.O. Box 300
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Paul Olle
Claims Administrator

JUN 14 2002

June 6, 2002

307230

ST EDWARD MERCY MEDICAL CENTER
PO BOX 17000
FORT SMITH, AR 72917-7000

RECEIVED
JUL 09 2002
ESIS-GM CLAIMS UNIT

RE:	Our File No.:	436603
	Our Client:	General Motors Corporation
	Patient Name:	[redacted]
	Date/Event:	04/08/2002
	Date of Birth:	04/03/1981

Dear Records Keeper:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of the above-referenced patient's admission and discharge summary.

Enclosed please find the *Consent to Develop Wage and Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Paul Olle
Claims Administrator

Enclosure

129475

RECEIVED
JUN 24 2002
CHARTONE

(13)

Copy Sent 7/10/02 Initial NCP
Encounter 4/6/02
FS ____ OS ____
H & P ____ ER ____
OP ____ Path ____
Consult ____ XRays ____
Lab ____ Psych ____
Insurance ____ Clinic ____
PFS, EMC, EEG, ECG ____
Misc. ____

St. Edward Mercy Medical Center

Patient Registration Form

Patient Type: [redacted] Admit Clerk: [redacted]

Admission Date/Time: 06/08/02 0910 Patient Number: M0209800195

[redacted] | Medical Record 000307230 | Soc Sec No [redacted] | Room/Bed

[redacted] | Birthdate [redacted] 21 | Sex M | Race 3 | MS S | Religion | Church

CENTRAL CITY AR FRANKLIN [redacted] | Phone [redacted] | Admit Type ELECTIVE | Source 1 *PERS RE Nadi

Maiden Name | Occupation | Employer's Name/Address

[redacted] | Accident Date & Time [redacted] | Physician UPIN OTH000 | Name 310000 UNASSIGNED,MD

Provisional Diagnosis WHEELER ACCIDENT | Adv. Dir NO | Last Admit 10/21/00 | Discharged | Status | Hosp Serv | LOS 1

[redacted] | Name MCCORKLE,BILLY DAVID | Address 1606 BUTLER RD

SSN [redacted] | Phone [redacted] | LAVACA AR 72941

[redacted]

Name MITCHELL,PAULA | Rel A | Address

Phone [redacted]

Name | Rel | Address

Phone

[redacted]

Name	Sex	Rel	Birthday	SSN	ID	Group	C
[redacted]	M	1	09/15/48	[redacted]	AEH431904543		B

Code	Insurance	Employment
1	BLUE CROSS	ARKEOLA SAND GRAVEL ,AR

Name	Sex	Rel	Birthday	SSN	ID	Group	C
[redacted]	M	1	[redacted]	[redacted]	AEH431904543		B

Code	Insurance	Employment
2	[redacted]	ARKEOLA SAND GRAVEL ,AR

Name	Sex	Rel	Birthday	SSN	ID	Group	C

Code	Insurance	Employment

Name	Sex	Rel	Birthday	SSN	ID	Group	C

Code	Insurance	Employment

Principal Diagnosis 813.05

Final Diagnosis 81240

8815.9

[redacted] | Condition Upon Discharge

Department Locations (up to 6) | Staff Alert | Code Numbers

Cause of Death | Autopsy | Expired

[redacted]

Patient Name: MCCORKLE, TIM D Medical Record: 000307230 Patient Number: M0209800195

[redacted]

[redacted] is to certify that I (we) the undersigned, hereby consent to and authorize the administration and performance of all treatments and operations and the administration of any anesthetics that in the judgment of my physician may be considered necessary or advisable. I consent to the performance of operations/procedures, whether or not arising from presently unforeseen conditions, which my physician or his associate/designee may consider necessary or advisable in the course of the operation. I also consent to any treatment that any said physician/designee considers necessary or advisable, including the treatment of any complications that may develop from such operation or procedure. I understand that it is the physician's responsibility to discuss with me the indications, benefits, purpose, potential complications and risk(s) inherent including alternatives and non treatment of the operation, procedure, anesthesia or conscious sedation.

If I should leave the hospital against medical advice, I hereby relieve the hospital of all responsibility for my action.

[redacted]

I agree that if my case is handled under the Industrial Commission, Workmen's Compensation Act, Division of Interstate Commerce, or self-insured organization of mutual hospital associations, that the insurance carrier or agent is hereby authorized to have access to and make copies of my hospital records. I hereby authorize St. Edward Mercy Medical Center to release my information pertaining to the hospitalization on this date. This authorization is meant to cover any information requested by any insurance company, governmental agency (V.A, Champus, Medicare, Medicaid, etc) who is liable for payment of my hospital charges.

[redacted]

I hereby authorize payment directly to St. Edward Mercy Medical Center of the hospital benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not covered by this assignment.

I hereby authorize payment directly to Radiologists P.A. for the Physicians Benefits otherwise payable to me. I understand that I am responsible to Radiologists P.A. for charges not covered by this assignment.

I hereby authorize payment directly to Cooper Clinic for the Physician Benefits otherwise payable to me. I understand that I am responsible to Cooper Clinic for charges not covered by this assignment.

I hereby authorize payment directly to my Anesthesiologist for the Physician Benefits otherwise payable to me. I understand that I am responsible to my Anesthesiologist for charges not covered by this assignment.

By signing this one signature, I understand that I am signing, as stated above, my consent to treatment and operation, my authorization to release information, my assignment of insurance benefits, and that I am financially responsible to the hospital and attending physicians for charges not covered by this assignment.

[redacted]

Legal Signature of Witness MCCORKLE, TIM D

04/08/02 04/08/02

Date Date

OR

Legal Signature of Patient's Agent or Representative Relationship to Patient

10

ST. EDWARD MERCY MEDICAL CENTER
EMERGENCY CLINICAL RECORD

STAMPER / LABEL
02098-00195 04/08/02 -- 0910
[redacted] UNASSIGNED, MD
CENTRAL CITY AF[redacted]RE
04/03/81 21Y S M -

☐ Advance Directive ☐ SEMMC W/C ☐ W/C Other: _____
[redacted]aid: ☐ AR ☐ OK ☐ Medicaid Enrollment

[redacted] PHYSICIAN | ER PHYSICIAN | PHYSICIAN CHARGE 13

☐ ALLERGIES N/A
Codeine

HISTORY	PATIENT	FAMILY
Emphysema / Asthma	☐ Yes ☐ No / ☐ Yes ☐ No	☐ Yes ☐ No / ☐ Yes ☐ No
Hypertension / Heart	☐ Yes ☐ No / ☐ Yes ☐ No	☐ Yes ☐ No / ☐ Yes ☐ No
Stroke / Diabetes	☐ Yes ☐ No / ☐ Yes ☐ No	☐ Yes ☐ No / ☐ Yes ☐ No
Cancer / Site	☐ Yes ☐ No	☐ Yes ☐ No
Liver / Kidney	☐ Yes ☐ No / ☐ Yes ☐ No	☐ Yes ☐ No / ☐ Yes ☐ No
Glaucoma / Thyroid	☐ Yes ☐ No / ☐ Yes ☐ No	☐ Yes ☐ No / ☐ Yes ☐ No

Other Illnesses: _____
Surg. + Date: _____
History obtained from: ☒ Patient ☐ Other: _____
Unable to answer due to condition? ☐ YES
SOCIAL HISTORY: ☐ Smokes _____ ppd ☒ N/A; ☐ Alcohol _____ amt/day ☒ N/A; ☐ IV drug use _____ ☒ N/A
EMPLOYED ☐ Yes ☐ No ☐ Disabled ☐ Retired
PARTICIPATES IN ☐ Scuba / Flying ☒ N/A
LIVES ALONE? ☐ Yes ☒ No ☐ Other: _____
MODE OF ADMISSION ☐ W/C ☐ Carried ☐ Ambulance ☐ Air Ambulance ☒ Ambulatory
PREVIOUS MED RECORDS ☐ Yes ☐ No ☐ N/A; Called for: ☐ Yes ☐ No
ANSWERING SVC NOTIFIED? ☐ Yes ☐ No Time:
PRIVATE PHYSICIAN NOTIFIED? ☐ Yes ☐ No Time:

BLOOD PRESSURE 145/77
TEMPERATURE ORAL 98.6 RECTAL
RESPIRATION 16
PULSE 89 ☐ REGULAR ☐ IRREGULAR
PULSE OX 98% ☐ N/A
TETANUS DATE ☐ N/A
IMMUNIZATION CURRENT ☐ N/A ☐ Yes ☐ No
IF NO, HANDOUT GIVEN ☐ Yes ☐ No
LAST MENSTRUAL PERIOD/PREGNANT ☐ N/A
NPO ☐ Yes ☐ No Time: ☐ AM ☐ PM
WEIGHT 250# 6'6"

CURRENT MEDICATIONS	DOSE	FREQUENCY	CURRENT MEDICATIONS	DOSE	FREQUENCY

HOSPITAL TREATMENT

To Em @ 0915

NURSE'S ASSESSMENT / NOTES (Brief 1-3 items Extended 4+ items)
& current illness

Triage Time 0905 Assessment Time 1005

c/o 4-wheeler accident this Am - pain, abrasion to (R) hand + wrist. Tenderness [illegible]
c/o (R) elbow, [illegible] + shoulder tenderness

PAIN INTENSITY SCALE (Patient's Stated Level)
0 1 2 3 4 5 6 7 8 9 10
No Pain — Moderate Pain — Severe Pain

[redacted]

MEDICATIONS / IV / TREATMENT	TEST
	(R) elbow
Post. splint	(R) wrist
& sling (R)	

PHYSICIAN COMMENTS | PHYSICIAN TIME OF EXAM 0915

ADMITTED TO ROOM | TIME | ELEVATOR NEEDED ☐ YES ☐ NO

PHYSICIAN SIGNATURE B Howard MD | DISPOSITION ☒ Home ☐ Admit 1105 | REFER TO / ADMITTED TO

CHART COPY

[redacted] 04/08/02
[redacted] UNASSIGNED, MD
[redacted] CENTRAL CITY AR [redacted]ERE
04/08/81 21Y S M

INTERMEDIATE = 1 system EXTENDED = 2-9 systems COMPREHENSIVE = 10 systems

Checked (✓) absent/negative (Circled) present

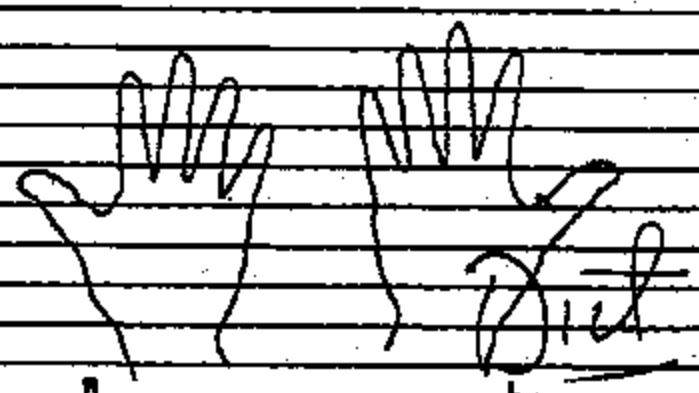
REVIEW OF SYSTEMS: Double vision, temporary blindness, pain with bright lights, waving lines in vision| sore throat, decreased hearing, recent URI, nasal discharge| neck mass, neck pain| cough, sputum production, fever, weight loss| shortness of breath on exertion or at night when recumbent, heavy pressure in chest| pain in buttocks or legs when walking| Breast discharge or mass| black stools, vomiting, diarrhea, constipation, bright red blood in stool, abdominal pain| genital discharge, burning on urination, frequent urination, risky sexual practices| swollen lymph nodes, tender nodes | weakness of muscles, back pain, swelling or tenderness extremities| rash, skin nodules, mole that changed| numbness, tingling, trouble walking or moving| hallucinations, abnormal behavior, depression, agitation, changed mood

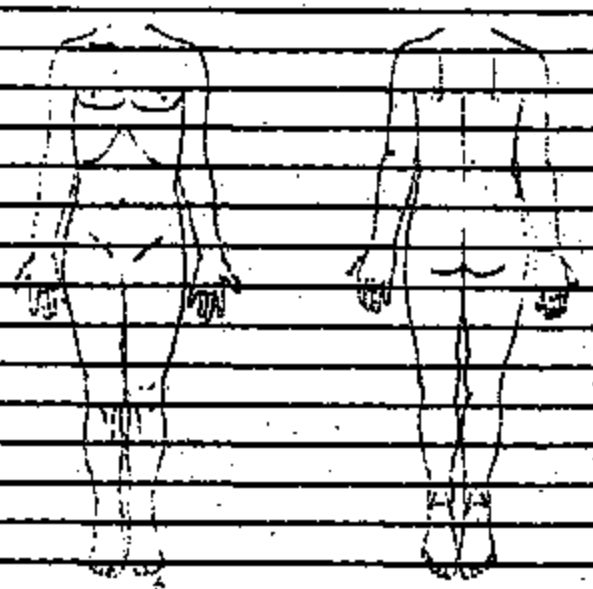
BRIEF = 1 System INTERMEDIATE = 1 - 5 EXTENDED = 6 - 11 DETAILED = 12-17 COMPREHENSIVE = 2+ FROM 9 AREAS

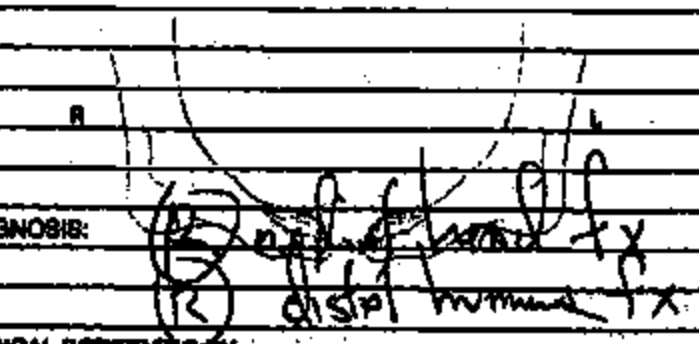
Circled = abnormal Checked = normal (or absent if abnormal)

EYES: Conjugate; Pupils; Anterior chamber; lids; cornea; pressure; reaction to light; fundus; EOM, conjunctiva; icterus.
ENT: External; TM's & Canals; hearing to normal voice; throat; tonsils, teeth; nasal discharge; deformity.
NECK: Masses: Thyromegaly; bruits; supple; ROM: spasm; tenderness to palpitation.
RESP: Effort; fremitus; Auscultate; dullness.
CV: PMI; Auscultate; pulses (carotid, femoral, pedal, radial, other); edema; JVD; bruits.
CHEST/BREASTS: Discharge; masses; tenderness; symmetry.
GI: Masses: liver; spleen; hernia; anus; Hemoccult, guarding or rebound or tenderness; bowel sounds; distention
GU: Male: discharge; testes; penis; prostate Female: External Hair vagina; urethra; bladder; cervix; adnexa; uterus; PHT's
LYMPH: Neck; groin; axilla; other
MUSCULOSKELETAL: Gait & station; digits and nails; extremity for swelling pain or deformity; decreased ROM; stability; strength & tone back tenderness; back spasm; straight leg raise.
SKIN: Redness; rash; moles; lesions; induration; trauma; turgor.
PSYCH: Judgement & insight; oriented x 3; recent & remote memory mood & affect; inappropriate speech or behavior.
NEURO: Deep tendon reflexes; cranial nerves; Babinski; weakness or paralysis; ataxia; meningismus; LOC; fontanel; other.
CONSTITUTIONAL: Development, nutrition, body habitus.

PHYSICIAN EXAM







DIAGNOSIS: (R) [illegible] fx
(R) disp [illegible] fx

MEDICAL SCREENING BY:
ATTENDING PHYSICIAN'S SIGNATURE: [illegible] DATE / TIME

CHART COPY

02 00198 04/06/02 0910
[redacted] UNASSIGNED, MD
CENTRAL CITY AR[redacted]ERE
04/03/81 21Y S M -

☐ No activities / physical education: _____ days*
☐ May return to work / school without restrictions.
☐ Will require time off work / school. Estimated time: _____ days*
☐ May return to restricted duties for _____ days*
Restrictions: _____

☐ Must be reevaluated by family / occupational physician before returning to school or work.
☐ _____ was here with relative / child.
☐ Other: _____

Physician Signature: _____

★ *Any additional excuse or release needed should be obtained from your physician.*

ST. EDWARD MERCY MEDICAL CENTER
7301 Rogers Avenue
Ft. Smith, Arkansas 72917

Name _____ Date _____
Address: _____
℞
Refill 0 Times _____ PHYSICIAN
Substitution Allowed
☐ Yes ☐ No DEA # _____

ST. EDWARD MERCY MEDICAL CENTER
7301 Rogers Avenue
Ft. Smith, Arkansas 72917

Name _____ Date _____
Address: _____
℞
Refill ____ Times _____ PHYSICIAN
Substitution Allowed
☐ Yes ☐ No DEA # _____

COPY

ST. EDWARD MERCY MEDICAL CENTER

THE FOLLOWING INSTRUCTIONS HAVE BEEN GIVEN

☐ BACK/NECK INJURY	☐ DIARRHEA	☐ HEADACHE	☐ SPRAIN/CONTUSION	☐ EDUCATION
☐ BURNS	☐ EYE INJURY	☐ HEAD INJURY	☐ UTI	☐ ___ EQUIPMENT
☐ COLD	☐ FEVER	☐ NOSE BLEED	☐ VOMITING	☐ ___ MEDICATION _____
☐ CRUTCHES	☐ FRACTURE/CAST	☐ SMOKING	☐ WOUND CARE	

☐ OTHER _____

☐ YOUR BLOOD PRESSURE WAS FOUND TO BE HIGHER THAN NORMAL. PLEASE SEE YOUR PERSONAL PHYSICIAN FOR A CHECKUP WITHIN 7 DAYS.
☐ DO NOT DRIVE OR USE EQUIPMENT. THE MEDICATION PRESCRIBED FOR YOU MAY CAUSE DROWSINESS. *DO NOT MIX WITH ALCOHOL.*
☐ SUTURES OUT IN _____ DAYS.
☐ FOLLOW-UP CARE WITH DR. _____ SHOULD BE OBTAINED WITHIN _____ DAYS. ☐ AS NEEDED
☐ CALL 484-6541 FOR FOLLOW-UP APPOINTMENT.

See Dr. Pickrell in his office today @ 1300 - take X-rays & your

RETURN TO THE EMERGENCY DEPARTMENT IMMEDIATELY IF ANY FURTHER PROBLEMS OCCUR OR YOUR CONDITION WORSENS.
My signature indicates that I have read and understand all instructions:

[redacted] 4/8/02 1105 _____
Patient Signature/Relative/Other Date/Time Physician Signature

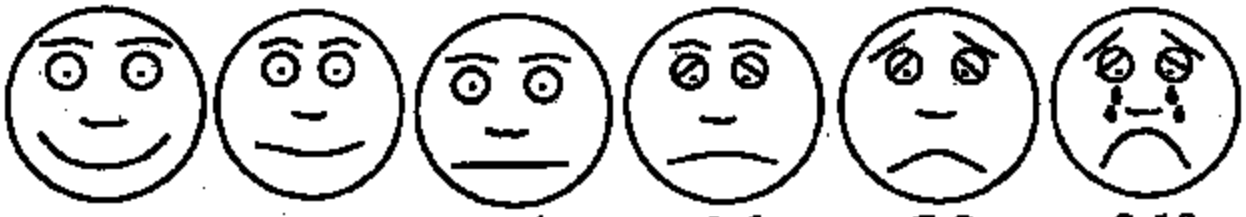
MODE OF DISCHARGE	DISCHARGED WITH	DISCHARGE STAFF SIGNATURE
☐ W/C ☐ Ambulance ☐ Carried ☐ Ambulatory		

CHART COPY

LEGEND: OTC = over-the-counter medication

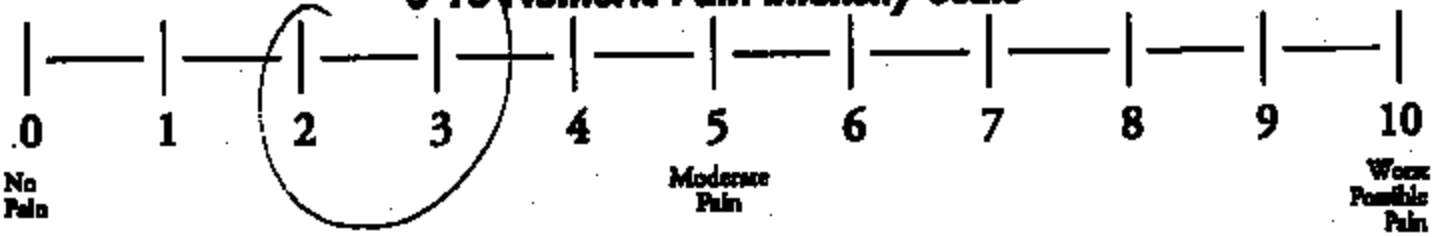
Select Appropriate Scale

Pain should be assessed on admission and every 2 hours for Outpatient and every 1 hour for Emergency Room.
Pain should be reassessed 30-60 minutes after any interventions.



0	1-2	3-4	5-6	7-8	9-10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

0-10 Numeric Pain Intensity Scale



Pain History: ☐ Acute ☐ Chronic ☐ Pain Tips given

Time:	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
Using a dot in appropriate time box, graph 0-10 VAS score. Patients to be assessed every 2 hours for Outpatient, every 1 hour for Emergency Room. 10																								
9																								
8																								
7																								
6																								
5																								
4																								
3																								
2																								
1																								
0																								
NS																								
U																								
Location / Intervention:																								
Initials:																								

ANY SCORE ≥ 4 REQUIRES INTERVENTION & DOCUMENTATION

INITIALS VERIFICATION:

Initials	Signature & Title	Initials	Signature & Title
TW	[illegible]	[illegible]	[illegible]

St. Edward Mercy Medical Center

Address [redacted] 02008-00195 04/08/02 0910 UNASSIGNED,MD

CENTRAL CITY AF[redacted]
04/03/51 21Y

AMBULATORY SERVICES PAIN ASSESSMENT

Form 88-69-(11/01)5 Page 2

ST. EDWARD MERCY MEDICAL CENTER
FORT SMITH, ARKANSAS 72903

NAME: [redacted] MR#: 000307230 ACCT#: [redacted]
DOB: [redacted] SEX: [redacted] RACE: 3 PT TYPE: ER RM#:

PATIENT ADDRESS: [redacted]
CENTRAL CITY AR [redacted]

ADMISSION DATE:	04/08/2002	DICTATED D/T:	04/08/2002 10:44 A
DISCHARGE DATE:		TRANSCRIBED D/T:	04/08/2002 12:04 P
ATTENDING PHYS:	Unassigned Physician	JOB #:	000418
DICTATING PHYS:	Robert Nowlin, MD		

EMERGENCY ROOM REPORT

DATE OF VISIT:
04/08/2002.

HISTORY:
A 21-year-old white male involved in a four-wheeler accident, complaining of pain to his right wrist, and right elbow. No other complaints.

PHYSICAL EXAMINATION:
VITAL SIGNS: On physical exam, vital signs are normal and documented.
RIGHT ARM: Examination of the right arm reveals obvious swelling around the right elbow. The patient has difficulty with supination and pronation as well as full extension. His right forearm is neurovascularly intact as is his right hand.

X-rays of the right elbow reveal a radial head fracture and suspicion for a distal humerus fracture medially. Right wrist x-rays are negative.

IMPRESSION:
1. Right radial head fracture.
2. Right distal humerus fracture.

PLAN:
The patient is placed in a posterior splint and a sling. I have given him Vicoprofen for pain. He is to see Dr. Bebout today at 1:00 p.m. in his office. I have spoken with Dr. Bebout personally.

The patient is discharged in stable condition.

Robert Nowlin, MD
RN/mdd
Doc # 205101
cc: Robert G Bebout, DO

ST. EDWARD MERCY MEDICAL CENTER

7301 Rogers Avenue; P.O. Box 17000 Fort Smith, Arkansas 72917-7000 (501) 484-6200

Department of Radiology, Nuclear Medicine and Medical Imaging

Patient: [redacted]
CENTRAL CITY [redacted]
[redacted]
Admit Dr: NOWLIN, ROBERT

MRN #: 367230
Admit #: [redacted]
SS #: [redacted]
Attn Dr: NOWLIN, ROBERT

Room:
Location: E OP ER
Type: Emergency
Age/Sex: [redacted]ra/Male
DOB: [redacted]

Exam:	Exam Date/Time:	Ordering Provider:	Accession Number:
ER Elbow Complete Right	4/8/02 09:52:35	NOWLIN, ROBERT	ER-02-007549

CPT Code
73080

Reason for exam;

RIGHT ELBOW INJURY-WHEELER ACCIDENT

Read

RIGHT ELBOW, MULTIPLE VIEWS DATED 4/8/02: There is a nondisplaced radial head fracture with hemarthrosis. The remainder of the study is normal.

Impression

Nondisplaced radial head fracture with hemarthrosis.

Job #0454

Read By: DIMENT, DAVID D
Signed By: DAVID D. DIMENT M.D. 04/08/2002 13:23
Trans By: CKM 04/08/2002 13:22
Tech: FARMER, BARRY

BN

ST. EDWARD MERCY MEDICAL CENTER

7301 Rogers Avenue; P.O. Box 17000 Fort Smith, Arkansas 72917-7000 (501) 484-6200

Department of Radiology, Nuclear Medicine and Medical Imaging

Patient: [redacted]D
CENTRAL CITY [redacted]
[redacted]
Admit Dr: NOWLIN, ROBERT

MRN #: [redacted]
Admit #:
SS #:
Attn Dr: NOWLIN, ROBERT

Room:
Location: E OP ER
Type: Emergency
Age/Sex: [redacted]s/Male
DOB: [redacted]

Exam:	Exam Date/Time:	Ordering Provider:	Accession Number:
ER Wrist Complete Right	4/8/02 09:52:41	NOWLIN, ROBERT	ER-02-007550

CPT Code
73110

Reason for exam;

RIGHT WRIST INJURY-4 WHEELER ACCIDENT

Read

RIGHT WRIST, THREE VIEWS: There is some mild soft tissue swelling. No fracture.

Impression

Mild soft tissue swelling of the wrist.

Job #0454

Read By: DIMENT, DAVID D
Signed By: DAVID D. DIMENT M.D. 04/08/2002 13:24
Trans By: CKM 04/08/2002 13:23
Tech: FARMER, BARRY

M

ST. EDWARD MERCY MEDICAL CENTER
FORT SMITH, ARKANSAS 72903

NAME [redacted]	MR#: 000307230	ACCT#: 00209800195
DOB: [redacted]	SEX: [redacted] RACE: 3	PT TYPE: ERE RM#:

PATIENT ADDRESS:	[redacted]		
	CENTRAL CITY AR [redacted]		
ADMISSION DATE:	04/08/2002	DICTATED D/T:	04/08/2002 10:44 A
DISCHARGE DATE:		TRANSCRIBED D/T:	04/08/2002 12:04 P
ATTENDING PHYS:	Unassigned Physician	JOB #:	000418
DICTATING PHYS:	Robert Nowlin, MD		

EMERGENCY ROOM REPORT

DATE OF VISIT:
04/08/2002.

HISTORY:
A[redacted]-year-old white male involved in a four-wheeler accident, complaining of pain to his right wrist, and right elbow. No other complaints.

PHYSICAL EXAMINATION:
VITAL SIGNS: On physical exam, vital signs are normal and documented.
RIGHT ARM: Examination of the right arm reveals obvious swelling around the right elbow. The patient has difficulty with supination and pronation as well as full extension. His right forearm is neurovascularly intact as is his right hand.

X-rays of the right elbow reveal a radial head fracture and suspicion for a distal humerus fracture medially. Right wrist x-rays are negative.

IMPRESSION:
1. Right radial head fracture.
2. Right distal humerus fracture.

PLAN:
The patient is placed in a posterior splint and a sling. I have given him Vicoprofen for pain. He is to see Dr. Bebout today at 1:00 p.m. in his office. I have spoken with Dr. Bebout personally.

The patient is discharged in stable condition.

Electronically Signed
Robert Nowlin, MD 04/09/2002 10:28
Robert Nowlin, MD
RN/mdd
Doc # 205101
cc: Robert G Bebout, DO

51443-7

ESIS

An Insurance Services Company

ESIS/GM Central Claims
M/C: 482 C20 D71
P.O. Box 300
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Paul Olle
Claims Administrator

51 44 37
in file

June 6, 2002

DR ROBERT BEBOUT UH
PO BOX 3528
FORT SMITH, AR 72903

RECEIVED
JUN 2 9 2002
ESIS/GM CLAIMS UNIT

RE: Our File No.: 436603
Our Client: General Motors Corporation
Patient Name: [redacted]
Date/Event:
Date of Birth: 04/03/1981 UH

Dear Records Keeper:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of the above-referenced patient's admission and discharge summary.

Enclosed please find the *Consent to Develop Wage and Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Paul Olle
Claims Administrator

Enclosure

8 6/18/02 UH

127183

Copy Sent _____
Entered _____
FJ _____ FD _____
H.S.P. _____ FD _____
OT _____ FD _____
Consult _____ Notify ✓
Log _____ FD _____
Image _____ Code ✓
FF3, EXO, CC3, ECO _____
Misc. _____

RADIOLOGY REPORT
COOPER CLINIC, P.A.

NO: 3061967	DATE OF EXAM: 04-30-2002	LOCATION: PHYSICIANS BLDG
PATIENT NAME: [redacted]		HISTORY NO: CC00514437
REFERRED BY: ROBERT G. BEBOUT, M.D.		[redacted]
DIAGNOSIS CODE: 813.05, E821.0	TECHNOLOGIST:	
CLINICAL HISTORY:		

RADIOGRAPHIC FINDINGS:

RIGHT ELBOW:
FINDINGS:
Three views reveal no joint effusion or soft tissue abnormality. On the lateral film there is the suggestion of a lucent line through the radial head but most likely this is simply due to overlying coronoid process of the ulna.

IMPRESSION:
Probable artifact resulting in suggestion of a lucent line through the radial head. Oblique radiographs of the right elbow, specifically the radial head, are recommended for further evaluation.

Richard A. Nelson, M.D./dah
DT: 04/30/02; TR: 04/30/02
Doc: x043002RADA Job # 5846

COOPER CLINIC
DEPARTMENT OF ORTHOPEDICS

[redacted] 51-44-37 5/21/02

SUBJECTIVE: Tim follows up after a radial head fracture to the right elbow on 4/08/02. He has been out of his splint now for the last three weeks.

OBJECTIVE: Motion of his elbow has returned nicely. I do not detect any stiffness in either extension-flexion or supination-pronation. His has complained of some pain, however, acinees in the elbow. I do not detect any swelling. He does have some crepitus throughout range of motion.

PLAN: We are going to place him on Celebrex, have him to continue some heat and ice to the area. We will see him back in another six weeks or so for reevaluation.

Robert Bebout, DO

Robert G. Bebout, D.O./kc
DT: 5/21/2002 TR: 5/24/2002
Doc: kc05.24.02 Job #9809

0.2

COOPER CLINIC, P.A. ORTHOPEDIC DEPARTMENT

Date: 05-21-02 813.05

Name: [redacted] Age: [redacted] E821.0

Referring Physician: S. Nelson Workman's Comp:

Medications: none R to W Date:

Allergies: Codine Surgery Date:

Past Surgery: Fx elbow - 10 y/o Date of Injury: 4-8-02

Current Complaint and Duration: re-eval Rt elbow

NL Rt elbow
Some crepitus & pain
Some tenderness

[illegible]

COOPER CLINIC, P.A.
DEPARTMENT OF ORTHOPEDICS

[redacted]

SUBJECTIVE: [redacted] is [redacted] year-old male who injured his right upper extremity on 04/08/2002. He had a fracture of the radial head from a fall. He comes out of his long arm splint today.

PHYSICAL EXAMINATION:
EXTREMITIES: He has mild stiffness in the elbow with a minimal loss of full extension and flexion. Normal supination and pronation. He is complaining of some pain and hardness at the base of the hand on the hypothenar side. It does feel a little indurated there. Not real tender. He has full extension and flexion of the fingers. Normal abduction, adduction of the fingers. Normal sensation. I do not detect any crepitus with palpation of the hand, wrist, or fingers. I think this is more a contused area.

PLAN: He will soak this now that he is out of his splint and we will see him back in three weeks for reevaluation.

Robert Bebout, DO

Robert G. Bebout, D.O. /bbd
D: 04/30/2002. T: 05/06/2002. # 5572

D:C

COOPER CLINIC, P.A. ORTHOPEDIC DEPARTMENT

Date: [redacted] 813.05

Name [redacted] Age [redacted] E821.0

Referring Physician: S. Nelson

Workman's Comp:

Medications: None

R to W Date:

Allergies: Codiene

Surgery Date:

Past Surgery: Fx elbow - 10 yrs

Date of Injury: 4-8-02

Current Complaint and Duration: XR OD Splint Rt elbow

COOPER CLINIC, P.A. ORTHOPEDIC DEPARTMENT

Date: [redacted]

Name: [redacted] Age: [redacted]

Referring Physician: S. Nelson Workman's Comp:

Medications: None R to W Date:

Allergies: Codeine Surgery Date:

Past Surgery: None Rt elbow 1 x.o. Date of Injury: 4-8-02
Rt [illegible]

Current Complaint and Duration: (R) - elbow fx -
wt 245
ht 6'

long arm splint.
2 weeks
sup [illegible] R elbow

COOPER CLINIC, P.A.
DEPARTMENT OF ORTHOPEDICS

[redacted]

SUBJECTIVE: [redacted] is [redacted]-year-old male who injured his right upper extremity today as he was trying to unload a 4-wheeler out of a pick-up truck. The ramp he was driving down slipped throwing him off the 4-wheeler and injuring his right upper extremity. He was seen by Dr. Nelson in the emergency department today and referred to us for care. He was placed in a temporary fiberglass splint. This is removed. He has swelling around the posterior lateral aspect of the right elbow. His skin is intact. He does not have any significant pain at the wrist. His range of motion of his elbow is limited secondary to pain and guarding and also he has a history of a fracture of this elbow when he was about ten and some degenerative disease following that left him with some chronic trouble with this elbow anyway.

PRESENT MEDICATIONS: None.

ALLERGIES TO MEDICATIONS: Codeine.

PAST SURGICAL HISTORY: Fractured elbow at 10-years-of-age.

PHYSICAL EXAMINATION:
VITAL SIGNS: He stands [redacted] and weighs [redacted] pounds.
NEUROLOGIC: The neurovascular status of the extremity is intact. He has good pulses. Normal sensation.

X-ray is reviewed from the emergency department. Three views show the fracture of the radial head with slight splint with no significant displacement.

PLAN:

1. Will place him in a longer arm fiberglass splint, keep his elbow at ninety degrees, neutral rotation of the forearm. Protect the extremity for the next three weeks. He may move his fingers to keep them from getting stiff and help his circulation. Will see him back in the office in three weeks and take a new x-ray with the elbow out of the splint at that time.

Robert Bebout, DO

Robert G. Bebout, D.O. /bbd
D: 04/09/2002. T: 04/10/2002. 0344

WALTERS, HAMBY & VERKAMP
Attorneys at Law
Highway 10 Spur West
1405 W. Center, 3rd FL
Greenwood, AR 72936
e-mail: WaltLaw@waltlaw.net

Bill Walters
Michael Hamby
John P. Verkamp
Dianne Hewitt Ladd
Troy Gaston

Telephone 479-996-2122
Fax No. 479-996-2565

436603

August 21, 2002

RECEIVED
AUG 26 2002
ESIS-GM CLAIMS UNIT

ESIS/GM Central Claim
Paul Olle
P.O. Box 300
Detroit, MI 48265-3000

RE: Our Client: [redacted]
Your Client: General Motors Corporation
Date of Event: 4-8-02
Vehicle: 1998 Chevrolet Pick-up

Dear Mr. Olle:

We have met with our client [redacted] and would like to begin negotiations toward settlement at this time. This letter is to set out our settlement proposal for [redacted] in the above referenced matter.

He has reached a plateau in his recovery and we do not anticipate that he is going to improve much beyond his present condition. As you are aware, the four-wheeler in this accident rolled upside down on top of our client causing a fracture to his elbow in the joint. The pain from this injury was excruciating. Due to his injury, he was unable to perform basic functions for quite some time due to the cast which was placed on his arm. He had loss of ability to continue with his extracurricular activities. He experienced pain and discomfort from his injury and the cast, which caused him to have difficulty sleeping at night.

[redacted] is a full-time college student, and this accident occurred during finals. The injury was to the arm that he wrote with and his grades dropped from an "A" to "B" because of his inability to complete the semester as he would have otherwise have done.

He is still having some continued pain as a result of the fracture he received in the accident and the doctor has indicated that some of this is probably going to be continuing. This is evidenced by pain in his elbow and arm, which is intensified with exertion.

The property damage to his four-wheeler was in the approximate amount of $1,500.00. He has incurred medical bills in excess of $2,500.00. Additionally, he has incurred $500.00 in lost wages. When these amounts are combined with his mental anguish, pain and suffering and future pain and suffering, he has suffered losses in excess of $16,500.00. Therefore, our client has authorized us to settle this matter for the sum of $16,500.00.

Please let us hear from you at your earliest convenience.

With kind personal regards.

Sincerely,

Bill Walters

Bill Walters

BW:jh
cc: Tim McCarkle

ESIS
An Insurance Services Company

ESIS/GM Central Claims
M/C: 482 C20 D71
P.O. Box 300
Detroit, MI 48265-3000

800.888.0164 tel
313.665.0911 fax

Reginald E. Scott
Claims Administrator

July 24, 2002

Fannin Street Imaging
7707 Fannin # 195
Houston, TX 77054

RE:	Our File No.:	438062
	Our Client:	General Motors Corporation
	Patient Name:	[redacted]
	Medical Records No:	
	Date/Event:	5/10/02
	Date of Birth:	[redacted]

Dear Sirs:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of the above-referenced patient's admission and discharge summary.

Enclosed please find the *Consent to Develop Wage and Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Reginald E. Scott
Claims Administrator

Enclosure

ESIS
An Insurance Services Company

ESIS/GM Central Claims
M/C: 488 680 071
P.O. Box 800
Detroit, MI 48288-0800

800.368.0164 tel
313.668.0911 fax

Reginald E. Scott
Claims Administrator

July 24, 2002

AUG 02 2002
ESIS-GM CLAIMS UNIT

Ms. Patricia D. Salvato, M. D.
4126 S. W. FRWY # 1700
Houston, TX 77022

RE: Our File No.: 438062
Our Client: General Motors Corporation
Patient Name: [redacted]
Medical Records No:
Date/Event: 5/10/02
Date of Birth: [redacted]

Dear Ms. Patricia D. Salvato:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of the above-referenced patient's admission and discharge summary.

Enclosed please find the *Consent to Develop Wage and Medical Information* form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Sincerely,

Reginald E. Scott
Claims Administrator

Enclosure

Medical Records attached

SC
07.24.02
AD

MEDICATIONS:

PHYSICAL EXAM: AFFECTED BODY AREA/ORGAN SYSTEM: #

OTHER SYMPTOMATIC/RELATED ORGAN SYSTEM: #

1. **GENERAL APPEARANCE:**
   - ✓ NAD
   - OTHER:
2. **HEENT:**
   - ✓ NCAT — Other:
   - ✓ PERRLA
   - ✓ EOMI
   - ✓ Fundi — Other:
     - Benign
   - ✓ TM's Clear — Other:
   - ✓ Nasal Mucosa — Normal Other
   - ✓ Oral Mucosa — Normal Other
   - ✓ Throat — Normal Other
3. **NECK:**
   - ✓ Supple — Other:
   - ✓ No Adenopathy — Other:
   - ✓ No JVD — Other:
     - Bruits
   - ✓ No Goiter — Other:
4. **CHEST:**
   - ✓ Lungs clear — Rhonchi — Rales — Wheezes
   - Breasts: ✓ Nl — mass — discharge
5. **CARDIOVASCULAR:**
   - ✓ NRR — Murmurs — Gallop
6. **ABDOMEN:**
   - ✓ Soft ✓ NBS — Tenderness
   - Other:
7. **GENITOURINARY:**
8. **SKIN:**
   - ✓ Dry — ✓ Good Turgor — Lesions
9. **MUSCULOSKELETAL:**
   - No C/C/E — Other: Point tender
10. **NEUROLOGICAL:**
    - Cranial Nerves: II-XII Intact — Other
    - Motor: Upper L — Upper R — Lower L — Upper R
    - Sensory: Light touch — Graphesthesia
    - Reflexes: Upper L — Upper R — Lower L — Lower R
    - Babinski: R — L
    - Romberg: positive — negative
    - Mental Status:
      - Affect: appropriate — flat
      - Suicide Ideation: ⊕ — ⊖
      - Psychotic Ideation: ⊕ — ⊖
      - Orientation: x3 — Other
      - Memory: past — recent

LAB/X-RAY DATA:

Rt foot Xray - 2views

ASSESSMENT:

① Rt foot pain

TREATMENT PLAN:

① Motrin 10 mg - Rx pd #14

MEDICAL DECISION-MAKING:

TIME SPENT WITH PATIENT:

LOW COMPLEXITY
- LIMITED # OF DIAGNOSES OR MANAGEMENT OPTIONS
- LIMITED AMOUNT AND COMPLEXITY OF DATA REVIEWED
- LOW RISK OF COMPLICATIONS AND MORBIDITY OR MORTALITY

CPT: 99213

PATIENT NAME:

PAR CASE INFORMATION

Problem ID: 06873312

CONTACT INFORMATION

Name: [redacted]
Address: [redacted]
HOUSTON, TX [redacted]
Phone: [redacted]

BRC CONTACT INFORMATION

NAME: [redacted]
COMPANY:
ADDRESS: [redacted]

INC

PHONE: [redacted]
TYPE: Claimant

VEHICLE INFORMATION

VIN: [redacted]
MAKE: CHEVROLET
MODEL: [redacted]ADO 2500 CREW
YEAR: [redacted]
ODOMETER: [redacted]

ACCOUNT/POLICY:
SERVICE DEALER: COURTESY CHEVROLET
CONTRACT: JIM BALCKBURN
SELLING DEALER: ALLEN SAMUELS CHEVROLET

CONTRACT: N/A
PAYEE: No

PAR DETAILS

CONTACT ID: C9000021439012
DRIVER NAME: [redacted]
DRIVER AGE: [redacted]
DISABILATIES: NONE
ROAD SURFACE: Concrete
ROAD CONDITION: Dry
PEOPLE IN VEHICLE: 0
INJURIES: Yes
OTHER VEHICLES INVOLVED: No
NUMBER INVOLVED:
DEFECTIVE COMPONENT: [redacted]
POLICE REPORT: Yes
INSURANCE: Yes
INSURNCE COMPANY: ALLSTATE
INSURANCE COMPANY ADDR: UNKNOWN
INSPECTION: INSP NAME:
05/06/2002 04:48:00 AM
INSP DATE:
INSP MILES:
INSP DONE:
PROPERTY DAMAGE:
INCIDENT LOCATION: CUSTOMER'S HOME, HOUSTON, TX
INCIDENT RESULT: FORWARD TO ESIS - INJURIES
VEHICLE LOCATION: CUSOMER'S POSSESSION
MAINTENANCE LOCATION: ALLEN SAMUELS CHEVROLET
OWNER DESC: CUST WAS STANDING ON THE TAILGATE PREPARING TO JUMP OFF, THE CABLES BROKE & HE
[redacted]
MORE INFO: [redacted]

BODY INJURY: Yes
COLLISION: No
PROPERTY DMG: No
NON COLL: No
DMB ABV K: No
NOTIFY NAME: [redacted]
AGENT NAME: CECIL PERRY
STATUS: Accepted
REJECT REASON:
ROAD TEST: No
ROAD TEST DESC:
ROAD TEST RESULT:
COMP INSPECTED:
INVEST SUMMARY: NOT INSPECTED
AGENT PHONE: 713-[redacted]-0670
No INCIDENT DATE & TIME:

REIMBURSEMENT INFORMATION

ID:
PAYEE:
ADDRESS:

COMPANY:
AMOUNT:
ACCT_TYPE:
ACCT_NUM:
TAX_ID:
IRRUN 1099:

RECEIVED
JUN 10 2002
ESIS-GM CLAIMS UNIT

PAR CASE INFORMATION

Problem ID: 06873312

POLICY NUM:

UCC CODE INFORMATION

DESCRIPTION:
SOLUTION:
COMPONENT CODE 1: T01
COMPONENT DESCRIPTION 1: TAILGATE CABLES
COMPLAINT CODE 1: Other
COMPLAINT DESCRIPTION 1: Product Allegation GM 1241
REPAIR ATTEMPTS 1: 0
COMPONENT CODE 2: B16
COMPONENT DESCRIPTION 2: SUPPORT CABLES BROKE
COMPLAINT CODE 2: Other
COMPLAINT DESCRIPTION 2: Trunk/Tailgate
REPAIR ATTEMPTS 2: 0
COMPONENT CODE 3: A04
COMPONENT DESCRIPTION 3: REPAIRED BY DLR. UNDER WARRANTY
COMPLAINT CODE 3: Other
COMPLAINT DESCRIPTION3: Possible Safety Concern
REPAIR ATTEMPTS 3: 0

COMPONENT DESCRIPTION 4: COMPONENT CODE 4:
COMPLAINT CODE 4:
COMPLAINT DESCRIPTION 4:
REPAIR ATTEMPTS 4:

COMPONENT CODE 5:
COMPONENT DESCRIPTION 5:
COMPLAINT CODE 5:
COMPLAINT DESCRIPTION 5: REPAIR ATTEMPTS 5:

COMPONENT CODE 6:
COMPONENT DESCRIPTION 6:
COMPLAINT CODE 6:
COMPLAINT DESCRIPTION 6:
REPAIR ATTEMPTS 6:

WORK HISTORY

[redacted] - 01:10:33 AM CRM reviewed file, no other cases found, contacted the cust and confirmed facts.
DESCRIPTION OF INCIDENT - Cust [redacted] on the tailgate to exit the bed of the veh. [redacted] back on the tailgate when he fell. CRM [redacted] did not seek medical [redacted] with the exception of his left heel and ankle. Cust states if he is on his left side, he has pain in his left heel and the tendon that goes from the heel up to the calf. Cust states he wants to see a Dr. to get it checked out. [redacted] the dr. [redacted] the tailgate cables and will be repairing the tailgate. Cust states he [redacted] veh. is used for his painting business. Cust is seeking authorization from GM to get medical treatment.
CRM advised the cust of PAR procedures and that I am not able to approve his medical care.
Mike DiMera/Tampa PAR 67000

[redacted]/2002 - 01:39:48 AM CRM advised the cust if he feels he needs medical treatment he should do what he feels is necessary and this file will be forwarded to ESIS/GM claims due to his injury. CRM advised the cust he will be contacted by a representative from ESIS. CRM advise
d the dr. will have to postpone repair of any pending body damage to the tailgate at this time since it may be necessary to insp. it in it's present condition. CRM contacted Courtesy Chevrolet and advised svc. mgr. Jim Blackburn of the case and that the file is being forwarded to ESIS due

GM Vehicle Inquiry System
Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1GCHC231X1F166051

VEHICLE INFORMATION

Merchandising Model:	CC25943 - 2001 SILVERADO 2500 CREW 2WD	Warranty Start Date:	06/15/2001
BARS Order Type	70 - RETAIL - STOCK		
Delivering Dealer :	COURTESY CHEVROLET PO BOX 1966 HOUSTON, TX 77251-1966 (713) 686-7777	Selling Source:	13 - CHEVROLET
		Site Code:	30151
		Business Associate Code:	114812

Service Contract:	No	Branded Title:	No	Warranty Block:	No	PDI Status:	Paid

CAMPAIGN ELIGIBILITY

Campaign Number	Description	Owner Notified	Campaign Status
01050	BRAKE SYSTEM WARNING LIGHT MAY NOT ILLUMINATE	N/A	Closed

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	06/15/2001	297 miles	6/15/2004	36297 miles
72/100000 SHEET METAL RUST-THROUGH	06/15/2001	297 miles	6/15/2007	100297 miles
36/36000 SHEET METAL CORROSION	06/15/2001	297 miles	6/15/2004	36297 miles
96/80000 PCM/CC EMISSIONS	06/15/2001	297 miles	6/15/2009	80297 miles
36/36000 FEDERAL EMISSIONS	06/15/2001	297 miles	6/15/2004	36297 miles
60/50000 HVY DUTY EMISSION	06/15/2001	297 miles	6/15/2006	50297 miles
60/100000 DIE REG.DED > 3/36	06/15/2001	297 miles	6/15/2006	100297 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
05/31/2002	391342	#	K5228 - SWITCH, PARK/NEUTRAL POSITION, REPLACE	32109 miles

[redacted]

[redacted]

[redacted] HOUSTON [redacted] TX

[redacted] SORE BACK & LEFT ANKLE NONE CARGO BED

Owner's Vehicle [redacted] NO TREATMENT

NO [redacted]

CUST WAS SEEKING APPROVAL FROM GM TO HAVE HIS LEFT ANKLE EXAMINED. CRM ADVISED I AM NOT ABLE TO PROVIDE THAT AUTHORIZATION

PAR CASE INFORMATION

Problem ID: 08873312

	to the injury claim involved. CRM requested the dlr. not complete any body repairs at this time and hold the cables. Dlr. phone is [redacted] Mike DiMare/Tampa PAR 57009
06/18/2002 - 10:21:19 AM	CRM contacted AVM Greg Czubik and advised of PAR case and that the file is being forwarded to ESIS. CRM closing the file and forwarding to ESIS. Mike DiMare/Tampa PAR 57009
06/18/2002 - 10:28:20 AM	BUSINESS SUMMARY - CRM reviewed PAR file. CRM determined veh. was repaired under warranty. CRM contacted the cust and confirmed facts. Cust advised of injuries that he is seeking compensation for. CRM advised the cust this file would be forwarded to ESIS. CRM made no offer to repair or repurchase the veh. CRM closing the file and forwarding to ESIS. Mike DiMare/Tampa PAR 57009

05/31/2002	391342	#	Z7903 - DEALER SERVICE LOANER REIMBURSEMENT (THREE DAYS)	32109 miles
05/16/2002	390006	#	E3350 - CROSS MEMBER, TORRISON BAR SUPPORT-REPL	31465 miles
05/16/2002	390006	#	E5221 - LT LEAF SPR BLT RPL	31465 miles
05/16/2002	390006	#	J0680 - SERP BELT TENSN RPL	31465 miles
05/16/2002	390006	#	V0755 - CHANGE PIN LOCATION	31465 miles
05/10/2002	264341	#	B5751 - LT TAILGTE SUPP RPL	30037 miles
05/10/2002	264341	#	B5750 - RT TAILGTE SUPP RPL	30037 miles
02/16/2002	382693	#	E5137 - RR SPR LEAF RPL BTH	24201 miles
02/04/2002	381910	#	F1651 - L/R AXLE BEARNG RPL	23328 miles
02/04/2002	381910	#	Z7901 - COURTESY TRANSPORTATION DAY 1	23328 miles
09/20/2001	371378	#	E1720 - CROSS MEMBER R&R/RP	7911 miles
04/02/2001	A66051	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	0 miles

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1F166051 371378

Allen Samuels CHEVROLET GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 754-7000
SERVICE: (281) 754-7040

[redacted]
[redacted], TX [redacted]
ONE: [redacted] BUS: [redacted]

PAGE 1

SERVICE ADVISOR: 1582 VON ERIC CHRYAR

PERSON	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	7911/7911	[redacted]

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	RO NO.	RATE	PAYMENT	INV. DATE
5JUN2001			18:00 21SEP01		0.00	CASH	20SEP2001

R.O. OPENED	READY	OPTIONS:
08:53 20SEP01	18:42 20SEP01	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A CHECK CLICKING NOISES UNDER FRONT END WHILE IN REVERSE			
CAUSE: .			
E1720 CROSS MEMBER, TRANSMISSION SUPPORT - REP OR REPLACE			
1532 W 0.40			(N/C)
FC: PART#: COUNT:			
CLAIM TYPE:			
AUTH CODE:			
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:			0.00
7911 CROSS MEMBER BOLT NOT TORQUED PROPERLY TORQUED AND RETIGHTENED FROM CROSS MEMBER			
**********			
B CHECK TRANSMISSION SLIPPAGE WHILE WARM			
CAUSE: .			
200 TRIM/BODY			
1532 W 0.00			(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:			0.00
7911 CHECKED FOR CODES IN COMPUTER / NONE WAS FOUND CHECKED TRANS. FLUID / FLUID WAS AT PROPER LEVEL / AND NO CONTAMINATION WAS FOUND TEST DROVE / TRANS. PROFORMING AT FACT. SPECS. AT THIS TIME NO PROBLEM FOUND			
**********			
C RECALL 01050			
CAUSE: .			
200 TRIM/BODY			
1532 W 0.00			(N/C)

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THE MOTOR VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.503, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET - GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

SERVICE FILE COPY

1F166051 371378

Allen Samuels
CHEVROLET GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 764-7000
SERVICE: (281) 764-7040

[redacted]
[redacted]N, TX [redacted]
[redacted] BUS: [redacted]

PAGE 2

SERVICE-ADVISOR: 1582 VON ERIC CHRYAR

CODE	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	7911/7911	[redacted]

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
5JUN2001			18:00 21SEP01		0.00	CASH	20SEP2001

R.O. OPENED	READY	OPTIONS:
8:53 20SEP01	18:42 20SEP01	

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C:		0.00

911

****

*********THANK YOU FOR HAVING YOUR VEHICLE SERVICED AT ALLEN SAMUELS CHEVROLET.WE HOPE YOUR EXPERIENCE WAS A PLEASANT ONE.REMEMBER ALL OF OUR WORK CARRIES A 12 MONTH 12,000 MILE WARRANTY ON PARTS & LABOR.ASK ABOUT OUR LIFETIME GUARANTEED PARTS.AGAIN THANK YOU FOR USING YOUR FRIEND IN THE CAR BUSINESS*******

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in our "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.503, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X

SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON SM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold locally are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

SERVICE FILE COPY

1F166051 376090

Allen Samuels CHEVROLET GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]

OSTON, TX [redacted]
MB: [redacted] BUS: [redacted]

PAGE 1

SERVICE ADVISOR: 1574 ERNEST RIGSBY

CODE	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
LD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	13942/13942	[redacted]

DEL DATE	PROM DATE	PROM TIME	PROMISE	PO NO	RATE	PAYMENT	INV DATE
JUN2001			WAIT 14NOV01		0.00	CHECK	14NOV2001

OPTIONS:

1:50 14NOV01 15:32 14NOV01

NO	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
	FILTER, TOP OFF ALL FLUIDS, PERFORM FACTORY INSPECTION.						
	INCLUDES LUBE, OIL, & FILTER, TOP OFF ALL FLUIDS, PERFORM FACTORY INSPECTION						
	1558		CT	0.30		12.00	12.00
	[illegible]				[illegible]	[illegible]	[illegible]
11	12345634 OIL15W40Q				2.90	2.90	31.90
						TOTAL LINE A:	[illegible]

****

[illegible]SION SERVICE: REPL[illegible] SURFACE FILTER & GASKET
CHECK LINKAGE & ADJUST IF [illegible]
REPLACE FILTER & GASKET, CHECK LINKAGE & ADJUST IF [illegible]

	1558	[illegible]			41.00	41.00
	[illegible]				21[illegible]	[illegible]
5	ATF			1.95	1.75	8.75
	LABOR:	41.00	[illegible]	TOTAL LINE B:		[illegible]

****

FOR EXCESSIVE WEAR ON GEARS. SYNTHETIC FLUID & ADDITIVES

	122	122 DIFFERENTIAL SERVICE; DRAIN & REFILL ON GEARS. SYNTHETIC FLUID & ADDITIVES				
	1558		CT	0.70		30.73
3	12346140 GEAR LUBR				23.00	17.61	52.83

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in our "Labor Time Guide." Instances are charged by time stamp, not by the actual clock hours worked. Technicians might take longer to complete a repair operation. There will be a charge for diagnosis [illegible]

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO [illegible] PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR [illegible] OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT [illegible] VEHICLE IS SUBJECT TO A [illegible] AND COMMON COST [illegible] VEHICLE IS STORED, DISCLOSURE BELOW OF THE COST OF STORAGE IS A CLAIM OF LIEN ON THE VEHICLE OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"NEW" & "NON SUP" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT [illegible] PARTS.

Any warranties on the [illegible] are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET GEO, [illegible] any other person to assume for it any liability in connection with the sale of said product.

LABOR AMOUNT	
PARTS AMOUNT	
GAS/OIL/LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY-- THIS AMOUNT	

SERVICE FILE COPY

1F166051 3760 90

Allen Samuels
CHEVROLET

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]
[redacted], TX [redacted]
[redacted] BUS: [redacted]

PAGE 2

SERVICE ADVISOR: 1574 ERNEST RIGSBY

OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	13942/13942	[redacted]

5JUN2001			WAIT 14NOV01	0.00	CHECK	14NOV2001

OPTIONS:

3:50 14NOV01 15:32 14NOV01

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
ARTS: 62.78 LABOR: 30.73 OTHER: 0.00	TOTAL LINE C:		93.51
3942 DRAINED FUILD REPLACED GASKET AND FUILD 0.7			
HOP SUPPLIES/DIPOSAL FEES			21.45

SERVICED AT ALLEN SAMUELS CHEVROLET.WE HOPE
ALL OF OUR WORK CARRIES A 12 MONTH 12,000
LIFETIME GUARANTEED PARTS.AGAIN THANK YOU FOR
IN THE CAR BUSI

CHEVROLET

"Our charges for service labor are based on the average time taken by all experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TEXAS CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT [redacted] VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.504, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET * GMC, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

LABOR AMOUNT	83.73
PARTS AMOUNT	130.81
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	21.45
TOTAL CHARGES	235.99
LESS INSURANCE	0.00
SALES TAX	12.56
PLEASE PAY THIS AMOUNT	

SERVICE FILE COPY

1F166051 381910

ALLEN SAMUELS
CHEVROLET GMC

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 754-7000
SERVICE: (281) 754-7040

[redacted]

[redacted] TX
[redacted] BUS: [redacted]

PAGE 1

SERVICE ADVISOR: 1574 ERNEST RIGBY

DESCR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	23328/23328	[redacted]

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.		PAYMENT	INV. DATE
5JUN2001			WAIT 05FEB02		0.00	CASH	05FEB2002

R.O. OPENED	READY	OPTIONS:
0:29 04FEB02	17:06 05FEB02	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
C/S L/R WHEEL WAS SMOKING AFTER DRIVING ON LONG TRIP			
206 BRAKES			
1562 W 0.00			(N/C)
1 15007008 SEAL-RAIL			(N/C)
1 12471641 GASKET			(N/C)
1 12473088 LINING KI			(N/C)
1 12346149 GEAR SUBR			(N/C)
1 1052358 LUBRICAN			(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE 3: 0.00

3328 LEFT REAR HUB SEAL LEAKING FLUID , SOAKED EMERGCY BRAKE LININGS
E4[illegible](1.0) ADD B (1.1) REPLACED HUB SEAL AND FULL FLOATING AXEL SEAL
E[illegible]ED REAR EMERGCY BRAKE LININGS ADJUSTED TO PROPER SPEC, REASSEMBLE
HECK OPERATION OK

** RENTAL CAR
AUSE: US
Z7901 WARRANTY RENTAL
1620 W 0.00 (N/C)
FC: 98 PART#: COUNT: 0
CLAIM TYPE:
AUTH CODE:

UBL ENTERPRISE INV #D098240
PO#381910
W (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE 3: 0.00

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing contained in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR [redacted] REPAIR OF THE MOTOR VEHICLE SUBJECT TO THIS REPAIR CONTRACT. I UNDERSTAND THAT [redacted] VEHICLE IS SUBJECT TO IMPOUNDMENT IN ACCORDANCE WITH §9.503, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT ON THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller ALLEN SAMUELS CHEVROLET - GMC, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

SERVICE FILE COPY

1F166051 382693

Allen Samuels
CHEVROLET-GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]
[redacted], TX [redacted]
PAGE 1
[redacted] BUS: [redacted]
SERVICE ADVISOR: 1617 PETER GANCARZ

OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	24201/24201	[redacted]

5JUN2001			WAIT 16FEB02	0.00	CASH	16FEB2002

8:47 16FEB02	14:19 16FEB02	OPTIONS:

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
C/S LEFT REAR LEAF SPRING PAD MISSING /MAKING NOISE			
CAUSE: BA			
E5137 SPRING ASSEMBLY, REAR LEAF - REPLACE BOTH			
1502 W 2.60			(N/C)
2 15064180 SPRING			(N/C)
FC: 6C			
PART#: 15064180			
COUNT: 2			
AUTH CODE:			

[redacted] 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

24201 MISSING LEAF SPRING INSULATORS. E5137 2.6 REM FUEL TANK. REPLACED LEFT SIDE LEAF SPRING. REM RECEIVER HITCH AND REPLACED RIGHT SIDE LEAF SPRING ASSEMBLY. E5137 2.6

****

THANK YOU FOR HAVING YOUR VEHICLE SERVICED AT ALLEN SAMUELS CHEVROLET. WE HOPE YOUR EXPERIENCE WAS A PLEASANT ONE. REMEMBER [illegible] MILE WARRANTY ON PARTS & LABOR. ASK ABOUT OUR LIFETIME GUARANTEED PARTS [illegible] USING YOUR FRIEND IN THE CAR BUSINESS********

Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: DASHAPPROVED CHECKCREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.601, TEXAS BUSINESS AND COMMERCE CODE, IF I WITHDRAW PAYMENT FOR REPAIR OR THE REPAIR IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET - GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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	

SERVICE FILE COPY

1F166051 389270

ALLEN SAMUELS CHEVROLET GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 764-7000
SERVICE: (281) 764-7040

PAGE 1

[redacted]

BUS: [redacted]

SERVICE ADVISOR: 1774 IRMA RIVERA

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
GOLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	30175/30175	[redacted]

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO	TAX	PAYMENT	INV DATE
15JUN2001			WAIT 07MAY02		0.00	CHECK	07MAY2002

R.O. OPENED	READY	OPTIONS:
11:43 07MAY02	13:59 07MAY02	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A 100 MULTI-POINT MAINTENANCE INSPECTION INCLUDES LUBE, OIL, & FILTER, TOP OFF ALL FLUIDS, PERFORM FACTORY INSPECTION.			
100 100 MULTI-POINT MAINTENANCE INSPECTION INCLUDES LUBE, OIL, & FILTER, TOP OFF ALL FLUIDS, PERFORM FACTORY INSPECTION			
1547 CIM 0.30		14.02	14.02
1 88917026 FILTER	12.06	12.06	12.06
10 12345634 OIL15W40Q	2.90	2.90	29.00
PARTS: 41.06 LABOR: 14.02 OTHER: 0.00 TOTAL LINE A:			55.08

30175 [illegible]

****

B C/S THAT WHEN BACKING UP IN REVERSE AND YOU TURN STEERING WHEEL THERE IS A POPPING TYPE NOISE

C[illegible]

CND COULD NOT DUPLICATE CUSTOMER COMPLAINT

1513	W 0.00		(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:			0.00

30175 CND GREASED STEERING STOPS, CHECKED SUSPENSION AND TEST DROVE, COULD NOT DUPLICATE COMPLAINT

****

C** 140 FUEL [illegible]

140 140 FUEL FILTER SERVICE

1413 [illegible] 0.50		39.95	39.95
1 97256734 FILTER	38.94	38.94	38.94
PARTS: 38.94 LABOR: 39.95 OTHER: 0.00 TOTAL LINE C:			78.89

30175 FILTER SERVICE CP1.0 DONE

****

SHOP SUPPLIES/DISPOSAL FEES 13.40

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.609, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X

SIGNATURE OR PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The dealer, ALLEN SAMUELS CHEVROLET GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

SERVICE FILE COPY

1F166051 389270

Allen Samuels
CHEVROLET GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted] TX
[redacted] BUS: [redacted]

PAGE 2

SERVICE ADVISOR: 1774 IRMA RIVERA

	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	4X4
OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	30175/30175	[redacted]

DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO		PAYMENT	INV DATE
5JUN2001			WAIT 07MAY02		0.00	CHECK	07MAY2002

R.O. OPENED	READY	OPTIONS:
1:43 07MAY02	13:59 07MAY02	

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL

*********THANK YOU FOR HAVING YOUR VEHICLE SERVICED AT ALLEN SAMUELS CHEVROLET.WE HOPE YOUR EXPERIENCE WAS A PLEASANT ONE.REMEMBER ALL OF OUR WORK CARRIES A 12 MONTH 12,000 MILE WARRANTY ON PARTS & LABOR.ASK ABOUT OUR LIFETIME GUARANTEED PARTS,AGAIN THANK YOU FOR USING YOUR FRIEND IN THE CAR BUSINESS*******

CHEVROLET

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.503, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X

SIGNATURE OR PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET • GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

DESCRIPTION	TOTALS
LABOR AMOUNT	53.97
PARTS AMOUNT	80.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	13.40
TOTAL CHARGES	147.37
LESS INSURANCE	0.00
SALES TAX	7.71
PLEASE PAY THIS AMOUNT	155.08

SERVICE FILE COPY

37599

264341

INVOICE

DUPLICATE 1
PAGE 1

COURTESY GEO.
COMMON COURTESY. AN UNCOMMON CHEVY DEALER
7777 KATY FREEWAY • P.O. BOX 1966
HOUSTON, TEXAS 77251-1966
713/686-7777

[redacted]
HOUSTON, TX [redacted]
HOME: [redacted] BUS:

SERVICE ADVISOR: 526 MARK R. KITCHENS

11	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051		30037/30037	

12JUN2001			WAIT 10MAY02		78.00	CASH	10MAY2002

OPTIONS: STK:37599 DLR:30151
ENG:6.6_DURAMAX_DIESEL TRN:M74

08:46 10MAY02 | 09:13 10MAY02

CUSTOMER SIGNATURE

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CS THE LEFT TAILGATE STRAP BROKE//TAILGATE HAS A DENT WHERE IT HIT//
THE BUMPER//CUSTOMER TO RETURN FOR BODY REPAIR

CAUSE: .

B5751 SUPPORT, TAILGATE CABLE - REPLACE LEFT
18 WR96 0.20 (N/C)
1 16637944 CBL-E/GAT (N/C)
1 7777 PARTS*RET (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

30037 LEFT TAILGATE CABLE RUSTED AND BROKE. B5751 0.2 REPLACED THE LEFT TAILGATE CABLE. ++

****

B CS THE LEFT TAILGATE STRAP BROKE/TAILGATE HAS A DENT//CUSTOMER TO
RETURN FOR BODY WORK

CAUSE: .

B5750 SUPPORT, TAILGATE CABLE - REPLACE RIGHT
18 WR96 0.20 (N/C)
1 16637945 CBL-E/GAT (N/C)
1 7777 PARTS*RET (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

30037 RIGHT TAILGATE CABLE IS RUSTED AND BROKE. B5750 0.2 REPLACED THE RIGHT TAILGATE CABLE.

****

The only warranties applying to this partial are those which may be offered by the manufacturer. The selling dealer, COURTESY CHEVROLET GEO, hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and COURTESY CHEVROLET GEO neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the partial and/or vehicle. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages.

The dealership utilizes hours published in the Chilton's Labor Time Guide, which reflects an average time requirement for the performance of specific vehicle repairs and which may therefore be either more or less than the actual clock time in any given instance.

SERVICE HOURS
MONDAY - FRIDAY
7:00 AM TO 7:00 PM
CLOSED SATURDAY & SUNDAY

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

37599

264341

INVOICE

DUPLICATE 1
PAGE 2

COURTESY Geo.

COMMON COURTESY. AN UNCOMMON CHEVY DEALER
7777 KATY FREEWAY • P.O. BOX 1988
HOUSTON, TEXAS 77261-1988
713/688-7777

[redacted]
HOUSTON, TX [redacted]
HOME: [redacted] BUS:

SERVICE ADVISOR: 526 MARK R. KITCHENS

11	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051		30037/30037	[redacted]
12JUN2001			WAIT 10MAY02	78.00	CASH	10MAY2002

OPTIONS: STK:37599 DLR:30151
ENG:6.6_DURAMAX_DIESEL TRN:M7#

08:46 10MAY02 | 09:13 10MAY02

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

OUR MISSION IS TO IDENTIFY AND COMPLETELY****
SATISFY YOUR AUTOMOTIVE NEEDS. SHOULD WE FAIL
TO DO SO, PLEASE MAKE YOUR ADVISOR OR A
MEMBER OF THE MANAGEMENT TEAM AWARE AND WE
WILL IMMEDIATELY CORRECT OUR ERROR. THANK YOU
SERVICE, PARTS AND BODY REPAIR HOURS ARE:
7:00 AM TO 7:00 PM MONDAY THROUGH FRIDAY.

The only warranties applying to this part(s) are those which may be offered by the manufacturer. The selling dealer, COURTESY CHEVROLET GEO, hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and COURTESY CHEVROLET GEO neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the part(s) and/or service. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages.

The dealership utilizes hours published in the Chilton's Labor Time Guide, which reflects an average time requirement for the performance of specific vehicle repairs and which may therefore be either more or less than the actual clock time in any given instance.

SERVICE HOURS
MONDAY - FRIDAY
7:00 AM TO 7:00 PM
CLOSED SATURDAY & SUNDAY

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	

37599 264341

COURTESY GEO

COMMON COURTESY. AN UNCOMMON CHEVY DEALER
7777 KATY FREEWAY • P.O. BOX 1966
HOUSTON, TEXAS 77251-1966
713/688-7777

INVOICE

PAGE 1

[redacted] BUS:

SERVICE ADVISOR: 526 MARK R. KITCHENS

YEAR	MAKE	MODEL	VIN		TAG
01	CHEVROLET	2500 PICKU	1GCHC231X1F166051	30037/30037	[redacted]

DATE	PROD. DATE						DATE
02001			WALT 10MAY02	78.00	CASH		10MAY2002

OPTIONS: STK:37599 DLR:30151
ENG:6.6_DURAMAX_DIESEL TRN:M76

6 10MAY02 09:12 10MAY02

OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
THE LEFT TAILGATE STRAP BROKE//TAILGATE HAS A DENT//CUSTOMER TO RETURN FOR BODY REPAIR						
E:						
B5751 SUPPORT, TAILGATE CABLE - REPLACE LEFT						
18 WR96 0.20						
1 16637944 CBL-E/GAT						(N/C) (N/C)

Many of the cable broke while I was on Truck Hurt myself!

S: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

7 LEFT TAILGATE CABLE RUSTED AND BROKE. B5751 0.2 REPLACED THE LEFT GATE CABLE. ++

********** **

3 THE LEFT TAILGATE STRAP BROKE/TAILGATE HAS A DENT//CUSTOMER TO RETURN FOR BODY WORK

E:

B5750 SUPPORT, TAILGATE CABLE - REPLACE RIGHT

18 WR96 0.20

1 16637945 CBL-E/GAT (N/C) (N/C)

S: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

37 RIGHT TAILGATE CABLE IS RUSTED AND BROKE. B5750 0.2 REPLACED THE HT TAILGATE CABLE.

********** **

OUR MISSION IS TO IDENTIFY AND COMPLETELY**** SATISFY YOUR AUTOMOTIVE NEEDS. SHOULD WE FAIL TO DO SO, PLEASE MAKE YOUR ADVISOR OR A MEMBER OF THE MANAGEMENT TEAM AWARE AND WE WILL IMMEDIATELY CORRECT OUR ERROR. THANK YOU SERVICE, PARTS AND BODY REPAIR HOURS ARE: 7:00 AM TO 7:00 PM MONDAY THROUGH FRIDAY.

any warranties applying to this partial are e which may be offered by the facturer. The selling dealer, COURTESY VROLET GEO, hereby expressly disclaims warranties, either express or implied, ding any implied warranties of chantability or fitness for a particular ose, and COURTESY CHEVROLET GEO ler assumes nor authorizes any other on [redacted] assume for it any liability in ion [redacted] with the sale of the partial and/or ice, [redacted] shall not be entitled to recover the selling dealer any consequential ages, damages to property, damages for of use, loss of time, loss of profits, or ess, or any other incidental damages.

The declarable utilize hours published in the Chilton's Labor Time Guide, which reflects an average time requirement for the performance of specific vehicle repairs and which may therefore be either more or less than the actual clock time in any given instance.

SERVICE HOURS
MONDAY - FRIDAY
7:00 AM TO 7:00 PM
CLOSED SATURDAY & SUNDAY

	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	[redacted]

CUSTOMER COPY

37599 264341

COURTESY GEO.

COMMON COURTESY. AN UNCOMMON CHEVY DEALER
7777 KATY FREEWAY • P.O. BOX 1966
HOUSTON, TEXAS 77251-1966
713/686-7777

INVOICE

PAGE 1

[redacted]

C[redacted]N, TX[redacted]
CMS: [redacted] BUS :

SERVICE ADVISOR: 526 MARK R. KITCHENS

1	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051		30037/30037	[redacted]

2JUN2001			WAIT 10MAY02	78.00	CASH	10MAY2002

OPTIONS: STK:37599 DLR:30151
ENG:6.6_DURAMAX_DIESEL TRN:M74

18:46 10MAY02 09:12 10MAY02

CUSTOMER SIGNATURE

JOB OPCODE TECH TYPE HOURS	LIST	NET	TOTAL

1 CS THE LEFT TAILGATE STRAP BROKE//TAILGATE HAS A DENT WHERE IT HIT THE BUMPER//CUSTOMER TO RETURN FOR BODY REPAIR

CAUSE: .

B5751 SUPPORT, TAILGATE CABLE - REPLACE LEFT (N/C)
18 WR96 0.20 (N/C)
1 16637944 CBL-E/GAT

Not Rusted Mark Kitchens

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

30037 LEFT TAILGATE CABLE RUSTED AND BROKE. B5751 0.2 REPLACED THE LEFT TAILGATE CABLE. ++

****

3 [redacted] THE LEFT TAILGATE STRAP BROKE/TAILGATE HAS A DENT//CUSTOMER TO RETURN FOR BODY WORK

CAUSE: .

B5750 SUPPORT, TAILGATE CABLE - REPLACE RIGHT (N/C)
18 WR96 0.20 (N/C)
1 16637945 CBL-E/GAT

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

30037 RIGHT TAILGATE CABLE IS RUSTED AND BROKE. B5750 0.2 REPLACED THE RIGHT TAILGATE CABLE.

****

OUR MISSION IS TO IDENTIFY AND COMPLETELY**** SATISFY YOUR AUTOMOTIVE NEEDS. SHOULD WE FAIL TO DO SO, PLEASE MAKE YOUR ADVISOR OR A MEMBER OF THE MANAGEMENT TEAM AWARE AND WE WILL IMMEDIATELY CORRECT OUR ERROR. THANK YOU SERVICE, PARTS AND BODY REPAIR HOURS ARE: 7:00 AM TO 7:00 PM MONDAY THROUGH FRIDAY.

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The dealership utilizes hours published in the Chilton's Labor Time Guide, which reflects an average time requirement for the performance of specific vehicle repairs and which may therefore be either more or less than the actual clock time in any given instance.

SERVICE HOURS
MONDAY - FRIDAY
7:00 AM TO 7:00 PM
CLOSED SATURDAY & SUNDAY

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

CUSTOMER COPY

1F166051 390006

ALLEN SAMUELS CHEVROLET-OLD

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 754-7000
SERVICE: (281) 754-7040

[redacted]
O[redacted]N, TX [redacted]
ONE: [redacted] BUS: [redacted]

PAGE 1

SERVICE ADVISOR: 1774 IRMA RIVERA

OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]		31465/31465	[redacted]
5JUN2001			16:00 17MAY02		0.00	CASH	17MAY2002

OPTIONS:

19:21 16MAY02 16:49 17MAY02

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
CHECK LINKAGE & ADJUST IF NECESSARY.			
REPLACE FILTER & GASKET. CHECK LINKAGE &			
1518 CTM 1.00		49.95	49.95
10 ATF	1.95	1.75	17.50

****

B C/S: TEST DRIVE IN REV AND TURNING THERE IS A CLICKING TYPE NOISE UNDER
F/E AREA----SEE IRMA
E3350 CROSS MEMBER, TORSION BAR SUPPORT - REPLACE
FC: 2W PA[illegible]
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

31465 RETORQUED CROSSMEMBER BOLTS. NOTE VEHICLE HAS NERF BARS. KNOWN CAUSE OF [illegible]

****

C C/S: [illegible]
REAR END AREA
204 [illegible]
1518 CT 0.00 0.00 0.00

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnostic time.

TERMS: OAN/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY [illegible] REPAIR OF THIS MOTOR VEHICLE SUBJECT TO THIS REPAIR CONTRACT. I UNDERSTAND [illegible] THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS, TEXAS [illegible] AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON OEM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET - OEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

CUSTOMER COPY

1F166051 390006

ALLEN SAMUELS CHEVROLET-GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 764-7000
SERVICE: (281) 764-7040

[redacted]
[redacted], TX
[redacted] BUS: [redacted]

PAGE 2

SERVICE ADVISOR: 1774 IRMA RIVERA

OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	31465/31465	[redacted]

5JUN2001	16:00 17MAY02	0.00	CASH	17MAY2002	

OPTIONS:

9:21 16MAY02 16:49 17MAY02

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL

****

CAUSE: DF

- REPLACE LEFT

1 15604067 INSERT (N/C)

PART#: 15604067

CLAIM TYPE:
ACTION CODE:
ON

LABOR: 0.00 OTHER: D:

****

COMP MAKING NOISE

CAUSE: DF

REPLACE

1 97300857 TENSIONER (N/C)

PART#: 97300857

CLAIM TYPE:
NV

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing contained in their "Labor Time Guide." Customers are charged by labor time, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnostic time.

TEXAS CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THE MOTOR VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON OEM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT O.E.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET - GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

CUSTOMER COPY

1F166051 390006

Allen Samuels
CHEVROLET-GMC (R)

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted], TX
[redacted] BUS: [redacted]

PAGE 3

SERVICE ADVISOR: 1774 IRMA RIVERA

OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	SWHK90	31465/31465	[redacted]
5JUN2001		16:00 17MAY02		0.00	CASH	17MAY2002

OPTIONS:

9:21 16MAY02 16:49 17MAY02

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
**********			
AUSE: DF			
1510 W 0.30			(N/C)
CLAIM TYPE:			
MA			
ADMINISTRATIVE TIME			
1690 W 0.10			(N/C)
CLAIM TYPE:			
MA			
LABOR: 0.00			TOTAL LINE F:
**********			
109 109 REPLACE SERPENTINE BELT (1).			
1 97223129 BELT	43.39	43.39	43.39
31465 REPLACED SERPENTINE BELT 61,000			
**********			

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPRIETY CODE
I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.609, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON OIL" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET - GMC, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

CUSTOMER COPY

1F166051 390006

Allen Samuels
CHEVROLET CADILLAC

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]

PAGE 4

NAME: [redacted] BUS: [redacted]

SERVICE ADVISOR: 1774 IRMA RIVERA

COLOR	YEAR	MAKE/MODEL	VIN		MILEAGE	
GOLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	31465/31465	[redacted]

DUE DATE	PROMISED	CHECKED				
15JUN2001			16:00 17MAY02	0.00	CASH	17MAY2002

RECEIVED	READY	OPTIONS:
09:21 16MAY02	16:49 17MAY02	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

SERVICED AT ALLEN SAMUELS CHEVROLET.WE HOPE
ALL OF OUR WORK CARRIES A 12 MONTH 12,000
LIFETIME GUARANTEED PARTS.AGAIN THANK YOU FOR

CHEVROLET

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through extent testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TEXAS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §5.403, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON OEM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT O.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET, GMC, neither assumes, nor authorizes any other person to assume for it any liability in connection with the sale of said product.

LABOR AMOUNT	94.40
PARTS AMOUNT	92.14
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	18.65
TOTAL CHARGES	205.19
LESS INSURANCE	0.00
SALES TAX	9.14
PLEASE PAY THIS AMOUNT	

CUSTOMER COPY

1F166051 391342

Allan Samuels
CHEVROLET-GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]
TON, TX [redacted]
: [redacted] BUS: [redacted]

PAGE 1

SERVICE ADVISOR: 1803 CHARLES AIKEN

MON	YEAR	MAKE/MODEL	VIN			
	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	32109/32109	[redacted]

DATE	PROD. DATE	WARR. EXP.				
N2001			18:00 06JUN02	0.00	CASH	06JUN2002

R.O. OPENED	READY	OPTIONS:
3 31MAY02	13:12 06JUN02	

: OPCODE TECH TYPE HOURS LIST NET TOTAL

'S HAS NO LIT OR REVERSE

E: DF

K5226 SWITCH, PARK/NEUTRAL POSITION - REPLACE

1555 W 1.30 (N/C)

1 29540479 SWITCH KI (N/C)

PC: 6F

PART#: 29540479

COUNT: 1

CLAIM DATE:

AUTH CODE: E

CS

Transmission jerking gears
+ gear lever
out of park
Leo

TS 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

09 PERFORMED SYSTEM DIAGNOSTIC SCANNED VEHICLE AND FOUND
06,P1713,AND P0700 DUE TO AN OPEN CIRCUIT INSIDE NEUTRAL SAFETY
TCH ASSY KEEPING TRANSMISSION FROM SHIFTING PROPERLY AND REVERSE TO
K AS DESIGNED INSTEAD NEUTRAL SAFETY SWITCH CHANGED AND RE
TED OK TRANS OPERATING TO SPECS. K5258 .3 CEN TIME 1.0HR.

****

RENTAL CAR

DF

300 RENTAL CAR

1.00 N/C

PC: 96 PART#: COUNT: 0

CLAIM DATE:

AUTH CODE:

MP

TS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

****

charges for service labor are based on the average time taken by an experienced Technician for repair operation. This is determined through actual testing contained in their "Labor Time Guide." where are charged by these times, not by the actual clock hours various Technicians might take to plete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I [redacted]ON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY TH[redacted]R OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT, I UNDERSTAND T THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH §9.503, TEXAS [redacted]RS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE [redacted]CLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE [redacted] DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS [redacted]N HAS BEEN CLOSED.

"N.P.M." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLAN SAMUELS CHEVROLET - GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

[redacted]NATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

CUSTOMER COPY

1F166051 391342

Allen Samuels
CHEVROLET GEO

INVOICE

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]
CUSTOMER [redacted]
HOME: [redacted] BUS: [redacted]

PAGE 2

SERVICE ADVISOR: 1803 CHARLES AIKEN

COLOR	YEAR	MODEL	VIN		MILEAGE	
OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	32109/32109	[redacted]

DEL DATE	PROD DATE	WARR EXP	PURCHASE	DEPT	TAX	PAYMENT	INVOICE DATE
5JUN2001			18:00 06JUN02		0.00	CASH	06JUN2002

PROMISED	STARTED	OPTIONS:
2:33 31MAY02	13:12 06JUN02	

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
					SERVICED AT ALLEN SAMUELS CHEVROLET.WE HOPE			
					ALL OF OUR WORK CARRIES A 12 MONTH 12,000			
					LIFETIME GUARANTEED PARTS.AGAIN THANK YOU FOR			

CHEVROLET

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnostic time.

THIRD-PARTY APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON OEM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The Seller, ALLEN SAMUELS CHEVROLET GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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	

CUSTOMER COPY

7-5-02
11:00AM

1F166051 394057

INVOICE

PAGE 1

Allen Samuels
CHEVROLET-GEO

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

ATT: [redacted]
97[redacted]
OUSTON, TX [redacted]
OME: [redacted] BUS: [redacted]

SERVICE ADVISOR: 1803 CHARLES AIKEN

OLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]	33949/33949	[redacted]

5JUN2001			18:00 05JUL02	0.00	CASH	05JUL2002

OPTIONS:

9:32 02JUL02 10:59 05JUL02

INE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
	300 RENTAL CAR						

ARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

****

AUSE: DF

REPLACE LEFT
W 0.60
FC: 6C PART#: COUNT: 0
YPE:
AUTH CODE:

CHEVROLET

ARTS: 0.00 LABOR: 0.00 [illegible] TOTAL LINE B: 0.00

3949 THE LEAF DID NOT COME APART TT JUST MOVE [illegible] E5241 0.6 WAS TO
EFT SIDE REAR AT THIS TIME NO PART WAS NEED AT THIS TIME

C/S TRANS JERKS ON TAKE OFF

K6567 SOLENOID, TORQUE CONVERTER CLUTCH - REPLACE

1 24212690 VALVE ASM (N/C)

FC: 6C

COUNT: 7

Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in their "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnosis time.

TERMS: CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE
AN [illegible]SON OR AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR [illegible] REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT [illegible] VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS, TEXAS [illegible] AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X
SIGNATURE OF PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

"N.P.N." & "NON GM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranties on the products sold hereby are those made by the manufacturer. The dealer, ALLEN SAMUELS CHEVROLET - GEO, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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

CUSTOMER COPY

1F166051 394057

INVOICE

PAGE 2

Alan Samuels

7000 S.W. FREEWAY
HOUSTON, TEXAS 77074
(281) 784-7000
SERVICE: (281) 784-7040

[redacted]
[redacted]STON, TX
HOME: [redacted] BUS: [redacted]

SERVICE ADVISOR: 1803 CHARLES AIKEN

GOLD	01	CHEVROLET 2500 PICKU	1GCHC231X1F166051	[redacted]		33949/33949	[redacted]
15JUN2001			18:00 05JUL02		0.00	CASH	05JUL2002

OPTIONS:

09:32 02JUL02 10:59 05JUL02

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

33949 SCANNED VEHICLE FOR CODES AND FOUND P0740 DUE TO ASTUCK CLOSED

FOUND SOLENOID STUCK CLOSED RESULTING IN TORQUE CONVERTER STAYING

PAN AND REPLACED SOLENOID REFILLED [redacted] NEEDED CLEARED

[redacted]ESTED OK NO FURTHE[redacted] THIS TIME K6567[redacted]

1.0 ADD A 0.3 HOURS FOR A TOTAL OF[redacted]

*****[redacted]

[redacted] OUR VEHICLE

[redacted] ONE.REMEMBER

[redacted] PARTS & LABOR.ASK ABOUT OUR

[redacted]ED PARTS,AGAIN TH[redacted]

[redacted] IN THE CAR BUSINESS********

"Our charges for service labor are based on the average time taken by an experienced Technician for each repair operation. This is determined through actual testing outlined in our "Labor Time Guide." Customers are charged by these times, not by the actual clock hours various Technicians might take to complete a repair operation. There will be a charge for diagnostic time.

"N.P.N." & "NON OM" SHALL MEAN THESE PARTS HAVE NO PART NUMBER & ARE NOT G.M. PARTS.

Any warranty on the products sold hereby are those made by the manufacturer. The Seller, ALAN SAMUELS CHEVROLET [redacted] INC., neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said product.

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	

TEXAS CASH/APPROVED CHECK/CREDIT CARD

NOTICE PURSUANT TO §70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AGENT ACTING ON BEHALF OF THE PERSON WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH SECTIONS [redacted] BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

X

SIGNATURE OR PERSON RESPONSIBLE OR AGENT FOR PERSON RESPONSIBLE

CUSTOMER COPY

ESIS
An Insurance Services Company

ESIS/GM Central Claims
M/C: 482 C20 D71
P.O. Box 500
Detroit, MI 48265-8000

800.888.0164 tel
313.665.0911 fax

Reginald E. Scott
Claims Administrator

June 25, 2002

[redacted]
Houston, TX [redacted]

RECEIVED
JUL 23 2002
ESIS-GM CLAIMS UNIT

RE: Claimant: [redacted]
Our File No.:
Our Client: General Motors Corporation
Date/Event: 5/9/02
Subject vehicle: 2001/Chevy/Silverado
VIN: 1GCHC231X1F166051

Dear [redacted]

ESIS is a third party administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

So we may further investigate your claim, we request that you provide us with the following information:

1. Statement describing the incident, outlining the date, time and events regarding this matter. Also statements of other witnesses, if available would be appreciated;
2. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
3. All medical records concerning the injuries suffered as a result of this accident. A *Consent to Develop Wage and Medical Information* form is enclosed to assist our office in obtaining these records;
4. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
5. Documentation to substantiate the type and amount of damages claimed;
6. Current location of the subject vehicle. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

When we have received this information, we will be in a better position to consider your claim. Should you have any questions regarding this letter or your claim, please do not hesitate to contact me directly at 800.888.0164, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST

Sincerely,

Reginald E. Scott

OK
6-25-02
JOV

CONSENT TO DEVELOP MEDICAL AND WAGE INFORMATION

ClmAdm/

CLAIM NUMBER: [redacted]	
ADMISSION DATE(s)/DATE OF EVENT (on or about): MAY 9, 2002	INJURIES (if known): HIP, FOREARM AND FOOT INJURY

I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings.

A photocopy of this authorization can be accepted with the same authority as the original.

Name (Please Print): [redacted]	Social Security Number: [redacted]
Address: [redacted] HOUSTON TEXAS [redacted]	Date of Birth/Age: [redacted]
Signature: [redacted]	Date Signed: 7/8/02

Attachment for
CONSENT TO DEVELOP WAGE AND MEDICAL INFORMATION

ClmAdm/

CLAIM NUMBER:	[redacted]

Name of treating physician or medical facility:	PATRICIA D. SALVATO, M.D.
Street Address:	4126 S.W. FRWY #1700
City, State, Zip:	HOUSTON, TX 77022
Phone:	(713) 961-7100

Name of treating physician or medical facility:	FANNIN STREET IMAGING
Street Address:	7707 FANNIN #195
City, State, Zip:	HOUSTON, TX 77054
Phone:	(713) 799-1900

Name of treating physician or medical facility:	
Street Address:	
City, State, Zip:	
Phone:	

Please use the back of this sheet or a separate piece of paper if additional space is needed.

ESIS

CONSENT TO DEVELOP MEDICAL AND WAGE INFORMATION

CLAIM NUMBER:	[redacted]

ADMISSION DATE(S) ON OR ABOUT	INJURIES (IF KNOWN)
MAY 28, 2002	LT. HEAL + ANKLE

"I hereby consent and request that the bearer be permitted to examine and obtain copies of all hospital and medical records of every sort and kind, interview doctors and other attendants regarding all matters relating to examination, diagnosis, care and treatment of myself. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings."

"I am willing that a photocopy of this authorization be accepted with the same authority as the original."

NAME (PRINTED)	DATE SIGNED
[redacted]	6/26/02
SIGNATURE [redacted]	SIGNATURE [redacted]
ADDRESS [redacted]	DATE OF BIRTH (AGE) [redacted]

DIVERSIFIED MEDICAL PRACTICES, P.A. 07/16/02
P. O. BOX 201927
[redacted]STON, TEXAS 77216-1927[redacted]
(713) 961-7100

Pt-Act# 2478-2507
[redacted]
HOUSTON TX [redacted]

[redacted]
HOUSTON TX [redacted]

Acc't Type: Private Pay
Pt Phone [redacted]
SS#: - - DOB: [redacted]
Employer : [redacted]
Work Phone: [redacted]
Guarantor Phone : ( ) -
Responsible Prov.: [redacted]
Date of Accident : - -
Date of 1st Consult: - -
Date of Last Bill : 07-08-02

Diagnosis Information

7235 PAIN IN LIMB
7038 STIFFNESS, JOINT NEC, LOWER L

Provider Identification

Provider: SALVATO, PATRICIA MCR #: 83931N WC #: MDG0049
Tax ID #: 76-0324894 MCD #: 138059405 COM#: G0049

Item#	CPT	Description	ICD9	Claim#	Date	Doc	Loc	Amount
21	99212	OFFICE/OUTPATIENT V	729.5	To File	05/28/02	1	1	75.00
22	73630	X-RAY EXAM OF FOOT,	729.5	To File	05/28/02	1	1	65.00

Itemization Date:
01-May-2002 To 16-Jul-2002

Itemized Charges:	140.00	
Itemized Payments:	0.00	
Itemized Adjustments:	0.00	
Itemized Bad Debt Adjs:	0.00	
Total Itemization:		140.00

DATE	TRANS. CODE	PATIENT'S #	AMOUNT	INSURANCE CODE	PATIENT'S NAME	RECEIVED BY
11/02	CK	[illegible]	800 00	SP	[redacted]	CK

FANNIN STREET IMAGING
7707 FANNIN STREET #100
HOUSTON, TEXAS 77054
P: (713) 790-1900 F: (713) 790-1936

022 – RECEIPT – 7022

THIS IS YOUR RECEIPT, PLEASE RETAIN FOR INCOME TAX AND INSURANCE PURPOSES.

Attachment

May 9th 2002 I [redacted]
was unloading materials from
the bed of my truck.
I had the tailgate open
I came to the edge of the
tailgate to jump off from back
of bed of truck.
Tailgate straps broke when I came
to the edge of tailgate I fell down
on injured my left forearm, left side
of hip also my left foot.
At time of incident I called my sales person
at Courtesy Chevrolet Al Flores he told me to
bring my truck in for repairs.
I also called Allen Samuels Chev. and spoke
to service manager. Irma Rivera
They both asked if I was okay I replied 'yes' just aches
Neither told me to make a Report of any kind.

Enterprise
1-800-RENT-A-CAR

ENTERPRISE LEASING COMPANY OF HOUSTON
7000 SOUTHWEST FREEWAY

MO 7:00A- 6:00P TU 7:00A- 6:00
WE 7:00A- 6:00P TH 7:00A- 6:00
FR 7:00A- 6:00P SA 9:00A- 1:00

[redacted]

[redacted]

CELL

ALLEN SAMUELS CHEVROLET
7000 SOUTHWEST FREEWAY
HOUSTON TX 77074
CHARLESIE 281-784-7000

ADDITIONAL AUTHORIZED DRIVER - NONE PERMITTED WITHOUT ENTERPRISE
NO OTHER DRIVER PERMITTED

PERMISSION GRANTED TO OPERATE VEHICLE IN THE STATE OF RENTAL AND THE FOLLOWING STATES:

[redacted]

7/08/08

DATE	AUTHOR	COND. CODE	AMOUNT	RO BY	TIME	LEAVE	ARRIVE
7/09			XXXXXXXXXXXX4040				
EXT. TO		ADDTL. DIR.	20.00 VISA AUTH 7/08-035				
EXT. TO		ADDTL. DIR.					
EXT. TO		ADDTL. DIR.					
EXT. TO		ADDTL. DIR.					

ADDITIONAL INFORMATION

*TEXAS PROP TAX, TITLE & LICENSE FEE REIMBURSEMENT

VIN# 2B3HD46R0PH192195

RATE	29.99 29.99
DAYS	10.00
	3 @ 33.00 99.00
	30.00 FLAT
	65.00
	135.00
	20.00/1/2 TANK
	SPAUTHTX AT 5.000% 67.50
TOTAL CHARGES	1539.99
DEPOSITS	35.99
REFUNDS	
AMOUNT DUE	1120 DD
COLLECTED BY	100
PAID	DATE / CHECK / CR CARD / CASH

RECEIPT FOR CASH REFUND

DATE RECEIVED BY AMOUNT

CLAIM INFORMATION

POL. OR CL #: R0SA05E7P0184680

INSD.

LOSS DATE THEFT

PHONE 281-784-7000

RECEIVED BY ALLEN SAMUELS CHE

TYPE CAR 01 CHEVY PAV

NOTICE: Your Rental Agreement offers, for an additional charge, an optional waiver to cover all or a part of your responsibility for damage to or loss of the vehicle. Before deciding whether to purchase the waiver, you may wish to determine whether your own automobile insurance or credit card agreement provides you coverage for rental vehicle damage or loss and determine the amount of the deductible under your own insurance coverage. The purchase of the waiver is not mandatory. The waiver is not insurance.

INVOICE

© Enterprise Rent-A-Car Company, 2001

[redacted]

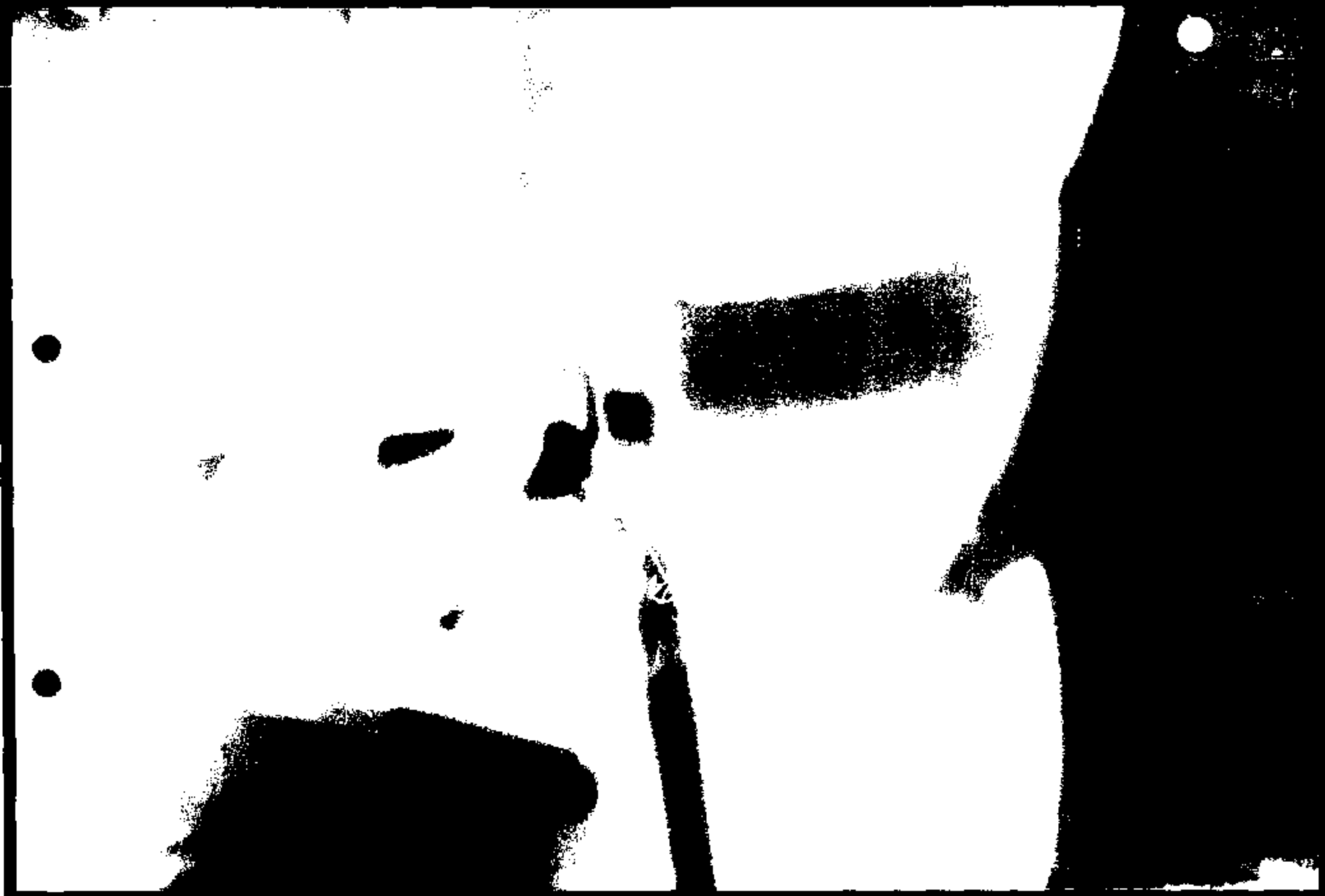
WARRANTY REPAIRS

[redacted]

Complainant's Name

DATE IN (List oldest first)	MILEAGE	DEALER	REPAIR ORDER NUMBER	DESCRIPTION OF PROBLEMS	WORK DONE	DATE OUT	COST, IF ANY
First week	6-20-01	Coutesy Chev.	None	Popping Noises Cross member Transmission Slippage	None		
9-20-201	7911	Allen Samuels	371378	Cross Member Support Transmission slippage	Retigtened none	9-21-01	None
11-14-201	13942	Allen Samuels	376090	Transmission Slippage	Transmission Ser.	11-14-01	71.70
2-04-02	23328	Allen Samuels	381910	L/R wheel smoking after Long Trip.	Replace Hub Seals	2-05-02	
2-16-02	24201	Allen Samuels	382693	Leaf spring Making Noise	Replace Bolt Leaf Spring	2-16-02	
5-17-02	31465	Allen Samuels	390006	Cross member Support Left Rear leaf spring		5-17-02	
				AC comp. making Noise	Replace Tensioner		
5-7-02	30175	Allen Samuels	389270	Popping Noise Steering	Couldn't duplicate	5-7-02	
5-10-02	30037	Courtesy Chev.	264341	Tailgate strap Broke	Replaced straps Tailgate Damaged	5-10-02	
5-31-02	32709	Allen Samuels	391342	Transmission 1 gear 1st gear	Replaced Parts	6-6-02	

5-9-02 Right Steap Broken

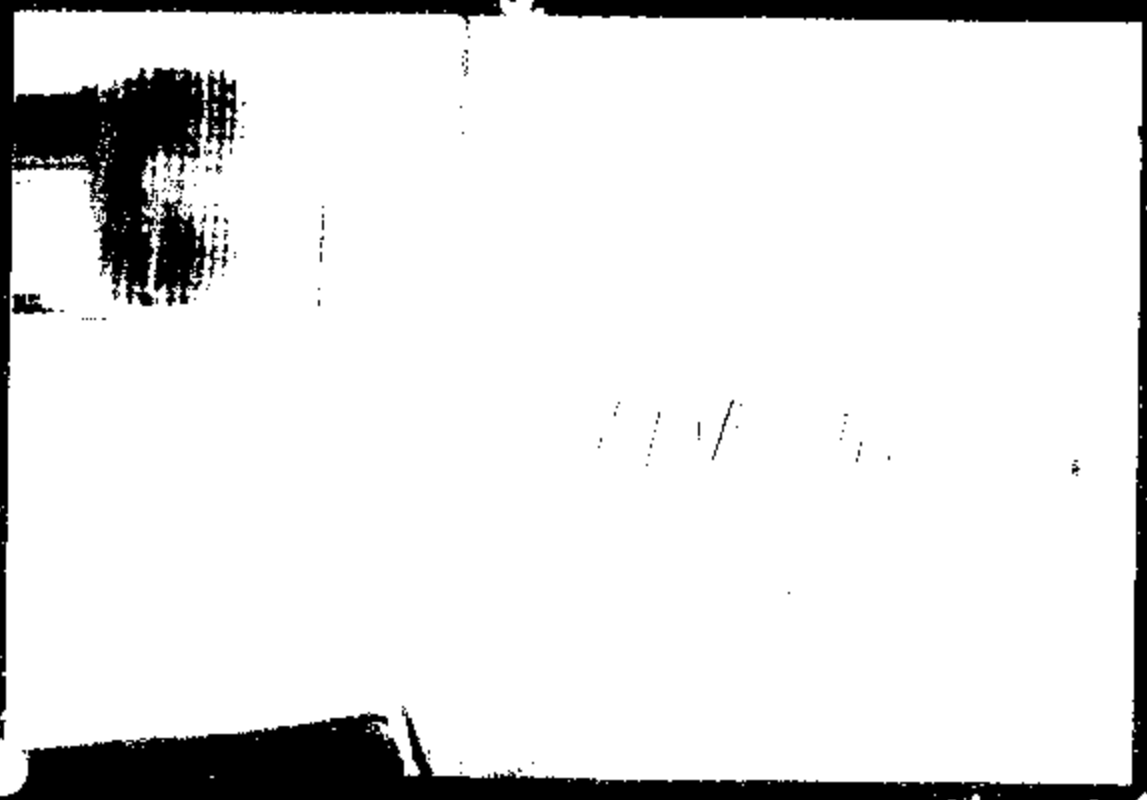


Right broken strap 5-9-02

Left Broken Strap 5-5-02

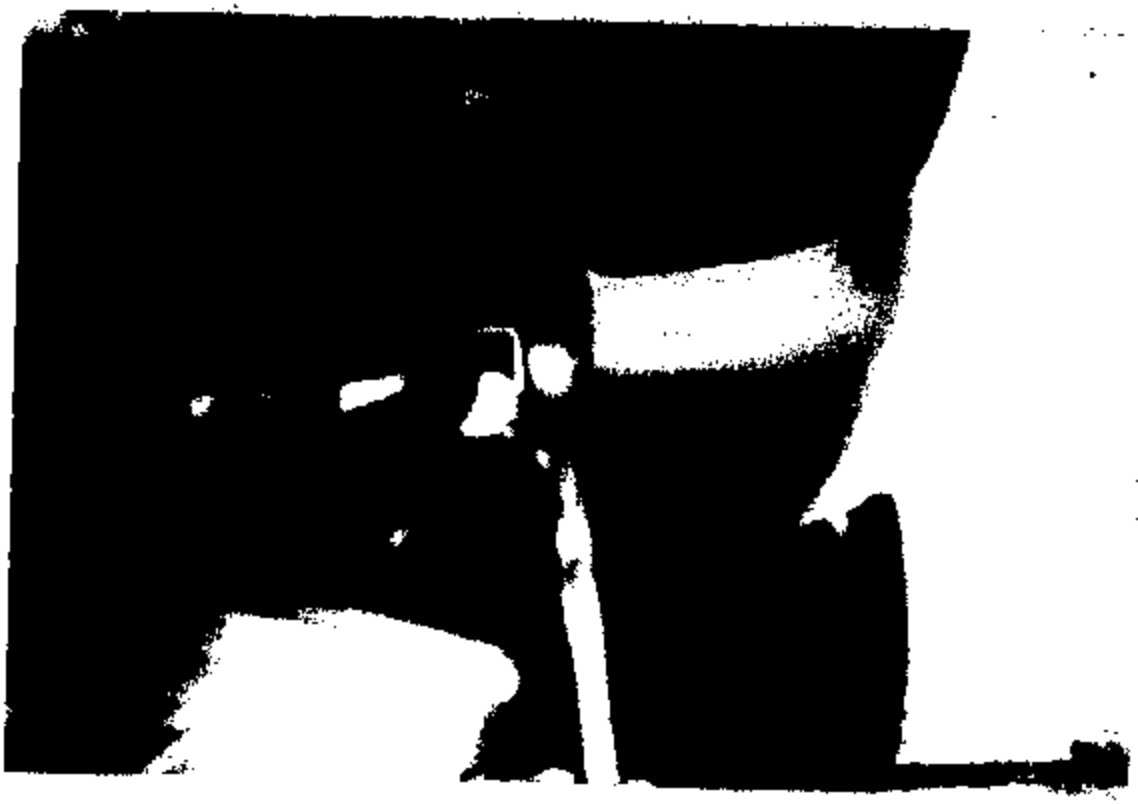
Left Strap 5-9-02

Tailgate crease both sides



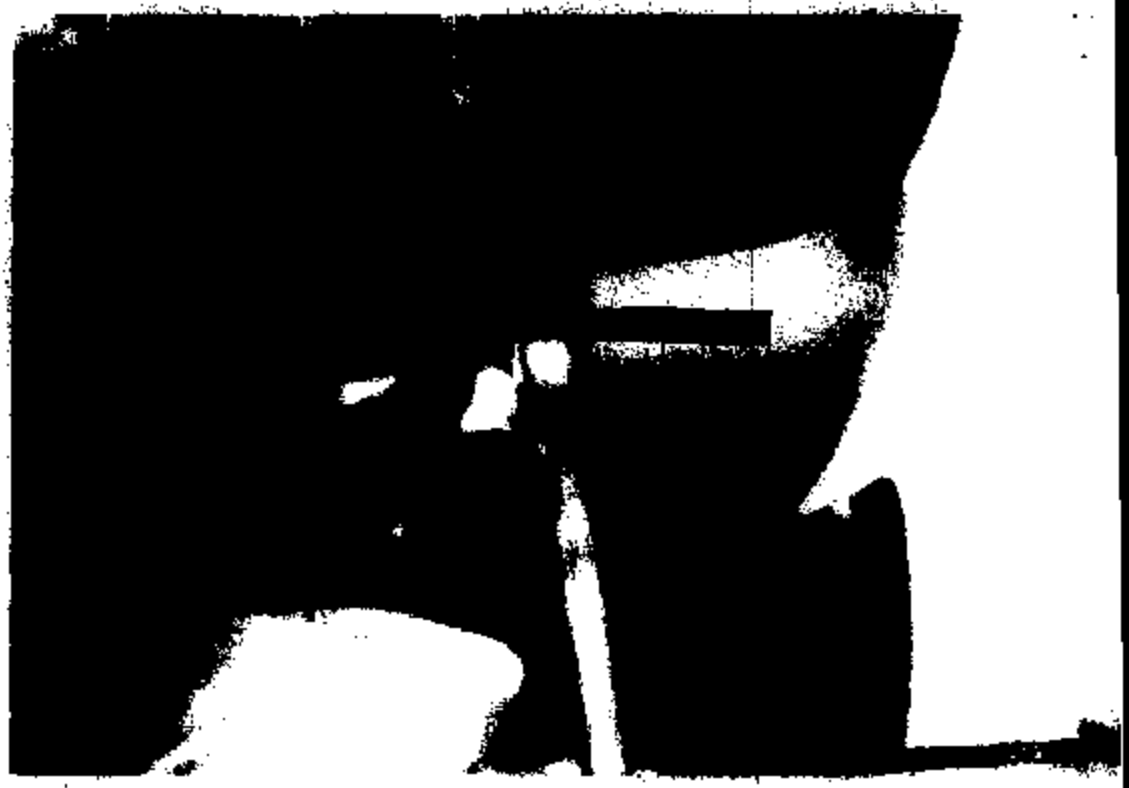
5-9-02

Tailgate crease on both sides



Item on truck with Myself when straps broke

5-9-02



5-9-02
Items on tailgate with me when straps broke.

ESIS
An Insurance Services Company

ESIS/GM Central Claims
300 Renaissance Center
M/C 482 C20 D71
Detroit, MI 48265-3000

313.665.3406 tel
313.665.0911 fax

Michael K. Schulte
Claims Administrator

June 10, 2003

[redacted]

Rowlett, TX [redacted]

VIA U.S. MAIL

Re:	File Number:	441345
	Date of Event:	August 23, 2002
	Claimant:	[redacted]
	Client/Account:	General Motors Corporation

De[redacted]

The release form that I discussed with your wife is enclosed. The form requires a Notary Public to witness its signing and both you and Robin need to sign. Upon return of the original executed Release, I will immediately forward the check in the amount of $3,500.

Kindly put the original signed copy of the Release in the mail so that I can send the check and close my file upon receipt.

I also need to point out that this is a goodwill settlement and does not constitute an admission of liability by General Motors.

Sincerely,

Michael K. Schulte

OK
06/19/03

HUSBAND AND WIFE RELEASE AND INDEMNIFICATION OF ALL CLAIMS

FILE NUMBER: 8213-259-441345

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, being of lawful age, for the sole consideration of Three Thousand Five Hundred dollars, ($3,500) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do hereby and for our heirs, executors, administrators, successors and assigns, release, acquit, and forever discharge **ESIS/General Motors Corporation**, and Young Chevrolet, Inc., and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, suppliers, corporations, associations or partnerships, the "Releasees", of and from any and all claims, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have, or which may hereafter accrue on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen bodily, personal injury and property damage, and the consequences thereof resulting to or resulting from the accident, casualty or event which occurred on or about the 23rd day of August, 2002, at or near Rowlett, TX.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said Releasees deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned hereby declare(s) and represent(s) that the injuries sustained are, or may be, permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this Release, it is understood and agreed, that the undersigned relies wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, affect and duration of said injuries and liability therefore, and it is made without reliance upon any statement or representation of the party or parties hereby released, or their representatives, or by any physician or surgeon by them employed.

It is understood and agreed that this Release is intended to cover, and does cover, without limitation, claims which are known and unknown, claims for known and unknown injuries, and/or damage claims for anticipated or unanticipated injuries and/or damage; and claims for expected or unexpected consequences of injuries and/or damages, which have resulted or may result from any alleged conduct, acts, or omissions of any of the Releasees.

It is understood and agreed that the undersigned, his/her heirs, executors, administrators, and assigns does agree to indemnify, save harmless and defend the Releasees from all claims and demands for damages, costs, expense or compensation on account of, or in any way arising out of the accident, casualty or event which occurred on or about 8/23/2002, including actual damages, actual attorneys fees and all other costs arising out of claims for contribution and/or common law indemnification, and/or contractual indemnification brought against the Releasees by any person whatsoever.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not mere recital. It is further understood that this settlement is a confidential settlement, the terms of which will not be disclosed to any third person except as required by law.

PAID

DATE: 6/25/2003

Schulte
441345

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT, IS GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 20th day of June, 2003

CAUTION: READ BEFORE SIGNING

[redacted] LS

WITNESS

HUSBAND, Marvin Hughes

[redacted] LS

WITNESS

State of Texas
County of Rockwall

On the 20th day of June, 2003 before me personally appeared

[redacted] to me known to be the

person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that

[redacted] voluntarily executed the same.

My term expires 9/29, 2003 Linda Stevens-Tucker
Notary Public

LINDA STEVENS-TUCKER
MY COMMISSION EXPIRES
September 29, 2003

RECEIVED
JUN 24 2003
ESIS-OM CLAIMS UNIT

SR No.	1-27877240	Ref No.		SRC Type	PAR	Bus. Unit	SRC
		Site				Area	PAR
Last Name	[redacted]	First Name	[redacted]	Approval	Not Initiated	Sub-Area	Initiate PAR- Injury
	[redacted]	Cos Asst			Body - Trunk / Tailgate / Hatchback	Safety	Yes
Involved Dealer	Young Chevrolet, Inc.		Phone	Priority	Medium	Updated	8/28/02 12:48:48 PM
	1GCEC19T4YZ247228	Licence #	CHEVROLET		Open		RUEDP
	Silverado	Warr. Start		Sub-Status	Satisfied	Opened	8/28/02 8:34:34 PM
	Chevrolet	Mileage	60000		2000	Closed	
Customer Description	PAR request/ refer calls to Paul M Rued/57328			Abstract	Cable on Tailgate Broke/ Injury		

Pre-PAR

	Owner		8/28/02 2:00:00 PM		[redacted]		Marvin
	It occured on driveway at owner's residence.		Cust was standing on the tailgate with 80 pounds of concrete when the cables holding it snapped and cust was injured.		10/2/00		
	Concrete		Dry		None		
	0		Tailgate is only held together by two bottom bolts but the cables are snapped clean in half.		Unknown		Unknown
	Y	Component	Tailgate Cables/ BOTH	Insurance Agency	Nationwide		1111111111
			At customer's house				
	Cust does his own maintenance.						

PAR Detail

			Y		
	0		clear and dry		
	tailgate broken		10/22/01		Est Repair Cost
		Loc Last Service			Inspection Date/Time
	Personal				Inspection Type

09/11/02	RUEDP	BRC PAR	Close-No Offer to Repair/Rep	Email Closed	BUSINESS SUMMARY	BUSINESS SUMMARY :CRM Received and reviewed PAR request. CRM discussed PAR facts with cust. CRM advised file would be sent to ESIS for injury claim. CRM closing PAR request with no offers for repurchase or repair made from this office. Paul M Reed Tampa-PAR/67326
09/11/02	RUEDP	BRC PAR	ESIS- Injuries	Done	forward to ESIS	
09/11/02	RUEDP	BRC PAR	Inspection Not Required	Done	forwarded to ESIS	
09/11/02	RUEDP	BRC PAR	Initial Contact-Phone	Done	DESCRIPTION OF INCIDENT	DESCRIPTION OF INCIDENT: Cust states left specific instructions at his work to forward cell's number to GM agent but did not occur. Cust states was recooperating @ rehab home when CRM was attempting call. Cust states standing on tailgate with concrete bag when tailgate released and he fell on right side with bag on top of and injured head on ground. Cust states just recently got to position where he functioning normally. Cust seeks medical compensation and loss of wages during recuperation. CRM advised file would be forwarded to ESIS and advised information. Paul M Reed TAmpa/PAR/67326
09/09/02	RUEDP	Notify CRM		In Progress	Notify CRM-phone number has been updated!	
09/09/02	IVEYE	Inbound Call Customer	Requesting Status	Done	cust call to update	Cust called to speak w/working CRM. CRM noticed this is a BRC will and transferred cust to x67326. CRM notifying CRM or cust callback. Elosine Ivey/tpa/cmix67147
08/31/02	BURCHAM	Final Approval		Done	Letter Approved. Pat Burcham/BRC/TM/Tampa	
08/29/02	BRCLTRO	Submit for Approval	Letter (Non Goodwill)	Done	10-day letter	Letter Approved. Pat Burcham/BRC/TM/Tampa
08/29/02	RUEDP	Correspondence		Done	Created:BRCPAR_PA0906. BR#1-27877240	
08/28/02	RUEDP	Outbound Correspondence	Customer	Done	10-day letter	
08/28/02	RUEDP	BRC PAR	Initial Contact-10 Day Letter	Done	filed vms	CRM left filed vms with contact information. CRM notes again that vms has prompts to cust name, first and last. CRM initiating 10-day letter. Paul M Reed Tampa-PAR/67326
08/28/02	RUEDP	Research		Done	411.com- no finds	CRM attempted to locate cust number via 411.com with no finds. Paul M Reed Tampa-PAR/67326
08/28/02	RUEDP	BRC PAR	Initial Contact-Dealer	Done	Service manager	CRM left vms with service manager to advise PAR request/ injury claim.

						Paul M Rued Tampa-PAR67326
09/26/02	RUEDP	Outbound Call Customer	Left Message	Done	left vme	CRM left vme at evening number to request cust callback. Paul M Rued TampaPAR67326
09/26/02	ESTBYD	Ownership Changed		Done	Service Request Ownership has changed FROM: ESTBYD TO: RUEDP	
09/26/02	RUEDP	Outbound Call Customer	Left Message	Done	left vme	CRM attempted contact @ daytime number, number possibly invalid. CRM left vme at evening number which is a business number with a prompt for cust's name. Paul M Rued Tampa-PAR67326
09/26/02	RUEDP	Research		Done	wrong vin- corrected	CRM found request with invalid VIN. CRM researched and found probable matching valid vin. CRM performed carscan with no fixds. CRM attempted cust contact at daytime number and place of business advised score with name is known. Paul M Rued Tampa-PAR67326
09/27/02	RUEDP	BRC PAR	Case Assigned	Done	ASSIGNED PAR CASE TO PAUL RUED/67326	
09/26/02	BETHEA	Escalation	Initiate PAR	Done	Case submitting to Par	PAR RECEIVED AND ACCEPTED PRE PAR FORM. LEONARD BETHEA/PAR/68110
09/26/02	ESTBYD	Inbound Call Customer	Complex Request	Done	Cust Called	Cust stated that he was standing on his tailgate with a bag of cement weighing 80 pounds when both cables holding the tailgate broke and cust was injured. Cust stated he went to dr and was diagnosed with two broken ribs, bruises along side of his face and a concussion. Cust wanted gm to pay medical bills and look into this to find out what caused this to happen. Csr advised cust our specialized dept will contact him within 48 business days. Dawn Estbyd/CAC/PDX
C11		Broken			Body - Trunk / Tailgate / Hatchback	
[redacted]			(214) 640-4874		Cust has two broken ribs and bruises along side of his face and also a concussion.	Dr. Bob Sparks who is at a doctor office

[redacted]

[redacted]

[redacted]

2000 SILVERADO LS 1500 PICK[illegible] 4-DR
P2A SPECIAL PAINT - ONE CC [illegible] (A) /V8G
92D MEDIUM GRAY CUSTOM CLOTH
ORDER NO. CNCHK4/TSR STOCK NO.
VIN 1GC EC19 T4 YZ347256

CHEVROLET MOTOR DIVISION
GENERAL MO[illegible] S CORPORATION
100 RENAISSANCE CENTER
DETROIT MI 48243-1001
VEHICLE INVOICE [redacted]

**********13*59702

MO[illegible] & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
CC[illegible]753 SILVERADO LS 1500 PICKUP	22831.00	18949.73	INVOICE 06/02/00
AG2 6-WAY POWER DRIVER & PASS SEATS	480.00	398.40	SHIPPED 06/02/00
AJ1 DEEP TINTED GLASS	107.00	88.81	EXP I/T 06/07/00
A95 RECLINING BUCKET SEATS	425.00	352.75	INT COM 06/07/00
DF5 INT R/V MIRROR, LIGHT SENSITIVE W/OUTSIDE TEMP & COMPASS	175.00	145.25	PRC EFF 06/02/00
			KEYS S530K S530K
FE9 FEDERAL EMISSIONS	0.00	0.00	MFP-C
GU6 REAR AXLE 3.42 RATIO	N/C	N/C	BANK: GMAC - 005
LM7 VORTEC 5300 V8 SFI GAS ENGINE	1495.00	1240.85	CHG-TO 59-702
M30 4-SPD AUTOMATIC TRANSMISSION WITH TOW HAUL MODE	1095.00	908.85	
			SHIP WT: 4506
P2A SPECIAL PAINT - ONE COLOR (A)	160.00	132.80	HP: 44.8
QCJ P255/70R16 ALS WOL TIRES	295.00	244.85	GVW: 6200
Q4B 6,200 LB GVW RATING	N/C	N/C	GVWF: 3600
TGK SPECIAL PAINT PROCESS OPT-SOLID	0.00	0.00	GVWR: 3686
UP0 AM/FM STEREO W/CASS & CD PLAYER (REPLACES RADIO IN OPTION PKG)	100.00	83.00	NTR: 1/2
			DAN: 7159F
ZX3 RIDE CONTROL	420.00	348.60	MEMO 1379.15
1SE LS DECOR INCLUDES:	N/C	N/C	

* AIR CONDITIONING W/AIR FILTRATION SYSTEM
* DUAL POWER MIRRORS
* AM/FM STEREO W/CD PLAYER
* CHROME GRILLE & STYLED STAINLESS STEEL WHEELS
* ELECTRONIC SPEED CONTROL
* POWER LOCKS & WINDOWS
* REMOTE KEYLESS ENTRY WITH CONTENT THEFT ALARM
* LEATHER WRAPPED STEERING WHL
* BODY SIDE MOLDINGS
* 40/20/40 SEATING W/RECLINE AND ARMREST STORAGE

TOTAL MODEL & OPTIONS	27583.00	22893.89	ACT 237 23583.89
DESTINATION CHARGE	690.00	690.00	
TOTAL	28273.00	23583.89	PAY 310 23583.89

INVOICE AMOUNT EXCLUDES HOLDBACK, GM MARKETING ADJUSTMENT AND OTHER DEALER FINANCE PROGRAMS.
THIS IS A RESTRICTIVE DIRECT SALE AND IS SUBJECT TO THE TERMS OF THE CHEVROLET QUALITY APPROVED CONVERTERS PROGRAM.

U[illegible]E CONVERSIONS, INC.

REMIT TO GMAC NO. 005
VIN 1GCEC19T4YZ347256
$ 23583.89 INV 1AD49614919
DUE 06/07/00 DEALER 59-702

2000 SILVERADO LS 1500 PICK'P 4-DR
P2A SPECIAL PAINT - ONE CC R (A) /V8G
92D MEDIUN GRAY CUSTOM CLOTH
ORDER NO. CNCHK4/TSR STOCK NO.
VIN 1GC EC19 T4 YZ347256

CHEVROLET MOTOR DIVISION
GENERAL MO. S CORPORATION
100 RENAISSANCE CENTER
DETROIT MI 48243-1001
VEHICLE INVOICE 1AC16733502
**********13*597028

M & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
			INVOICE 08/18/00
			SHIPPED 06/02/00
			EXP I/T 06/07/00
			PRC EFF 06/02/00
CREDIT FOR INVOICE 1AD49614919			KEYS S530K S530K
			BANK: GMAC - 005
			CHG-TO 59-702
			SHIP WT: 4506
			HP: 44.8

TOTAL MODEL & OPTIONS	27583.00-	22893.89-	ACT [redacted]
DESTINATION CHARGE	690.00-	690.00-	
TOTAL	28273.00-	23583.89-	PAY 310 23583.89-

U K CONVERSIONS, INC.

1000 SILVERADO LS 1500 PICK[illegible] 4-DR
P2A SPECIAL PAINT - ONE CO[illegible]R (A) /V8G
92D MEDIUM GRAY CUSTOM CLOTH
ORDER NO. CNCHK4/TSR STOCK NO.
VIN 1GC EC19 T4 YE347256

CHEVROLET MOTOR DIVISION
GENERAL MO[illegible]S CORPORATION
100 RENAISSANCE CENTER
DETROIT MI 48243-1001
VEHICLE INVOICE [redacted]

**********13*077928

MO[illegible] & FACTORY OPTIONS	MSRP	INV AMT	RETAIL - STOCK
CC1[illegible]753 SILVERADO LS 1500 PICKUP	22831.00	19977.13	INVOICE 08/18/00
AG2 6-WAY POWER DRIVER & PASS SEATS	480.00	412.80	SHIPPED 06/02/00
AJ1 DEEP TINTED GLASS	107.00	92.02	EXP I/T 06/08/00
A95 RECLINING BUCKET SEATS	425.00	365.50	INT COM 08/23/00
DF5 INT R/V MIRROR, LIGHT SENSITIVE W/OUTSIDE TEMP & COMPASS	175.00	150.50	PRC EFF 06/02/00
			KEYS S530K S530K
FE9 FEDERAL EMISSIONS	0.00	0.00	WFP-S QTR OPT-1
GU6 REAR AXLE 3.42 RATIO	N/C	N/C	BANK: COMERICA BA
LM7 VORTEC 5300 V8 SFI GAS ENGINE	1495.00	1285.70	CHG-TO 07-792
M30 4-SPD AUTOMATIC TRANSMISSION WITH TOW HAUL MODE	1095.00	941.70	SHIP-TO 59-702
			UNIQUE CONVERSION
P2A SPECIAL PAINT - ONE COLOR (A)	160.00	137.60	MANSFIELD TX
QCJ P255/70R16 ALS WOL TIRES	295.00	253.70	
Q4B 6,200 LB GVW RATING	N/C	N/C	SHIP WT: 4506
TGK SPECIAL PAINT PROCESS OPT-SOLID	0.00	0.00	HP: 44.8
UP0 AM/FM STEREO W/CASS & CD PLAYER (REPLACES RADIO IN OPTION PKG)	100.00	86.00	GVW: 6200
			GVWF: 3600
ZX3 RIDE CONTROL	420.00	361.20	GVWR: 3686
1SB LS DECOR INCLUDES:	N/C	N/C	GMS: 23926.36
* AIR CONDITIONING W/AIR FILTRATION SYSTEM			NTR: 1/2
			DAN: 7159F
* DUAL POWER MIRRORS			MEMO 1379.15
* AM/FM STEREO W/CD PLAYER			
* CHROME GRILLE & STYLED STAINLESS STEEL WHEELS			
* ELECTRONIC SPEED CONTROL			
* POWER LOCKS & WINDOWS			
* REMOTE KEYLESS ENTRY WITH CONTENT THEFT ALARM			
* LEATHER WRAPPED STEERING WHL			
* BODY SIDE MOLDINGS			
* 40/20/40 SEATING W/RECLINE AND ARMREST STORAGE			
UNIQUE CONVERSIONS, INC.			
TOTAL MODEL & OPTIONS	27583.00	24063.85	ACT 237 23926.36
DESTINATION CHARGE	690.00	690.00	H/B 261 827.49
TOTAL	28273.00	24753.85	PAY 310 24753.85

MEMO: TOTAL LESS HOLDBACK AND
APPROX WHOLESALE FINANCE CREDIT 23583.89

****

INVOICE DOES NOT REFLECT DEALER'S ULTIMATE COST BECAUSE OF MANUFACTURER REBATES, ALLOWANCES, INCENTIVES, HOLDBACK, FINANCE CREDIT AND RETURN TO DEALER OF ADVERTISING MONIES, ALL OF WHICH MAY APPLY TO VEHICLE.

****

Y[illegible] CHEVROLET, INC.

VINCAMPI DISPLAY VIN\RELATED CAMPAIGNS KIPSA06I
10/07/2002 11:38

VIN: 1GCEC19T4YZ347256 OPEN\CLOSED STATUS:

SEL CODE	CAMPAIGN NUMBER	STATUS	REPAIR DATE	REPAIR DEALER	PREV. NUMBER	CAMPAIGN TYPE

NO CAMPAIGNS CURRENTLY AFFECTING THIS VEHICLE PW:
PF 10 MANT 11 VHCP 12 DLRA 13 AUDT 14 XREF 15 DESC 16 ADST 17 NADR 18 DELT
19 PERF 20 21 22 23 24 PF SELECT: GOTO:

GM Vehicle Inquiry System
Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

Help

VIN:	1GCEC19T4YZ347256

VEHICLE INFORMATION

Merchandising Model:	CC15753 - 2000 SILVERADO PICKUP 2WD-EXT CAB	Warranty Start Date:	08/31/2000
BARS Order Type	70 - RETAIL - STOCK		
Delivering Dealer :	YOUNG CHEVROLET, INC. 9301 E RL THORNTON FWY DALLAS, TX 75228-6112 (214) 328-9111	Selling Source:	13 - CHEVROLET
		Site Code:	07792
		Business Associate Code:	112317

Service Contract:	No	Branded Title:	No	Warranty Block:	No	FDI Status:	Paid

CAMPAIGN ELIGIBILITY

Vehicle Has No Current Record Of Outstanding Campaigns.

APPLICABLE WARRANTIES

Description	Effective Date	Effective Odometer	End Date	End Odometer
36/36000 BUMPER TO BUMPER - NO DEDUCTIBLE	08/31/2000	14 miles	8/31/2003	36014 miles
72/100000 SHEET METAL RUST-THROUGH	08/31/2000	14 miles	8/31/2006	100014 miles
36/36000 SHEET METAL CORROSION	08/31/2000	14 miles	8/31/2003	36014 miles
96/80000 PCM/CC EMISSIONS	08/31/2000	14 miles	8/31/2008	80014 miles
36/36000 FEDERAL EMISSIONS	08/31/2000	14 miles	8/31/2003	36014 miles

CLAIM HISTORY

R.O. Date	R.O. Number	Type	Labor Operation	Odometer Reading
10/22/2001	068961	#	E9740 - POW STEER GEAR RPL	35442 miles
10/22/2001	068961	#	C2740 - CONSOLE PAD R&R/RPL	35442 miles
10/22/2001	068961	#	B7540 - WINDSHIELD REVEAL MOLDING R&R OR REPLACE	35442 miles
10/22/2001	068961	#	K9995 - CUST COMPLAINT NOT DUPLICATED - AUTO TRAN.	35442 miles
08/31/2000	037617	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	10 miles

CHECK HISTORY INFORMATION

Vehicle Has No Associated Check History Information.

GM Vehicle Inquiry System
Claim History

VIN:	1GCEC19T4YZ347256

CLAIM HISTORY

Repair Order Date:	10/22/2001	Repair Order Number:	068961	Odometer Reading:	35442 miles

Serviced By:	YOUNG CHEVROLET, INC. 9301 E RL THORNTON FWY DALLAS, TX 75228-6112 (214) 328-9111	Selling Source:	13 - CHEVROLET
		Site Code:	07792
		Business Associate Code:	112317

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
11/02/2001	218	01	#	E9740 - POW STEER GEAR RPL	26087761 - ST/GR REM	N/A	N/A	$574.32	N
11/02/2001	218	02	#	C2740 - CONSOLE PAD R&R/RPL	12475013 - CNSL ASM	N/A	N/A	$110.58	N
11/02/2001	218	03	#	B7540 - WINDSHIELD REVEAL MOLDING R&R OR REPLACE	N/A	N/A	N/A	$89.70	N
11/02/2001	218	04	#	K9995 - CUST COMPLAINT NOT DUPLICATED - AUTO TRAN.	N/A	N/A	N/A	$20.70	N

Repair Order Date:	08/31/2000	Repair Order Number:	037617	Odometer Reading:	10 miles

Serviced By:	YOUNG CHEVROLET, INC. 9301 E RL THORNTON FWY DALLAS, TX 75228-6112 (214) 328-9111	Selling Source:	13 - CHEVROLET
		Site Code:	07792
		Business Associate Code:	112317

Cycle Date	Cycle Nbr	Case	Type	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments
09/05/2000	97	01	I	Z7000 - NEW VEHICLE INSPECTION ALLOWANCE	N/A	N/A	N/A	$76.26	N

CHECK HISTORY

Vehicle Has No Associated Check History.

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GM Vehicle Inquiry System
Vehicle Build

VIN:	1GCEC19T4YZ347256

VEHICLE BUILD

Merchandising Model:	CC15753 - 2000 SILVERADO PICKUP 2WD-EXT CAB		
Gross Vehicle Weight Rating:	2815 kg (6207 lb)	Order Number:	CNCHK4
Build Date:	06/02/2000	Build Plant:	1YZ53

OPTION CODES

AG1 - SIX-WAY POWER DRIVER SEAT	AG2 - SIX-WAY POWER PASSENGER SEAT
AJ1 - DEEP TINTED GLASS - REPLACING	AM7 - SPLIT FOLDING REAR SEAT
AU0 - REMOTE KEYLESS ENTRY	AU3 - POWER DOOR LOCK SYSTEM
A31 - POWER WINDOWS	A95 - SEATS WITH FLOOR CONSOLE
[illegible]0 - WHEELHOUSING & FLOOR CARPETING	B32 - FRONT FLOOR MATS
[illegible] - REAR COLOR-KEYED FLOOR MATS	B85 - BRIGHT BODY SIDE MOLDINGS
C60 - AIR CONDITIONING	DF5 - INT R/V MIRROR, LIGHT SENSITIVE
DK6 - OVERHEAD CONSOLE	D07 - CUSTOM FRONT FLOOR CONSOLE
D48 - ELECTRIC EXTERIOR MIRRORS	EVA - EVAP EMISSION REQUIREMENT
E24 - DOOR SIDE CARGO, HINGED	E63 - FLEETSIDE BODY
FE9 - FEDERAL EMISSIONS	FWI - FORT WAYNE PLANT
GU6 - REAR AXLE 3.42 RATIO	JC5 - 4 WHEEL POWER DISC BRAKES
K34 - ELECTRONIC SPEED CONTROL	K68 - 105 AMP DELCOTRON GENERATOR
LM7 - VORTEC 5300 V8 SFI GAS ENGINE	M30 - 4 SPEED ELECTRONIC AUTOMATIC
NF2 - EMISSION SYSTEM, FEDERAL TIER 1	NP5 - WHEEL
FY2 - CHROME STEEL WHEELS	P03 - CHROME CENTER WHEEL CAPS
PZA - SPECIAL PAINT - ONE COLOR (A)	QCJ - P255/70R16 ALS WOL TIRES
Q4B - 6,200 LB GVW RATING	R6P - BRANCH 59 IDENTIFIER
SLM - STOCK ORDERS	TGK - SPECIAL PAINT PROCESS OPT-SOLID
[illegible]0 - STD/OPT PACKAGE)	UQ3 - BOSE PREMIUM SOUND SYSTEM
UY7 - HD 7-LEAD TRAIL. WIRING HARNESS	VB3 - CHROME REAR STEP BUMPER
VG3 - FRONT DELUXE CHROMED BUMPER	VX8 - COMPLETE VEHICLE LABEL
V22 - DELUXE FRONT APPEARANCE	V73 - /CANADA

XCJ - P255/70R16 ALS WOL TIRES	X88 - CHEVROLET CONVERSION
YCJ - P255/70R16 ALS WOL TIRES	YD3 - BASE EQUIP FOR SCH GVW FL-FT AX
YD6 - BASE REAR SPRING	YE9 - LS TRIM
[illegible]5 - SEO IDENTIFICATION	ZCJ - P255/70R16 ALS WOL TIRES
ZX3 - RIDE CONTROL	01U - SPECIAL PAINT
1SB - * FOG LAMPS	1SZ - CONSULT YOUR DEALER FOR
6ZP - FRONT SPRING	7ZP - FRONT SPRING
92D - GRAY LS CUSTOM CLOTH	92I - MED GRAY INTERIOR TRIM

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GM Vehicle Inquiry System
Vehicle Component

VIN:	1GCEC19T4YZ347256

Vehicle Component

Component Code:	CB - SEQ NUM (FLEX) BODY ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1ZS		Traceability:	2830557	
Date Scanned:	05/23/2000	Time Scanned:	04.08.00	Scan Station:	N/A

Component Code:	CK - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1PA		Traceability:	2787497	
Date Scanned:	06/01/2000	Time Scanned:	20.39.00	Scan Station:	N/A

Component Code:	CM - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1KA		Traceability:	2786308	
Date Scanned:	06/02/2000	Time Scanned:	06.18.00	Scan Station:	N/A

Component Code:	CP - SEQ NUM (FLEX) GEN ASM				
Source Plant:	N/A				
Part/Num Broadcast:	1FA		Traceability:	2267837	
Date Scanned:	06/02/2000	Time Scanned:	07.49.00	Scan Station:	N/A

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NAME			ROLE	RESPONSIBLE FOR	ITEM	ESTM BY DATE	STAT DATE	STAT
NOTE DATE	ENTERED BY	NBR	TYPE	NOTE TEXT				
HOFFMAN	, ANNE	E	CHGB	CMA			26-OC-98	COMPLETED
BONCZYK	, GARY	D	SPEC	SPEC SUPV			24-AP-99	COMPLETED
FAIRLESS	, SHANNON		INFO	MASS			12-OC-98	NOT AFFECTED
SCHRAMM	, TED		ASM	PLANNING			22-OC-98	COMPLETED
SCHRAMM	, TED		INFO	GA PLANNER			22-OC-98	COMPLETED
CAMPBELL,JR.	, HERBERT	L	INFO	MASS			27-OC-98	NOT AFFECTED
CENA	, GERARDO		ASM	PLANNING			13-OC-99	COMPLETED
MCLAUGHLIN	, RICHARD	Y	TVI3	TVIE			20-OC-98	COMPLETED
FRAKER	, DENISE	M	BRKB	PCL				
GOINS	, TIMOLIN		INFO	TECH ANALY			15-OC-98	COMPLETED
BUSSELL	, MIKE	G	EVAL	PURCHASING			12-OC-98	COMPLETED
MANWELL	, GINGER		ASM	PLANNING			14-OC-98	TRANSFERRED
TOMBLER	, GENE		INFO	QUALITY			12-OC-98	COMPLETED
WOFFORD	, REED		ASM	PLANNING			16-OC-98	COMPLETED
WOFFORD	, REED		ASM	ECS COORD				
TRASATTI	, TERRENCE	S	INFO				09-NO-98	COMPLETED
TRASATTI	, TERRENCE	S	OWNR	INITIATOR			03-AU-98	COMPLETED
TRASATTI	, TERRENCE	S	OWNR				03-SE-98	COMPLETED
PHALEN	, DIANE		PURC	PLAT.COOR.				
FISCHL	, A F		EDIT				12-OC-98	COMPLETED
LONG	, MICHAEL	G	INFO	TVIE			14-OC-98	COMPLETED
GILBERT	, DENNIS		MANF	MANF ENGR			14-OC-98	COMPLETED
GILBERT	, DENNIS		MANF	MANF ENGR			26-AP-99	COMPLETED
TOBAKOS	, PAUL		INFO	TVIE			12-OC-98	NOT AFFECTED
MILLER	, LINDA	S	INFO	TVIE			16-OC-98	COMPLETED
CARTER	, JIM		DSGN	DESGN SUPV		08-JA-99	23-OC-98	COMPLETED

GM Vehicle Inquiry System
Dealer Information

VIN:	1GCEC19T4YZ347256	-

INVOICE INFORMATION

Invoice Date:	08/18/2000		
Site Address:	YOUNG CHEVROLET, INC. 9301 E RL THORNTON FWY DALLAS, TX 75228-6112 (214) 328-9111	Selling Source:	13 - CHEVROLET
		Site Code:	07792
		Business Associate Code:	112317

SHIP-TO INFORMATION

Ship-To Date:	N/A		
Site Address:	UNIQUE CONVERSIONS, INC. PO BOX 672 MANSFIELD, TX 76063-0672 (817) 477-5251	Selling Source:	13 - CHEVROLET
		Site Code:	59702
		Business Associate Code:	132266

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Michael K. Schulte
Claim Administrator
ESIS/GM Central Claims

ESIS

An Insurance Services Company

300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265-3000
Telephone 313.665.3406
Facsimile 313.665.0911

September 19, 2002

[redacted]
Rowlett, TX[redacted]

VIA U.S. MAIL

Claim Number: [redacted]
Date of Event: August 23, 2002
Claimant: [redacted]
Client: General Motors Corporation

Dear [redacted]

As we discussed, ESIS is the third-party administrator on behalf of General Motors Corporation for matters involving allegations of product liability.

In that regard, this claim has been forwarded to me for handling. ESIS is on notice of this matter, however, in order to evaluate your claim, the following documents and information are respectfully requested with regard to the 2000 Chevrolet Silverado that is the subject of this claim:

1. Proof of a manufacturing defect in the subject vehicle. The proofs should establish the defect as the cause of this incident. All supporting documents, including an expert report, original or laser color copies of the photographs taken by your expert, videotapes, the alleged defective component and the insurance carrier's file should be presented to ESIS for evaluation;

2. Any official police/fire or incident reports and/or a complete description of the incident which includes their photographs, if any;

3. Did the vehicle owner and/or operator note anything wrong or unusual about the vehicle prior to the incident? Please include a description of the incident;

4. Copies of all available maintenance, warranty, or repair orders on the subject vehicle. If repairs and maintenance were performed by the vehicle owner, then a chronological summary of operations performed is needed;

OK
09/18/02

5. Was any after-market equipment installed on the subject vehicle? If so, provide copies of receipts and/or invoices for installation of said equipment;

6. Were there any modifications, alterations, or changes to the subject vehicle? If so, provide copies of relevant installation receipts;

7. Was the vehicle involved in any prior accidents? If so, identify the nature and extent of damages and repairs completed. Supply repair orders and photographs depicting damage sustained;

8. Please provide the location of the subject vehicle and determine if it is available for inspection;

9. Was anyone injured as a result of the incident? If so, please sign the attached Consent to Develop Wage and Medical Information and include the names of the doctors and medical facilities that treated you as a result of this incident.

10. Please indicate who the insurance company is and how much, if any, that your insurance company has paid for your medical care and repair of the subject vehicle.

Further, I have assigned an investigator to help me gather information. The investigator has been asked to photograph the vehicle and the scene of the accident. Please be prepared to discuss this matter and present the investigator with the documents requested above.

Your cooperation in providing the above-requested documents and information would be sincerely appreciated. During this entire process, the subject vehicle and its components should remain available for inspection if necessary. If you should choose to pursue this matter further, you have a duty to preserve the evidence in its immediate post incident condition.

If you have any questions, please call me.

Sincerely,

Michael K. Schulte
Claim Administrator
313.665.3406

CONSENT TO DEVELOP INFORMATION

Claim Administrator: Michael K. Schulte

CLAIM NUMBER	

ADMISSION DATE(s)/ DATE OF EVENT(on Or about): August 23, 2002	Injuries (if known): Concussion, broken ribs, bruises

I hereby consent and request that the bearer be permitted to examine and obtain copies of all employment, repair shop, insurance company, hospital and medical records or every sort and kind, interview doctors, claim representatives, repair shop personnel and other attendants regarding all matters relating to examination, diagnosis, care, treatment, investigation and repairs. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings.

A photocopy of this authorization can be accepted with the same authority as the original.

Name (Please Print): Marvin Butcher	Social Security Number:
Address:	Date of Birth/Age:
Signature:	Date Signed:

Attachment for
CONSENT TO DEVELOP WAGE AND MEDICAL INFORMATION

ClmAdm/ Mike Schulte

CLAIM NUMBER:	[redacted]

Name of treating physician or medical facility:	
Street Address:	
City, State, Zip:	
Phone:	

Name of treating physician or medical facility:	
Street Address:	
City, State, Zip:	
Phone:	

Name of treating physician or medical facility:	
Street Address:	
City, State, Zip:	
Phone:	

Please use the back of this sheet or a separate piece of paper if additional space is needed.

CONSENT TO DEVELOP INFORMATION

Claim Administrator: Michael K. Schulte

CLAIM NUMBER	[redacted]

ADMISSION DATE(s)/ DATE OF EVENT(on Or about): August 23, 2002	Injuries (if known): Concussion, broken ribs, bruises

I hereby consent and request that the bearer be permitted to examine and obtain copies of all employment, repair shop, insurance company, hospital and medical records or every sort and kind, interview doctors, claim representatives, repair shop personnel and other attendants regarding all matters relating to examination, diagnosis, care, treatment, investigation and repairs. I further consent and request that the bearer be permitted to interview and correspond with all employers and former employers regarding all matters relating to my earnings and loss of earnings.

A photocopy of this authorization can be accepted with the same authority as the original.

Name (Please Print): [redacted]	Social Security Number:
Address: [redacted] Rowlett, Tx	Date of Birth/Age: [redacted]
Signature: [redacted]	Date Signed: 12/11/02

Byrd Investigations, Inc.

COPY

[redacted]rk A. Byrd, President
[redacted]. Box 850281
Mesquite, TX 75185-0281

972-226-3478
Fax: 972-226-3483

ALESIS
MS 10/15
441345

October 12, 2002

OCT 15 2002

[redacted]
Rowlett, TX [redacted]

Re: Product Liability Investigation
D/A: 08/23/02
Vehicle: 2000 Chevrolet Silverado P/U
GM File No.: 441345

Dear [redacted]

Per our September 25, 2002, telephone conversation, we have been retained by ESIS/GM Central Claims to investigate the above-referenced matter.

We understand your unusual work schedule, and we will gladly coordinate our schedules to conduct the activity necessary to complete this investigation. Please contact us at your convenience in order for us to complete the requested investigation.

Thank you in advance for your assistance and cooperation in this matter.

Sincerely,

Mark A. Byrd

cc: Mr. Michael Schulte
ESIS/GM Central Claims

MS 10/15

Statement of Account

ROBERT D SPARKS DO
2255 RIDGE RD #310

ROCKWALL, TX 75087

[redacted]

ROWLETT, TX [redacted]

Statement No.	Page
00000441-01	1

Statement Date
01/31/03

Date	Per	Description	Ref	Charges	Credits
08/27/02	MARVIN	TRIANCINOLONE ACETONID	8478	12.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-2.40
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	DEXAMETHOSONE	8478	8.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-1.60
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	DEXAMETHOSONE	8478	8.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-1.60
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	DEXAMETHOSONE	8478	8.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-1.60
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	DEXAMETHOSONE	8478	8.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-1.60
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	XRAY EXAM OF RIBS, UNI	8478	110.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-52.80
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	Office Visit Level IV	8478	110.00	
08/27/02	MARVIN	PATIENT PAY CHECK	8478		-100.00
10/07/02	MARVIN	INSURANCE PAYMENT	8478		0.00
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-54.75
10/07/02	MARVIN	Applied to Members Ded	8478		0.00

0 - 30 Current	31 - 60 Past Due	61 - 90 Past Due	90+ Past Due
$	$	$	$

Balance Due
$

Notes

Statement of Account

ROBERT D SPARKS DO
2255 RIDGE RD #310

ROCKWALL, TX 75087

[redacted]

RONLETT, TX [redacted]

[redacted]	[redacted]
00000441-01	2

[redacted]
01/31/03

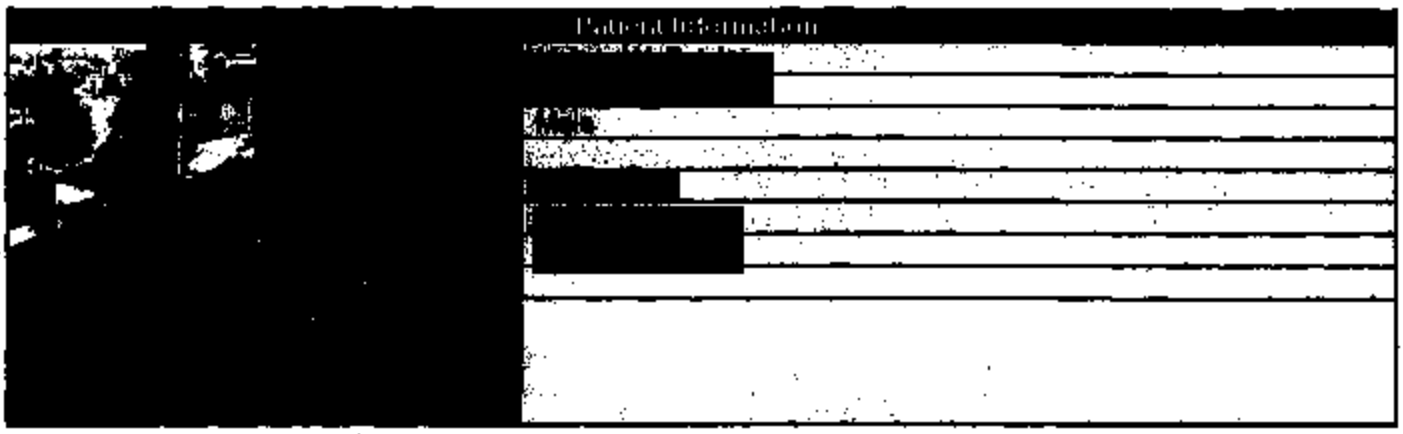
Date	For	Description	Ref	Charges	Credits
08/27/02	MARVIN	TRIAMCINOLONE ACETONID	8478	12.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-2.40
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	TRIAMCINOLONE ACETONID	8478	12.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-2.40
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	TRIAMCINOLONE ACETONID	8478	12.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-2.40
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
08/27/02	MARVIN	Administration of Ther	8478	25.00	
10/07/02	MARVIN	INSURANCE ADJUSTMENT	8478		-12.30
10/07/02	MARVIN	Applied to Members Ded	8478		0.00
10/07/02	MARVIN	NOTE	8478		0.00
10/07/02	MARVIN	NOTE	8478		0.00
10/07/02	MARVIN		8478		0.00
01/16/03	MARVIN	PATIENT PAY CHECK	8478		-89.15

0-30 Current	31-60 Past Due	61-90 Past Due	91-120 Past Due
$ 0.00	$ 0.00	$ 0.00	$ 0.00

Balance Due :
$ 0.00

Notes

[redacted]
ROWLETT TX [redacted]



December 17, 2002

Date of Service: Tuesday, August 27, 2002

Chief Complaint

- PT C/O HAVING BROKE RIBS ON RIGHT SIDE PAIN 5/10, FROM FALLING FROM THE TAILGATE OF HIS TRUCK ON 8-23-02.

Review of Systems

Musculoskeletal:

- PATIENT PRESENTS IN ACUTE PAIN OF THE RIGHT HEMITHORAX. HE STATES HE WAS STANDING ON THE TAILGATE OF HIS CHEVY TRUCK WHEN IT SUDDENLY DROPPED DUE TO CABLE FAILUE OF THE TAILGATE . HE PRESENTS WITH ECCHEMOSIS OF THE LEFT FACE AND ON X RAY A CLOSED FRACTURE OF THE THIRD RIB. THIS OCCURED 8/23/02 . HE IS GIVEN MEDICATIONS FOR THIS .

Examination

Constitutional:

- ***First Reading.*** BP 112/66 mmHg was taken sitting and using the left arm.
- ***Temperature.*** Temperature 97.5 degrees.
- ***Respiration.*** Respiration 20 breaths per minute.
- ***Ability to Communicate.*** Cooperative and normal speech.
- ***General Appearance.*** In no distress.

Diagnosis

807.00	Closed Fracture Of Rib(s), Unspecified
920	Contusion of face, scalp, and neck except eye(s)

Management

Medication Allergy:

- None

Discontinued Medications:

- None

Current Medications:

- Deltasone 10 MG 1 Tab qd (Oral) [New - 05/06/2002]
- Dexamethasone Sodium Phosphate 4 MG/ML 1 Soln * ADM. IM BY NURSE PER DR. ORDERS (Injection) [Refill - 08/27/2002]
- Lidex 0.05 % 1 Cream tid (External) [New - 02/01/2001]
- Naprelan 500 MG 2 Tab CR qd with food [New - 12/20/2001]
- Prednisone 10 MG 1 Tab bid (Oral) [New - 02/01/2001]
- Triamcinolone Acetonide 40 MG/ML 1 Susp * ADM. IM BY NURSE PER DR. ORDERS (Injection) [Refill - 08/27/2002]
- Vicodin HP 10-660 MG 1 Tab bid (Oral) [Refill - 09/16/2002]
- Zanaflex 4 MG 2 Tab hs (Oral) [Refill - 09/16/2002]

972-771-5366
Robert D. Sparks, D.O
2255 Ridge RD. Suite 306
Rockwall, TX 75087

ACCIDENT RELATED INJURY INFORMATION

PATIENT INFORMATION:

PATIENTS NAME: [redacted] DOB: [redacted]

ADDRESS: [redacted]

CITY/STATE/ZIP: Rowlett tx [redacted]

SOCIAL SECURITY#: [redacted] DATE OF FIRST VISIT: 8.27.02

EMPLOYER INFORMATION:

EMPLOYERS NAME:

ADDRESS:

CITY/STATE/ZIP:

CONTACT: PHONE #:

ACCIDENT INFORMATION:

DATE OF ACCIDENT: 8/23/02 POLICY/CLAIM #:

INSURANCE COMPANY:

TIME OF ACCIDENT: 2PM FIRST DATE OF TREATMENT: 8/27/02

WORK RELATED: ____ YES X NO

WHAT PART OF THE BODY IS INJURED: Rt side Ribs

WHERE AND HOW DID ACCIDENT OCCUR: Straps broke on truck; concrete fell & hit face & side. Ribs hurt worse

IN THE EVENT THAT THERE IS NO WORKERS COMPENSATION OR INSURANCE COVERAGE OR BALANCE IS NOT PAID FOR WITHIN 60 DAYS OF FIRST TREATMENT FOR THIS INJURY, I AGREE AND UNDERSTAND THAT I AM FULLY AND TOTALLY RESPONSIBLE FOR ALL PAYMENT DUE FOR SERVICES RENDERED TO ROBERT D. SPARKS, D.O. [redacted]

SIGNATURE: [redacted] DATE: 9/26/02

VERIFIED BY: