

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 13, 2011

Attn: [REDACTED]  
[REDACTED]  
[REDACTED]

San Antonio TX [REDACTED]

Service Request: 71-585203946

Customer Relationship Specialist: Andrew O'Neal

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed the request for reimbursement of [REDACTED] on the steering column that you had repaired and are happy to inform you that she is being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$523.16.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

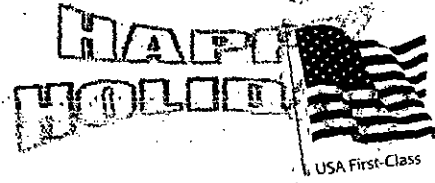
Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

SAN ANTONIO TX 782

20 DEC 2007 PM 1 T



San Antonio, Texas

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

48232+5170



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-18-07

17-Digit Vehicle Identification Number (VIN): 1G1ZT54845F [REDACTED]

Mileage at Time of Repair: \_\_\_\_\_ Date of Repair: 11-16-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: San Antonio State: Texas ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 605.16

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).







ORIGINAL

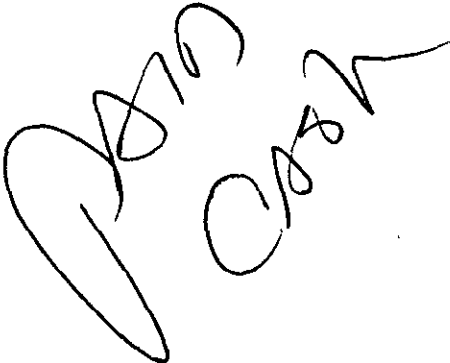
# INVOICE

DATE	INVOICE #
11/16/2007	07-30869

2238 N. W. LOOP 410  
SAN ANTONIO, TEXAS 78230  
(210)525-8789 FAX(210)525-8645

BILL TO
[REDACTED]
SAN ANTONIO, TX [REDACTED]

Visit us today@ [www.planetpickup.com](http://www.planetpickup.com)

		P.O. NO.	TERMS	DUE DATE	REP
				11/16/2007	SBJ
ITEM	QTY	DESCRIPTION		RATE	AMOUNT
GM-15926870	1	GM OE REP COLUMN		258.85	258.85T
LABOR	1	LABOR CHARGES		225.00	225.00T
					

**KEEP ON TRUCKIN AT  
PLANET PICKUP**

SUBTOTAL	\$483.85
SALES TAX (8.125%)	\$39.31
PAYMENTS/CREDITS	\$-279.88
<b>TOTAL</b>	<b>\$523.16</b>

Any warranties on the product sold hereby are those made by the manufacturer, purchaser accepts the sold products "as is" and the seller, Planet Pickup, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability of fitness for a particular purpose, and Planet Pickup neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. All unpaid invoices after 30 days are subject to a 1.5% per month finance charge.

Customer Number: 5347

Invoice No: 303640

ORIGINAL PAGE 1



Gunn Chevrolet  
12602 IH 35 North  
San Antonio, TX 78233  
210.599.5000  
800.720.4866 Fax: 210.599.5018

SA, TX  
Home: [REDACTED] Bus: [REDACTED]  
Email: [REDACTED]

Cell: [REDACTED]

SERVICE MANAGER: 70092 REY ZAMORA

COLOR	YEAR	MAKE/MODEL		VIN		LICENSE	MILEAGE IN / OUT		TAG
	05	CHEVROLET MALIBU		1G1ZT54845F			75729 75729		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE	
20JUL04			18:00 02NOV07				CASH	02NOV07	
R.O. OPENED		READY		OPTIONS:					
09:56 02NOV07		14:34 02NOV07							

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

A\*\* STEERING/SUSPENSION CUSTOMER STATES THE STEERING IS HARD TO TURN.

IF YOU SHUT THE VEHICLE OFF AND ON AND PLAY WITH THE STEERING  
THEN RESTART THE ENGINE IT WILL WORK AGAIN.

CAUSE: STEERING COLUMN TORQUE SENSOR MALFUNTION  
150 STEERING/SUSPENSION

70035 CC 82.00 82.00  
PARTS: 0.00 LABOR: 82.00 OTHER: 0.00 TOTAL LINE A: 82.00

75729 STEERING COLUMN TORQUE SENSOR MALFUNTION 1.00 CUSTOMER  
DECLINED REPAIR

\*\*\*\*\*

EST: 82.00 02NOV07 09:56 SA: 700

I am completely satisfied with the explanation of the repairs and or services on my vehicle. Initials-> I am completely satisfied with the explanation of the charges on my vehicle. Initials-> I have been informed of any additional repairs needed. Initials-> Reservation line: 210-599-5071

I hereby authorize the repair work therein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree: that you are responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that you neither assume or authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss or damage to the above vehicle, or articles left therein; in case of fire, theft or other cause beyond your control; that an express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.

NOTICE PURSUANT TO PROPERTY CODE §70.001

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 AGREEMENT. I UNDERSTAND THAT THE VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH BUSINESS & COMMERCE CODE, §9.609, IF PAYMENT FOR THE REPAIR OF THE MOTOR VEHICLE BY A CHECK, MONEY ORDER, OR CREDIT CARD TRANSACTION IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE MAKER OR DRAWER OF THE ORDER OR THE CREDIT CARD HOLDER HAS NO ACCOUNT OR THE ACCOUNT UPON WHICH IT IS DRAWN OR THE CREDIT CARD ACCOUNT HAS BEEN CLOSED.

DESCRIPTION	TOTALS
LABOR AMOUNT	\$ 82.00
PARTS AMOUNT	\$ 0.00
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC. CHARGES	\$ 0.00
TOTAL CHARGES	\$ 82.00
LESS INSURANCE	\$ 0.00
SALES TAX	\$ 0.00
PLEASE PAY THIS AMOUNT	\$ 82.00

Customer Signature \_\_\_\_\_

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Customer Copy

Page 1 of 1

Gunn Acura  
11911 IH 10 West  
San Antonio, TX 78249  
210.696.2232  
800.328.4866 Fax: 210.696.1701

Gunn Honda  
14610 IH 10 West  
San Antonio, TX 78249  
210.680.3371  
800.292.1111 Fax: 210.523.1721

Gunn Dodge  
12540 IH 35 North  
San Antonio, TX 78233  
210.599.5830  
800.292.1021 Fax: 210.599.5808

Gunn Infiniti  
12150 IH 10 West  
San Antonio, TX 78230  
210.824.1272  
800.677.8319 Fax: 210.824.5779

Gunn Nissan  
12838 San Pedro  
San Antonio, TX 78216  
210.496.0806  
800.792.0029 Fax: 210.491.7125

Gunn Buick-Pontiac-GMC  
12526 IH 35 North  
San Antonio, TX 78233  
210.599.5600  
800.248.7634 Fax: 210.599.8838

Geared-Up  
12528 IH 35 North  
San Antonio, TX 78233  
210.657.4327  
Fax: 210.657.0711

# North American Operations

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-937  
213

DATE  
02/04/08

\*\*\*\*\*523 DOLLARS

\*\*\*16 CENTS

AMOUNT

\*\*\*\*\*523.16

PAY  
TO THE  
ORDER  
OF

SAN ANTONIO TX

North American Operations  
General Motors Corporation  
Disbursement Account

*Kihel Chum*  
SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 00000677

1

## North American Operations

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT  
DATE

02/04/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G1ZT54845F [REDACTED]	02/01/08 71-585203946.1	VH 1-9VKFVK 1-9VKFVK	00.0000	523.16	00.00	523.16
TOTAL				523.16	.00	523.16

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

AP33CX

**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12-18-0717-Digit Vehicle Identification Number (VIN): 1G1ZT54845F [REDACTED]Mileage at Time of Repair: \_\_\_\_\_ Date of Repair: 11-16-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: San AntonioState: TX

ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 605.16

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261

att.  
M. Cadigan  
File No. 71-585-203946





# INVOICE

DATE	INVOICE #
11/16/2007	07-30869

2238 N. W. LOOP 410  
 SAN ANTONIO, TEXAS 78230  
 (210)525-8789 FAX(210)525-8645

## BILL TO

SAN ANTONIO, TX

Visit us today@ [www.planetpickup.com](http://www.planetpickup.com)

		P.O. NO.	TERMS	DUE DATE	REP
				11/16/2007	SBJ
ITEM	QTY	DESCRIPTION		RATE	AMOUNT
GM-15926870	1	GM OE REP COLUMN		258.85	258.85T
LABOR	1	LABOR CHARGES		225.00	225.00T

*Handwritten signature: J. Smith*

## KEEP ON TRUCKIN AT PLANET PICKUP

Any warranties on the product sold hereby are those made by the manufacturer, purchaser accepts the sold products "as is" and the seller, Planet Pickup, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability of fitness for a particular purpose, and Planet Pickup neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. All unpaid invoices after 30 days are subject to a 1.5% per month finance charge.

SUBTOTAL	\$483.85
SALES TAX (8.125%)	\$39.31
PAYMENTS/CREDITS	\$-279.88
<b>TOTAL</b>	<b>\$523.16</b>

Customer Number: **5347**Invoice No: **303640**

\*INVOICE\*

PAGE 1



Gunn Chevrolet

12602 IH 35 North

San Antonio, TX 78233

210.599.5000

800.720.4866 Fax: 210.599.5018

SA, TX

Home:

Bus:

Cell:

Email:

SERVICE MANAGER: **70092 REY ZAMORA**

SERVICE MANAGER.							
COLOR	YEAR	MAKE/MODEL	VIN		LICENSE	MILEAGE IN / OUT	TAG
	05	CHEVROLET MALIBU	1G1ZT54846F			75729 75729	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
20JUL04			18:00 02NOV07			CASH	02NOV07

R.O. OPENED	READY	OPTIONS:
09:56 02NOV07	14:34 02NOV07	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A\*\* STEERING/SUSPENSION CUSTOMER STATES THE STEERING IS HARD TO TURN.  
 IF YOU SHUT THE VEHICLE OFF AND ON AND PLAY WITH THE STEERING  
 THEN RESTART THE ENGINE IT WILL WORK AGAIN.

CAUSE: STEERING COLUMN TORQUE SENSOR Malfuntion

150 STEERING/SUSPENSION

70035 CC

82.00

82.00

PARTS: 0.00 LABOR: 82.00 OTHER: 0.00 TOTAL LINE A: 82.00

75729 STEERING COLUMN TORQUE SENSOR Malfuntion 1.00 CUSTOMER

DECLINED REPAIR

\*\*\*\*\*

EST: 82.00

02NOV07 09:56 SA: 700

I am completely satisfied with the explanation of the repairs and or services on my vehicle. Initials-> I am completely satisfied with the explanation of the charges on my vehicle. Initials-> I have been informed of any additional repairs needed. Initials-> Reservation line: 210-599-5071

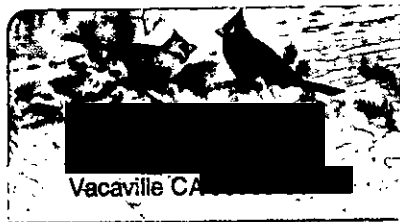
I hereby authorize the repair work therein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree: that you are responsible for any delays caused by unavailability or delayed availability of parts or material for any reason; that you neither assume or authorize any other person to assume for you any liability in connection with such repair; that you shall not be responsible for loss or damage to the above vehicle, or articles left therein; in case of fire, theft or other cause beyond your control; that an express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or inspecting such vehicle.

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Customer Signature

DESCRIPTION	TOTALS
LABOR AMOUNT	82.00
PARTS AMOUNT	\$ 0.00
GAS, OIL, LUBE	\$ 0.00
SUBLET AMOUNT	\$ 0.00
MISC. CHARGES	\$ 0.00
TOTAL CHARGES	\$ 82.00
LESS INSURANCE	\$ 0.00
SALES TAX	\$ 0.00
PLEASE PAY THIS AMOUNT	\$ 82.00



SACRAMENTO CA 957

07 JAN 2008 PM 1 L



JAN 11 2008

Reimbursement Department  
P.O. Box 33170  
Detroit, MI  
48232-5170

482325170



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/17/07 - case # 71-585-463-812

17-Digit Vehicle Identification Number (VIN): 1G2ZG528254

Mileage at Time of Repair: 51281 Date of Repair: 9/11/07 thru 9/14/07

Claimant Name (please print):

Street Address or PO Box Number: 1500 Croton Court

City: Fairfield State: CA

ZIP Code

Daytime Telephone Number (include Area Code):

Evening Telephone Number (include Area Code):

Amount of Reimbursement Requested: \$ 845.48

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature:

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261





**CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

~~Your claim will be acted upon within 60 days of receipt.~~

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).



# vacaville

pontiac buick gmc

350 Orange Drive

Vacaville, CA 95687

(707) 453-1137 Fax: (707) 453-1138

www.VacavilleGMC.com

10828

128154

UNIT# 50154

\*INVOICE\*

FAIRFIELD, CA

HOME: BUS:

PAGE 1

BAR # AL 213853

EPA # CAD 981445711

SERVICE ADVISOR: 332 CARLOS A LEMUS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
BEIGE	05	PONTIAC G6	1G2ZG528254		51281/51281	
SERVICE DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
19NOV04 DD			18:00 11SEP07		CASH	13SEP07

R.O. OPENED

READY

OPTIONS: STK:50154 ENG:1.8 Liter\_MFI

11SEP07

13SEP07

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER SAYS THERE IS NO POWER STEERING AND THE SES LIGHT IS ON							
CAUSE: FOUND CODE C0545 SET, TORQUE SENSOR HAS INTERNAL FAULT,							
RECOMMEND REPLACE COLOUMN AND RECHECK							
2 STEERING AND RELATED SERVICE/REPAIR							
			350	CPC		460.00	460.00
			1	15926870 COLUMN	359.00	359.00	359.00
51281 FOUND CODE C0545 SET, TORQUE SENSOR HAS INTERNAL FAULT,							
RECOMMEND REPLACE COLOUMN AND RECHECK REPLACED COLOUMN/ TORQUE SENSOR							
AND RECHECKS OK AT THIS TIME.							

\*\*\*\*\*

THANK YOU FOR DOING BUSINESS WITH US TODAY.

OUR GOAL:

THAT ALL OF OUR SERVICE CUSTOMER'S ARE .....

"COMPLETELY SATISFIED"

IF FOR ANY REASON YOU CAN NOT GRADE OUR DEPT.

"COMPLETELY SATISFIED" PLEASE LET US KNOW!!!

9.14.07  
DISC  
RN

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATE PRICE.

ORIGINAL  
ESTIMATE

AUTHORIZED  
BY

DESCRIPTION

TOTALS

X

REVISED ESTIMATE:	REASON:	ADDITIONAL COST:	AUTHORIZED BY:	IN PERSON PHONE #	DATE	TIME
REVISED ESTIMATE:	REASON:	ADDITIONAL COST:	AUTHORIZED BY:	IN PERSON PHONE #	DATE	TIME

I ACKNOWLEDGE RECEIPT OF VEHICLE AND

I HAVE RECEIVED A COPY OF THIS INVOICE. X

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK OF THIS INVOICE.

PLEASE PAY  
THIS AMOUNT

845.48

WARNING: Motor vehicles contain chemicals known to the State of California to cause cancer and birth defects or other reproductive harm. These chemicals are contained in many vehicle components and replacement parts, vehicle fluids, and paints and materials used to maintain vehicles, including, but not limited to, fuel, oil, batteries, brakes, and wheel balancing weights. When you service, clean or maintain your car, you will be exposed to listed chemicals contained in used oil, waste and replacement fluids, fumes, grease, grime, touch-up paint, certain replacement parts, and particulates from component wear. When we service your car, we will return used components to you upon request. Used parts and components contain chemicals known to the State of California to cause cancer and birth defects or other reproductive harm. To minimize your exposure when servicing, maintaining or cleaning your vehicle: 1) work in a well ventilated area; 2) do not smoke, drink or eat while working; 3) wash your hands when finished or when taking a break; and 4) follow all manufacturer instructions pertaining to proper use and maintenance of motor vehicle and vehicle components. (Printed in accordance with Proposition 65 in Cal. Health & Safety Code §25249.5 et seq.) For further information about Proposition 65: <http://www.oehha.org/prop65.htm>

CASE # 71-585-453-812

VIN # 1G 2ZG5 28254 [REDACTED]

VACAVILLE  
PONTIAC. BUICK. GMC  
350 ORANGE DR  
VACAVILLE, CA 95687  
(707) 453-1137

**Sale**

Shift #: 1  
ID: 720000003668  
09/14/07  
Batch #: 0908

10:36:47

DISCOVER

[REDACTED] 8500

Appr Code: [REDACTED] 6

Total:

Exp: 10/12

Invoice#: 012409

\$ 845.48

Customer Copy  
THANK YOU  
PLEASE COME AGAIN

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK

No. [REDACTED]

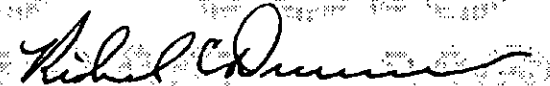
50-837  
213DATE  
02/08/08

\*\*\*\*\*845 DOLLARS

\*\*\*\*48 CENTS

AMOUNT  
\*\*\*\*\*845.48PAY  
TO THE  
ORDER  
OF

FAIRFIELD CA [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000249

1

VENDOR NAME [REDACTED]

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

02/08/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G2ZG528254 [REDACTED]	02/07/08 1-585453812.1	VM 1-9MW020 1-9MW020	00.0000	845.48	.00	845.48
TOTAL				845.48	.00	845.48

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

W3

January 14, 2011

[REDACTED]  
Fairfield, CA [REDACTED]

Service Request: 71-585453812

Customer Relationship Specialist: Jason David

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column assembly that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$845.48.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 14, 2011

[REDACTED]  
[REDACTED]  
Henderson, CO [REDACTED]

Service Request: 71-585573469  
Customer Relationship Specialist: Tracy Norman

Dear [REDACTED]:

Thank you for your support of Chevrolet. As we agreed, the necessary paperwork has been completed and forwarded to General Motors Protection Plan (GMPP). The processing time will take approximately eight weeks. The Smart Care Plan for your 2005 Chevrolet Malibu, Vehicle Identification Number 1G1ZT52835F [REDACTED] is for the following:

- 12 months or 12,000 miles, whichever occurs first, beginning on December 19, 2007 and ending on December 19, 2008 and begins with 51,500 miles and ends with 63,500 odometer miles.
- A \$0.00 deductible

You will be notified by GMPP once the plan has been processed. This letter will serve as your policy until the plan confirmation is received. Please contact your local GM Dealer if you have coverage questions. Your complete satisfaction is very important to us. We hope this transaction demonstrates our appreciation of you as a valued Chevrolet customer.

If you have any future questions, please feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Thank you for allowing us the opportunity to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmmlink.com](http://www.mygmmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

GM DealerWorld - Microsoft Internet Explorer provided by GMCARS

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address [Redacted] Go

---

<b>Vehicle Identifier</b>	<b>Customer Information</b>
Vehicle Category: GM, Used Division: Chevrolet VIN: 1G1ZT52835F [Redacted]	Plan Customer: Individual Customer Type: Owner  Henderson, Colorado, United States [Redacted]  Home Phone: Primary Language: English Secondary Language:
<b>Sales Information</b>	
Dealer Code: 32888 Action: Add Protection Plan Odometer: 51500 Delivery Date: 12/19/2007	
<b>Plan Lienholder</b>	
Lienholder Type: Other Chevrolet P O Box 33170 Detroit, Michigan - 48232	
<b>Protection Plans</b>	
Plan Purchase Date: 12/19/2007 In Service Date: 12/19/2007	
Plan Type: Smart Care Retail Term: 12 Mileage Limit: 12000 Deductible: 0 Rental Type: None Plan Price: \$ 0.00 Tax: \$ 0.00 Total: \$ 0.00	

BACK CANCEL SUBMIT

Start Zanitta Nesbitt - Inbox - ... GM DealerWorld - Mic... Siebel Automotive - Mic... Microsoft Excel - 14 - Go... 71-585838236.doc - Mic... 11:32 AM

https://www.autopartners.net - GM DealerWorld - Microsoft Internet Explorer provided by GMCARS

GM OrderWORKBENCH Close Window

---

**Transaction Details** [Help] [Print]

Click the "Print" button in order to keep a record of this transaction detail. After you review the transaction details, click "Close Window".

VIN: 1G1ZT52835F [Redacted]	Status: Pending
Dealer Code: 32888	User ID: 1wG2mf
Transaction Date: 12/19/2007	User Role: Central Office Administrator
Transaction Type: GM Protection Plan	Timestamp Date: 2007-12-28-11:32:41.127000
Transaction Messages: 1097 - GMPP sent to MIC	

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Done Internet

Start Zanitta Nesbitt - Inbo... GM DealerWorld - Mic... Siebel Automotive - M... https://www.auto... Microsoft Excel - 14 - ... 71-585838236.doc - ... 11:32 AM

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK No. [REDACTED]

50-937  
213DATE  
02/19/08

\*\*\*\*\*802 DOLLARS

\*\*\*\*91 CENTS

AMOUNT  
\*\*\*\*\*802.91PAY  
TO THE  
ORDER  
OF

LAS VEGAS NV [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO BB 000000479

1

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT  
DATE

02/19/08

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZS52F05F [REDACTED]

02/18/08  
71-585664831.1VM 1-9YHOYU  
1-9YHOYU

00.0000

802.91

.00

802.91

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

**TOTAL**

802.91

.00

802.91



January 14, 2011

[REDACTED]  
Las Vegas, NV [REDACTED]

Service Request: 71-585664831

Customer Relationship Specialist: Jim Goldberg

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$802.91.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

LAS VEGAS, NV

LAS VEGAS NV 890

23 JAN 2008 PM 5 T



JAN 28 2008

TO: REIMBURSEMENT DEPARTMENT  
P. O. BOX 33170  
DETROIT, MI 48232-5110

48232+5170



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/23/08

17-Digit Vehicle Identification Number (VIN): 1G1ZS52F05F [REDACTED]

Mileage at Time of Repair: 30,178 Date of Repair: 9-13-2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number [REDACTED]

City: LAS VEGAS, State: NV ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 4,065.20

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



101645

727096

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444 South Decatur Blvd.

Las Vegas, NV. 89107

(702) 870-9444

www.billheardvegas.com

\*INVOICE\*

PAGE 1

Where Customer Satisfaction Comes First

LAS VEGAS, NV

HOME:

BUS:

CELL:

SERVICE ADVISOR: 889 LAURENE BELFORD

CELL:		SERVICE ADVISOR: 889 LAURENE BELLEROS						
COLOR	YEAR	MAKE/MODEL		VIN	LICENSE	MILEAGE IN / OUT		TAG
WHITE	05	CHEVROLET MALIBU		1G1ZS52F05F		30178/30182		
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE	
17JUN04 DD		17JUN2007	17:00 13SEP07			CASH	13SEP07	
R.O. OPENED		READY	OPTIONS: DLR:39257 ENG:2.2 Liter MFI DOHC					

07:04 12SEP07 12:19 13SEP07

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

A C/S CHECK ENGINE LIGHT IS ILLUMINATED (PRIOR TO THIS LIGHT COMING ON

CK POWER STEERING LIGHT WAS ON, MAY BE RELATED??)

CAUSE: CK CODES P0442 EVAP SYSTEM SMALL LEAK DIAG EVAP SYSTEM GAS CAP LEAKING

T5659 SPECIAL POLICY 06190, FUEL TANK CAP REPL

9150 W

1 10372246 CAP

FC: PART#: COUNT:

CLAIM TYPE: F

AUTH CODE:

(N/C)

(N/C)

30178 CK CODES P0442 EVAP SYSTEM SMALL LEAK DIAG EVAP SYSTEM GAS CAP LEAKING T5659 5035 S/P 06190 REPLACE GAS CAP CLEAR CODES RETEST OK NO LEAKS

B PERFORM 21 POINT INSPECTION...VISUAL INSPECTION OF BRAKES

27 PERFORM 21 POINT INSPECTION...VISUAL INSPECTION OF BRAKES

224 ISP

(N/C)

C DECLINED OIL CHANGE AT THIS TIME

DEC DECLINED OIL CHANGE AT THIS TIME

303 ISP

(N/C)

D\*\* FOUND CODE FOR POWER STEERING LIGHT ON,

CAUSE: C0460 STEERING POSITION SENSOR MALFUNCTION.

C200 DIAG AND REPLACED STEERING COLM, PERFORMED

ABS FUNCTION TEST

224 CC

1 15926870 COLUMN

355.88 355.88

412.85 412.85 412.85

30182 C0460 STEERING POSITION SENSOR MALFUNCTION. CP 53.55 DIAGNOS &amp; REPLACED STEERING COLUMN. ROAD TEST VEHICLE, NO POWER STEERING WARNING

**LIMITED WARRANTY**

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this 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, loss of time, loss of profit or income or any other incidental damages.

X

CUSTOMER SIGNATURE

SERVICE DEPT. HOURS	DESCRIPTION	TOTALS
7:00 A.M. TO 7:00 P.M. MONDAY THRU FRIDAY	LABOR AMOUNT	
SATURDAY 7:00 A.M. TO 5:00 P.M.	PARTS AMOUNT	
<b>PARTS HOURS</b>	GAS, OIL, LUBE	
7:00 A.M. TO 7:00 P.M. MONDAY THRU FRIDAY	SUBLET AMOUNT	
SATURDAY 7:00 A.M. TO 5:00 P.M.	MISC. CHARGES	
<b>BODY SHOP</b>	TOTAL CHARGES	
7:00 A.M. TO 6:00 P.M. MONDAY THRU FRIDAY	LESS INSURANCE	
SATURDAY 7:00 A.M. TO 12:00 P.M.	SALES TAX	
ALL VEHICLES MUST BE PICKED UP BY THE CLOSE OF BUSINESS	PLEASE PAY THIS AMOUNT	

FILE COPY

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7 2 7 0 9 6

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(702) 870-9444

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\*INVOICE\*

PAGE 2

Where Customer Satisfaction Comes First

SERVICE ADVISOR: 889 LAURENE BELFORD

LAS VEGAS, NV

HOME

CELL

BUS:

COLOR	YEAR	MAKE/MODEL	VIN		LICENSE	MILEAGE IN / OUT	TAG
WHITE	05	CHEVROLET MALIBU	1G1ZS52F05F			30178/30182	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
17JUN04 DD		17JUN2007	17:00 13SEP07			CASH	13SEP07
R.O. OPENED		READY	OPTIONS: DLR:39257 ENG:2.2 Liter MFI DOHC				

07:04 12SEP07 12:19 13SEP07

LINE OPCODE TECH TYPE HOURS

LIST NET TOTAL

LIGHT ON.

E\*\* WASH VEHICLE

21 WASH VEHICLE

11520 ISP

30182

F\*\* REPLACE AIR FILTER

CAUSE: AIR FILTER DIRTY.

04 REPLACE AIR FILTER

224 CCM

1 19166106 FILTER AS

21.95

0.00

21.95

0.00

21.95

30182 AIR FILTER DIRTY. CP 50.05 REPLACED AIR FILTER.

G\*\* CLEAN AND ADJUST REAR BRAKES

CAUSE: REAR BRAKE OUT OF ADJUSTMENT.

15 CLEANED AND ADJUSTED REAR BRAKES

224 CC

36.70

36.70

30182 REAR BRAKE OUT OF ADJUSTMENT. CP 50.55 CLEANED &amp; ADJUSTED REAR BRAKES.

H\*\* FOUND INTERMEDIATE SHAFT CLUNKING (OK TO REPAIR

CAUSE: INTERMEDIATE SHAFT STICKING CAUSE CLUNK IN STEERING WHEEL.

C200 REPLACED INTERMEDIATE STEERING SHAFT

224 CC

1 22687711 SHAFT KIT

98.88

197.46

98.88

197.46

30182 INTERMEDIATE SHAFT STICKING CAUSE CLUNK IN STEERING WHEEL. CP 51.05 REPLACED INTERMEDIATE STEERING SHAFT ROAD TEST VEHICLE, NO CLUNK IN STEERING WHEEL.

I\*\* REPLACE BURNED OUT LIC PLATE BULB

CAUSE: RIGHT SIDE REAR LICENSE PLATE LAMP BULB BURNT OUT.

C200 REPLACED BURNED OUT LIC PLATE BULB

224 CC

14.88

14.88

**LIMITED WARRANTY**

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this 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, loss of time, loss of profit or income or any other incidental damages.

X \_\_\_\_\_ CUSTOMER SIGNATURE

**SERVICE DEPT. HOURS**

7:00 A.M. TO 7:00 P.M.  
MONDAY THRU FRIDAY  
SATURDAY 7:00 A.M. TO 5:00 P.M.

**PARTS HOURS**

7:00 A.M. TO 7:00 P.M.  
MONDAY THRU FRIDAY  
SATURDAY 7:00 A.M. TO 5:00 P.M.

**BODY SHOP**

7:00 A.M. TO 5:00 P.M.  
MONDAY THRU FRIDAY  
SATURDAY 7:00 A.M. TO 12:00 P.M.

ALL VEHICLES MUST  
BE PICKED UP BY  
THE CLOSE OF BUSINESS

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

FILE COPY

101645

7 2 7 0 9 6

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PAGE 3

Where Customer Satisfaction Comes First

LAS VEGAS, NV

HOME:

BUS:

CELL:

SERVICE ADVISOR: 889 LAURENE BELFORD

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	05	CHEVROLET MALIBU	1G1ZS52F05F		30178/30182		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
17JUN04 DD		17JUN2007	17:00 13SEP07			CASH	13SEP07
R.O. OPENED		READY	OPTIONS: DLR:39257 ENG:2.2 Liter MFI DOHC				

07:04 12SEP07 12:19 13SEP07

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
1	9421330	BULB			1.30	1.30	1.30
30182		RIGHT SIDE REAR LICENSE PLATE LAMP BULB BURNT OUT, CP 50.25					
		REPLACED RIGHT SIDE REAR LICENSE PLATE LAMP BULB.					

CUSTOMER PAY SHOP SUPPLIES FOR REPAIR ORDER 43.63

\*\*\*\*\*  
 \* SEE OUR SALES DEPARTMENT FOR THE LOWEST \*  
 \* PRICE ON NEW CHEVROLETS EVER!!!!!! \*  
 \*\*\*\*\*

BILL HEARD CHEVY  
 SEP 11 2007  
 COPIED  
 #1131

**LIMITED WARRANTY**

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this 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, loss of time, loss of profit or income or any other incidental damages.

BUYER SIGNATURE

**SERVICE DEPT. HOURS**  
 7:00 A.M. TO 7:00 P.M.  
 MONDAY THRU FRIDAY  
 SATURDAY 7:00 A.M. TO 6:00 P.M.

**PARTS HOURS**  
 7:00 A.M. TO 7:00 P.M.  
 MONDAY THRU FRIDAY  
 SATURDAY 7:00 A.M. TO 5:00 P.M.

**BODY SHOP**  
 7:00 A.M. TO 6:00 P.M.  
 MONDAY THRU FRIDAY  
 SATURDAY 7:00 A.M. TO 12:00 P.M.

ALL VEHICLES MUST  
 BE PICKED UP BY  
 THE CLOSE OF BUSINESS

DESCRIPTION	TOTALS
LABOR AMOUNT	506.34
PARTS AMOUNT	633.56
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	43.63
TOTAL CHARGES	1183.53
LESS INSURANCE	0.00
SALES TAX	52.48
PLEASE PAY THIS AMOUNT	1236.01

FILE COPY

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 14, 2011

[REDACTED]  
[REDACTED]  
Portland, OR [REDACTED]

Service Request: 71-585715846  
Customer Relationship Specialist: Jason David

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column assembly that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center





Portland OR

PORTLAND OR 972

19 DEC 2007 PM 2 L



SEE'S SEWING QUILT 39 USA

Reimbursement Dept.  
P.O. Box 83170  
Detroit, MI  
48232-5170

DEC 26 2007

482325170



Ref # 71-585715846

07126

## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: \_\_\_\_\_

17-Digit Vehicle Identification Number (VIN): 1G12T54815F [REDACTED]

Mileage at Time of Repair: 39,991 Date of Repair: \_\_\_\_\_

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Portland State: OR ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 407.04

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



1013210

277561

**Tonkin**

\*INVOICE\*

FOR THE LOVE of CARS  
**RON TONKIN CHEVROLET**

PORTLAND, OR

HOME: [REDACTED] BUS [REDACTED]

DUPLICATE 1  
PAGE 1122 N.E. 122nd Avenue  
Portland, Oregon 97230Post Office Box 20368  
Portland, Oregon 97220-0368  
Telephone: (503) 255-4100

SERVICE ADVISOR: 847 HILLARY NASH

COLOR	YEAR	MAKE/MODEL		VIN		LICENSE	MILEAGE IN / OUT		TAG
GOLD	05	CHEVROLET MALIBU		1G1ZT54815F			39991/39998		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE	
08DEC04 IS			17:00 13APR07			0.00	CASH	13APR07	
R.O. OPENED		READY		OPTIONS: DLR:RTC ENG:3.5 Liter SFI AXL:GOL					

17:36 12APR07 17:11 13APR07

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES THERE IS A CLUNKING NOISE IN THE FRONT END WHEN TURNING EITHER DIRECTION							
30	REPAIR						
		10097	CPC	1.80		158.40	158.40
		1 22687711	SHAFT KIT		164.97	164.97	164.97
		1 242	COST DIFFERENCE		14.10	14.10	14.10
PARTS:		179.07	LABOR:	158.40	OTHER:	0.00	TOTAL LINE A: 337.47

39994 1.8 TRACE TO STEERING INTERMEDIATE SHAFT AREA. LOOSEN AND REPOSITION SHAFT AND RETORQUE PINCH BOLT AS PER SERVICE DOC.#1908287 NO CHANGE. REC. STEERING SHAFT REPLACED. REPLACE STEERING INTERMEDIATE SHAFT.

B CUSTOMER STATES BRAKES MAKE LOUD SCRAPING/GRINDING NOISE IN THE MORNING UPON THE FIRST COUPLE BRAKE APPLICATIONS

34	BRAKE INSPECTION						
		10097	CPC	0.50		19.95	19.95
PARTS:		0.00	LABOR:	19.95	OTHER:	0.00	TOTAL LINE B: 19.95

39994 .5 ROAD TEST. NO ABNORMAL NOISE AT THIS TIME. INSPECT FRT. AND REAR BRAKES 6-7/32" LINING. MOST LIKELY DUE TO NORMAL CORROSION THAT DEVELOPS FROM MOISTURE SITTING OVERNIGHT.

C CUSTOMER STATES WHEN STARTING THE VEH, WHEN YOU LET GO OF THE KEY IT WILL CONTINUE TO CRANK UNTIL IT FINALLY STARTS

20	N/C						
		14035	CPC	0.00		0.00	0.00
PARTS:		0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C: 0.00

39991 N/C NORMAL OPERATION FOR THIS VEHICLE

D\*\* RENTAL CAR, RTCHV3

X20 RENTAL CAR

10097CRENT 0.00

0.00 0.00

NOTICE TO CONSUMER		SERVICE DEPARTMENT	PARTS DEPARTMENT	DESCRIPTION	TOTALS
I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF ANY ADDITIONAL CUSTOMER OR WARRANTY WORK PERFORMED AND/OR INCREASE IN THE ORIGINAL ESTIMATE PRICE. I ALSO ACKNOWLEDGE AND APPROVE ALL REPAIRS AS ITEMIZED AND/OR RECEIPT OF VEHICLE.		PHONE (503) 255-4100	PHONE (503) 255-4100	LABOR AMOUNT	
				PARTS AMOUNT	
ORIGINAL ESTIMATE		OUR EXTENDED HOURS:	OUR EXTENDED HOURS:	GAS, OIL, LUBE	
		MONDAY - FRIDAY 7:00 A.M. - 6:00 P.M. SATURDAY 8:00 A.M. - 3:00 P.M.	MONDAY - FRIDAY 8:00 A.M. - 6:00 P.M. SATURDAY 8:00 A.M. - 3:00 P.M.	SUBLET AMOUNT	
AUTHORIZED REVISED ESTIMATE				MISC. CHARGES	
				TOTAL CHARGES	
\$				LESS INSURANCE	
				SALES TAX	
CUSTOMER SIGNATURE		Please review your owner's manual for the maintenance specific to your year and model, required by the manufacturer to maintain your warranty. Services advised by Ron Tonkin Chevrolet consist of both factory and dealer recommended items.		PLEASE PAY THIS AMOUNT	

CUSTOMER COPY

1013210

277561

**Tonkin**

\*INVOICE\*

FOR THE LOVE of CARS

**RON TONKIN CHEVROLET**

PORTLAND, OR

HOME

BUS:

DUPLICATE 1

PAGE 2

122 N.E. 122nd Avenue  
Portland, Oregon 97230Post Office Box 20368  
Portland, Oregon 97220-0368

Telephone: (503) 255-4100

SERVICE ADVISOR: 847 HILLARY NASH

COLOR	YEAR	MAKE/MODEL		VIN		LICENSE	MILEAGE IN / OUT		TAG
GOLD	05	CHEVROLET MALIBU		1G1ZT54815F			39991/39998		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE	
08DEC04 IS			17:00 13APR07			0.00	CASH	13APR07	
R.O. OPENED		READY		OPTIONS: DLR:RTC ENG:3.5 Liter SFI AXL:GOL					

17:36 12APR07 17:11 13APR07

LINE OPCODE TECH TYPE HOURS

LIST

NET

TOTAL

MISC RTC RAC/2554

CRENT

30.00

30.00

PARTS: 0.00 LABOR: 0.00 OTHER: 30.00 TOTAL LINE D: 30.00

\*\*\*\*\*

E\*\* VEHICLE IS IN NEED OF ADDITIONAL REPAIRS - SERVICES, OWNER DECLINED

AT THIS TIME, STEERING SHAFT \$370

DECL VEHICLE IS IN NEED OF ADDITIONAL REPAIRS -

SERVICES, OWNER DECLINED AT THIS TIME

10097 CPC 0.00

0.00

0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE E: 0.00

\*\*\*\*\*

I HAVE RECEIVED A THOROUGH EXPLANATION  
OF THE ABOVE REPAIRS

YES

NO

CUSTOMER ACKNOWLEDGEMENT

GENUINE CHEVROLET ORIGINAL

PAID APR 13 2007

Visa

**NOTICE TO CONSUMER**I ACKNOWLEDGE NOTICE AND ORAL  
APPROVAL OF ANY ADDITIONAL CUSTOMER  
OR WARRANTY WORK PERFORMED AND/OR  
INCREASE IN THE ORIGINAL ESTIMATE PRICE.  
I ALSO ACKNOWLEDGE AND APPROVE ALL  
REPAIRS AS ITEMIZED AND/OR RECEIPT OF  
VEHICLE.ORIGINAL  
ESTIMATEAUTHORIZED  
REVISED ESTIMATE

\$

\$

CUSTOMER SIGNATURE

**SERVICE DEPARTMENT**

PHONE (503) 255-4100

**OUR EXTENDED HOURS:**MONDAY - FRIDAY  
7:00 A.M. - 6:00 P.M.  
SATURDAY  
8:00 A.M. - 3:00 P.M.**PARTS DEPARTMENT**

PHONE (503) 255-4100

**OUR EXTENDED HOURS:**MONDAY - FRIDAY  
8:00 A.M. - 6:00 P.M.  
SATURDAY  
8:00 A.M. - 3:00 P.M.Please review your owner's manual for the maintenance specific to your  
year and model, required by the manufacturer to maintain your warranty.  
Services advised by Ron Tonkin Chevrolet consist of both factory and  
dealer recommended items.**DESCRIPTION****TOTALS**

LABOR AMOUNT	178.35
PARTS AMOUNT	179.07
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	49.62
TOTAL CHARGES	407.04
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	407.04

**CUSTOMER COPY**

RON TONKIN CHEVROLET  
122 NE 122ND AVE  
PORTLAND, OR. 97230-2103  
503-255-4100

**Sale**

ID: 0017340000016335299001  
04-13-07

17:15:59

VISA

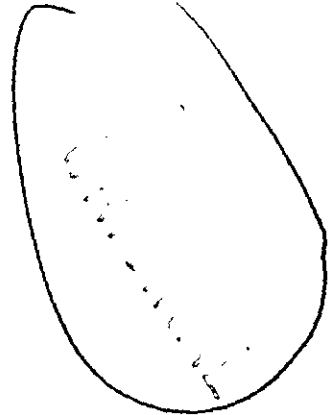
Appr Code: 071449

Invoice#: 000022

Total:

\$ 487.04

Customer Copy  
THANK YOU!



# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 14, 2011

[REDACTED]

Waldorf, MD [REDACTED]

Service Request: 71-585890566

Customer Relationship Specialist: Sam Curtis

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$471.19.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

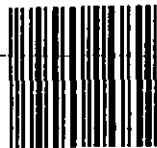


Waldorf MD

DEC 17 2007



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48232

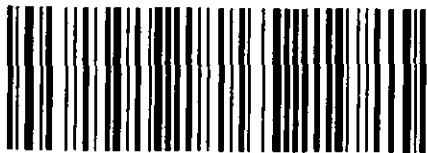
U.S. POSTAGE  
PAID  
WALDORF, MD  
20601  
DEC 14, 07  
AMOUNT

\$5.21

00021680-15

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

**CERTIFIED MAIL™**



7006 2150 0004 7147 0051

REIMBURSEMENT DEPARTMENT  
P.O. BOX 33170  
DETROIT, MI 48232-5170

4823235170 6050





# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: DECEMBER 14, 2007

17-Digit Vehicle Identification Number (VIN): 1G1ZS52F45F2 [REDACTED]

Mileage at Time of Repair: 63445 Date of Repair: 11-19-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: WALDORE State: MD. ZIP Code: [REDACTED]

~~Daytime Telephone Number (include Area Code):~~ [REDACTED]

Evening Telephone Number (include Area Code): SAME AS ABOVE

Amount of Reimbursement Requested: \$ QUOTE COST \$3,94- 387.25

TOTAL 471.19

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





# Ken Dixon AUTOMOTIVE



CHEVROLET CADILLAC HONDA HYUNDAI



HYUNDAI



2298 Crain Hwy. • Waldorf, Maryland 20601-3145

www.kendixon.com

301-645-7000

301-843-8700

301-884-2171

89886

INVOICE TO: [REDACTED] DRIVER/OWNER INFORMATION -- INVOICE: C18816

WALDORF MD [REDACTED] WALDORF MD [REDACTED]

HOME: [REDACTED] WORK: [REDACTED] HOME: [REDACTED] WORK: [REDACTED]

FOR OFFICE USE

TAG: 1344 ADV: 168 OTTE, SHE INVOICE: PRELIM CUS C RC VIN 1G1ZS52F45F [REDACTED] LICENSE NUMBER: [REDACTED]

TAX RULES: YNNN INVOICED: 10/19/2007 11:50:42 05 CHEVROLET MALIBU 4DR SDN Silver

ODOMETER IN: 63445 DIST: 1G1 DATES INSERVICE: 121404

DATES BEGIN: 10/19/07 DONE: 10/19/07

CONCERN 51 GUEST STATES THE POWER STEERING LIGHT IS COMING ON AND OFF WHILE OPERATION TECH AMOUNT

DRIVING--STEERING FEELS NORMAL EVEN WHEN LIGHT IS ON DIAGG 183 \*

CAUSE DTC C0460-STEERING POSITION SENSOR FAILURE

CORRECTION COMPLETED DIAGNOSIS. PROVIDED GUEST WITH ESTIMATE TO REPLACE STEERING

COLUMN \$949.00 PLUS TAX-ALSO ADVISED GUEST VEHICLE NEEDS FUEL INJECTION

SVC \$160.00 PLUS TAX-GUEST DECLINED

FACTORY TECH: 183 - HAU, BRIAN

TYPE: C TOTAL CHARGE FOR CONCERN 74.95

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C18816

SHOP SUPPLIES	8.99	PAYMENT DISTRIBUTION FOR INVOICE C18816	
LAB-MECHANICAL	74.95	TOTAL CHARGE	83.94
TOTAL CHARGE	83.94	CASH DUE	83.94

\*\* CUSTOMER WAITING \*\*

LAB RATE: 43.00- 175.00

IF YOU HAVE ANY QUESTIONS - PLEASE SEE SHELLIE OTTE

PARTS & LABOR GUARANTEED FOR 12 MONTHS OR 12,000 MILES AGAINST DEFECTS

SERVICE HOURS MON-FRI 7:30-6:00 SAT 7:30-1:00

\*\*NOTE\*\* IF A PART NUMBER HAS AN ASTERISK NEXT TO IT, THE PART HAS

A LIFETIME GUARANTEE TO THE ORIGINAL PURCHASER

"THANK YOU FOR YOUR BUSINESS"

PAGE 1  
LAST PAGE

1 1000000 000000 0000 0000 0000 0000 0000 0000 0000 0000

1 1000000 0000 0000 0000 0000 0000 0000 0000 0000

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I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE X

WARRANTY



# Ken Dixon AUTOMOTIVE



CHEVROLET CADILLAC HONDA HYUNDAI



HYUNDAI



2298 Crain Hwy. • Waldorf, Maryland 20601-3145

www.kendixon.com

301-645-7000

301-843-8700

301-884-2171

88986

----- INVOICE TO ----- DRIVER/OWNER INFORMATION -- INVOICE: W22750

WALDORF MD  
WORK: HOME: MD

FOR OFFICE USE

TAG: 2812 ADV: 168 OTTE, SHE INVOICE: QUOTE WAR C W MP VIN 1G1ZS52F45F LICENSE NUMBER: 05 CHEVROLET MALIBU 4DR SDN Silver

TAX RULES: YNNN INVOICED: 12/14/2007 10:42:15 ODOMETER IN: 63499 DIST: 1G1 DATES INSERVICE: 121404

DATES BEGIN: 11/19/07 DONE: 11/19/07

\*\*\* QUOTE AFTER FINAL BILL \*\*\*

CONCERN	52	CUSTOMER STATES THE POWER STEERING LIGHT IS ON--INSTALL SOP PARTS-WARRANTY	OPERATION	TECH	HOURS	AMOUNT
CAUSE		GOODWILL LABOR ONLY	E7680	183	1.6	137.09
CORRECTION		INTERNAL OPEN WITHIN STEERING COLUMN				
FACTORY		REPLACED STEERING COLUMN--PARTS COD-WARRANTY GOODWILL LABOR				
		TECH: 183 - HAUKE, BRIAN				
		CC : WK				
		FAIL CODE : 6F				

----- SUBTOTAL -----

LAB-MECHANICAL	137.09
TOTAL CHARGE FOR CONCERN	137.09

TYPE: W

----- GRAND TOTALS -----

SUMMARY OF CHARGES FOR INVOICE W22750		PAYMENT DISTRIBUTION FOR INVOICE W22750	
LAB-MECHANICAL	137.09	TOTAL CHARGE	137.09
TOTAL CHARGE	137.09	FAC WARRANTY	137.09

LAB RATE: 43.00- 175.00

IF YOU HAVE ANY QUESTIONS - PLEASE SEE SHELLIE OTTE

PARTS GUARANTEED 12MO 12,000 MILES

SERVICE HOURS MON-FRI 7:30-6:00 SAT 7:30-1:00

REPRINTED 1 TIMES

PAGE 1  
LAST PAGE

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I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE X

WARRANTY



# Ken Dixon AUTOMOTIVE



CHEVROLET CADILLAC HONDA HYUNDAI



HYUNDAI



2298 Crain Hwy. • Waldorf, Maryland 20601-3145

www.kendixon.com

301-645-7000

301-843-8700

301-884-2171

89836

INVOICE TO

DRIVER/OWNER INFORMATION -- INVOICE: C22750

WALDORF

MD

WALDORF

MD

WORK:

HOME:

WORK:

HOME:

FOR OFFICE USE

VEHICLE INFORMATION

TAG: 2812 ADV: 168 OTTE, SHE INVOICE: QUOTE CUS C W MP

VIN 1G1ZS52F45F

LICENSE NUMBER:

TAX RULES: YNNN INVOICED: 12/14/2007 10:42:15

05 CHEVROLET MALIBU

4DR SDN Silver

ODOMETER IN: 63499

DIST: 1G1

DATES INSERVICE: 121404

DATES BEGIN: 11/19/07 DONE: 11/19/07

\*\*\* QUOTE AFTER FINAL BILL \*\*\*

CONCERN	51	GUEST STATES THE POWER STEERING LIGHT IS COMING ON--SEE HISTORY-INSTALL	OPERATION	TECH	AMOUNT
		SOP STEERING COLUMN	SVC	183	.00

CORRECTION REPLACED STEERING COLUMN-GUEST PAYS PARTS ONLY

PART NUMBER	PO#	NOTE	DESCRIPTION	QTY	SELL	
000 015926870			COLUMN	1	368.33	368.33

FACTORY TECH: 183 - HAU, BRIAN

SUBTOTAL

PARTS	368.33
TOTAL CHARGE FOR CONCERN	368.33

TYPE: C

GRAND TOTALS

SUMMARY OF CHARGES FOR INVOICE C22750

PARTS	368.33
SERVICE-HISTORY ADM	.50
SUB-TOTAL	368.83
TAX	18.42
TOTAL CHARGE	387.25

PAYMENT DISTRIBUTION FOR INVOICE C22750	
TOTAL CHARGE	387.25
CASH DUE	387.25

LAB RATE: 43.00- 175.00

IF YOU HAVE ANY QUESTIONS - PLEASE SEE SHELLIE OTTE

PARTS & LABOR GUARANTEED FOR 12 MONTHS OR 12,000 MILES AGAINST DEFECTS

SERVICE HOURS MON-FRI 7:30-6:00 SAT 7:30-1:00

\*\*\*NOTE\*\* IF A PART NUMBER HAS AN ASTERISK NEXT TO IT, THE PART HAS A LIFETIME GUARANTEE TO THE ORIGINAL PURCHASER

"THANK YOU FOR YOUR BUSINESS"

REPRINTED 1 TIMES

PAGE 1  
LAST PAGE

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I ACKNOWLEDGE RECEIPT OF THE PARTS AND LABOR LISTED ABOVE X

WARRANTY

ON LINE SERVICE INVOICING BY UCS

ORIGINAL

8252321416  
KEN DIXON CADILLAC CHEV  
2298 CRAIN HIGHWAY  
WALDORF, MD 20601  
3016457000

**Sale**

ID: 00008JCD  
10/19/07  
Batch #: 000094

11:48:34

VISA

Appr Code: 494590 Inv#: 018816  
Total: \$ 83.94

Customer Copy  
THANK YOU

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

**GM**

CHECK

**No.** [REDACTED]50-837  
213**DATE**

01/15/08

\*\*\*\*\*471 DOLLARS

\*\*\*\*19 CENTS

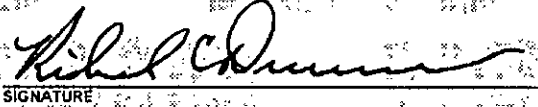
**AMOUNT**

\*\*\*\*\*471.19

WALDORF MD [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO.

BB 000000309

1

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/15/08

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZS52F45F [REDACTED]

01/14/08

71-585890566.1

VM 1-9R5SMC

1-9R5SMC

00.0000

471.19

.00

471.19

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

W3

**TOTAL**

471.19

.00

471.19

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF****1 INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)****Northeast Region Enhanced Dealership Empowerment Process****(Service Manager Template – revised 10/01/2005)**

1. Please complete this template by either typing or legibly writing in all required information.
2. Please fax the completed template to 1-866-430-2718, or attach this document to an e-mail and e-mail it to [AVM.TEAM@gmexpert.com](mailto:AVM.TEAM@gmexpert.com)
  - NOTE: It is NOT necessary to fax in all 12 pages of the template, only those that apply
3. Place the template in your VIN history file for future reference

Questions pertaining to the status of the processing can be directed to the AVM Team in Chatham @ 1-800-231-1841 prompt 3, prompt 2

AVM's Name & Phone	GORDON SIMMONS 800-356-5004 Box 8062
Service Manager's Name & Phone	J.B. LYNN 1-800-276-6867
Dealership Name & BAC	ARNOLD PALMER MOTORS 117103
Customer Name (Mr., Ms., Mrs., Last, First, MI)	[REDACTED]
Customer Complete Mailing Address	[REDACTED] ST B/AINSBURGH, PA
Daytime phone number	[REDACTED]
Evening phone number	[REDACTED]
FULL VIN	1G22H528154 [REDACTED]
Current Mileage	27,933
Short explanation as to why the goodwill tool was offered to the customer (Specific information required)	CUSTOMER HAS HAD ABNORMAL WARRANTY REPAIRS SINCE BEGINNING OF OWNERSHIP. CUSTOMER IS WORRIED ABOUT OUT OF WARRANTY EXPENSE. 1) 5/19/05/115 MILES/AMPLIFIER 2) 12/10/06/12,985/ENGINE 3) 2/9/07/15,295/STARTER
If subsequent owner, indicate date & mileage at time of purchase	



9

Mandatory Deductible			Mandatory Deductible		
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200

## Model years 2003 – Current

Available GMPP parameters for any vehicle(s) appearing on the Vehicle Model Group Classification Guide, Rate Classes 1-8.				
In service up to 12 months and 12,000 miles.				
Note: GMPP Major Guard, Value Guard, & Basic Guard 36/45,000, 36/54,000, & 48/48,000 plans are <u>unavailable</u> for Rate Classes 3A, 4A, 6 & 7 vehicles, which are currently the 2006 LaCrosse, 2006 Lucerne, 2006 Rainier, 2006 Rendezvous, 2006 Terraza, H3, and all Cadillac vehicles.				
<input type="checkbox"/> Major Guard <input type="checkbox"/> Value Guard <input type="checkbox"/> Basic Guard				
36 Months	48 Months	60 Months	72 Months	84 Months
<input type="checkbox"/> 45,000	<input type="checkbox"/> 48,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 48,000	<input type="checkbox"/> 56,000
<input type="checkbox"/> 54,000	<input type="checkbox"/> 60,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 60,000	<input type="checkbox"/> 70,000
<input type="checkbox"/> 60,000	<input type="checkbox"/> 72,000	<input type="checkbox"/> 60,000	<input type="checkbox"/> 72,000	<input type="checkbox"/> 84,000
<input type="checkbox"/> 75,000	<input type="checkbox"/> 80,000	<input type="checkbox"/> 75,000	<input type="checkbox"/> 90,000	
<input type="checkbox"/> 100,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 90,000	<input type="checkbox"/> 100,000	
		<input type="checkbox"/> 100,000		
Available Deductible				
<input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200				

Model years 2003 – Current, 0 – 36,000 Odometer miles						
<input checked="" type="checkbox"/> Major Guard <input type="checkbox"/> Value Guard <input type="checkbox"/> Basic Guard						
12 Months	24 Months	36 Months	48 Months	60 Months	72 Months	84 Months
<input type="checkbox"/> 12,000	<input type="checkbox"/> 24,000	<input type="checkbox"/> 24,000	<input type="checkbox"/> 32,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 48,000	<input type="checkbox"/> 56,000
<input type="checkbox"/> 15,000	<input type="checkbox"/> 30,000	<input type="checkbox"/> 30,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 60,000	<input type="checkbox"/> 70,000
<input type="checkbox"/> 18,000	<input type="checkbox"/> 36,000	<input checked="" type="checkbox"/> 36,000	<input type="checkbox"/> 48,000	<input type="checkbox"/> 60,000	<input type="checkbox"/> 72,000	
<input type="checkbox"/> 20,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 45,000	<input type="checkbox"/> 60,000	<input type="checkbox"/> 75,000		
	<input type="checkbox"/> 50,000	<input type="checkbox"/> 54,000	<input type="checkbox"/> 72,000			
		<input type="checkbox"/> 60,000				
		<input type="checkbox"/> 75,000				
Available Deductible						
<input checked="" type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200						

Model years 2003 – Current, 36,001 – 50,000 Odometer miles						
<input type="checkbox"/> Major Guard <input type="checkbox"/> Value Guard <input type="checkbox"/> Basic Guard						
12 Months	24 Months	36 Months	48 Months	60 Months	72 Months	84 Months
<input type="checkbox"/> 12,000	<input type="checkbox"/> 24,000	<input type="checkbox"/> 24,000	<input type="checkbox"/> 32,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 48,000	<input type="checkbox"/> 56,000
<input type="checkbox"/> 15,000	<input type="checkbox"/> 30,000	<input type="checkbox"/> 30,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 50,000		
<input type="checkbox"/> 18,000	<input type="checkbox"/> 36,000	<input type="checkbox"/> 36,000	<input type="checkbox"/> 48,000			
<input type="checkbox"/> 20,000	<input type="checkbox"/> 40,000	<input type="checkbox"/> 45,000				
	<input type="checkbox"/> 50,000	<input type="checkbox"/> 54,000				
Mandatory Deductible						
<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200						

GM DealerWorld - Microsoft Internet Explorer provided by GMCARS

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address  Go

---

<b>Vehicle Identifier</b>	<b>Customer Information</b>
Vehicle Category: GM, Used Division: Pontiac VIN: 162ZH528154	Plan Customer: Individual Customer Type: Owner  Blairsville, Pennsylvania, United States Home Phone: Primary Language: English Secondary Language:
<b>Sales Information</b>	
Dealer Code: 32888 Action: Add Protection Plan Odometer: 27933 Delivery Date: 12/19/2007	
<b>Plan Lienholder</b>	
Lienholder Type: Other Pontiac P O Box 33172 Detroit, Michigan - 48232	
<b>Protection Plans</b>	
Plan Purchase Date: 12/19/2007 In Service Date: 12/19/2007	
Plan Type: Major Guard Retail Term: 36 Mileage Limit: 36000 Deductible: 0 Rental Type: Standard Plan Price: \$ 0.00 Tax: \$ 0.00 Total: \$ 0.00	



BACK CANCEL SUBMIT

Start Siebel Automotive - ... GM DealerWorld - ... http://fm98wjb.com... GMPP Approved9.1... 71-585943763.doc - ... Merged.doc - Micros... 2:27 PM

https://www.autopartners.net - GM DealerWorld - Microsoft Internet Explorer provided by GMCARS

GM OrderWORKBENCH Close Window

---

**Transaction Details**  

Click the "Print" button in order to keep a record of this transaction detail. After you review the transaction details, click "Close Window".

VIN: 162ZH528154	Status: Pending
Dealer Code: 32888	User ID:
Transaction Date: 12/19/2007	User Role: Central Office Administrator
Transaction Type: GM Protection Plan	Timestamp Date: 2008-01-02-14:27:12.352000
Transaction Messages: 1097 - GMPP sent to MIC	

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Done Internet

Start Siebel Automoti... GM DealerWorld... http://fm98wjb... https://www... GMPP Approved... 71-585943763... Merged.doc - Mi... 2:27 PM

January 18, 2011

[REDACTED]  
Blairsville, PA [REDACTED]

Service Request: 71-586054552  
Customer Relationship Specialist: Alicia Robinson

Dear [REDACTED]

Thank you for your support of Pontiac. As we agreed, the necessary paperwork has been completed and forwarded to General Motors Protection Plan (GMPP). The processing time will take approximately eight weeks. The Major Guard plan for your 2005 Pontiac G6, Vehicle Identification Number 1G2ZH528154 [REDACTED] is for the following:

- 36 months or 36,000 miles, whichever occurs first, beginning on December.19, 2007 and ending on December.19, 2010, and begins with 27,933 and ends with 63,933 odometer miles
- Standard rental
- A \$0.00 deductible

You will be notified by GMPP once the plan has been processed. This letter will serve as your policy until the plan confirmation is received. Please contact your local GM Dealer if you have coverage questions. Your complete satisfaction is very important to us. We hope this transaction demonstrates our appreciation of you as a valued Pontiac customer.

If you have any future questions, please feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Thank you for allowing us the opportunity to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmink.com](http://www.mygmink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 18, 2011

[REDACTED]  
[REDACTED]  
[REDACTED]  
Hancock, WI [REDACTED]

Service Request: 71-586061692  
Customer Relationship Specialist: Gavin Sanders

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering column that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$381.21.

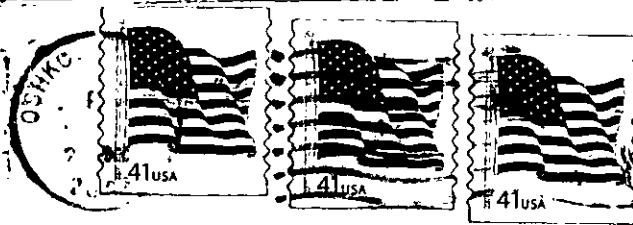
At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

HANCOCK, W.T.



REIMBURSEMENT DEPT.  
PO BOX 33170  
DETROIT, MI 48232-5170




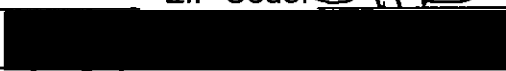
DEC 26 2007

48232+5170-70, B030



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

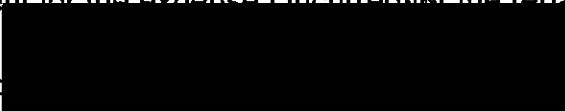
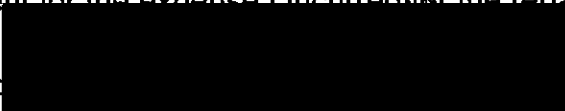
Date Claim Submitted: 12-20-07  
17-Digit Vehicle Identification Number (VIN): 1G1ZS52F65F   
Mileage at Time of Repair: 66,100 Date of Repair: 11-2-07  
Claimant Name (please print):   
Street Address or PO Box Number:   
City: HAWCOCK State: WI ZIP Code: 54943  
Daytime Telephone Number (include Area Code):   
Evening Telephone Number (include Area Code): SAME  
Amount of Reimbursement Requested: \$ 444.52

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: 

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



✓

**PLAINFIELD AUTO SALES  
HIGHWAY 73 & COUNTY ROAD BB  
PO BOX 122  
PLAINFIELD, WI 54966  
(715)335-4775**

December 20, 2007

Reimbursement Department  
PO Box 33170  
Detroit, MI 48232-5170

RE: SERVICE REQUEST NO. 71-586061692

Dear Sir/Madam:

This letter is to notify you that any reimbursement due [REDACTED] should be paid to us.

We sold [REDACTED] this automobile, (2005 Chevy Malibu, VIN 1G1ZS52F65F [REDACTED] on September 10, 2007. She drove it for a short time and a problem came about regarding the power steering in which she had to have this vehicle towed for repairs.

[REDACTED] could not afford to make said repairs to the car so we paid the invoice on her behalf for which she was to reimburse us. (This vehicle still belongs to [REDACTED] and is in her possession.)

Therefore, all monies to be paid for repair costs should be sent to us per agreement with [REDACTED]

If you have any questions, please call.

Sincerely,

[REDACTED]

Carole A. Kleinowski  
Owner

[REDACTED]





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235 N. Front St. PO Box 39

Coloma, Wisconsin 54930

(715) 228-2911 (800) 227-2911



BUICK



Goodwrench

CUSTOMER NO. 13612	ADVISOR RODNEY OLESON	TAG NO. 36	INVOICE DATE 11/15/07	INVOICE NO. CVCS52588
HANCOCK, WI	LABOR RATE	LICENSE NO.	MILEAGE 66,100	COLOR SILVER/
	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/4DR	DELIVERY DATE		DELIVERY MILES
	VEHICLE I.D. NO. 1G1ZS52F65F	SELLING DEALER NO.	PRODUCTION DATE	
	FTE. NO.	P.O. NO.	R.O. DATE 11/02/07	
BUSINESS PHONE	COMMENTS			

TOTALS		TOTAL LABOR 156.00 TOTAL PARTS 265.34 TOTAL SUBLET 0.00 TOTAL G.O.G. 0.00 TOTAL MISC CHG. 0.00 TOTAL MISC DISC 0.00 TOTAL TAX 23.18 <b>TOTAL INVOICE \$ 444.52</b>		<b>SERVICE HOURS:</b> <b>MONDAY THROUGH FRIDAY</b> <b>8:00 A.M. - 5:00 P.M.</b>
METHOD OF PAYMENT * Cash [ ] * Amer. Exp. [ ] * * Check [ ] * Discover [ ] * * Check # [ ] * Mastercard [ ] * * Charge [ ] * Visa [ ] * * (must be pre-approved) * Thank-you! We appreciate your business !!! *				

CUSTOMER SIGNATURE

\*Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.\*

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED.

"Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

**Thank You**  
**We Sincerely**  
**Appreciate Your**  
**Business**

COPY



CHEVROLET.

Charles

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Coloma, Wisconsin 54930  
(715) 228-2911 (800) 227-2911



BUICK

RECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL	OPERATION	OPERATION DESCRIPTION	MO/MI	TOTAL
00CVZZAIR 00CVZZLOF 00CVZZTRANS	REPLACE AIR FILTER LUBE OIL FILTER TRANSMISSION SERVICE	MI MI MI		00CVZZFUEL 00CVZZROT	REPLACE FUEL FILTER ROTATE TIRES	MI MI	

SERVICE HISTORY

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
10/16/07	52400	65482	36	37	C	50CVZZRADIO	RADIO PROBLEMS

SALESPERSON NO.

SERVICE

<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	VEHICLE ID NO. <b>1G1ZS52F65F</b>	YEAR/MAKE/MODEL <b>05/CHEVROLET/MALIBU/4DR</b>	PRODUCTION DATE	STOCK NO.	LICENSE NO.	R.O. NO. <b>52588</b>
CREDIT CARD: <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	<b>HANCOCK, WI</b>	CUSTOMER NO. <b>13612</b>	SERVICE CONTRACT	DELIVERY DATE	DELIVERY MILES	SELLING DEALER NO. <b>11/02/07</b>
		COLOR <b>SILVER</b>	CONTRACT NO.	EXPIRATION DATE	EXPIRATION MILES	TAG NO.
		TURBO <input type="checkbox"/>	MMV <input type="checkbox"/>	AIR COND. <input type="checkbox"/>	P.S. <input type="checkbox"/>	TRANS. <input type="checkbox"/>
		MILEAGE <b>66100</b>	ADVISOR NO. <b>36</b>	ADVISOR <b>RODNEY OLESON</b>		
CALL WHEN VEHICLE IS READY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TIME RECEIVED <b>09:36am</b>	DATE/TIME PROMISED <b>11/02/07 05:30pm</b>	PRIORITY	SEE REVERSE SIDE BEFORE SIGNING. I HEREBY AUTHORIZE the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss of damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I UNDERSTAND THAT ALL CHARGES ARE DUE UPON DELIVERY OF THE VEHICLE. IF PAYMENT IS DEFERRED, I UNDERSTAND THAT ALL CHARGES ARE DUE WITHIN 30 DAYS FROM BILLING DATE. IF PAYMENT IN FULL IS NOT MADE BY THAT TIME, I HEREBY AGREE TO PAY A PENALTY CHARGE AT THE RATE OF 1 1/2% PER MONTH (18% PER ANNUM) ON THE DECLINING UNPAID BALANCE UNTIL PAID IN FULL. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.		
APPOINTMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LABOR RATE		X			

1	C 55CVZ HAD TOWED IN, STEERS HARD, ADVISE	FRONT SUSP/STEERING	<p>YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.</p> <p>1. I request an estimate in writing before you begin repairs.</p> <p>2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____.</p> <p>3. I DO NOT want an estimate.</p> <p><input type="checkbox"/> This vehicle received without face to face customer contact.</p> <p>ESTIMATED PRICE: _____ ESTIMATED CHARGE: _____ DATE OFFERED BACK: _____ MILEAGE OUT: _____</p> <p>SHOP REPRESENTATIVE SIGNATURE: _____</p> <p>ADDITIONAL WORK AUTHORIZED BY: _____ NAME: _____</p> <p>DATE: _____ TIME: _____ AM _____ PM _____ NO. CALLED: _____ NEW TOTAL EST: _____</p> <p>*Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.</p> <p>NOTICE: YOU ARE ENTITLED TO INSPECT OR RECEIVE THE REPLACED PARTS, COMPONENTS AND/OR ACCESSORIES REPLACED OR REMOVED BY THIS SHOP (BY REQUEST).</p> <p>ALL PARTS NEW UNLESS SPECIFIED: U-Used R-Rebuilt C-Reconditioned Y-Recycled</p> <p>*Any warranties on the products sold hereby are those made by the manufacturer. The seller, CHARLES' CHEVROLET BUICK, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.</p>
2	C 15CVZZLIGHT CHECK ENGINE LIGHT ON, ADVISE	CHECK ENGINE LIGHT	
3	C* 50CVZ WENT TO TURN HAZARDS ON, BUTTON PUSHED IN, ADVISE	BODY ELECTRICAL	

*7dr*  
*Klunk Noise*  
*Something in front center*  
*Fuel sender*  
*Bezel & switches*

**COPY**



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Coloma, Wisconsin 54930  
(715) 228-2911 (800) 227-2911



CUSTOMER NO. 13612	ADVISOR RODNEY OLESON	TAG NO. 36	INVOICE DATE 11/15/07	INVOICE NO. CVCS52588
	LABOR RATE	LICENSE NO.	MILEAGE 66,100	COLOR SILVER
HANCOCK, WI	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/4DR		DELIVERY DATE	DELIVERY MILES
	VEHICLE I.D. NO. 1G1ZS52F65F		SELLING DEALER NO.	PRODUCTION DATE
	ETE. NO.	P.O. NO.	R.O. DATE 11/02/07	
	BUSINESS PHONE	COMMENTS		

LABOR & PARTS  
J# 1 55CVZ FRONT SUSP/STEERING HOURS: 1.60 TECH(S):37 96.00  
HAD TOWED IN, STEERS HARD, ADVISE  
CHECKED SYSTEM OVER FOUND POWER STEERING ASSIT MOTOR  
FAILURE, REPLACED POWER STEERING MOTOR ASSY  
SET MODULE UP, TEST DROVE

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 1	1	25805894	MOTOR 6.605	353.78		265.34
JOB # 1 TOTAL PARTS						265.34
JOB # 1 TOTAL LABOR & PARTS						361.34

J# 2 15CVZZLIGHT CHECK ENGINE LIGHT HOURS: 1.00 TECH(S):37 60.00  
CHECK ENGINE LIGHT ON, ADVISE  
CHECKED SYSTEM OVER W/SCAN TOOL FOUND TROBLE CODE C0545  
EVAP SYSTEM LEAK, SMOKED SYSTEM, CHECKED FOR LEAKS  
FOUND HOSE FROM SENDER LEAKING  
NO REPAIRS MADE AT THIS TIME

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 2 TOTAL PARTS						0.00
JOB # 2 TOTAL LABOR & PARTS						60.00

J# 3 50CVZ BODY ELECTRICAL HOURS: TECH(S):37 0.00  
WENT TO TURN HAZARDS ON, BUTTON PUSHED IN, ADVISE  
REGLUED HAZARD SWITCH IN

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 3 TOTAL PARTS						0.00
JOB # 3 TOTAL LABOR & PARTS						0.00

TECHNICIAN CERTIFICATION  
37 MICHAEL FELSKE 37

### SERVICE HOURS:

MONDAY THROUGH FRIDAY  
8:00 A.M. - 5:00 P.M.

"Motor vehicle repair practices are regulated by chapter, ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911."

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED.

"Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

Thank You  
We Sincerely  
Appreciate Your  
Business

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CUSTOMER NO. <b>13612</b>	ADVISOR <b>RODNEY OLESON</b>	TAG NO. <b>36</b>	INVOICE DATE <b>11/15/07</b>	INVOICE NO. <b>CVC552588</b>
<b>HANCOCK, WI</b>	LABOR RATE	LICENSE NO.	MILEAGE <b>66,100</b>	COLOR <b>SILVER/</b>
	YEAR/MAKE/MODEL <b>05/CHEVROLET/MALIBU/4DR</b>			DELIVERY DATE
	VEHICLE I.D. NO. <b>1G1Z552F65F</b>			SELLING DEALER NO.
	FTE NO.			R.O. DATE <b>11/02/07</b>
BUSINESS PHONE		COMMENTS		

LABOR & PARTS  
J# 1 55CVZ FRONT SUSP/STEERING HOURS: 1.60 TECH(S):37 96.00  
HAD TOWED IN, STEERS HARD, ADVISE  
CHECKED SYSTEM OVER FOUND POWER STEERING ASSIT MOTOR  
FAILURE, REPLACED POWER STEERING MOTOR ASSY.  
SET MODULE UP, TEST DROVE

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
JOB # 1	1	25805894	MOTOR 6.605	353.78	265.34
JOB # 1 TOTAL PARTS				265.34	265.34
JOB # 1 TOTAL LABOR & PARTS				361.34	

J# 2 15CVZZLIGHT CHECK ENGINE LIGHT HOURS: 1.00 TECH(S):37 60.00  
CHECK ENGINE LIGHT ON, ADVISE  
CHECKED SYSTEM OVER W/SCAN TOOL FOUND TROBLE CODE C0545  
EVAP. SYSTEM LEAK, SMOKED SYSTEM, CHECKED FOR LEAKS  
FOUND HOSE FROM SENDER LEAKING  
NO REPAIRS MADE AT THIS TIME

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
JOB # 2 TOTAL PARTS				0.00	
JOB # 2 TOTAL LABOR & PARTS				60.00	

J# 3 50CVZ BODY ELECTRICAL HOURS: TECH(S):37 0.00  
WENT TO TURN HAZARDS ON, BUTTON PUSHED IN, ADVISE  
REGLUED HAZARD SWITCH IN

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
JOB # 3 TOTAL PARTS				0.00	
JOB # 3 TOTAL LABOR & PARTS				0.00	

TECHNICIAN CERTIFICATION  
37 MICHAEL FELSKE 37

### SERVICE HOURS:

MONDAY THROUGH FRIDAY  
8:00 A.M. - 5:00 P.M.

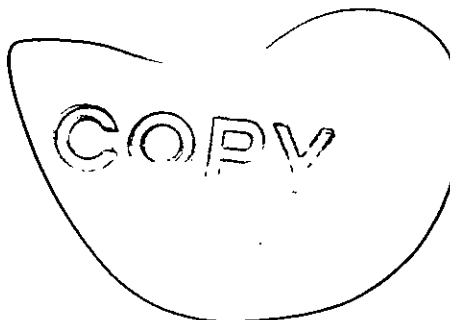
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Thank You  
We Sincerely  
Appreciate Your  
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CUSTOMER NO. <b>13612</b>	ADDRESS <b>RODNEY OLESØN</b>	TAG NO. <b>36</b>	INVOICE DATE <b>11/15/07</b>	INVOICE NO. <b>CVC552588</b>
<b>HANCOCK, WI</b>	LABOR RATE	LICENSE NO.	MILEAGE <b>66,100</b>	COLOR <b>SILVER/</b>
	YEAR/MAKE/MODEL <b>05/CHEVROLET/MALIBU/4DR</b>			DELIVERY DATE
	VEHICLE I.D. NO. <b>1G1ZS52F65F</b>			SELLING DEALER NO.
	FTE. NO.			RO. NO.
BUSINESS PHONE		COMMENTS		

TOTALS-----  
\*\*\*\*\*  
\*\*\*\*\* METHOD OF PAYMENT \*\*\*\*\*  
\*\*\*\*\*  
\* Cash [ ] \* Amer Exp [ ] \*  
\* Check [ ] \* Discover [ ] \*  
\* Check #..... \*  
\* Charge [ ] \* Mastercard [ ] \*  
\* (must be pre-approved) \* Visa [ ] \*  
\*\*\*\*\*  
\* Thank you! We appreciate your business !!! \*  
\*\*\*\*\*

TOTAL LABOR.... 156.00  
TOTAL PARTS.... 265.34  
TOTAL SUBLET... 0.00  
TOTAL G.O.G.... 0.00  
TOTAL MISC CHG. 0.00  
TOTAL MISC DISC 0.00  
TOTAL TAX..... 23.18

TOTAL INVOICE \$ 444.52

Adj Tax -23.18  
421.42

**SERVICE HOURS:**  
**MONDAY THROUGH FRIDAY**  
**8:00 A.M. - 5:00 P.M.**

"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911."

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED.

"Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

**Thank You**  
**We Sincerely**  
**Appreciate Your**  
**Business**

CUSTOMER SIGNATURE

*Paul 12-7-07*  
*Thank you!*  
*PD*

COPY

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK

**No.** [REDACTED]50-937  
213**DATE**  
01/24/08

\*\*\*\*\*381 DOLLARS

\*\*\*\*21 CENTS

**AMOUNT**  
\*\*\*\*\*381.21**PAY  
TO THE  
ORDER  
OF**

HANCOCK WI [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

  
SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

II [REDACTED]

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/24/08

VENDOR  
DUNS NO. BB 000000389

1

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G1ZS52F65F [REDACTED]	01/23/08 71-586061	VH 1-9U7H78 692.1-9U7H78	00.0000	381.21	.00	381.21
TOTAL				381.21	.00	381.21

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

**TOTAL**

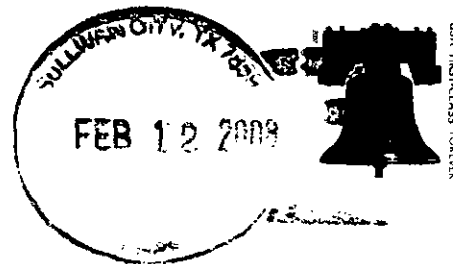
381.21

.00

381.21

[REDACTED]  
[REDACTED]  
Sullivan City, Texas [REDACTED]

FEB 19 2008



Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

4823235170 B050



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 2-11-0817-Digit Vehicle Identification Number (VIN): 1G1Z552F05FMileage at Time of Repair: 44,166 Date of Repair: September 05, 2006

Claimant Name (please print): \_\_\_\_\_

Street Address or PO Box Number: \_\_\_\_\_

City: Sullivan City State: Texas ZIP Code: \_\_\_\_\_

Daytime Telephone Number (include Area Code): \_\_\_\_\_

Evening Telephone Number (include Area Code): \_\_\_\_\_

Amount of Reimbursement Requested: \$ 741.11

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: \_\_\_\_\_

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261





## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



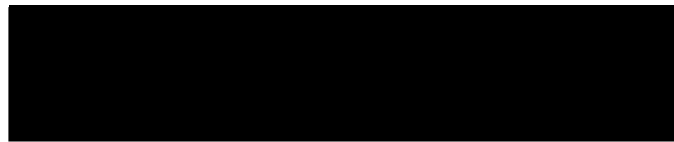
Person who paid for the Repair.



Sullivan City, Texas



Phone #

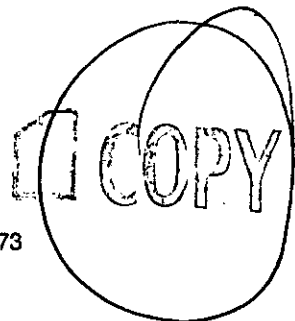


**NEESSEN****CHEVROLET • GMC • BUICK • PONTIAC****GMC****BUICK PONTIAC**

2007 SOUTH HWY 77 • P.O. Box 1573 • Kingsville, Texas 78364-1573

(361) 592-2668 - Fax (361) 592-8281

www.neessenautomotive.com



CUSTOMER NO. <b>34904</b>	ADVISOR <b>OMAR GARCIA</b>	TAG NO. <b>627</b>	353	INVOICE DATE <b>09/06/06</b>	INVOICE NO. <b>CVCS27080</b>
[REDACTED] KINGSVILLE, TX	LABOR RATE	LIC	MILEAGE <b>44,166</b>	COLOR <b>GRAY DRK/</b>	STOCK NO.
	YEAR/MAKE/MODEL <b>05/CHEVROLET/MALIBU/MALIBU</b>			DELIVERY DATE <b>01/22/05</b>	DELIVERY MILES
	VEHICLE I.D. NO. <b>1G1ZS52F05F</b>			SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.			P.O. NO.	R.A. DATE <b>09/05/06</b>
RESIDENCE PHONE	COMMENTS			REPRINT# <b>1</b>	

**LABOR**

**J#1 216VZ ELECTRICAL SYSTEM TECH(S):800**  
 CUSTOMER STATES WHILE DRIVING VEH POWER STRG LOCK UP. VEH IS  
 ALL ELECTRICAL  
 C0545 FAULTY STEERING WHEEL POSITION SENSOR  
 INSTALLED NEW COLUMN AND CLEAR CODES

**J#2 226VZ0T5 POWER DOOR LOCKS TECH(S):999**  
 CUSTOMER STATES DR DOOR WONT LOCK OR UNLOCK FRONT DOOR  
 NO WORK DONE

**J#3 246VZ030 OTHER TRIM TECH(S):999**  
 C/S PASS REAR WINDOW WONT OPERATE GOING DOWN. CLARK CHEV  
 NO WORK DONE

TOTAL - LABOR 262.50

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1		15926870	COLUMN 6.518	429.00	429.00
TOTAL - PARTS					429.00	429.00

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 1	E-FEE	SHOP MATERIALS		13.13
TOTAL - MISC				13.13

COMMENTS  
AZ**TOTALS**

\*\*\*\*\*  
 WE AT NEESSEN, WANT YOU TO BE COMPLETELY SATISFIED. YOU MAY  
 RECEIVE A SERVICE SATISFACTION SURVEY FROM THE MANUFACTURER  
 WITHIN THE NEXT THIRTY DAYS. PLEASE TAKE TIME TO COMPLETE  
 THE SURVEY AND MAIL IT IN. IF YOU ARE NOT ABLE TO COMPLETE  
 THE SURVEY "COMPLETELY SATISFIED", PLEASE CALL US AT (361)  
 592-2668.  
 \*\*\*\*\*

TOTAL LABOR	262.50
TOTAL PARTS	429.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG	13.13
TOTAL MISC DISC	0.00
TOTAL TAX	36.48

**TOTAL INVOICE \$ 741.11**

A GM PART NUMBER FOLLOWED BY AN (\*) ASTERISK IS ELIGIBLE FOR  
 THE GM LIMITED LIFETIME SERVICE GUARANTEE ON CUSTOMER PAY  
 REPAIRS ONLY. THIS WARRANTY COVERS LABOR AND PARTS TO THE  
 ORIGINAL OWNER ONLY. OTHER RULES AND GUIDELINES DO APPLY.  
 \*\*\*\*\*WE THANK YOU FOR YOUR BUSINESS\*\*\*\*\*  
 \*\*\*\*\*

**Notice to Pursuant to §70.001, Texas Property Code.**

I am the person or an 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 §9.603, Texas Business and Commerce Code, if a check or money order for repair on the vehicle is stopped, dishonored because of insufficient funds, no funds, or because the drawer or maker of the check or money order has no account or the account on which it is drawn has closed.

Signature of Person Responsible or Agent for Person Responsible

**TERMS: STRICTLY CASH OR ACCEPTED CREDIT CARDS**

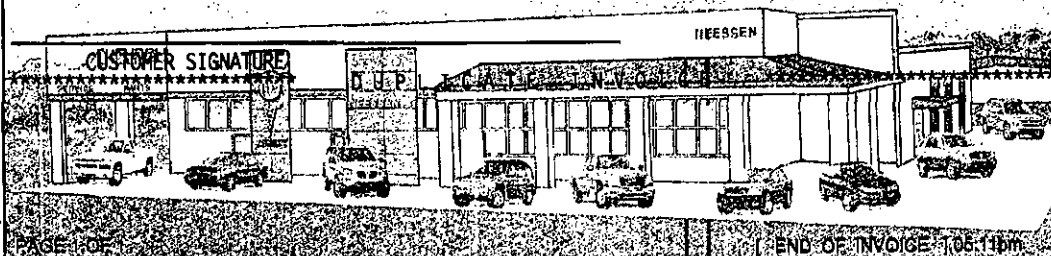
**DISCLAIMER OF WARRANTIES**  
 The seller herein expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. NOT RESPONSIBLE FOR LOST, DAMAGED, OR STOLEN ITEMS WHILE ON PREMISES!

CUSTOMER SIGNATURE

Parts Department Hours:  
 Monday - Friday  
 8:00 AM - 6:00 PM  
 Closed Saturday

Service Department Hours:  
 Monday - Friday  
 7:30 AM - 6:00 PM  
 Closed Saturday



**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

**GM**

CHECK

**No.** [REDACTED]50-937  
213**DATE**  
03/03/08

\*\*\*\*\*741 DOLLARS

\*\*\*\*\*00 CENTS

**AMOUNT**  
\*\*\*\*\*741.00**PAY  
TO THE  
ORDER  
OF**

SULLIVAN CITY TX [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO.

BB 000000310

1

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO.

PAYMENT  
DATE

03/03/08

VENDOR NAME

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZS52F05F [REDACTED] 02/29/08 VM 1-A13P8U  
71-586069223.1-A13P8U

00.0000

741.00

.00

741.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

741.00

.00

741.00

January 18, 2011

[REDACTED]  
Sullivan City, TX [REDACTED]

Service Request: 71-586069223

Customer Relationship Specialist: Roxy King

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the column kit that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$741.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 18, 2011

[REDACTED]  
Graytown, OH [REDACTED]

Service Request: 71-586166572

Customer Relationship Specialist: Cherry Martin

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the column assembly that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$575.63.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

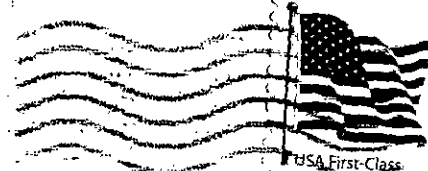
B

Graytown, OH

TOLEDO OH 436

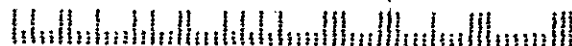
20 DEC 2007 PM 3 L

DEC 21 2007



Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

48232+3170



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12-20-200717-Digit Vehicle Identification Number (VIN): 1G1ZT52865F [REDACTED]Mileage at Time of Repair: 53980 Date of Repair: 8-16-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Graytown State: OH ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 575.63

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261





## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





December 2007

Graytown, OH 4

Dear

As the owner of a 2005 model year Chevrolet Malibu, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some 2005 model year Chevrolet Malibu vehicles may lose their power steering assist. This is caused by electrical input signals within the steering column assembly. If the power steering assist is lost, a chime will be heard and the DIC will display a Power Steering warning message. The Service Vehicle Soon light will also illuminate. The vehicle can still be steered in a safe manner but will require greater driver effort at low vehicle speeds or when stopped.

**Do not take your vehicle to your Chevrolet dealer as a result of this letter unless you believe that your vehicle has the condition as described above.**

**What We Have Done:** General Motors is providing owners with additional protection for the steering column assembly. If this condition occurs on your 2005 Chevrolet Malibu within 7 years of the date your vehicle was originally placed in service or 70,000 miles, whichever occurs first, the condition will be repaired for you at **no charge**. Diagnosis or repair for conditions other than the condition described above is not covered under this special coverage program.

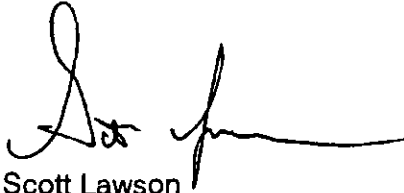
**What You Should Do:** Repairs and adjustments qualifying under this special coverage must be performed by a General Motors dealer. You may want to contact your GM dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your dealer to order parts if they are not already in stock. Keep this letter with your other important glove box literature for future reference.

**Reimbursement:** The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the special coverage condition. Your request for reimbursement, including the information and documents mentioned on the enclosed form, must be received by GM by December 31, 2008.

If you have any questions or need any assistance, just contact your dealer or the Chevrolet Customer Assistance Center between the hours of 8:00 AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.630.2438 (TTY 1.800.833.2438).



We are sorry for any inconvenience you may experience; however we have taken this action in the interest of your continued satisfaction with our products.

A handwritten signature in black ink, appearing to read 'Scott Lawson', with a long horizontal flourish extending to the right.

Scott Lawson  
General Director,  
Customer and Relationship Services

Enclosure  
07126



CALLER ☐ DONE ☐ IN WORK ☐ C = CORE U = USED R = REBUILT N = NEW CODE ☐ DISCARD PARTS ☐ SAVE PARTS ☐

I hereby authorize the repair work listed hereon, including necessary materials. You and your employees may operate the described vehicle for purposes of testing, inspection or delivery at my risk. An express lien is acknowledged on said vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, or any other cause beyond your control. Customer agrees to pay all collection costs and/or attorney's fees in the event default is made in any payment due. If automobile is returned to customer without repair service being performed, a diagnostic and handling fee (including reassembling) may be charged. I have read and understand the above and acknowledge receipt of an estimate.

CUSTOMER SIGNATURE ☒

DATE

TERMS CASH: Unless arrangements made prior to authorization. Cars left after work is completed may be subject to a storage fee.

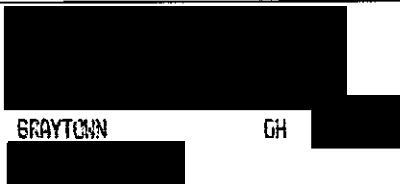
CUSTOMER SIGNATURE ☒

DATE

Buyer hereby acknowledges receipt of merchandise and services set forth herein and a copy of this sales invoice.

# BILLINGS SALES & SERVICE

231 E. MCPHERSON HWY  
CLYDE OH 434100000  
(419)547-9449 (419)547-8129  
SERVING OUR CUSTOMERS  
FOR OVER 84 YEARS!



2005 CHEVROLET

KALINU

INVOICE #: 41009

LICENSE : ?

MILEAGE: 53900

DATE/TIME : 8/16/07 5:45PM

VIN : 1G1ZT528658

ISD : 11-19-05

WRITTEN BY :

BODY COL: WHITE

ISM:

TYPE : CUSTOMER

ENGINE 5:3.5L

QTY	CUMD	PART NUMBER	DESCRIPTION	PRICE	TOTAL
-----	------	-------------	-------------	-------	-------

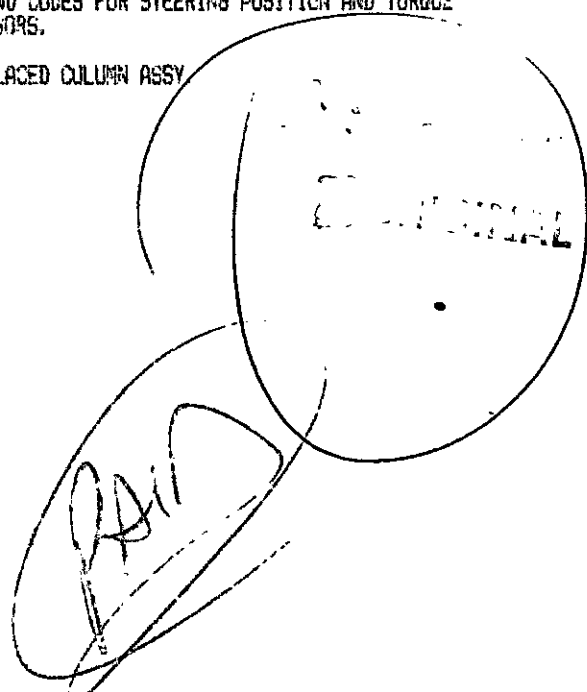
1.00	N	15926870	COLUMN	325.00	325.00
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HRS	EXP	LABOR DESCRIPTION	TOTAL
-----	-----	-------------------	-------

3.10	RRH	CHECK FOR POWER STEERING INOP INTERMITTANTLY AND WARNING CHIME SOUNDS AFTER FIRST STARTING.	201.50
------	-----	---	--------

FOUND CODES FOR STEERING POSITION AND TORQUE SENSORS.

REPLACED COLUMN ASSY.



ESTIMATE OF REPAIRS: Includes all parts, labor, handling and diagnosis. If on closer analysis it is found that additional repairs are necessary, you will be contacted for authorization.

EST. HOURS 0.00 ORIG. EST. \$575.63

REVISED ESTIMATE TOTAL \$575.63

☒

CUSTOMER SIGNATURE

DATE

I acknowledge notice and oral approval of an increase in the original estimated price.

- ALL PARTS ARE WARRANTED FOR 12 MONTHS OR 12,000 MILES - ALL LABOR FOR 12 MONTHS OR 12,000 MILES UNLESS OTHERWISE SPECIFIED.

LEGEND: [ ] = ACCEPTABLE [X] = NEEDS SERVICE

[ ] ENGINE [ ] OIL LEVEL  
[ ] TRANSMISSION [ ] OIL COND.  
[ ] BRAKES [ ] ATF LEVEL  
[ ] SUSPENSION [ ] ATF COND.

[ ] BRAKE FL LVL [ ] DRIVE BELTS  
[ ] BRAKE FL CD [ ] HOSES  
[ ] ELECT SYSTEM [ ] AIR FILTER  
[ ] FUEL SYSTEM [ ] OTHER

METHOD OF PAYMENT  
PAYMENT DATE / /

PARTS	325.00
LABOR	250.50
SUPPLY	19.73
SUB TOT	595.23
TAX-DEF	36.42

TOTAL \$575.63





View Front

View Back

Close

5475  
55-15010412

DATE Aug 16, 2007

PAY TO THE ORDER OF Billings \$ 575.63

Five hundred seventy-five and 63/100 DOLLARS

THE HUNTINGTON NATIONAL BANK  
WOODVILLE, OH 43089

FOR [REDACTED]



View Front

View Back

Close

FOR DEPOSIT ONLY  
Billings Sales and Service Inc.  
104299

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE

FIRST FINANCIAL BIZ N.A.  
MEMBER FDIC  
05639966 P2

18 50537

707

ATM ONLY

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**CHECK **No.** [REDACTED]50-937  
213DATE  
01/22/08

\*\*\*\*\*575 DOLLARS

\*\*\*63 CENTS

AMOUNT  
\*\*\*\*\*575.63PAY  
TO THE  
ORDER  
OF

GRAYTOWN OH [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE 01/22/08VENDOR  
DUNS NO. BB 000000317

1

VENDOR NAME [REDACTED]

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
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1G1ZT52865F [REDACTED]	01/21/08 71-586166	VH 1-9TTKTN 572.1-9TTKTN	00.0000	575.63	.00	575.63
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ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

575.63

.00

575.63

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK No. [REDACTED]

50-937  
213DATE  
02/06/08

\*\*\*\*\*90 DOLLARS

\*\*\*12 CENTS

AMOUNT  
\*\*\*\*\*90.12PAY  
TO THE  
ORDER  
OF

KENTON OK [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement AccountSIGNATURE  
The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)VENDOR  
DUNS NO. BB 000000518

1

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

02/06/08

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT54895F [REDACTED]

02/05/08  
71-587197628.1-9V5PTR

VM 1-9V5PTR

00.0000

90.12

00

90.12

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

90.12

.00

90.12

[REDACTED]  
[REDACTED]  
Kenton, OK [REDACTED]

Service Request: 71-587197628  
Customer Relationship Specialist: Dean Winchester

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$90.12.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

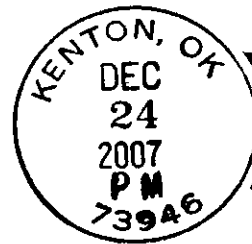
Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



Kenton, OK



REIMBURSEMENT DEPARTMENT  
P.O. Box 33170  
Detroit, MI

DEC 31 2007

482325170 6050

48232-5170  
|||||

## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-26-07

17-Digit Vehicle Identification Number (VIN): 1G1ZT54895F [REDACTED]

Mileage at Time of Repair: 12,903 Date of Repair: 9-25-2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: KENTON State: OKLA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 660.25

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



Reimbursement Department:

Please consider my claim, I realize that at the time of the steering column replacement, the vehicle mileage was over the 70,000 mile limit by 2,903 miles, yet as you will notice by the documents I've enclosed, we were having trouble with the power steering before the 67,204 mileage reading. The dealership decided to save us money by trying to just reprogram the steering component, which worked for awhile. The amount of reimbursement I've asked for includes both the cost and labor of the steering column and the charge for reprogramming the steering column at the earlier date. Thank you for your time and consideration.

Sincerely,

[REDACTED]

2598

June 26, 07

Pay to the order of Riley Chevrolet \$ 141.68

One hundred & forty-one & 68/100

THE FIRST STATE BANK  
P.O. BOX 1179  
COLUMBUS CITY, OH 43021  
(602) 544-2501

For Robt. So

Keep me as the apple of Your eye.

[REDACTED]

2711

Oct 17, 07

Pay to the order of Riley Chevrolet, Inc. \$ 673.91

Six hundred & seventy-three & 91/100

THE FIRST STATE BANK  
P.O. BOX 1179  
COLUMBUS CITY, OH 43021  
(602) 544-2501

For Robt. So

He who sows bountifully will also reap bountifully.

[REDACTED]

COPY



RILEY CHEVROLET BUICK, INC.  
1034 South Main  
Hugoton, Kansas 67951  
(620) 644-4363

# SERVICE INVOICE

SO# 22559 DATE/TIME IN: 9/24/2007 17:02 DATE/TIME OUT: 9/25/2007 16:06  
SA# 044 DOC COUNT: 1 PAGE: 1

[REDACTED] 02 1G1ZT54895F [REDACTED]  
2005 CHEVROLET MALIBU LS WHITE  
ENGINE: 3.5L V6  
KENTON OK [REDACTED]

MILES IN/OUT 72903 /  
DEL DATE: 7/02/2005  
SALESPERSON: HORTON, MICHAEL G

A/R#: ROBE500

LINE 1 SUPER LUBE

REPAIR 1 SUPER LUBE  
OPCODE: S&L02  
PRIMARY TECH: 039

SALE TYPE: QUICK SERVI \$16.95

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
GM	12490147 FILTER	N	1	5.000	QUICK SERVICE	\$5.00
YY	GM10W30 OIL	N	5	2.250	QUICK SERVICE	\$11.25
GM	1051515 OPTIKLEEN	N	1	4.980	QUICK SERVICE	\$4.98
GM	12378556 CLEANER	N	1	4.570	QUICK SERVICE	\$4.57

LINE TOTAL \$42.75

LINE 2 REPLACE STEERING COLUMN

REPAIR 1 REPLACE COLUMN ASSY  
OPCODE: GENSER  
HRS: 3.50  
PRIMARY TECH: 039

SALE TYPE: CASH - GM \$236.25

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
GM	15926870 COLUMN	N	1	339.620	CASH - GM	\$339.62

LINE TOTAL \$575.87

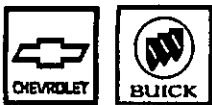
**COPY**

CUSTOMER SIGNATURE [REDACTED]

LABOR	\$253.20
PARTS	\$365.42
MISC MATERIALS	\$5.07
HAZD MATERIALS	\$7.31
TAX (KANSAS SALES )	\$42.91
CUSTOMER TOTAL	\$673.91
PAYMENT (A/R CHARGE )	\$673.91

### Disclaimer of Warranties

The seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.



RILEY CHEVROLET BUICK, INC.  
1034 South Main  
Hugoton, Kansas 67851  
(620) 544-4363

# SERVICE INVOICE

SO# 22102 DATE/TIME IN: 7/06/2007 15:31 DATE/TIME OUT: 7/17/2007 17:08  
SA# 044 DOC COUNT: 1 PAGE: 1

[REDACTED] 02 1G1ZT54895F [REDACTED]  
2005 CHEVROLET MALIBU LS WHITE  
ENGINE: 3.5L V6  
KENTON OK [REDACTED]

MILES IN/OUT 67204 / 67210  
DEL DATE: 7/02/2005  
SALESPERSON: HORTON, MICHAEL G

A/R#: ROBE500

LINE 1 NO POWER STEERING  
TECH COMM: REPROGRAM TORQUE SENSORS FOR POWER STEERING

REPAIR 1 REPROGRAM POWER STEERING  
OPCODE: PSPUMP  
HRS: 1.25  
PRIMARY TECH: 044

SALE TYPE: CASH - GM \$84.38

LINE TOTAL

\$84.38

LINE 2\* SUPER LUBE

REPAIR 1 SUPER LUBE  
OPCODE: S&L02  
PRIMARY TECH: 044

SALE TYPE: QUICK SERVI \$16.95

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
GM	12490147 FILTER	N	1	5.000	QUICK SERVICE	\$5.00
YY	GM10W30 OIL	N	5	2.250	QUICK SERVICE	\$11.25
GM	88915341 ELEMENT	N	1	7.500	QUICK SERVICE	\$7.50
GM	1051515 OPTIKLEEN	N	1	4.980	QUICK SERVICE	\$4.98

LINE TOTAL

\$45.68

"\*" Following the line number denotes added operation.

CUSTOMER SIGNATURE

LABOR ..... \$101.33  
PARTS ..... \$28.73  
MISC MATERIALS ..... \$2.03  
HAZD MATERIALS ..... \$.57  
TAX (KANSAS SALES ) \$9.02  
CUSTOMER TOTAL ..... \$141.68  
PAYMENT (A/R CHARGE ) \$141.68

### Disclaimer of Warranties

The seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 13, 2011

[REDACTED]

Lafayette, LA [REDACTED]

Service Request: 71-585217086

Customer Relationship Specialist: Gavin Sanders

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$313.69.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK

**No.** [REDACTED]50-937  
213DATE  
01/24/08

\*\*\*\*\*313 DOLLARS

\*\*\*\*69 CENTS

AMOUNT  
\*\*\*\*\*313.69PAY  
TO THE  
ORDER  
OF

LAFAYETTE LA [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New YorkVENDOR  
DUNS NO. BB 000000251

1

VENDOR NAME [REDACTED]

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/24/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
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1G22G528154 [REDACTED]	01/23/08 71-585217	VM 1-9U5920 086.1-9U5920	00.0000	313.69	.00	313.69
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ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

313.69

.00

313.69

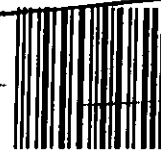


[REDACTED]  
Lafayette, LA [REDACTED]

DEC 24 2007



0000



48232

U.S. POSTAGE  
PAID  
LAFAYETTE, LA  
70501  
DEC 18, 07  
AMOUNT

**\$0.58**

00040299-01

Reimbursement Department  
P. O. Box 33170  
Detroit, MI 48232-5170

48232+3170-70 8030



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-18-07

17-Digit Vehicle Identification Number (VIN): 1G2ZG528154

Mileage at Time of Repair: 45565 Date of Repair: 9-24-07

Claimant Name (please print): \_\_\_\_\_

Street Address or PO Box Number: \_\_\_\_\_

City: Lafayette State: LA ZIP Code: \_\_\_\_\_

Daytime Telephone Number (include Area Code): \_\_\_\_\_

Evening Telephone Number (include Area Code): \_\_\_\_\_

Amount of Reimbursement Requested: \$ 739.20

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: \_\_\_\_\_

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



### **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

~~Your claim will be acted upon within 60 days of receipt.~~

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).



[REDACTED]  
**Lafayette, LA** [REDACTED]

[REDACTED] **(Home)**

[REDACTED] **(Cell)**

December 18, 2007

Reimbursement Department  
P. O. Box 33170  
Detroit, MI 48232-5170

**Service Request Number: 71-585217086**

Dear Sir/Madame:

On August 28, 2007, I bought my Pontiac 2005 G6 to Louisiana Motors in Lafayette, Louisiana, for the noise that was coming from my steering column along with getting an oil change. Upon being told the estimated cost for the repairs to the steering column (**invoice 180227**), I had to wait until I had enough money to cover the repairs.

The following month, September 24, 2007, I bought the car back in for the repairs to be done on the steering column. The technician recommended replacing the intermediate shaft and the steering gear which is detailed on **invoice 180677**.

I received a letter from your company on or about December 12, 2007, informing me that some of the 2005 model year Pontiac G6 vehicles may lose their power steering assist along with a reimbursement claim form.

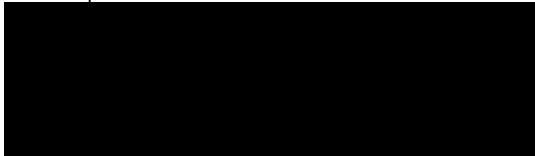
I have enclosed the following items that you should need to review my claim:

- a) Customer Reimbursement Claim Form
- b) Two original invoices from Louisiana Motors detailing the repairs
- c) A copy of the paid receipt for \$690.20 and the original invoice showing that I paid \$49.00 for the technician to inspect the vehicle.
- d) Copy of my registration showing that I am the owner of the vehicle.

**Page -2-**  
**December 18, 2007**  
**Service Request #71-585217086**

If there is anything else that you need from me, please call me at either one of the above numbers.  
I look forward to hearing from you.

Sincerely,



/hgs

Enclosure(s)

<b>Sold To:</b>  LAFAYETTE LA  Business Phone: Home Phone:  PO#:	<b>Service Order Number</b>		<b>Service Advisor</b>		<b>VIN</b>	
	180227		AMOS JOHNSON		1G2ZG528154	
	<b>Color</b>	<b>Year</b>	<b>Make/Model</b>	<b>License</b>	<b>Engine</b>	<b>Stk.#</b>
	SILVER	2005	PONTIAC G6 SE1		1.8L	5124E
	<b>Mileage In/Out</b>	<b>Tag</b>	<b>Delivery Date</b>	<b>Rate</b>	<b>Doc. Count</b>	<b>Plan</b>
	45564 / 45565	6298	12/14/2004		1	
<b>Tax Exempt</b>		<b>Date/Time In</b>		<b>Date/Time Out</b>		
		8/28/2007 10:50		8/28/2007 14:37		

DEL DATE: 12/14/2004

SALESPERSON: JOHNSON JR, AMOS

LINE 1 CUSTOMER SAYS HEARS NOISE IN STEERING COLUMN  
 TECH COMM: ESTIMATE TO REPAIR \$328.00

REPAIR 1 RECOMMEND REPLACING INTERMEDIATE SHAFT. DECLINED.  
 OPCODE: 300 SALE TYPE: CUSTOMER PA \$49.00  
 PRIMARY TECH: W. PAUL JOHNSON

LINE TOTAL \$49.00

LINE 2 QUICK LUBE

REPAIR 1 LUBE,OIL AND FILTER  
 OPCODE: 2 SALE TYPE: QUICK LUBE/ \$12.99  
 PRIMARY TECH: W. PAUL JOHNSON

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
GM	25010792 FILTER	N	1	5.270	QUICK LUBE/PACK	\$5.27
GM	12345621 OIL10W30B	N	1	9.040	QUICK LUBE/PACK	\$9.04

LINE TOTAL \$27.30

LINE 3 COMPUTER BALANCE AND BRAKE INSPECTION

REPAIR 1 COMPUTER BALANCE AND BRAKE INSPECTION  
 OPCODE: 4 SALE TYPE: CUSTOMER PA \$34.95  
 PRIMARY TECH: W. PAUL JOHNSON

LINE TOTAL \$34.95

**PAID**  
 AUG 28 2007  
 By CASH  
 \$121.50

CUSTOMER SIGNATURE \_\_\_\_\_

LABOR .....	\$96.94
PARTS .....	\$14.31
MISC MATERIALS .....	\$1.25
TAX (LOUISIANA STATE)	\$9.00
CUSTOMER TOTAL .....	\$121.50
PAYMENT (CASH )	\$121.50

**DISCLAIMER OF WARRANTIES**

The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.



<b>Sold To:</b> <div style="background-color: black; width: 200px; height: 40px; margin: 5px;"></div> LAFAYETTE LA Business Phone: <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div> Home Phone: <div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div> PO#:	<b>Service Order Number</b>		<b>Service Advisor</b>		<b>VIN</b>	
	180677		JOAN JOHNSON		1G2ZG528154	
	<b>Color</b>	<b>Year</b>	<b>Make/Model</b>	<b>License</b>	<b>Engine</b>	<b>Stk.#</b>
	SILVER	2005	PONTIAC G6 SE1		1.8L	5124E
	<b>Mileage In/Out</b>	<b>Tag</b>	<b>Delivery Date</b>	<b>Rate</b>	<b>Doc. Count</b>	<b>Plan</b>
	45565 / 45566	5936	12/14/2004		2	
<b>Tax Exempt</b>		<b>Date/Time In</b>		<b>Date/Time Out</b>		
		9/24/2007 7:41		9/25/2007 14:55		

DEL DATE: 12/14/2004

SALESPERSON: JOHNSON JR, AMOS

LINE 1 RECOMMEND REPLACING INTERMEDIATE SHAFT

REPAIR 1 REPLACED STEERING INTERMEDIATE SHAFT  
 OPCODE: 300 SALE TYPE: CUSTOMER PA \$70.00  
 PRIMARY TECH: W. PAUL JOHNSON

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
GM	22687711 SHAFT KIT N		1	164.970	CUSTOMER PAY	\$164.97
GM	15858368 CORE SALE N		1	100.000	CUSTOMER PAY	\$100.00
GM	15858368 CORE RETU N		1-	100.000	CUSTOMER PAY	\$100.00-
LINE TOTAL						\$234.97

LINE 2\* RECOMMEND REPLACEING STEERING GEAR

REPAIR 1 REPLACED RACK & PINION STEERING GEAR  
 OPCODE: 300 SALE TYPE: CUSTOMER PA \$126.00  
 PRIMARY TECH: W. PAUL JOHNSON

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
GM	15858368 GEAR		N 1	272.350	CUSTOMER PAY	\$272.35
LINE TOTAL						\$398.35

"\*" Following the line number denotes added operation.

**PAID**

SEP 25 2007

By VISA

CUSTOMER SIGNATURE \_\_\_\_\_

\$690.20

LABOR .....	\$196.00
PARTS .....	\$437.32
MISC MATERIALS .....	\$5.75
TAX (LOUISIANA STATE) .....	\$51.13
CUSTOMER TOTAL .....	\$690.20
PAYMENT (CASH )	\$690.20

**DISCLAIMER OF WARRANTIES**

The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

LOUISIANA MOTORS INC  
900 E SINCOE  
LAFAYETTE, LA. 70509

TERMINAL I.D.: 0075429490014012751402

MERCHANT #: 394909140127514

NTSA

SALE

RECORD #: 14 INV: 000014  
DATE: SEP 25, 07 TIME: 16:13  
BATCH: 279 AUTH: 076235

TOTAL \$690.20

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY



2005	PONT		
YEAR	MAKE	MODEL	WEIGHT
SIL/	4D		
COLOR	BODY	USE	TITLE
2800	1G2ZG528154		
DOM	VEHICLE IDENTIFICATION NUMBER		
OWNER'S NAME			
ADDRESS			
LAFAYETTE LA			
CITY		STATE	ZIP
		\$42.00	
LICENSE PLATE		FEE PAID	

## REGISTRATION CERTIFICATE

LOUISIANA DEPARTMENT OF  
PUBLIC SAFETY AND CORRECTIONS  
PO BOX 66196  
BATON ROUGE LA 70896-6196

THIS REGISTRATION CERTIFICATE EXPIRES THE LAST  
DAY OF: **NOV 2008**

MAIL TO:

LAFAYETTE LA

THIS IS YOUR REGISTRATION CERTIFICATE. KEEP IT OR A PHOTOCOPY OF IT IN YOUR VEHICLE AT ALL TIMES.



← DECAL

### INSTRUCTIONS FOR APPLYING DECAL

**THE DECAL MUST BE PLACED ON THE LICENSE PLATE INDICATED ON THE DECAL.**

1. CLEAN LICENSE PLATE SURFACE THOROUGHLY. DECAL WILL NOT STICK IF SURFACE IS WET OR DIRTY.
2. BEND FORM AT CORNER OF DECAL AND PEEL SLOWLY.
3. PLACE DECAL IN LOWER RIGHT HAND CORNER OF LICENSE PLATE.

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 18, 2011

[REDACTED]  
[REDACTED]  
[REDACTED]

Algodones, NM [REDACTED]

Service Request: 71-587209285  
Customer Relationship Specialist: MJ Mason

Dear [REDACTED]:

We received your request for reimbursement of the special coverage repairs you had performed on your 2005 Chevrolet Malibu. Additional documentation is required in order to process your reimbursement.

Please submit the following to:

Chevrolet  
P.O. Box 33170  
Detroit, MI 48232-5170

- Original or clear copy of the repair order/customer receipt(s). Please make a photocopy for your records.
- Proof of payment for repairs completed. Copies of front and back of cancelled check, bank statement, or copy of charge slip.

If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

As soon as we receive all of the information, we will continue to review your request.

Sincerely,

Chevrolet Customer Assistance Center

ALBUQUERQUE NM 871

03 JAN 2008 PM 3 L



JAN 08 2008

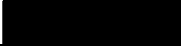
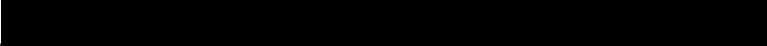

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

48232+5170



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

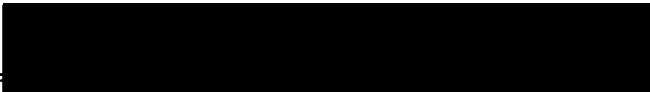
Date Claim Submitted: 3 Jan 0817-Digit Vehicle Identification Number (VIN): 1G1ZS52F55F Mileage at Time of Repair: 65329 Date of Repair: 12 Nov 07Claimant Name (please print): Street Address or PO Box Number: City: Algodones State: NM ZIP Code: Daytime Telephone Number (include Area Code): Evening Telephone Number (include Area Code): Amount of Reimbursement Requested: \$ 214.01

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: 

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



UNIT# 5A5926

128026

378637



\*INVOICE\*

ALGODONES, NM

PAGE 1

 7201 LOMAS NE  
 ALBUQUERQUE, NM 87110  
 (505) 262-8630

HOME: [REDACTED] BUS: [REDACTED]

SERVICE ADVISOR: 2324 RICHARD CHAVEZ

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
WHITE	05	CHEVROLET MALIBU	1G1ZS52F55F	[REDACTED]	65329/65329	[REDACTED]
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	RATE	PAYMENT
16OCT04 DD			WAIT 12NOV07		90.50	CASH
R.O. OPENED	READY	OPTIONS: STK:5A5926 DLR:39010 ENG:2.2 Liter_MFI_DOHC				

07:16 12NOV07 09:35 12NOV07

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

A CUSTOMER STATES KNOCKING POPPING NOISE IN STEERING WHEN TURNING-CK

AND ADVISE

S107 BRAKES

9060 MARTINEZ, MICHAEL LIC#: 9060

CPC 0.50

1 22687711 SHAFT KIT

PARTS:	149.00	LABOR:	45.25	OTHER:	0.00	TOTAL LINE A:	194.25
--------	--------	--------	-------	--------	------	---------------	--------

 65329 CHECKED VEHICLE FOR POPPING KNOCKING NOISE IN STEERING WHEN  
 TURNING. TEST DROVE ONLY ABNORMAL NOISE HEARD COMING FROM I SHAFT  
 REMOVED SHAFT AND REPLACED 0.5 HRS

\*\*\*\*\*

B MULTI-POINT MAINTENANCE INSPECTION

MULTI MULTI-POINT MAINTENANCE INSPECTION

9060 MARTINEZ, MICHAEL LIC#: 9060

ICPO 0.30

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

(N/C)

65329 COMPLETED INSPECTION 0.3HRS

\*\*\*\*\*

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 6.00

IMPORTANT-You may be receiving a customer satisfaction survey from GM. If for any reason you can't grade us "Completely Satisfied" please contact our Service Manager at 262-8636. Also an overhead fee of 15.2% of the total labor charges will be added to each invoice to defray unallocated overhead costs.

NOV 12 2007  
 CASA CHEVROLET

COPY

Authorized Signature and Date		AUTHORIZATION NUMBER		COMMITMENT NUMBER	
PARTS SUB TOTAL	ALLOWANCE	PLUS PRICE DIFF	LESS REC	TOTAL PARTS	TOTAL CLAIM
SERVICE INSTALLED PARTS			ACCURED MILEAGE	VISITING OWNER	CROSS REFERENCE TO
DATE INSTALLED	YR	OMIT TENTHS	PARTS PRO RATA PERCENT	LABOR PRO RATA PERCENT	
NO	DAY	CUSTOMER PARTICIPATION OR DEDUCTIBLE			

ON BEHALF OF SERVING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	45.25
PARTS AMOUNT	149.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	6.00
TOTAL CHARGES	200.25
LESS INSURANCE	0.00
SALES TAX	13.76
PLEASE PAY THIS AMOUNT	

5521  
95-7004/3070  
B1

Date

12/10/41

214.01

Particulars  
Debit on  
Check

ACH ACCT: 45172017

11/30/21 12/10/41

Casa  
Just Hurdles  
You'll be one

P.O. Box 18044  
Albuquerque, NM 87104  
CASA CHEVROLET

CASA CHEVROLET  
7201 LOMAS NE  
PARTS/SERVICE/SALES  
ALBUQUERQUE NM, 87110

C O P Y  
11/12/2007 11:12:37  
Check Sale:

Transaction # 1  
MICR: \*\*\*\*\*5521  
Sale amnt 214.01  
Auth: AUTH NUM 763-497  
Resp: ACH CONV

CUSTOMER COPY

Thank You!  
Please Come Again.

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

GM DealerWorld - Microsoft Internet Explorer provided by GMCARS

File Edit View Favorites Tools Help



Address [Redacted]

## Vehicle Identifier

Vehicle Category: GM, Used  
Division: Chevrolet  
VIN: 1G1ZU54895F [Redacted]

## Customer Information

Plan Customer: Individual  
Customer Type: Owner

Palmdale, California, United States [Redacted]

Home Phone:  
Primary Language: English  
Secondary Language:

## Sales Information

Dealer Code: 32888  
Action: Add Protection Plan  
Odometer: 50780  
Delivery Date: 01/28/2008

## Plan Lienholder

Lienholder Type: Other  
Chevrolet  
PO Box 33170  
Detroit, Michigan - 48232

## Protection Plans

Plan Purchase Date: 01/28/2008  
In Service Date: 01/28/2008

Plan Type: Smart Care Retail  
Term: 12  
Mileage Limit: 12000  
Deductible: 0  
Rental Type: None  
Plan Price: \$ 0.00  
Tax: \$ 0.00  
Total: \$ 0.00

Done

Start | | Kellie McCowan - Inbox - ... | 4 Internet Explorer | Microsoft Excel - GMPP C...





## OrderWORKBENCH

### Transaction Details



Click the "Print" button in order to keep a record of this transaction detail. After you review the transaction details, click "Close Window".

VIN: 1G1ZU54895F [REDACTED]

Status: Pending

Dealer Code: 32888

User ID: [REDACTED]

Transaction Date: 01/28/2008

User Role: Central Office Administrator

Transaction Type: GM Protection Plan

Timestamp Date: 2008-02-05-14:34:06.524000

Transaction Messages:

1097 - GMPP sent to MIC

Done



Kellie McCowan - In...

5 Internet Explo...

Microsoft Excel - G...

Verbiage...

January 19, 2011

[REDACTED]  
[REDACTED]  
Palmdale, CA [REDACTED]

Service Request: 71-587633191  
Customer Relationship Specialist: Crystal McIntyre

Dear [REDACTED]

Thank you for your support of Chevrolet. As we agreed, the necessary paperwork has been completed and forwarded to General Motors Protection Plan (GMPP). The processing time will take approximately eight weeks. The Smart Care Plan for your 2005 Chevrolet Malibu, Vehicle Identification Number 1G1ZU54895F [REDACTED] is for the following:

- 12 months or 12,000 miles, whichever occurs first, beginning on January 28, 2008 and ending on January 28, 2009 and begins with 50,780 odometer miles and ends with 62,780 odometer miles
- A \$0.00 deductible

You will be notified by GMPP once the plan has been processed. This letter will serve as your policy until the plan confirmation is received. Please contact your local GM Dealer if you have coverage questions. Your complete satisfaction is very important to us. We hope this transaction demonstrates our appreciation of you as a valued Chevrolet customer.

If you have any future questions, please feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Thank you for allowing us the opportunity to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 19, 2011

[REDACTED]  
Atlanta, GA [REDACTED]

Service Request: 71-587953184  
Customer Relationship Specialist: MJ Mason

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$777.90.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530



CHECK

No. [REDACTED]

50-937  
213

DATE

01/30/08

\*\*\*\*\*777 DOLLARS

AMOUNT

\*\*\*\*90 CENTS

\*\*\*\*\*777.90

PAY  
TO THE  
ORDER  
OF

ATLANTA GA [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000158

1

VENDOR NAME [REDACTED]

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/30/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
161ZT528X5F [REDACTED]	01/29/08 71-587953184.1	VH 1-9UYK9E 1-9UYK9E	00.0000	777.90	.00	777.90
TOTAL				777.90	.00	777.90

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

W3

FLAT RATE ENVELOPE

EXTREMELY URGENT

Please Rush To Addressee

FLAT RATE POSTAGE  
REGARDLESS OF WEIGHT  
DOMESTIC USE ONLY

CALL 1-800-222-1811 FOR PICKUP OR TRACKING SERVICE ON VALUABLE PACKAGES



EXPRESS  
MAIL

UNITED STATES POSTAL SERVICE

www.usps.com



HOW TO USE



EB48672042203



Addressee Copy

Label 11-B, March 2004

UNITED STATES POSTAL SERVICE® Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Signature
Delivery Address	12-28 7:50 AM	
Delivery Date	Time	Employee Signature
Delivery Date	Time	Employee Signature

CUSTOMER USE ONLY

NO DELIVERY	
-------------	--

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage
31145	12-28	\$16.25
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
12-27-07	12-28-07	
Time Accepted	Scheduled Time of Delivery	COD Fee
2:25 PM	11 AM	
Flat Rate <input checked="" type="checkbox"/> or Weight	Military <input type="checkbox"/>	Insurance Fee
Int'l Alpha Country Code	Total Postage & Fees	Acceptance Emp. Initials
	\$16.25	

FROM: [Redacted]  
[Redacted]  
Atlanta GA [Redacted]

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

TO: (PLEASE PRINT) [Redacted]  
Reimbursement Department  
P.O. Box 33170  
Detroit MI 48232-5170

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

45232+5170

This package is the property of the U.S. Postal Service and is provided solely for use in sending Express Mail. Misuse may be a violation of Federal law.

**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12/27/0717-Digit Vehicle Identification Number (VIN): 1G1ZT528X5F [REDACTED]Mileage at Time of Repair: 49373 Date of Repair: 5/22/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Atlanta State: Georgia ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 777.90

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



### **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



191041

519638

\*INVOICE\*

DUPLICATE 1

PAGE 1



4310 Jonesboro Road

Union City, GA 30291

(770) 964-1311

www.billheardunioncity.com

SERVICE ADVISOR: 3520 SHANNON BROOKS

ATLANTA, GA

HOME:

BUS:

CELL:

COLOR	YEAR	MAKE/MODEL		VIN		LICENSE	MILEAGE IN/OUT	TAG
SILVER	05	CHEVROLET MALIBU		1G1ZT528X5F			49373/49376	
DEL DATE	PROD DATE	WARR EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV DATE
09OCT05 DD			14:54 22MAY07				CASH	22MAY07

R.O. OPENED READY OPTIONS: STK:984937 DLR:1 ENG:3.5 Liter\_SFI

TRN:AUTO

15:47 21MAY07 10:26 22MAY07

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CUST STATES THE DIC SAYS "POWER STEERING", CK N ADVISE--ALSO MAKE A BUMP NOISE WHEN MESSAGE COMES ON

CAUSE: MAINT

E7680 COLUMN ASSEMBLY, STEERING - REPLACE

311 CPC

1 15926870 COLUMN

PARTS: 359.00 LABOR: 347.88 OTHER: 0.00 TOTAL LINE A: 706.88

49376 MAINT PERFORM EPS DIAGNOSIS. CODE C0460 00 SET FOLLOW DIAGNOSIS. REPLACE STEERING COLUMN ASSY.

B FREE 27 POINT INSPECTION

CAUSE: MAINT

27 FREE 27 POINT INSPECTION

311 CPC

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

49373 MAINT INSP

C\*\* CHEV RENTAL-1DAY

Z7901 CHEV RENTAL-1DAY

318 CPC

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

CUSTOMER PAY SHOP SUPPLIES FOR REPAIR ORDER

42.89

THANK YOU FOR YOUR TRUST IN OUR DEALERSHIP.  
 WE LOOK FORWARD TO KEEPING YOUR VEHICLE SAFE.  
 CALL 678-610-3590 FOR AN APPOINTMENT TODAY.  
 CALL JIM, SHANNON, MICHAEL, SONJA OR VAN TODAY.  
 7 TIME WINNER OF THE BILL HEARD SERVICE AWARD  
 WE WANT YOU TO COME BACK AND SEE US SOON.

PAID VISA-377.00  
 CK-400.90  
 MAY 22 2007 #2195

CASH CHECK CHARGE

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION	TOTALS
LABOR AMOUNT	347.88
PARTS AMOUNT	359.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	42.89
TOTAL CHARGES	749.77
LESS INSURANCE	0.00
SALES TAX	28.13
PLEASE PAY THIS AMOUNT	777.90

CUSTOMER SIGNATURE

FILE COPY



BILL HEARD CHEVROLET

4310 JONESBORO RD  
UNION CITY, GA 30291

TIME 3:34 PM DATE 05/22/07  
TERM# 00947385 MER# 000417285742990

TRASH TYPE SALE

# [REDACTED]  
CARD TYPE VISA

SEQ # 018

TICKET # 0000519638

AUTH CODE 090350

TOTAL \$377.00

CUSTOMER COPY

*Visa Payment*

*377.00 Visa*

*400.90 Check*

*Total \$ 777.90*

DL-04975343 EX. 3.24.11  
APP# 081109  
Atlanta, Ga

64-7248/2612  
7105000031596

2195

5122/07

Bill Heard  
four hundred and 90/100

\$ 400.90

**GEMC**

FEDERAL CREDIT UNION  
Tucker, Georgia 30083

R.O. 519638

The Lord is my light and my salvation

Account [REDACTED] Serial [REDACTED] Amount: \$400.90 Trace/Sequence [REDACTED] Routing/Transit [REDACTED] Date: 05/24/2007

05/24/2007 085 8 0

PAY TO THE ORDER OF  
REGIONS BANK  
FOR DEPOSIT ONLY  
BILL HEARD CREDIT UNION  
7105000031596

**North American Operations**General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530**GM**

CHECK

No. [REDACTED]

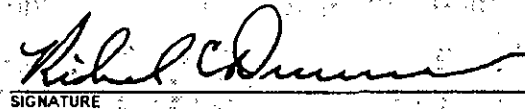
50-937  
213DATE  
02/15/08

\*\*\*\*\*100 DOLLARS

\*\*\*\*00 CENTS

AMOUNT  
\*\*\*\*\*100.00PAY  
TO THE  
ORDER  
OF

FORT WAYNE IN [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREINFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

[REDACTED]

VENDOR  
DUNS NO. BB 000000028

1

**North American Operations**General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE 02/15/08

VENDOR NAME [REDACTED]

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
-----------------------------	--------------	-----------------------	---------	----------------	--------------	------------

1G1ZT52895F [REDACTED]	02/14/08 71-588005467.1-9X2SE9	VH 1-9X2SE9	00.0000	100.00	.00	100.00
------------------------	-----------------------------------	-------------	---------	--------	-----	--------

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

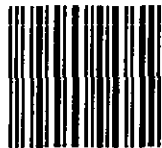
100.00

.00

100.00



Fort Wayne, IN



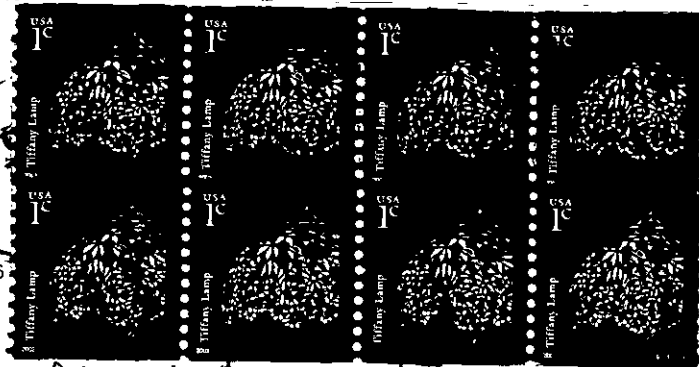
0000

48232

U.S. POSTAGE  
PAID  
FORT WAYNE, IN  
46805  
JAN 07 2008  
AMOUNT

\$0.33

00030993-16



PAID 09 2008

Reimbursement Department  
P.O. Box 33170

Detroit, MI

48232-5170

482325170 B050



Case #  
71-588005467

07126

## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-22-2007

17-Digit Vehicle Identification Number (VIN): 1G1ZT52895F

Mileage at Time of Repair: 41,514 Date of Repair: 7-24-2007

Claimant Name (please print):

Street Address or PO Box Number:

City: Fort Wayne State: IN

ZIP Code:

Daytime Telephone Number (include Area Code):

Evening Telephone Number (include Area Code):

Amount of Reimbursement Requested: \$

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



# DeHaven Chevrolet, Inc.

28572

RUSSELL SCHENKEL

939

435

07/24/07

CVCS239006

0.00

41,514

SILVER/

77UA

05/CHEVROLET/MALIBU/LS SEDAN

01/16/05

32,186

1 G 1 Z T 5 2 8 9 5 F

07/23/07

FORT WAYNE, IN

JOB# 1 CHARGES

LABOR  
J# 1 19CVZ STEERING UNITS: TECH(S): 960 270.64  
CUST STATES CHECK POWER STEERING WARNING LIGHT COMES ON  
CODE C0460. POWER STEERING POSITION SENSOR  
SCAN VEHICLE FOR CODES, REMOVE AND REPLACE STEERING  
COLUMN ASSEMBLY

PARTS	QTY	FP	NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
	1		15926870	COLUMN 6.518	419.49	419.49	419.49
						TOTAL - PARTS	419.49

MISC	CODE	DESCRIPTION	CONTROL NO	PRICE
	JMA	JM&A CONTRACTS AND COUPONS	72041359A	-615.30
				TOTAL - MISC

JOB# 1 TOTALS

LABOR	270.64
PARTS	419.49
MISC	-615.30

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 74.83

JOB# 2 CHARGES

LABOR  
J# 2 03CVZ REAR AXLE UNITS: TECH(S): 960 20.00  
CUSTOMER STATES HEARS A ROAR NOISE IN REAR OF VEHICLE,  
INCREASES WITH SPEED  
REAR TIRES SLIGHTLY CUPPED, RIGHT REAR TIRE HAS A NAIL IN  
IT  
REMOVE RIGHT REAR TIRE AND PATCH/PLUG TIRE

JOB# 2 TOTALS

LABOR	20.00
-------	-------

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 20.00

JOB# 3 CHARGES

LABOR  
J# 3 08CVZ ELECTRICAL UNITS: TECH(S): 960 0.00  
CUST STATES DASH PANEL LIGHTS GO OUT AT TIMES  
ROAD TEST VEHICLE, COULD NOT DUPLICATE CONCERN AT THIS TIME

JOB# 3 TOTALS

JOB# 3 JOURNAL PREFIX CVCS JOB# 3 TOTAL 0.00

JOB# 4 CHARGES

LABOR  
J# 4 27CVZSFWA FOUR WHEEL ALIGNMENT UNITS: TECH(S): 960 69.95  
CHECK FRONT AND REAR ALIGNMENT FOR MAINTENANCE OR CONCERN  
FOUND FRONT AND REAR SETTINGS OUT OF SPEC  
RESET FRONT AND REAR ALIGNMENT SETTINGS TO SPEC & ROADTESTED

COPY

PAID

AUG -1 2007

RAC

# DeHayen Chevrolet, Inc.

28572

RUSSELL SCHENKEL

939

435

07/24/07

CVCS239006

0:00

41,514

SILVER/

77UA

FORT WAYNE, IN

05/CHEVROLET/MALIBU/LS SEDAN

01/16/05

32,186

1 G 1 Z T 5 2 8 9 5 F

07/23/07

JOB# 4 TOTALS

LABOR

69.95

JOB# 4 JOURNAL PREFIX CVCS JOB# 4 TOTAL

69.95

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----  
JOB # A SSI-50.00 EPA COMPLIANCE/SHOP SUPPLIES

TOTAL - MISC

15.00

15.00

TOTALS

\*\*\*\*\*  
\*  
\* VISA...M/C...DSCV...CASH...CHECK...CHARGE.....  
CHK#.....  
\*  
\* RECEIVED BY: .... ON: .... / .... / ....  
\*  
\*\*\*\*\*

TOTAL LABOR.... 360.59  
TOTAL PARTS.... 419.49  
TOTAL SUBLET... 0.00  
TOTAL G.O.G.... 0.00  
TOTAL MISC CHG. 15.00  
TOTAL MISC DISC -615.30  
TOTAL TAX..... 25.17

TOTAL INVOICE \$ 204.95

PARTS DESIGNATED WITH AN ASTERISK(\*) INDICATE LIMITED  
LIFETIME SERVICE GUARANTEE APPLIES FOR CUSTOMER PAY  
REPAIRS.

CUSTOMER SIGNATURE

COPY



January 19, 2011

[REDACTED]  
Fort Wayne, IN [REDACTED]

Service Request: 71-588005467  
Customer Relationship Specialist: Alex Page

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

56112 SC

CHARLESTON SC 294

19 JAN 2008 PM 2 T



INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

JAN 22 2008

General Motors Corp.  
P.O. Box 33170  
Detroit, MI 48232-5170

48232+5170



[REDACTED]  
[REDACTED]  
Summerville, SC [REDACTED]

January 19, 2008

General Motors Corp.  
P.O. Box 33170  
Detroit, MI 48232-5170  
Re: Inv.#PNCS381937  
VIN# 1G2ZG558264 [REDACTED]

To whom it may concern,

I recently had the power steering fixed on my G6 under the agreement recently negotiated. However I was still charged \$360.00 for labor and some misc. charge. I was under the impression that all parts and labor would be covered. This car posed serious risk to my wife and I do not think it is appropriate for us to be charged labor on a potentially deadly problem with your product. Being disabled, I have limited funds and this really hurts.

Sincerely,

[REDACTED]

SVille, SC

CHARLESTON SC 294

13 FEB 2008 PM 2 T

"LET US DARE TO READ

THINK, SPEAK AND

John Adams, 1765

power of the letter



USA First-Class

FEB 18 2008

General Motors Corp.

P.O. Box 33170

Detroit, MI, 48232-5170

Pontiac Motors

48232+5170 B050



[REDACTED]  
Summerville, SC [REDACTED]

General Motors Corporation  
P.O. Box 33170  
Detroit, MI 48232-5170  
Pontiac motors

To whom it may concern,

Several months ago I bought a 2006 Pont. G6 for my wife to drive to work. It was a wonderful car until I had to put it in the shop because of the recall. Although the power steering no longer cuts out, It now has an extremely bad shake and rattle coming from the steering system. I have had it at the local GM dealership and also at the last place I had brakes installed. Is there any help I could get to repair my vehicle to the shape it should be? Being disabled I do not have the funds to have any major work done to the car.

Thank you,  
[REDACTED]

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

**GM**

CHECK

No. [REDACTED]

50-837  
213

DATE

01/07/08

\*\*\*\*\*100 DOLLARS

\*\*\*\*00 CENTS

AMOUNT

\*\*\*\*\*100.00

PAY  
TO THE  
ORDER  
OF

GREEN BAY WI [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

SIGNATURE

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR

DUNS NO.

BB 000000192

1

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/07/08

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT52875F [REDACTED]

01/04/08

VM 1-9QPP1Q

00.0000

100.00

.00

100.00

.71-588273163.1-9QPP1Q

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

100.00

.00

100.00

M30X



GREEN BAY WI 543  
13 DEC 2004 PM 2 L

HAPPY  
HOLIDAYS



DEC 17 2004

Reimbursement Department  
P.O. Box 33170  
Detroit, MI. 48232-5170

482325170 8050



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/12/07

17-Digit Vehicle Identification Number (VIN): 1G1ZT52875F [REDACTED]

Mileage at Time of Repair: 41,376 Date of Repair: 3/28/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Green Bay State: WI ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 100.00

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261





## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost *if completed by an authorized dealer*.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



2790 S. Ashland Avenue  
Green Bay, WI 54304  
PO Box 28437  
Green Bay, WI 54324-8437

# Broadway

## AUTOMOTIVE

www.broadwayautomotive.com

Bus. (920) 498-6666  
Service (920) 498-6677  
Parts (920) 498-6655  
Collision (920) 498-6650

COPY

CUSTOMER NO. 20579	ADVISOR TOM STASZAK	206 TAG NO. 61	DATE OF SERVICE 03/28/07	INVOICE NO. CVCS393215
LABOR RATE	LICENSE NO.	MILEAGE 41,376	COLOR SILVER/	STOCK NO.
YEAR / MAKE / MODEL 05 / CHEVROLET / MALIBU / 4 DOOR SEDAN	VEHICLE I.D. NO. 1G1ZT52875F	DELIVERY DATE 03/30/05	DELIVERY MILES	PRODUCTION DATE
F.T.E. NO.	P.O. NO.	R.O. DATE 03/23/07	MILEAGE OUT 41376	
<input type="checkbox"/> WARRANTY REPAIR ORDER <input type="checkbox"/> TRANSPORTATION CLAIM <input type="checkbox"/> WRO <input type="checkbox"/> SCC <input type="checkbox"/> FREIGHT <input type="checkbox"/> RECALL				

TOTALS

\*\*\*\*\*  
\* [ ] CASH [ ] CHECK CK NO. [ ] \*  
\* [ ] VISA [ ] MASTERCARD [ ] DISCOVER \*  
\* [ ] AMER XPRESS [ ] OTHER [ ] CHARGE \*  
\*\*\*\*\*

TOTAL LABOR.... 11.00  
TOTAL PARTS.... 4.95  
TOTAL SUBLET... 0.00  
TOTAL G.O.G.... 11.00  
TOTAL MISC CHG. 100.00  
TOTAL MISC DISC 0.00  
TOTAL TAX..... 6.98

TOTAL INVOICE \$ 133.93

A "\*" preceding the description of a part number designates a lifetime warranty under the GM goodwrench service plus program-excluding commercial applications.

THANK YOU AND HAVE A HAPPY NEW YEAR !!!!!!!

CUSTOMER SIGNATURE

PAID  
MAR 28 2007

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

THE DEALER IS NOT A PARTY TO ANY MANUFACTURER'S WARRANTY ON PARTS OR SERVICE CONTAINED HEREIN. THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR OR DIAGNOSTIC SERVICES FURNISHED UNDER THIS ORDER.

CUSTOMER SIGNATURE

### SERVICE HOURS:

MONDAY-FRIDAY  
7:00 A.M. - 6:00 P.M.

SAT. (QUICKLUBE)  
7:00 A.M. - NOON

WE APPRECIATE  
YOUR BUSINESS!!

Motor vehicle repair trade practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

2700 S. Ashland Avenue  
Green Bay, WI 54304  
PO Box 28437  
Green Bay, WI 54324-8437

# Broadway

## AUTOMOTIVE

www.broadwayautomotive.com

Bus. (920) 498-6666  
Service (920) 498-6677  
Parts (920) 498-6655  
Collision (920) 498-6650

CUSTOMER NO. 20579	ADVISOR TOM STASZAK	206 TAG NO. 61	DATE OFFERED BACK 05/28/07	INVOICE NO. CVCS393215
GREEN BAY, WI	LABOR RATE	LICENSE NO.	MILEAGE 41,376	COLOR SILVER
	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/4	DOOR SEDAN	DELIVERY DATE 05/30/05	DELIVERY MILES
	VEHICLE I.D. NO. 1G1ZT52875		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. NO. 03/23/07	
	<input type="checkbox"/> WARRANTY REPAIR ORDER <input type="checkbox"/> TRANSPORTATION CLAIM	<input type="checkbox"/> WRO	<input type="checkbox"/> SCC	<input type="checkbox"/> FREIGHT
			<input type="checkbox"/> RECALL	MILEAGE OUT 41376

JOB# 1 CHARGES	LABOR J# 1 26CVZ	ELECTRICAL/ABS	TECH(S):114	WARRANTY
	CK AND ADVISE AT TIMES "POWER STEERING" MESSAGE COMES ACROSS RADIO DISPLAY...LAST NIGHT POWER ASSIST CUT OUT...ALSO AN INDICATOR LOWER LEFT AREA OF CLUSTER COMES ON POWER STEERING MOTOR CONTROLLER DEFECTIVE CODES C0460,C0545 1.6 HRS OP CODE E7631 REPLACE P/S MOTOR CONTROLLER ASSEM. SETUP CONTROLLER. PERFORMANCE TEST CIRCUITS FOR P/S. WASNT WARRENTY AT ONE TIME			
	PARTS	QTY	FP-NUMBER	DESCRIPTION
		1	15775370	MOTOR 6.605
				UNIT PRICE
				TOTAL - PARTS
	MISC	CODE	DESCRIPTION	CONTROL NO
			GMCD WARRANTY DEDUCTIBLE	393215
				100.00
				TOTAL - MISC
				100.00
	JOB# 1 TOTALS			MISC 100.00
				JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 100.00
	JOB# 2 CHARGES	LABOR J# 2+01CVZ001	*LOF-QUICK LUBE	TECH(S):114
		CUSTOMER REQUESTS OIL CHANGE. NORMAL MAINTENANCE. 4 HRS PERFORM OIL CHANGE		
		PARTS	QTY	FP-NUMBER
			1	25010792
				DESCRIPTION FILTER 1.836 R
				UNIT PRICE 4.95
				TOTAL - PARTS
				4.95
	G.O.G. & SUPPLIES			
		5.0	QT GWRENCH 5W30	@ 2.200 /UNIT
				TOTAL - GOG
				11.00
	JOB# 2 TOTALS			LABOR 11.00
				PARTS 4.95
				G.O.G. 11.00
				JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 26.95
	ESTIMATE	CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$135.00 (+TAX)		
	COMMENTS	WARR OK'D RYAN... CUSTOMER PAYS \$100 DED CSUTOMER PAYS JOB 2		

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)
THE DEALER IS NOT A PARTY TO ANY MANUFACTURER'S WARRANTY ON PARTS OR SERVICE CONTAINED HEREIN. THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR OR DIAGNOSTIC SERVICES FURNISHED UNDER THIS ORDER.
CUSTOMER SIGNATURE
<b>SERVICE HOURS:</b> <b>MONDAY-FRIDAY</b> 7:00 A.M. - 6:00 P.M. <b>SAT. (QUICKLUBE)</b> 7:00 A.M. - NOON <b>WE APPRECIATE YOUR BUSINESS!!</b>
Motor vehicle repair trade practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

PAGE 1 OF 2 ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE 10:41am

SALES DRAFT

BROADWAY AUTOMOTIVE GB  
2700 S ASHLAND  
GREEN BAY, WI 54304  
TERMINAL 0016216

03/28/2007 11:05:43

MC

AUTH. TRANS. ID. MCWJ4Y19

INVOICE 393215 H02

AUTH. CODE 366382

SALE TOTAL \$133.93

CUSTOMER COPY

January 19, 2011

[REDACTED]  
Green Bay, WI [REDACTED]

Service Request: 71-588273163

Customer Relationship Specialist: Jasmine Cooper

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

  
El Dorado Hills, CA 



JAN 02 2008

Reimbursement Department  
PO Box 33170  
Detroit, MI 48232-5170

48232-5170-0000



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-27-07

17-Digit Vehicle Identification Number (VIN): 1G1ZU64815F [REDACTED]

Mileage at Time of Repair: 49372 Date of Repair: 11-28-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: El Dorado Hills State: CA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 100<sup>-</sup>

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



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- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).







BAR # AF 167437

EPA # CAR 000043687

CUSTOMER NO. 81373	ADVISOR AND HEITHEUER 721	CARD NO. W999	INVOICE DATE 11/23/07	INVOICE NO. LVL6290845
	LICENSE NO.	MILEAGE 19372	COLOR BLUE	STOCK NO.
	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/40	DELIVERY DATE 12/05/04	DELIVERY MILES 78	
	VEHICLE ID. NO. 1U12064815F	SELLING DEALER NO.	PRODUCTION DATE	
EL CORADO HILLS, CA	F.T.E. NO.	P.O. NO.	R.O. DATE 11/23/07	

**LABOR & PARTS**  
 JOB # 17CVZ

**STEERING**

TECH(S):774

**WARRANTY**

BIND THEN CLUNK HEARD FROM FRONT OF VEHICLE AND FELT IN FLOORBOARD WHEN DRIVING FORWARD OR REVERSE AT SLOW SPEED AND TURNING SHARP, IN AND OUT OF PARKING SPOTS OR DRIVEWAYS. CONCERN HAS BEEN OCCURRING FOR FEW WEEKS BUT HAS BEEN GETTING WORSE AND MORE OFTEN. SOMETIMES CONCERN OCCURS RIGHT AS VEHICLE STARTS TURNING. OTHER TIMES MOVING SHORT DISTANCE 1ST THEN OCCURS AS TURNING. CHECK AND ADVISE. ROAD TESTED AND VERIFIED SOME CLUNKING FELT WHEN TURNING. MOST OF IT WAS CORRECTED ON LINE 2. SCANNED FOR DTC'S. NONE IN THE PSCM. NO BINDING FELT AT THIS TIME. CHECKED FOR BULLETINS. 04-02-35-009A ADDRESSES NOISE AND INTERMITTANT LACK OF ASSIST WITH A NEW STG COLUMN. RECOMMEND REPLACE THE STEERING COLUMN ASSEMBLY. REMOVED AND REPLACED THE STEERING COLUMN ASSEMBLY AND PERFORMED THE 3 REQUIRED CALIBRATIONS FOR THE NEW STG COLUMN. ROAD TESTED AND VERIFIED PROPER OPERATION AT THIS TIME. PLEASE NOTED WHEN ROCKING THE WHEEL BACK AND FORTH WHEN SITTING STILL OR CHANGING DIRECTIONS AT LOW SPEEDS, SOME NORMAL NOISE MAY BE HEARD.

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	15926970	COLUMN 6.518	

JOB # 1 TOTAL PARTS

 WARRANTY  
0.00

JOB # 1 TOTAL LABOR &amp; PARTS

0.00

**JOB # 2 17CVZ1**
**STEERING**

TECH(S):774

**WARRANTY**

CLUNK FELT AND HEARD IN VEHICLE WHEN MOVING SLOW FORWARD WITHOUT TURNING. SERVICE ADVISOR DUPLICATED CONCERN ON SERVICE DRIVE. DIFFERENT THAN LINE #1. CHECK AND ADVISE. ROAD TESTED AND VERIFIED CONCERN. PERFORMED CHECKS PER BULLETIN 04-02-32-007B. SUSPECT DRY INTERMEDIATE SHAFT LUBED INTERMEDIATE SHAFT PER BULLETIN. ROAD TESTED WITH 721. VERIFIED NOISE GONE.

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2				

JOB # 2 TOTAL PARTS

0.00

JOB # 2 TOTAL LABOR &amp; PARTS

0.00

**JOB # 3 15CVZMULTINSPEC MULTIPNT INSPECTION**

TECH(S):774

**INTERNAL**

MULTI-POINT INSPECTION  
VISUAL INSPECTION ONLY-FURTHER DIAGNOSIS MAY BE REQUIRED

COMPLETED INSPECTION, SEE SHEET  
BK6TIRE4

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
JOB # 3				

JOB # 3 TOTAL PARTS

0.00

JOB # 3 TOTAL LABOR &amp; PARTS

0.00

MISC	CODE	DESCRIPTION	CONTROL NO
JOB # 1		NO WARRANTY DEDUCTIBLE	280049

TOTAL - MISC

 100.00  
100.00



BAR # AF 167437

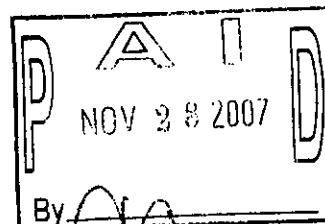
EPA # CAR 000043687

CUSTOMER NO. 01173	ADVISOR MAD HEIMMEYER 721	CARD NO. W909	INVOICE DATE 11/28/07	INVOICE NO. DL55200845
	LICENSE NO.	MILEAGE 97872	COLOR BLUE	STOCK NO.
	YEAR / MAKE / MODEL 05 / CHEVROLET / MALIBU 40		DELIVERY DATE 12/03/04	DELIVERY MILES 73
	VEHICLE ID. NO. 1G1ZU64815F		SELLING DEALER NO.	PRODUCTION DATE
EL DORADO HILLS, CA	FTE. NO.	P.O. NO.	R.O. DATE 11/20/07	

ESTIMATE  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$100.00 (+TAX)

TOTALS	
PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS	TOTAL LABOR.... 0.00
ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE	TOTAL PARTS.... 0.00
I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE	TOTAL SUBLET... 0.00
	TOTAL G.O.G.... 0.00
	TOTAL MISC CHG. 100.00
	TOTAL MISC DISC 0.00
	TOTAL TAX..... 0.00
	TOTAL INVOICE \$ 100.00

CUSTOMER SIGNATURE



FOLSOM CHEVROLET  
12655 AUTO MALL CIRCLE  
FOLSOM CA 95630-8899  
916-985-5600

Term ID: 72816622 Ref #: 0028

Sale

VISA Entry Method: Swiped

Total: \$ 100.00

11/28/07 15:04:30

Inv #: 000027 Appr Code: 02912C

Batch#: 000126

Customer Copy

THANK YOU!

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**CHECK No. [REDACTED] 50-837  
213DATE  
01/25/08

\*\*\*\*\*100 DOLLARS

\*\*\*00 CENTS

AMOUNT  
\*\*\*\*\*100.00PAY  
TO THE  
ORDER  
OF[REDACTED]  
EL DORADO HILLS CA [REDACTED]North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000350

1

VENDOR NAME [REDACTED]

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/25/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
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161ZU64815F [REDACTED]	01/24/08 .71-588278	VM 1-9UGFYQ 969.1-9UGFYQ	00.0000	100.00	.00	100.00
------------------------	------------------------	-----------------------------	---------	--------	-----	--------

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

100.00

.00

100.00

January 19, 2011

[REDACTED]  
[REDACTED]  
El Dorado Hills, CA [REDACTED]

Service Request: 71-588278969

Customer Relationship Specialist: Jason David

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column assembly that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



[REDACTED]  
Waldorf, MD

www.civilwar.org

SOUTHERN MD 207

14 DEC 2007 PM 3 L



**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

**Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170**



DEC 17 2007

**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12/13/717-Digit Vehicle Identification Number (VIN): 1G2ZG528254Mileage at Time of Repair: 71,524 Date of Repair: 9/5/7Claimant Name (please print): [REDACTED]Street Address or PO Box Number: [REDACTED]City: WALDORF State: MD ZIP Code: [REDACTED]Daytime Telephone Number (include Area Code): [REDACTED]Evening Telephone Number (include Area Code): [REDACTED]Amount of Reimbursement Requested: \$ 868.10

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
**P.O. Box 33170**  
**Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:  
1-800-204-0261



### CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).







# KOONS

## AUTO SUPERSTORES

5001 AUTH WAY  
MARLOW HEIGHTS, MD 20746  
301-423-2200  
www.jkoons3.com



**mazda suzuki**

CUSTOMER NO.	127346	ADVISOR	DAVID CORNELL	606	TAG NO	642	INVOICE DATE	09/05/07	INVOICE NO	PNCS475317
WALDORF, MD	LABOR RATE	LICENSE NO.	MILEAGE		71,524		COLOR	SEDONA BEIG		STOCK NO
	YEAR / MAKE / MODEL						DELIVERY DATE	DELIVERY MILES		
	05/PONTIAC/G6 6CYL SEDAN/G6 6-CYL SE						02/26/05	7		
	VEHICLE I.D. NO.						SELLING DEALER NO.	PRODUCTION DATE		
1 G 2 Z G 5 2 8 2 5 4						P.O. NO		737		
F.T.E. NO.						R.O. DATE		09/04/07		
COMMENTS						MO: 71525				

LABOR & PARTS  
J# 1 60PNZ STEERING MISC TECH(S):737 302.85  
LOSES POWER STEERING AT TIMES  
PERFORM DIAGNOSIS///REPL STEERING COLUMN/SENSOR ASSEMBLY

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	15926870	COLUMN 6.518	420.00
JOB # 1 TOTAL PARTS				420.00
JOB # 1 TOTAL LABOR & PARTS				722.85

J# 2 41PNZ BODY MISC TECH(S):737 98.00  
DISPLAY ON DASH SAYS WARNING WHEN THIS HAPPENS  
PERFORM MODULE RE-PROGRAMING & CALIBRATION

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2 TOTAL PARTS				0.00
JOB # 2 TOTAL LABOR & PARTS				98.00

MISC	CODE	DESCRIPTION	CONTROL NO
JOB # A	PSS	SHOP SUPPLIES-PONTIAC	
TOTAL - MISC			25.00

COMMENTS  
NDRP

TOTALS

*****		TOTAL LABOR...	400.85
*****		TOTAL PARTS...	420.00
*****		TOTAL SUBLET...	0.00
*****		TOTAL G.O.G....	0.00
*****		TOTAL MISC CHG.	25.00
*****		TOTAL MISC DISC	0.00
*****		TOTAL TAX.....	22.25

WE AT KOONS THANK YOU FOR YOUR BUSINESS. IF FOR ANY REASON  
YOUR NOT COMPLETELY SATISFIED PLEASE NOTIFY US. SO WE MAY  
ADDRESS YOUR CONCERNS

**TOTAL INVOICE \$ 868.10**

PARTS AND LABOR WARRANTY IS 12 MONTHS/12000 MILES  
WHICHEVER OCCURS FIRST, UNLESS OTHERWISE STATED.

CUSTOMER SIGNATURE

Reynolds and Reynolds EPRINTS/14E C0411850 D (0402)



SEP 03 2007

SEP 05 2007





# GM Card

Customer Center  
1-888-763-5855  
P.O. BOX 80082  
Salinas, CA  
93912-0082

Payment Address:  
Cardmember Svcs  
PO BOX 37281  
BALTIMORE MD  
21297-3281

Visit us at [www.gmcard.com](http://www.gmcard.com)

## Quick-Look Account Summary

Statement Date	9/14/07	Account Number	
New Balance	\$1,279.49	Total Revolving	
Payment Due Date	10/09/07	Credit Limit	\$11,000
Minimum Payment *	\$15.00	Total Cash Advance Limit	\$11,000
		Available	
		Revolving Credit	\$9,720
		Available Cash Advance	\$9,720
		# Days this Billing Cycle	31
Current Payment Due *	\$15.00	Page	1 of 1

\*See reverse side for an explanation of these amounts

## GM World Card MasterCard Transactions (For additional transaction detail go to [www.gmcard.com](http://www.gmcard.com))

Transaction Date	Post Date	Description	Amount	Reference Number
08/13	08/15	SUNOCO SVC STATION WALDORF MD	<del>\$24.10</del>	MT072270071000010153875
08/16	08/18	SUNOCO SVC STATION WALDORF MD	<del>\$29.60</del>	MT072300070000010160232
08/25	08/25	PAYMENT - THANK YOU	\$573.82 CR	2082507A053282931203101
08/25	08/27	DENNY'S INC Q67 ALLENTOWN PA	<del>\$25.17</del>	MT072390070000010179470
08/26	08/28	DENNY'S INC Q67 ALLENTOWN PA	<del>\$23.14</del>	MT072400071000010185090
09/01	09/03	SAFEWAY STORE0001057 WALDORF MD	<del>\$103.80</del>	MT072460067000010328404
09/03	09/05	OFFICE DEPOT #2268 WALDORF MD	<del>\$176.38</del>	MT072480068000010114906
09/03	09/05	SUNOCO SVC STATION WALDORF MD	<del>\$29.20</del>	MT072480071000010147845
09/05	09/07	KOONS PONTIAC BUICK VW MARLOW HEIGHT MD	<del>\$868.10</del>	MT072500068000010153118

## Account Activity

Previous Balance	- Payments and Other Credits	+ Purchases, Cash Advances, Fees and Other Debits	+ Finance Charges	= New Balance
\$573.82	\$573.82	\$1,279.49	\$0.00	\$1,279.49

## Finance Charge Calculation

	Average Daily Balance	Daily Periodic Rate	Nominal Annual Percentage Rate	Finance Charge	Cash Advance/ Transaction Fees	Annual Percentage Rate
Purchases	\$0.00	0.03877%	14.15%	\$0.00	\$0.00	0.000%
Cash Advances	\$0.00	0.00000%	23.65%	\$0.00	\$0.00	0.000%

## Earnings Summary

Previous Earnings	\$1,314.89	New Earnings Total	\$1,378.88
Earnings Received	\$83.99	Anniversary Date	1/1/94
Additional Earnings	\$0.00	Anniversary Y-T-D Earnings	\$403.75
Earnings Adjustments	\$0.00	Lifetime Earnings Redeemed	\$5,692.66
Current Period Earnings	\$83.99		

Remember, every time you make a purchase with your GM Card, you'll earn 5% in GM Card Earnings. No other credit card offers such rich rewards!†

When you're ready to redeem your GM Card Earnings to buy or lease an eligible new GM vehicle, call us at 1-888-763-5855.

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK No. [REDACTED]

50-937  
213DATE  
01/07/08

\*\*\*\*\*770 DOLLARS

\*\*\*10 CENTS

AMOUNT

\*\*\*\*\*770.10

PAY  
TO THE  
ORDER  
OF\* [REDACTED]  
WALDORF MD [REDACTED]North American Operations  
General Motors Corporation  
Disbursement AccountSIGNATURE  
*Kihel Chumra*The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000431  
VENDOR NAME [REDACTED]

1

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/07/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
162ZG528254 [REDACTED]	01/04/08 71-588352493.1-9QTZB6	VH 1-9QTZB6	00.0000	770.10	.00	770.10
ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782				M3		
TOTAL				770.10	.00	770.10

January 19, 2011

[REDACTED]  
[REDACTED]  
Waldorf, MD [REDACTED]

Service Request: 71-588352493  
Customer Relationship Specialist: Beau Casset

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering sensor assembly that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$770.10.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 19, 2011

[REDACTED]  
[REDACTED]  
Gibsonia, PA [REDACTED]

Service Request: 71-588381204  
Customer Relationship Specialist: Daniel Smith

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the loss of power steering assist that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

GIBSONIA PA

DEC 17 2007

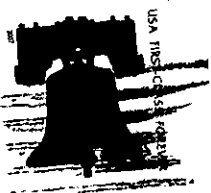
Reimbursement DEPARTMENT  
P.O. Box 33170

DETROIT, MI 48232-5170

482325170 6050



DEC 17 2007



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: DECEMBER 13, 2007

17-Digit Vehicle Identification Number (VIN): 1G1ZT54865F [REDACTED]

Mileage at Time of Repair: 54320 Date of Repair: APRIL 17, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: GIBSONIA State: PA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 526.16

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited \_\_\_\_\_ to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).







5886 WILLIAM FLYNN Hwy.  
BAKERSTOWN, PA 15007  
(724) 443-1575 • www.tomhenrychevy.com

GIBSONIA, PA

SERVICE ADVISOR Gary Jeffrey

REPAIR ORDER WRITTEN	DATE READY	STOCK NO.	VEHICLE IDENTIFICATION	CUST. NO.	TAG NO.	P.O. NO.	INVOICE PRINTED	INVOICE NO.
16APR07	17APR07		1G1ZT54865F				17APR07	123606
TIME IN	TIME READY	YEAR	MAKE & MODEL	TELEPHONE NO.	CUST. PAY LABOR RATE	DELIVERY DATE	PREPARED BY	S/A
07:14	15:38	05	CHEVROLET MALIBU			01JAN05	44	44
MILEAGE IN	MILEAGE OUT	LICENSE NO.						
54320	54322	YERKS						

A CUSTOMER STATES SERVICE POWER STEERING LIGHT IS ON HAD CODE C0460  
ZZZ DIAGNOSE AND REPLACE FAULTY POWER STEERING MOTOR AND MODULE  
28 CMC 148.00  
1 15775370 MOTOR 343.74 343.74

We're out to make your life a little easier with automotive service better than it's ever been before...



**Goodwrench**  
**Quick Lube**  
*Plus*

Offering our traditional quality parts and service and factory-trained technicians.

*Plus* Competitive Up Front Pricing!

*Plus* Courtesy Transportation!

*Plus* A Lifetime Guarantee on Parts and Labor!

\*\* PRE-INVOICE \*\*

### SERVICE HOURS

Mon: 7:00am - 8:00pm

Tues - Fri: 7:00am - 5:00pm

We Accept:



*Thank You  
for your  
Business!*

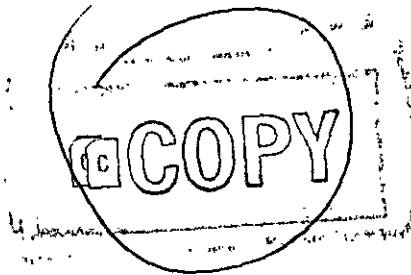
DESCRIPTION	TOTALS
LABOR AMOUNT	148.00
PARTS AMOUNT	343.74
GAS,OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	491.74
LESS INSURANCE	0.00
SALES TAX	34.42
PLEASE PAY THIS AMOUNT	526.16

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.



TOM BEVRY CHEV  
5836 ROUTE 8  
BAKER TOWN, PA 15007  
(412) 361-0588

## Sale

ID: 542929801342954

IP: 221891

4/17/07

15:49:59

atch #: 86

ISA

App Code: 017559 Inv#: 000007

ota): \$ 526.16

APPROVED 017559

Customer Copy

THANK YOU!

De Pere, WI

OSHKOSH WI 549

14 DEC 2007 PM 2 L



INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Reimbursement Department  
PO Box 33170  
Detroit, MI 48232-5170

DEC 17 2007

48232+5170



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12/15/2007

17-Digit Vehicle Identification Number (VIN): 1G1ZT54885F [REDACTED]

Mileage at Time of Repair: 53703 Date of Repair: 8/27/2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: DePue State: WI ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code) [REDACTED]

Evening Telephone Number (include Area Code) [REDACTED]

Amount of Reimbursement Requested: \$ 565.48

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
**P.O. Box 33170**  
**Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:  
 1-800-204-0261



2700 S. Ashland Avenue  
Green Bay, WI 54304  
PO Box 28437  
Green Bay, WI 54324-8437

# Broadway

## AUTOMOTIVE

www.broadwayautomotive.com

Bus. (920) 498-6666  
Service (920) 498-6677  
Parts (920) 498-6655  
Collision (920) 498-6650

CUSTOMER NO. <b>72879</b>	ADVISOR <b>GARY ROFFERS</b>	201	DATE OFFERED BACK <b>08/27/07</b>	INVOICE NO. <b>CVCS412459</b>
DE PERE, WI	LABOR RATE	LICENSE NO.	MILEAGE <b>53,763</b>	COLOR <b>SILVER/</b>
	YEAR / MAKE / MODEL <b>05/CHEVROLET/MALIBU/4 DOOR SEDAN</b>			DELIVERY DATE
	VEHICLE I.D. NO. <b>1 G 1 Z T 5 4 8 8 5 F</b>			DELIVERY MILES
F.T.E. NO.		P.O. NO.	R.O. DATE <b>08/27/07</b>	PRODUCTION DATE
<input type="checkbox"/> WARRANTY REPAIR ORDER <input type="checkbox"/> TRANSPORTATION CLAIM				<input type="checkbox"/> WRO <input type="checkbox"/> SCC <input type="checkbox"/> FREIGHT <input type="checkbox"/> RECALL
				MILEAGE OUT <b>MO: 53763</b>

JOB# 1 CHARGES

LABOR  
#1 26CVZ ELECTRICAL/ABS TECH(S): 106 177:00  
DISPLAY STATES - POWER STEERING WARNING - COMES ON AT TIMES  
ONLY WHEN TURNING G. EST  
OPEN CIRCUIT IN STEERING WHEEL POSITION SENSOR  
CIRCUIT CKED CODE C0460 / REPLACED STEERING WHEEL POSITION  
SENSOR LABOR (2.0HRS)

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
	1	15926870	COLUMN 6.518	359.00
TOTAL - PARTS				359.00

JOB# 1 TOTALS

LABOR	177.00
PARTS	359.00
JOB# 1 JOURNAL PREFIX CVCS	
JOB# 1 TOTAL	536.00

ESTIMATE  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$566.00 (+TAX)

TOTALS

TOTAL LABOR	177.00
TOTAL PARTS	359.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	29.48
TOTAL INVOICE \$	565.48

COPY

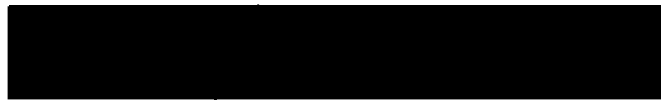
PAID  
AUG 27 2007

CUSTOMER SIGNATURE

SERVICE HOURS:  
MONDAY-FRIDAY  
7:00 A.M. - 6:00 P.M.  
SAT. (QUICKLUBE)  
7:00 A.M. - NOON  
WE APPRECIATE  
YOUR BUSINESS!!

Motor vehicle repair trade practices are regulated by chapter  
ATCP 132, Wis. Adm. Code, administered by the Bureau of  
Consumer Protection, Wisconsin Dept. of Agriculture, Trade  
and Consumer Protection, P.O. Box 8911, Madison, Wisconsin  
53708-8911.

Submitted 12/15/07



claim

Receipt for repairs

2005 Chevrolet Malibu

VIN: 1G1ZT54885F



SALES DRAFT

BROADWAY AUTOMOTIVE GB  
2700 S ASHLAND  
GREEN BAY, WI 54304  
TERMINAL 0016216

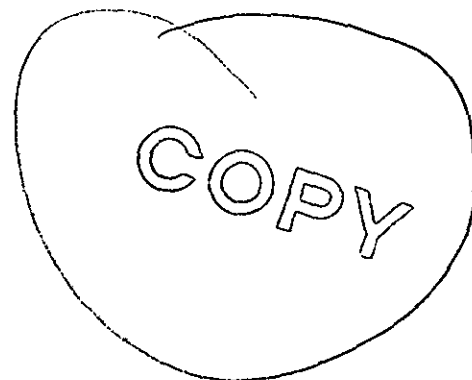
08/27/2007 16:07:57

MC

AUTH. TRANS. ID. MCCAMP3IK  
INVOICE 412459 H02  
AUTH. CODE 02393Z

SALE TOTAL \$565.48

CUSTOMER COPY



January 20, 2011

[REDACTED]  
De Pere, WI [REDACTED]

Service Request: 71-588411880  
Customer Relationship Specialist: Lance Evans

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$565.48.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530


**GM**CHECK **No** [REDACTED]50-937  
213DATE  
01/04/08

\*\*\*\*\*565 DOLLARS

\*\*\*\*48 CENTS

AMOUNT  
\*\*\*\*\*565.48PAY  
TO THE  
ORDER  
OF

DE PERE WI [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

[REDACTED]

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

VENDOR  
DUNS NO. 88 000000299

1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT  
DATE 01/04/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1612754885F [REDACTED]	01/03/08 71-588411880.1	VM 1-9QCR2T 1-9QCR2T	00.0000	565.48	.00	565.48
ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782				M3		
TOTAL				565.48	.00	565.48

12/10/07



**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 13, 2011

[REDACTED]  
[REDACTED]  
Anaheim, CA [REDACTED]

Service Request: 71-585257444  
Customer Relationship Specialist: MJ Mason

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column assembly that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

**CNCOURSE**  
Information Services  
4088 N. PORT WASHINGTON RD.  
MILWAUKEE, WI. 53212-1132  
(414) 382-9700



\$06.65

US POSTAGE

FEB 04 2008

General Motors Corporation

P. O. Box 33170

Detroit, MI

48232-5170

# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 01/10/2008

17-Digit Vehicle Identification Number (VIN): 1E1ZTS2875F [REDACTED]

Mileage at Time of Repair: 42,207 Date of Repair: 10/9/06

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Anaheim State: Calif ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ ~~320.00~~ 320.00

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261

RECEIVED FEB 01 2008

0004125/3MR2V071129R07

## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
  - Denied, you will receive a letter with the reason(s) for the denial, or
  - Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.
- Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).

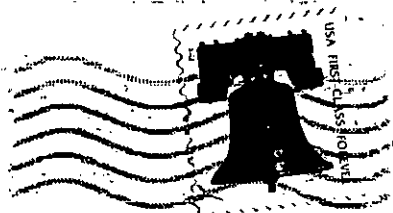




Anaheim, CA

SANTA ANA CA 927

10 JAN 2006 PM 4 L



Chevrolet

P.O. Box 909989

MILWAUKEE, WI

53209-9989

63209-9989



20805

CODE N-NEW U-USED R-REBUILT

QTY	PART NO. OR DESCRIPTION	SALE
1	N SWITCH COMMUTATEUR	
1	N RELAY HIGH BEAM	110/13

# CITY GILROY GAS STATION

We Are Certified Mechanics

B.A.R. REG. NO. AG 173685  
EPA NO. CAD 981410921

700 First Street,  
Gilroy, CA 95020  
Phone (408) 842-8012

Date 10/9/6

Time Received	OPERATION	LAB CHG
AM	Lubrication <input type="checkbox"/>	
PM	Change Oil <input type="checkbox"/>	
AM	Change Oil Filter Car <input type="checkbox"/>	
PM	Service Air Cleaner <input type="checkbox"/>	
	Change Trans Oil <input type="checkbox"/>	
	Adjust Transmission <input type="checkbox"/>	
	Change Oil <input type="checkbox"/>	
	Pack Front Wheel Brgs <input type="checkbox"/>	
	Rotate Tires <input type="checkbox"/>	
	Adjust Brakes <input type="checkbox"/>	
	Return Parts <input type="checkbox"/>	
	Destroy Parts <input type="checkbox"/>	

Address

Apt No.

City

Year/Make/Model

Odometer

Estimate Amount \$

Serial Number

Revised Estimate

Date

Time

Description

Authorized By

Revised Estimate \$

Date

Time

Description

Authorized By

TEAR DOWN ESTIMATE: I understand that my vehicle will be reassembled in \_\_\_\_\_ days shown here if I choose not to authorize the service recommended.

OPER NO.

REPAIR ORDER - LABOR INSTRUCTION

LABOR CHARGE

Head light beam -  
Steering wheel -  
Lateral Diagnosis & Repair  
Head Lamp High Beam  
Switch -

possible the Battery is low  
so the steering is not running correctly

NO CHECKS

QTY

SALE

BILLING

GALS GAS

QTS OIL

LBS GREASE

CASH

CHARGE

INTERNAL

OK'D BY

TOTAL PARTS

TOTAL Gas, Oil, Grease

## RECOMMENDED SERVICE:

- 1.
- 2.
- 3.
- 4.
- 5.

TOTAL SUBLET REPAIRS

I, the Registered Owner, authorize you to perform the above repairs and furnish necessary materials. I understand my cost quoted heretofore is an estimate only. You and your employees may operate vehicle for inspection, testing, delivery of my risk. You will not be responsible for loss or damage to vehicle or articles left in it.  
In the event any attorney is retained to bring suit for collection of any sums due, I agree to pay costs of collection and reasonable attorney fees.  
I also understand that the dealer is not a depository for personal property left in the vehicle and assumes no risk for loss thereof if the vehicle described herein is not called for within three (3) days after such notice is given a storage charge of \$ \_\_\_\_\_ or at least \$10 per day will be made for each day thereafter.  
I have read and understood the above.  
Receipt of a copy of this order, a copy of an estimate, our warranty (on reverse side) and a copy of the Song-Beverly Warranty Act is hereby acknowledged.

SIGNATURE

TOTAL LABOR

PARTS  
SUBLET  
REPAIRS  
GAS, OIL  
GREASE

SUB TOTAL

SALES TAX

LABOR

ENVIRONMENTAL  
SURCHARGE

TOTAL AMOUNT

95-  
11013  
20513  
908  
2421

CODE N-NEW U-USED R-REBUILT

[illegible]

# CITY GILROY GAS STATION

## We Are Certified Mechanics

B.A.R. REG. NO. AG 173685  
EPA NO. CAD 981410921

700 First Street,  
Gilroy, CA 95020  
Phone (408) 842-8012

Date: 10/1/76		20800	
Time Received		OPERATION	LAB CHG
	A M	Lubrication	<input type="checkbox"/>
	P M		
139	A M	Change Oil	<input type="checkbox"/>
	P M	Change Oil	<input type="checkbox"/>
Written By		Filter Cart	<input type="checkbox"/>
		Service	
Cust Order No.		Air Cleaner	<input type="checkbox"/>
		Change	
		Trans. Oil	<input type="checkbox"/>
Phone when ready		Adjust	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Transmission	<input type="checkbox"/>
PHONE Res.		Change	
		Diff. Oil	<input type="checkbox"/>
PHONE Bus.		Pack Front	
		Wheel Brgs	<input type="checkbox"/>
		Rotate	
		Tires	<input type="checkbox"/>
		Adjust	
		Brakes	<input type="checkbox"/>
		Return	
		Parts	<input type="checkbox"/>
		Destroy	
		Parts	<input type="checkbox"/>

TEAR DOWN ESTIMATE: I understand that my vehicle will be reassembled in \_\_\_\_\_ days shown here if I choose not to authorize the service recommended.

OPER NO.	REPAIR ORDER - LABOR INSTRUCTION										LABOR CHARGE
111	<p>1. 1984 Oldsmobile Delta 800</p> <p>2. 1984 Oldsmobile Delta 800</p> <p>3. 1984 Oldsmobile Delta 800</p> <p>4. 1984 Oldsmobile Delta 800</p> <p>5. 1984 Oldsmobile Delta 800</p> <p>6. 1984 Oldsmobile Delta 800</p> <p>7. 1984 Oldsmobile Delta 800</p> <p>8. 1984 Oldsmobile Delta 800</p> <p>9. 1984 Oldsmobile Delta 800</p> <p>10. 1984 Oldsmobile Delta 800</p>										
<p>possible the battery is low</p> <p>So the steering is not running properly</p>											
<p align="center"><b>"NO CHECKS"</b></p>											
QTY	GALS GAS		SALE		BILLING		<p>I, the Registered Owner authorize you to perform the above repairs and furnish necessary materials. I understand any cost quoted heretofore is an estimate only. You and your employees may operate vehicle for inspection, testing, delivery at my risk. You will not be responsible for loss or damage to vehicle or articles left in it.</p> <p>In the event any attorney is retained to bring suit for collection of any sums due, I agree to pay costs of collection and reasonable attorney fees.</p> <p>I also understand that the dealer is not a depository for personal property left in the vehicle and assumes no risk for loss thereof. If the vehicle described herein is not called for within three (3) days after such notice is given a storage charge of \$ _____ or at least \$10 per day will be made for each day thereafter.</p> <p>I have read and understood the above Receipt of a copy of this order, a copy of an estimate, our warranty (on reverse side) and a copy of the Song-Beverly Warranty Act is hereby acknowledged.</p>				
	GALS GAS				<input type="checkbox"/> CASH		TOTAL LABOR				
	QTS OIL				<input type="checkbox"/> CHARGE		PARTS				
	LBS GREASE				<input type="checkbox"/> INTERNAL		SUBLET REPAIRS				
TOTAL Gas, Oil, Grease					<input type="checkbox"/> OK'D BY		GAS, OIL GREASE				
<p><b>RECOMMENDED SERVICE:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>											
<p align="center">SIGNATURE</p>											
<p align="center">TOTAL AMOUNT</p>											

P0606 PCM INTERNAL processor fault  
U0107 LOST COMM with throttle actuator

## WARRANTY

8158 undocumented code

ALL PARTS AND SERVICE WORK GUARANTEED 90 DAYS OR 4,000 MILES.

OR WHICHEVER OCCURS FIRST UNLESS CAUSED BY MISUSE, ABUSE OR

PERSONAL DAMAGE. WE WILL REPAIR OR REPLACE AT OUR OPTION ANY

DEFECTIVE PARTS OR LABOR. WE DO NOT COVER ANY TOWING CHARGES.

WARRANTY WORK MUST BE PERFORMED AT THIS SHOP ONLY.

BCM

U209 LOST COMM with power train

CTRL sys

B2575 ALC Headlamp Voltage out of Range

U2111 LOST COMM with Steering CTRL system

1. Customer is hereby notified that the said property is not insured or protected to the amount of the actual cash value thereof, or otherwise, against loss occasioned by theft, fire or vandalism while the property remains with the dealer.

2. Customer states no articles of personal property have been in the vehicle and dealer is not responsible for inspection thereof.

3. The dealer is not responsible for unavailability of parts or delays in parts shipment beyond dealer's control.

4. Due to the type of service requested some repairs must be sublet.

5. All charges for repairs including labor and materials furnished are due and payable simultaneously with the delivery of the within described vehicle or prior to delivery upon the expiration of three (3) days after notice that the repairs have been completed. Notice shall be deemed to have been given upon the deposit in the United States mail, postage prepaid, of written notification to the effect addressed to the customer at the address given on the reverse side hereof.

6. If the vehicle described herein is not called for within three (3) days after such notice is given, a storage charge of \$ \_\_\_\_\_ or at least \$ 10.00 per day will be made for each day thereafter.

7. Said Dealer is authorized to deliver the vehicle described herein or any of its contents to any person presenting this receipt.

8. In addition to any and all other legal remedies available, I authorize Said Dealer to have a lien on the vehicle described herein for all charges for repairs, including labor and parts, storage and/or towing, and to enforce such lien. Said Dealer is hereby expressly authorized to sell said vehicle at public auction after giving a twenty (20) day written notice by certified mail to the legal owner, registered owner, and Department of Motor Vehicles of intent to do so. On the sale date, the vehicle shall be sold to the highest cash bidder and the proceeds of sale must be used first to satisfy the lien plus storage costs and costs incident to sale, and the balance shall be forwarded to the legal owner, or if none, to the registered owner, or if the address is unknown, it shall be forwarded to the Department of Motor Vehicles. Said expenses for sale shall also include a reasonable attorney's fee, which may be necessarily incurred.

9. If any such charges remain unpaid for thirty (30) days after such request for payment. Said Dealer may also refer such charges to its attorneys for collection and the customer will pay a reasonable attorney's fee.

U2100 can BUS communication Fault

9380  
9325



Drive a little Save a lot  
**GILROY**  
 PONTIAC BUICK GMC

455 Stutz Way  
 Gilroy, California 95020

Phone: 408-842-3171  
 Fax: 408-847-3501

INVOICE ORIGINAL

Work Order

#1799

August 30, 2006

Svc.Adv Prentice, Steve A.

Cust.Ph. (714) 277-5678

Tag# 132

Page 2 of 2

08/30/2006 16:13:20

O U T	Indebtedness is hereby acknowledged for the "Total Charges" being all or the balance owing to repairs, parts & accessories described in this work order. BAR# AA-000687. US EPA ID# CA0000068700. A charge for Hazardous Waste Disposal may be added. All parts installed are new unless specified otherwise.		Currency: U.S. Dollars	Labor:	\$105.00
				Parts:	\$0.00
				Misc:	\$0.00
				Sub Total:	\$105.00
				Tax:	\$0.00
08/30/2006		Estimate: 105.00			
Date	Signature	Payment Type	Check	Total:	\$105.00

Payee	Payment Type	Reference	Date	
	Check		08/30/2006	\$105.00
Balance Owing:				\$0.00

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 20, 2011

[REDACTED]  
Bemidji, MN [REDACTED]

Service Request: 71-588508774  
Customer Relationship Specialist: Paul Gambino

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$709.78.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

# North American Operations

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530



CHECK No. [REDACTED]

50-837  
213

DATE  
01/14/08

\*\*\*\*\*709 DOLLARS

\*\*\*\*78 CENTS

AMOUNT  
\*\*\*\*\*709.78

PAY  
TO THE  
ORDER  
OF

BEMIDJI MN [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

*[Signature]*  
SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000114

1

## North American Operations

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT  
DATE 01/14/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G1ZT54815F [REDACTED]	01/11/08 71-588508	VM 1-9S5CV8 774.1-9S5CV8	00.0000	709.78	.00	709.78
ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782				W3		

TOTAL

709.78

.00

709.78



REIMBURSEMENT DEPARTMENT  
P.O. BOX 33170  
DETROIT, MI 48232-5170

DEC 17 1991

4423233170 B050



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12/13/200717-Digit Vehicle Identification Number (VIN): 1G1ZT54815F2 [REDACTED]Mileage at Time of Repair: 49977 Date of Repair: 08/02/2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Bemidji State: MN ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 709.78

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



4438

91389

THIELEN MOTORS, INC.



\*INVOICE\*

909 1st Street East - Box 73  
Park Rapids, MN 56470  
Phone: (218) 732-3347

BEMIDJI, MN

PAGE 1

HOME: [REDACTED] BUS:

CELL: [REDACTED] SERVICE ADVISOR: 12 BOB ROWE

COLOR	YEAR	MAKE/MODEL		VIN		LICENSE	MILEAGE IN / OUT		TAG
TAN	05	CHEVROLET MALIBU		1G1ZT54815F			49977/49977		
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED		PO NO.	RATE	PAYMENT	INV. DATE	
12JAN05 IS									
12JAN05 DD			17:00 02AUG07				CASH	06AUG07	

R.O. OPENED: [REDACTED] READY: [REDACTED] OPTIONS: ENG:3.5\_Liter\_SFI

12:51 02AUG07 13:39 06AUG07

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

A WHILE DRIVING UNIT SEEMED TO WANT TO STEER TO THE RIGHT EITHER ON ITS OWN OR TOO EASILY, ALSO LOST POWER STEERING ALTOGETHER AT TIMES

MISC SCAN TEST AND DIAGNOSE AS NEC., FOUND CODE

C0545 STORED FOR STERRING WHEEL TORQUE

SENSOR INPUT. CONTACTED GM T.A.C.. REPLACED

STRNG COLUMN

5 CP

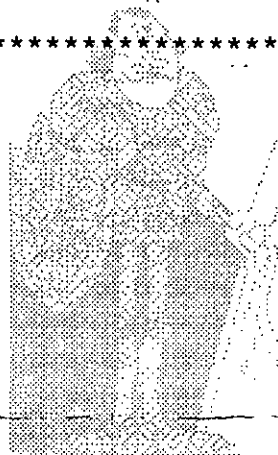
1 15926870 COLUMN

PARTS:	358.10	LABOR:	312.40	OTHER:	0.00	TOTAL LINE A:	670.50
--------	--------	--------	--------	--------	------	---------------	--------

\*\*\*\*\*

SHOP SUPPLIES

16.00



MC

COPY

Service Hours  
Monday - Friday  
7:30am - 5:30pm  
Saturday  
8:00am - 12:00pm



**Goodwrench  
Service**

GM parts unless noted

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

ALL PARTS NEW ORIGINAL EQUIPMENT  
UNLESS OTHERWISE SPECIFIED

CUSTOMER SIGNATURE

## DESCRIPTION

## TOTALS

LABOR AMOUNT	312.40
PARTS AMOUNT	358.10
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	16.00
TOTAL CHARGES	686.50
LESS INSURANCE	0.00
SALES TAX	23.28
PLEASE PAY THIS AMOUNT	709.78

YOU MAY RECIEVE A CUSTOMER SATISFACTION SURVEY FROM YOUR VEHICLE MANUFACTURER IN THE NEXT FEW WEEKS. THIS IS OUR \*\*REPORT CARD\*\*. IF FOR ANY REASON YOU CANNOT GRADE US \*\*COMPLETELY SATISFIED\*\* PLEASE INFORM KEITH OR BOB @732-3347 OR 1-800-457-2438...THANK YOU!

THIELEN MOTOR INC  
909 1ST ST E  
PARK RAPIDS MN 56470

TERMINAL I.D.: 71763370

MERCHANT #: 00000000000000

MASTERCARD

SALE

BATCH: 000045

INVOICE: 000015

DATE: AUG 06, 07

TIME: 14:42

RRN: 721819013766

AUTH NO: 426428

TOTAL \$709.78

BOB D WATSON

CUSTOMER COPY

ORIGINAL





SOUTHERN MD 207

14 DEC 2007 PM 4 T



Reimbursement Department  
P.O. Box 33170  
Detroit, MI

DEC 18 2007

48232-5170

48232+5170



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/13/2007

17-Digit Vehicle Identification Number (VIN): 1G1ZT54885F [REDACTED]

Mileage at Time of Repair: 12,638 Date of Repair: 7/27/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Dunkirk State: MD ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code) [REDACTED]

Evening Telephone Number (include Area Code): \_\_\_\_\_

Amount of Reimbursement Requested: \$ 134.39

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
**P.O. Box 33170**  
**Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:  
 1-800-204-0261



## **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



# SHEEHY



## SHEEHY CHEVROLET CHRYSLER JEEP DODGE

5300 Crain Hwy.

UPPER MARLBORO, MD 20772

301-627-5700



CHRYSLER

Jeep



CUSTOMER NO.	597664	NAME	JOHN BERGLING IV	730450	DATE	07/27/07	INVOICE NO.	CVCS722771
LABOR RATE		LICENSE NO.		MILEAGE		72,638	GOLD/	
DUNKIRK, MD		05/CHEVROLET/MALIBU/4 DOOR SEDAN		DELIVERY DATE		11/14/05	DELIVERY MILES	
VEHICLE ID NO.		T 5 4 8 8 5 F		SELLING DEALER NO.			PRODUCTION DATE	
F.T.E. NO.		P.O. NO.		DATE		07/27/07	MO: 72638	
BUSINESS PHONE		COMMENTS						

### LABOR & PARTS

J# 1 03CVZ OIL CHANGE TECH(S): 730055 13.35  
CUSTOMER REQUESTS QUICK LUBE OIL AND FILTER CHANGE  
PLUS 27-POINT INSPECTION  
PERFORMED OIL CHANGE, REPLACED UP TO 5 QTS OF OIL, REPLACED  
FILTER, PERFORMED 27 POINT INSPECTION  
CHANGE OIL AND FILTER, LUBE CHASSIS AND TOP ALL FLUIDS

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	25010792	FILTER 1.836	6.10
JOB # 1	6	OIL	BULK OIL 8.800	2.10
JOB # 1 TOTAL PARTS				18.70
JOB # 1 TOTAL LABOR & PARTS				32.05

J# 2 06CVZ01 STEERING CONCERN TECH(S): 730055 WARRANTY  
CUSTOMER STATES THAT THERE IS A WARNING COMING ON IN THE  
DASH FOR STEERING AND IT IS GETTING TIGHTER THAN NORMAL.  
WHEN DRIVING STEERING COLUMN WOULD STIFFEN UP, FOUND CODE FOR  
FAULTY STEERING TORQUE SENSOR, SENSOR SHORTED OUT  
REPLACED STEERING COLUMN

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2	1	15926870	COLUMN 6.518	
JOB # 2 TOTAL PARTS				0.00
JOB # 2 TOTAL LABOR & PARTS				0.00

MISC	CODE	DESCRIPTION	CONTROL NO
JOB # A	C5	SHOP SUPPLIES	
JOB # 2	W3	GMPP/MIC EXT WARR. DEDUCTIBLE	
TOTAL - MISC			101.34

TOTALS

*****				TOTAL LABOR	13.35
* [ ] CASH [ ] CHECK CK NO. [ ]				TOTAL PARTS	18.70
* [ ] VISA [ ] MASTERCARD				TOTAL SUBLET	0.00
* [ ] OTHER [ ] CHARGE				TOTAL G.O.G.	0.00
*****				TOTAL MISC CHG.	101.34
				TOTAL MISC DISC	0.00
				TOTAL TAX	1.00

YOUR COMPLETE SATISFACTION IS OUR GOAL  
IF YOU ARE NOT COMPLETELY SATISFIED OR IF YOU HAVE A COMMENT  
OR A SUGGESTION, PLEASE CONTACT AMY RENTER, OUR CUSTOMER  
RELATIONS MANAGER AT 301-627-5700 EXT. 1039  
NON FACTORY PARTS WARRANTY: 90 DAYS/4000 MILES  
FACTORY PARTS WARRANTY: 12 MOS/12,000 MILES  
\*\* DENOTES LIFETIME WARRANTY WHERE APPLICABLE

TOTAL INVOICE \$ 134.39

CUSTOMER SIGNATURE

COPY

SALES DRAFT

SHEEHY CHEVROLET DODGE  
5300 CRAIN HWY.  
UPPER MARLBOR, MD 20772  
TERMINAL 0030661

825031107801

07/27/2007 18:14:14

MC

AUTH. TRANS. ID. MCL1SY4NU  
INVOICE 722771 H02  
AUTH. CODE 66931B

SALE TOTAL \$134.39

CUSTOMER COPY

January 20, 2011

[REDACTED]

Dunkirk, MD [REDACTED]

Service Request: 71-588843974

Customer Relationship Specialist: Lance Evans

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the instrument panel cluster that you had repaired. We regret that we are unable to reimburse you the amount you requested because the vehicle has exceeded the mileage parameters.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 20, 2011

[REDACTED]  
Saint Peters, MO [REDACTED]

Service Request: 71-588847964  
Customer Relationship Specialist: Jay Williams

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the column assembly that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$786.16.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**

CHECK

**No.** [REDACTED]50-937  
213**DATE**  
01/09/08

\*\*\*\*\*786 DOLLARS

\*\*\*16 CENTS

**AMOUNT**  
\*\*\*\*\*786.16PAY  
TO THE  
ORDER  
OF[REDACTED]  
**SAINT PETERS MO** [REDACTED]North American Operations  
General Motors Corporation  
Disbursement AccountSIGNATURE  
The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/09/08

VENDOR  
DUNS NO. BB 000000084

1

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT62855F [REDACTED]

01/08/08

71-588847964.1-9R6ZV7

VM 1-9R6ZV7

00.0000

786.16

.00

786.16

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

786.16

.00

786.16



[REDACTED]  
ST PETERS, MO [REDACTED]

SAINT LOUIS MO 631

13 DEC 07 PM 05 L



DEC 17 2007

REIMBURSEMENT DEPT.  
PO Box 33170  
DETROIT, MI 48232-5170

48232+5170



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted:

12/12/07

17-Digit Vehicle Identification Number (VIN):

1G1ZT62855F

Mileage at Time of Repair:

41,973

Date of Repair:

3/1/07

Claimant Name (please print):

Street Address or PO Box Number

City:

ST PETERS

State:

MO

ZIP Code

Daytime Telephone Number (include Area Code):

Evening Telephone Number (include Area Code):

Amount of Reimbursement Requested: \$

786.30

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature:

Please mail this claim form and the required documents to:

**Reimbursement Department**  
**P.O. Box 33170**  
**Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:

1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





(638) 948-6300

SATURDAY 7:00 A.M. TO NOON

SATURDAY 7:00 A.M. TO NOON

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all other warranties, including but not limited to, any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to make any such statement on behalf of the seller or its affiliates.

CUSTOMER NO <b>20086</b>	ADVISOR <b>RON WILSON</b>	DATE <b>03/01/07</b>	INVOICE NO <b>CVCS1908</b>
ST PETERS, MO	LABOR RATE <b>41.973</b>	VEHICLE <b>SILVR GREEN</b>	STOCK NO <b>5740</b>
	LICENSE NO.	DELIVERY DATE <b>02/04/05</b>	DELIVERY MILES <b>19</b>
	YEAR/MAKE/MODEL <b>05/CHEVROLET/MALIBU MAXX/4DR SDN LT</b>	SELLING DEALER NO.	PRODUCTION DATE
	VEHICLE ID NO <b>1G1ZT62855F</b>		
	REG. NO.	P.O. NO.	R.O. DATE <b>03/01/07</b>
COMMENTS			

LABOR & PARTS  
JOB # 1 34CVZ STEERING TECH(S):606 368.70  
CHECK AND ADVISE P/S IS INOP  
REPLACE COLUMN ASSM

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	15926870	COLUMN 6.518	387.72
JOB # 1 TOTAL PARTS				387.72
JOB # 1 TOTAL LABOR & PARTS				756.42

JOB # 2 01CVZ 3K CASTROL BLEND TECH(S):606 13.00  
PERFORM LUBE, OIL, OIL FILTER REPLACEMENT  
REQUIRED MAINTENANCE  
COMPLETE CASTROL SYNTec BLEND LUBE OIL AND FILTER CHANGE  
COMPLETE 24 POINT INSPECTION

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2	1	PKENV	DISPOSAL	2.00
JOB # 2	1	PK47	OIL&FILTER	22.95
JOB # 2	1	25010792	FILTER 1.836	****
JOB # 2	6	10-302		****
JOB # 2 TOTAL PARTS				24.95
JOB # 2 TOTAL LABOR & PARTS				37.95

MISC CODE DESCRIPTION CONTROL NO  
JOB # A 10 SHOP SUPPLIES 15.00  
TOTAL - MISC 15.00

TOTALS

\*\*\*\*\*  
\* NEXT RECOMMENDED SERVICE:  
\* 04/26/2007 / 44973 MI 01CVZ 3K CASTROL BLEND  
\*\*\*\*\*

[ ] CASH [ ] CHECK  
[ ] VISA [ ] MASTERCARD [ ] DISCOVER [ ] AMEX  
\* WILL APPEAR FOR ALL GM LIFETIME WARRANTY PARTS  
(LIFETIME WARRANTY COVERAGE DOES NOT APPLY TO FACTORY  
WARRANTY REPAIRS/PARTS.)

TOTAL LABOR	381.70
TOTAL PARTS	412.67
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG	15.00
TOTAL MISC DISC	0.00
TOTAL TAX	31.65

TOTAL INVOICE \$ 841.02

COPY

\$756.42  
TAX 29.88  
\$786.30  
Pro-RATED  
TAX (less oil  
& filter)

AMEY

[Print Window](#) [Close Window](#)

## Transaction Detail

Transaction Date: 03/01/2007  
Transaction Description: JIM TRENARY CHEVROLET. CHARLES MI  
AUTO SERVICE  
Charge: \$841.02  
Merchant Address: JIM TRENARY CHEVY INC  
501 AUTO MALL DR  
O'FALLON MO 63109  
USA  
Merchant Type: AUTO SERVICE  
Doing Business As: No Additional Information

[Back to Top](#)[Print Window](#) [Close Window](#)

If you wish to dispute this charge, close this window. and click on the Dispute a Charge/Check Dispute Status link on your statement.

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 20, 2011

[REDACTED]  
Upper Marlboro, MD [REDACTED]

Service Request: 71-588859398  
Customer Relationship Specialist: Anne Parks

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Pontiac G6. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Pontiac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$745.47.

At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

Uppr Marlboro MD

SOUTHERN MD 2007

14 DEC 2007 PM 4 T



Reimbursement Department

P.O. Box 33170

Detroit, MI 48232-5170

DEC 18 2007

482325170



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/14/07

17-Digit Vehicle Identification Number (VIN): 1G2LG528854 [REDACTED]

Mileage at Time of Repair: \_\_\_\_\_ Date of Repair: 3/14/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Upper Marlboro State: MD ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 745.47

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261





### **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).



# WINEGARDNER PONTIAC BUICK GMC TRUCK, Inc.

15113 Crain Highway  
BRANDYWINE, MARYLAND 20613  
301-372-8900



**GMC**

INVOICE NO.

You'll find **quality** - you'll find **value** - you'll find **immediate service** at Winegardner Pontiac Buick GMC Truck

**COPY**

CUSTOMER NO <b>32784</b>	ADVISOR <b>DAVID BOWEN</b>	TAG NO <b>002</b>	INVOICE DATE <b>03/14/07</b>	INVOICE NO <b>PNC568126</b>
LABOR RATE <b>95.00</b>	LICENSE NO	MILEAGE <b>40,233</b>	COLOR <b>GOLD</b>	STOCK NO
YEAR, MAKE, MODEL <b>05/PONTIAC/G6</b>			DELIVERY DATE	DELIVERY MILES
VEHICLE I.D. NO <b>1 G 2 Z G 5 2 8 8 5 4</b>			SELLING DEALER NO	PRODUCTION DATE
F.T.E. NO			P.O. NO	R.O. DATE <b>03/09/07</b>
COMMENTS				

MO: 40240

**JOB# 1 CHARGES**

LABOR-----  
J# 1 15PNZ STEERING/SUSPENSION HOURS: 3.00 TECH(S):069 285.00  
CUSTOMER STATS POWER STEERING GETS HARD AT TIMES.  
CAUSE  
REPLACED STEERING COLUMN DUE TO LOWER BEARING  
LEAKING.

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
	1	15926870	COLUMN 6.518	421.54	421.54	421.54
TOTAL - PARTS						421.54

JOB# 1 TOTALS-----  
LABOR 285.00  
PARTS 421.54

JOB# 1 JOURNAL PREFIX PNC5 JOB# 1 TOTAL 706.54

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----  
JOB # A SS SHOP SUPPLIES  
TOTAL - MISC 17.00

ESTIMATE-----  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$750.00 (+TAX)  
COMMENTS-----  
DROP

TOTALS-----

*****	TOTAL LABOR....	285.00
* CASH ( ) CHECK ( ) CK # *	TOTAL PARTS....	421.54
* CHARGE ( ) MASTERCARD ( ) *	TOTAL SUBLET....	0.00
* DISCOVER ( ) VISA ( ) AMX ( ) *	TOTAL G.O.G....	0.00
*****	TOTAL MISC CHG.	17.00
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	21.93

GM PARTS WARRANTY= 12 MONTHS/12000 MILES  
THANK YOU FOR YOUR PATRONAGE  
\*\*\*YOU MAY RECEIVE A SURVEY BY MAIL OR BY PHONE \*\*\*  
\*\*\*IF FOR ANY REASON YOU CANNOT GIVE US A PERFECT SCORE\*\*\*  
\*\*\*PLEASE GIVE US A CALL AND ASK FOR SERVICE MANAGER \*\*\*  
\*\*\*OUR GOAL IS FOR YOU TO BE COMPLETELY SATISFIED \*\*\*  
\*\*\*THANK YOU FOR YOUR SUPPORT \*\*\*  
\*\*\*DAVE BOWEN, PARTS AND SERVICE DIRECTOR\*\*\*

**TOTAL INVOICE \$ 745.47**

**FOR YOUR INFORMATION AND ACKNOWLEDGEMENT:**

**TERMS: CASH ON DELIVERY**  
Prices are based on flat rate manual unless specified otherwise. Mechanical check out time on vehicles will be a minimum of one half hour at the current hourly rate if work is declined on vehicle.

**LIMITED EXPRESS-WARRANTY. 90 DAYS OR 4000 MILES WHICHEVER OCCURS FIRST. ALL ADJUSTMENT WORK MUST BE PERFORMED AT WINEGARDNER PONTIAC BUICK GMC TRUCK.**

Any warranties on the products sold hereby are those of the manufacturer. As between the retail seller and buyer, the product is to be sold "AS IS" and the entire risk as to the quality and performance of the product is with the buyer. The seller expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. This disclaimer by this seller in no way affects the terms of the manufacturer's warranty. The buyer acknowledges being so informed prior to the sale.

**PARTS SALES**  
NO RETURNS ON ELECTRICAL COMPONENTS OR SPECIAL ORDERS - NO CASH REFUNDS. - NO RETURNS AFTER 10 DAYS. 20% HANDLING CHARGE ON ALL RETURNS.

UNLESS OTHERWISE SPECIFIED, LABOR TIME BILLED IS FLAT RATE TIME ESTIMATED FOR EACH JOB IN INDUSTRY MANUALS AND NOT ACTUAL TIME SPENT.

**X**  
CUSTOMER'S SIGNATURE  
NO CLAIMS WITHOUT THIS INVOICE  
THANK YOU

CUSTOMER SIGNATURE

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

**GM**

CHECK

No. [REDACTED]

50-937  
213

DATE

01/07/08

\*\*\*\*\*745 DOLLARS

\*\*\*\*47 CENTS

AMOUNT

\*\*\*\*\*745.47

PAY  
TO THE  
ORDER  
OF

UPPER MARLBORO MD [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account

SIGNATURE

The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO.

BB 000000248

1

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/07/08

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G2ZG528854 [REDACTED]

01/04/08

71-588859398.1-9QPMPE

VM 1-9QPMPE

00.0000

745.47

.00

745.47

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

W3

**TOTAL**

745.47

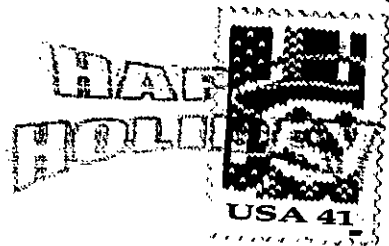
.00

745.47

Asbury Park, NJ

KILMER P&DC NJ 088

14 DEC 2007 PM 1 L



DEC 18 2007 Reimbursement Department  
P.O. BOX 33170  
Detroit, MI 48232-5170

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

4823233170



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 8-29-06

17-Digit Vehicle Identification Number (VIN): 161ZT528X5F [REDACTED]

Mileage at Time of Repair: 50093 Date of Repair: 8/29/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Asbury Park State: NJ ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): Same as Above

Amount of Reimbursement Requested: \$ 519.46

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



### **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



\* Same Page

But couldn't copy  
all, so copied twice  
TOP and Bottom

ALL AMERICAN CHEVROLET, INC.  
1255 HIGHWAY 35  
MIDDLETOWN, NEW JERSEY 07748  
732-671-6200

TOP

INVENTORY  
NO

**HERTRICH**

Chevrolet-DODGE, INC.  
1123 Shore Hwy.  
DENTON, MARYLAND 21629  
Phone (410) 479-1144

"A member of the **HERTRICH** Family of Automobile Dealerships"

www.hertrichs.com

**ALL AMERICAN**

1255 Highway 35  
MIDDLETOWN, NJ 07748  
Phone (908) 671-6200

**HERTRICH**

NISSAN / Jeep  
1378 S. DuPont Hwy.  
DOVER, DELAWARE 19901  
Phone (302) 678-4553

**HERTRICH**

Pontiac-Oldsmobile-CHEV TRUCK-SUZUKI  
Route 13 South P.O. Box 770  
SEAFORD, DELAWARE 19973  
Phone (302) 629-9144

**Frederick**

Ford / Mercury Inc.  
Route 13 South • P.O. Box 1420  
SEAFORD, DELAWARE 19973  
Phone (302) 629-4553

**HERTRICH'S**  
of MILFORD, LTD

FORD • LINCOLN MERCURY • TOYOTA  
695 N. DuPont Blvd.  
MILFORD, DE 19963  
Phone (302) 422-8071

**HERTRICH'S**  
**Capitol**

LINCOLN • MERCURY • MAZDA • ISUZU • SUZUKI  
1127 S. DuPont Hwy.  
DOVER, DELAWARE 19901  
Phone (302) 734-7505



CUSTOMER NO. 33284	ADMINISTRATOR DUNNA BATCHA	36582	CARD NO. 350	INVOICE DATE 08/29/06	INVOICE NO. CVL5129154
	LABOR RATE		MILEAGE IN 50093	COLOR WHITE/MEDIU	STOCK NO. 51081
	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/SEDAN LS		DELIVERY DATE 12/10/04	DELIVERY MILES 7	
	VEHICLE ID NO. 1G12T528X5F		SELLING DEALER NO. 100	PRODUCTION DATE	
ASBURY PARK, NJ	F.T.E. NO.		P.O. NO.	R.B. DATE 08/22/06	
					MILEAGE OUT MO: 50093

LABOR & PARTS  
J# 1 15CVZ STEERING/SUSPENSION HOURS: 3.50 TECH(S):13139 315.00  
CUST STATES SERVICE POWER STEERING LIGHT ON AND STEERING  
KEEPS GETTING TIGHT  
MULTIPLE CODES STORED IN SYSTEM  
REPLACED BODY CONTROL MODULE

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
IOB # 1	1	15234845	BCM 2.560 0Y CP	167.48	167.48	167.48
JOB # 1 TOTAL PARTS						167.48
JOB # 1 TOTAL LABOR & PARTS						482.48

J# 2 50CVZ-1 ELECTRICAL BODY... HOURS: TECH(S):13139 0.00  
CUST STATES SERVICE AIR BAG LIGHT ON  
CUSTOMER DECLINED FURTHER DIAGNOSTICS

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 2 TOTAL PARTS						0.00
JOB # 2 TOTAL LABOR & PARTS						0.00

ISC	CODE	DESCRIPTION	CONTROL NO	PRICE
OB # A	SS	ENVIROMENTAL AND MISC		3.00
TOTAL - MISC				3.00

RECOMMENDATIONS  
RECOMMEND FRONT TIRES STEEL BELTS SHOWING THRU  
RECOMMEND REAR BRAKES METAL TO METAL  
CUSTOMER DECLINED REPAIRS AT THIS TIME

TOTALS

*****				TOTAL LABOR....	315.00
* CHARGE (A/R)	[ ]	CREDIT CARD	[ ]	TOTAL PARTS....	167.48
* CHECK	[ ]	CASH	[ ]	TOTAL SUBLET...	0.00
* OTHER	[ ]	PENDING	[ ]	TOTAL G.O.G....	0.00
* AMEX	[ ]	DISCOVER	[ ]	TOTAL MISC CHG.	3.00
* VISA/MC	[ ]	GM CR CARD	[ ]	TOTAL MISC DISC	0.00
*****				TOTAL TAX.....	33.98

" HELP US HELP YOU "

IF YOU ARE COMPLETELY SATISFIED WITH OUR SERVICE

TOTAL INVOICE

Next Page

13284

DONNA BATCHA

36582

350

08/29/06

CVC5129154

LABOR RATE

MILEAGE IN

COLOR

STOCK NO.

50093

WHITE/MEDIU

51081

05/CHEVROLET/MALIBU/SEDAN LS

DELIVERY DATE

DELIVERY MILES

12/10/04

7

VEHICLE ID NO.

SELLING DEALER NO.

PRODUCTION DATE

1G1ZT528X5F

100

F.T.E. NO.

P.O. NO.

R.D. DATE

08/22/06

MILEAGE OUT  
MU: 50093

ASBURY PARK, NJ

## LABOR &amp; PARTS

J# 1 15CVZ

STEERING/SUSPENSION HOURS: 3.50 TECH(S):13139

315.00

CUST STATES SERVICE POWER STEERING LIGHT ON AND STEERING

KEEPS GETTING TIGHT

MULTIPLE CODES STORED IN SYSTEM

REPLACED BODY CONTROL MODULE

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
JOB # 1	1	15234845	BCM 2.560 0Y CP	167.48	167.48

167.48

JOB # 1 TOTAL PARTS

167.48

JOB # 1 TOTAL LABOR &amp; PARTS

482.48

J# 2 50CVZ-1

ELECTRICAL BODY... HOURS:

TECH(S):13139

0.00

CUST STATES SERVICE AIR BAG LIGHT ON

CUSTOMER DECLINED FURTHER DIAGNOSTICS

PARTS	QTY	FP-NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
JOB # 2					

0.00

JOB # 2 TOTAL LABOR &amp; PARTS

0.00

MISC	CODE	DESCRIPTION	CONTROL NO
JOB # A		SS ENVIROMENTAL AND MISC	

3.00

TOTAL - MISC

3.00

## RECOMMENDATIONS

RECOMMEND FRONT TIRES STEEL BELTS SHOWING THRU

RECOMMEND REAR BRAKES METAL TO METAL

CUSTOMER DECLINED REPAIRS AT THIS TIME

## TOTALS

* CHARGE (A/R) [ ]	CREDIT CARD [ ]	
* CHECK [ ]	CASH [ ]	
* OTHER [ ]	PENDING [ ]	
* AMEX [ ]	DISCOVER [ ]	
* VISA/MC [ ]	GM CR CARD [ ]	

TOTAL LABOR....	315.00
TOTAL PARTS....	167.48
TOTAL SUBLET....	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	3.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	33.98

" HELP US HELP YOU "

TOTAL INVOICE \$

519.46

IF YOU ARE COMPLETELY SATISFIED WITH OUR SERVICE PLEASE

SEND YOUR C.S.I. SURVEY TO GENERAL MOTORS A.S.A.P.

IF YOU ARE NOT COMPLETELY SATISFIED CALL ME JON BARCHUK

YOUR SERVICE DIRECTOR SO I CAN CORRECT ANY PROBLEM YOU MAY

BE HAVING, I'M EASILY REACHED AT 732 671-6200.

"ALL AMERICAN CHEVROLET IS YOUR COMPLETE SERVICE CENTER "

PERSONAL SERVICE ONLY

CUSTOMER SIGNATURE

COPY

Bottom



January 21, 2011

[REDACTED]

Asbury Park, NJ [REDACTED]

Service Request: 71-589163053

Customer Relationship Specialist: Jason Matthews

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the body control module that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

4

## Component Coverage Letter

<input checked="" type="checkbox"/> <b>Component Coverage Letter</b>	
<b>Definition:</b>	A letter that covers a specific component for a defined period of time and mileage.
<b>Purpose:</b>	To restore a customer's confidence in a component as a result of an unsatisfactory service experience.
<b>When to use:</b>	<ul style="list-style-type: none"> <li>➤ The customer has concerns regarding repeated failure(s) of a specific component</li> <li>➤ The customer has concerns about potential out of warranty expenses on a specific component</li> </ul>
<b>When NOT to use:</b>	<ul style="list-style-type: none"> <li>➤ For the "complete vehicle"</li> <li>➤ For a system ("electrical system")</li> <li>➤ The vehicle has a salvage or branded title</li> <li>➤ Wear and maintenance items (tires, brake pads, wiper blades, etc.)</li> <li>➤ In conjunction with other goodwill tools</li> </ul>
<b>Parameters of use:</b>	<ul style="list-style-type: none"> <li>➤ Can be written up to and not to exceed 84 months/100,000 miles from the original in-service date</li> <li>➤ NOT transferable to subsequent owners (except cold start knock)</li> <li>➤ For <u>Diesel Engines</u>, it can be written up to and not to exceed 84 months/150,000 miles from the original in-service date</li> <li>➤ For <u>Cold Start Knock</u>, it should be written for 72/100,000. If it falls w/in the parameters noted in TSB #01-06-01-022 or 01-06-01-028A a transferable component letter will be issued (only exception).</li> <li>➤ Electrical components MUST be specific (e.g. alternator, radio), NEVER the entire system</li> <li>➤ Should be offered while the vehicle is still within warranty</li> <li>➤ Match terms to the customer's ownership cycle</li> </ul>
<b>Examples:</b>	<ul style="list-style-type: none"> <li>➤ A catastrophic engine failure within the warranty period - customer is offered a 84/100,000 component letter</li> <li>➤ The second alternator failure within the warranty period - customer is offered a 72/75,000 component letter</li> </ul>
Time limit (months)	<b>84 MONTHS</b>
Mileage limit	<b>100,000</b>
Specified Component(s) (i.e. transmission) <b>STEERING + FRONT END -</b>	

1

## South Central Region Enhanced Dealership Empowerment Process

(Service Manager Template – revised 10/01/2005)

1. Please complete this template by either typing or legibly writing in all required information.
2. Please fax the completed template to 1-866-430-2718, or attach this document to an e-mail and e-mail it to AVM.TEAM@gmexpert.com
  - NOTE: It is NOT necessary to fax in all 12 pages of the template, only those that apply
3. Place the template in your VIN history file for future reference

Questions pertaining to the status of the processing can be directed to the AVM Team in Tampa @ 1-800-231-1841 prompt 2, prompt 2

AVM's Name & Phone	TED TITUS - 1-800-211-3611 MB 8239
Service Manager's Name & Phone	DOUG TEMPLETON 816-232-7704
Dealership Name & BAC	RANDY REED CHEVROLET 196979
Customer Name (Mr., Ms., Mrs., Last, First, MI)	[REDACTED]
Customer Complete Mailing Address	[REDACTED] Mo [REDACTED]
Daytime phone number	[REDACTED]
Evening phone number	[REDACTED]
FULL VIN	1G1ZT61826F [REDACTED]
Current Mileage	31,471
Short explanation as to why the goodwill tool was offered to the customer (Specific information appreciated)	CAR HAS BEEN IN FOR WARRANTY REPAIRS ON STEERING AND SUSPENSION 3 TIMES IN 31,000 MILES. CUSTOMER AFRAID THAT SHE WILL BE IN FOR REPEATED REPAIRS ON STEERING AND SUSPENSION - CASE # 71-58588\$400
If subsequent owner, indicate date & mileage at time of purchase	

January 21, 2011

[REDACTED]  
Saint Joseph, MO [REDACTED]

Service Request: 71-589239826

Customer Relationship Specialist: Kimberly Gammage

Dear [REDACTED]:

Chevrolet is pleased to provide service coverage for the steering and front suspension on your 2006 Chevrolet Malibu MAXX, Vehicle Identification Number 1G1ZT61826F[REDACTED]. This service coverage will commence upon the expiration of the applicable New Vehicle Limited Warranty and will continue until November 20, 2012, or 100,020 miles, whichever occurs first. Chevrolet will make repairs to correct defects related to materials or workmanship occurring during the coverage period specified above. The following item(s) are covered:

Steering – Gear housing and all internal parts; rack and pinion; power steering pump; intermediate steering shaft couplings; seals and gaskets.

Front Suspension – Upper mount and bearing; upper and lower control arms; springs; control arm shafts and bushings; upper and lower ball joints; steering knuckles; seals; stabilizer shaft; stabilizer bushings; and wheel bearings.

Chevrolet will not be responsible for conditions arising from tampering, abuse, physical damage, or improper maintenance. This coverage is not transferable to any other vehicle or subsequent owner of your vehicle. Please keep this letter with your Malibu MAXX. Should your vehicle require repairs within the coverage period, present this letter to the Service Manager of an authorized Chevrolet Dealership.

If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

---

ATTENTION: DEALERSHIP SERVICE MANAGER:  
Component Service Coverage: Steering / Front Suspension

Submit the claim with all the appropriate authorization codes and H route it to your Area Service Manager. Be sure to retain a copy of this letter in the customer's file and return the original to the customer.

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530



CHECK

No. [REDACTED]

50-937  
213DATE  
01/25/08

\*\*\*\*\*85 DOLLARS

\*\*\*\*00 CENTS

AMOUNT  
\*\*\*\*\*85.00PAY  
TO THE  
ORDER  
OF

TULSA OK [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREINFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)The Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

[REDACTED]

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/25/08

VENDOR  
DUNS NO. BB 000000106

1

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT52835F [REDACTED] 01/24/08 1  
71-589245688.1-9UDAT1

00.0000

85.00

.00

85.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

TOTAL

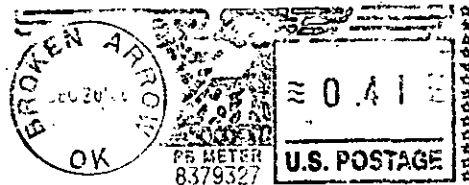
85.00

.00

85.00

Tulsa, OK

**TRUGREEN ChemLawn**



Reimbursement Dept.  
PO BOX 33170

DEC 26 2007

Detroit, MI 48232-5170

48232+5170



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12-18-0717-Digit Vehicle Identification Number (VIN): 161ZT52835FMileage at Time of Repair: 43719 Date of Repair: 10-06-07

Claimant Name (please print): \_\_\_\_\_

Street Address or PO Box Number: \_\_\_\_\_

City: Tulsa State: OK ZIP Code: \_\_\_\_\_

Daytime Telephone Number (include Area Code) \_\_\_\_\_

Evening Telephone Number (include Area Code) \_\_\_\_\_

Amount of Reimbursement Requested: \$ 85.00

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: \_\_\_\_\_

Please mail this claim form and the required documents to:

**Reimbursement Department**  
**P.O. Box 33170**  
**Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





484342

274844



\*INVOICE\*

2301 NORTH ASPEN AVE.  
BROKEN ARROW, OK 74012  
918-258-8000

TULSA, OK  
HOME

BUS:

PAGE 1

SERVICE ADVISOR: 2069 RUSSELL PEARSON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
	05	CHEVROLET MALIBU	1G1ZT52835F		43719/43719	
DEL DATE	PROD DATE	WARR EXP	PO NO	RATE	PAYMENT	INV DATE
05JAN05 DD		WAIT 06OCT07		85.00	CASH	06OCT07

R.O. OPENED

READY

OPTIONS: ENG:3.5\_Liter\_SFI

08:28 06OCT07 09:22 06OCT07

LINE OPCODE TECH TYPE HOURS

LIST

NET

TOTAL

A C/S POWER STEERING LIGHT IS COMING ON, WILL BEEP AS TIMES

CAUSE: POWER STEERING LIGHT ON

DIAG ONLY

266 CC

85.00

85.00

PARTS: 0.00 LABOR: 85.00 OTHER: 0.00 TOTAL LINE A: 85.00

43719 POWER STEERING LIGHT ON C/P 1.00 TECH 2 TEST CUSTOMER DECLINED

REPAIRS COLUMN

\*\*\*\*\*

\*\*\*THANK YOU FOR USING SPEEDWAY CHEVROLET\*\*\*

WE ARE VERY INTERESTED IN YOUR OPINION. YOU

MAY SOON RECEIVE A SURVEY FROM YOUR VEHICLES'

MANUFACTURER. IF YOU CANNOT ANSWER

"COMPLETELY SATISFIED"

TO ALL QUESTIONS, PLEASE CONTACT YOUR SERVICE

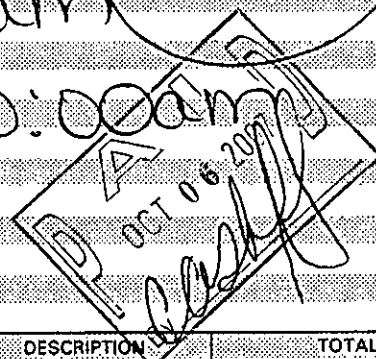
ADVISOR. AGAIN, THANK YOU FOR YOUR BUSINESS.

contact # 64 10:00am

955-4388, after 10:00am

437-0123

ORIGINAL



## DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those of the manufacturer. Dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and Dealer neither assumes nor authorizes any other person to assume for it any liability in connection with this sale.

## CUSTOMER ACKNOWLEDGES RECEIPT OF COPY HEREOF.

I HEREBY AGREE THAT YOU ARE NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SHIPMENTS BY THE SUPPLIER OR TRANSPORTER. I FURTHER AGREE THAT YOU ARE NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR TRUCKS OR PROPERTY LEFT IN CARS OR TRUCKS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on car or truck to secure the amount of repairs thereto. I further agree to pay the sum of \$3.00 per day for storage of the car or truck commencing five (5) days after receiving notice that the service requested or repair work has been completed. Storage fees shall be payable daily. I hereby expressly grant to Dealer a lien upon the car or truck herein described for payment of such storage costs and agree that Dealer may detain the same at any time such car or truck is lawfully in its possession until storage costs are paid. Such lien may be foreclosed in such manner as is provided for the foreclosure of mechanic's liens under the laws of the State of Oklahoma. The undersigned agrees to pay this account at the office of Dealer. I agree to pay reasonable attorney fees and court costs incurred by Dealer if this account is placed with an attorney for collection. LABOR AND PARTS GUARANTEED 12 MONTHS OR 12,000 MILES - WHICHEVER COMES FIRST.

READ BEFORE SIGNING X

DESCRIPTION	TOTALS
LABOR AMOUNT	85.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	85.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	85.00

CUSTOMER COPY

January 21, 2011

[REDACTED]  
Tulsa, OK [REDACTED]

Service Request: 71-589245688  
Customer Relationship Specialist: Jay Williams

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column assembly that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$85.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmilink.com](http://www.mygmilink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

**GM**

CHECK No. [REDACTED]

50-937  
213DATE  
01/08/08

\*\*\*\*\*100 DOLLARS

\*\*\*\*00 CENTS

AMOUNT  
\*\*\*\*\*100.00PAY  
TO THE  
ORDER  
OF

DOWNERS GROVE IL [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement AccountSIGNATURE  
The Chase Manhattan Bank, N.A.  
Syracuse, New YorkINFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

AUDIT

VENDOR  
DUNS NO. BB 000000378

1

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/08/08

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZS52F75F

01/07/08  
71-589306289VM 1-9R2PG4  
1-9R2PG4

00.0000

100.00

.00

100.00

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

100.00

.00

100.00

4933X

January 21, 2011

[REDACTED]  
[REDACTED]  
Downers Grove, IL [REDACTED]

Service Request: 71-589306289

Customer Relationship Specialist: Michael Winters

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the loss of power steering that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.00.

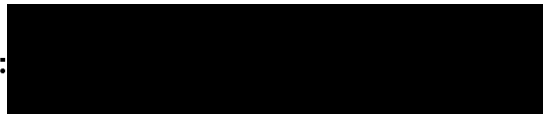
At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

FROM:

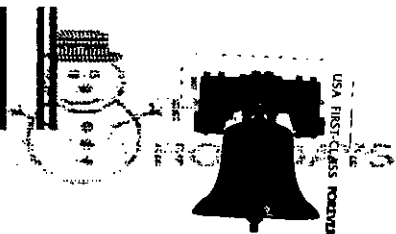


Downers Grove, IL



FOX VALLEY IL 605

13 DEC 2007 PM 3:1

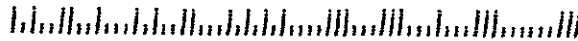


DEC 18 2007

Reimbursement Dept.  
P.O. Box 33170

Detroit, MI 48232 - 5170

4823235170 B050



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12/12/0717-Digit Vehicle Identification Number (VIN): 1G1ZS52F75F [REDACTED]Mileage at Time of Repair: 49736 Date of Repair: 11/20/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Downers Grove State: IL. ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 100.00

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



### **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



Saturday

3:00 a.m. - 7:00 p.m.

MISC. CHARGES

136931

442867

\*INVOICE\*

Bill Kay

CHEVROLET

601 Ogden Avenue  
Lisle, IL 60532  
(630) 968-2900

DOWNERS GROVE, IL

PAGE 2

HOME: [REDACTED] BUS: [REDACTED]

SERVICE ADVISOR: 1086 RICHARD D MORTON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BLUE	05	CHEVROLET MALIBU	1G1ZS52F75F [REDACTED]		49736/49736	T453	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
21SEP05 DD			19:00 19NOV07			CASH	20NOV07
R.O. OPENED		READY		OPTIONS: STK:P18424			

19NOV07

20NOV07

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

\*\*\*OUR GOAL IS YOUR COMPLETE SATISFACTION\*\*\*  
 YOU WILL BE RECEIVING A SURVEY FROM GENERAL  
 MOTORS. IF FOR ANY REASON YOU CANNOT RETURN  
 THE SURVEY COMPLETELY SATISFIED PLEASE  
 CONTACT GEORGE WRONOWSKI OR MARK BOWLING AT  
 630-968-2900\*\*\*

RM E H O W D JR  
 LEVARD C CRY  
 5728 S WALNUT AV W  
 DOWNERS GROVE, IL 60516  
 HOME: 630 699-6727 BUS: 630 699-6727

CHEVROLET

RACER

21SEP05

LINE OPCODE

NOV 21 2007

BY: [Signature]  
 ACC BY: [Signature]

100.00

## CUSTOMER PAY DEDUCTIBLE FOR REPAIR ORDER

## Extended Hours:

Monday-Thursday  
7:00 a.m. - 7:00 p.m.Friday  
7:00 a.m. - 7:00 p.m.Saturday  
8:00 a.m. - 1:00 p.m.T  
H  
A  
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!

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	100.00
TOTAL CHARGES	100.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	100.00



CUSTOMER COPY



1. *Staphylococcus aureus*

2. *Streptococcus pyogenes*

3. *Streptococcus pneumoniae*

4. *Streptococcus lactis*

5. *Streptococcus faecalis*

6. *Streptococcus thermophilus*

7. *Streptococcus salivarius*

8. *Streptococcus viridans*

9. *Streptococcus mitis*

10. *Streptococcus sanguis*

11. *Streptococcus faecalis*

12. *Streptococcus lactis*

13. *Streptococcus thermophilus*

14. *Streptococcus salivarius*

15. *Streptococcus viridans*

16. *Streptococcus mitis*

17. *Streptococcus sanguis*

18. *Streptococcus faecalis*

19. *Streptococcus lactis*

20. *Streptococcus thermophilus*

21. *Streptococcus salivarius*

22. *Streptococcus viridans*

23. *Streptococcus mitis*

24. *Streptococcus sanguis*

25. *Streptococcus faecalis*

26. *Streptococcus lactis*

27. *Streptococcus thermophilus*

28. *Streptococcus salivarius*

29. *Streptococcus viridans*

30. *Streptococcus mitis*



136931

4 4 2 8 6 7

\*INVOICE\*



601 Ogden Avenue  
 Lisle, IL 60532  
 (630) 968-2900

DOWNERS GROVE, IL

HOME BUS:

PAGE 1

SERVICE ADVISOR: 1086 RICHARD D MORTON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BLUE	05	CHEVROLET MALIBU	1G1ZS52F75F		49736/49736		
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
21SEP05 DD			19:00 19NOV07			CASH	20NOV07
R.O. OPENED		READY	OPTIONS: STK:P18424				
19NOV07		20NOV07					

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

A RENTAL IS NEEDED

CAUSE: 1 DAY RENTAL

Z7901 1-DAY COURTESY TRANSPORTATION 1994 MODEL  
 VEHICLE

1047 WGMP

FC: 98 PART#: COUNT: 0

CLAIM TYPE:

AUTH CODE:

MK

(N/C)

B CUSTOMER STATES POWER STEERING IS INOP  
 CAUSE: REPLACED STEERING COLUMN

E7680 COLUMN ASSEMBLY, STEERING - REPLACE

1047-WGMP

1 15926870 COLUMN

FC: 98 PART#: 15926870

COUNT: 1

CLAIM TYPE:

AUTH CODE:

(N/C)

(N/C)

LINE OPCODE TECH TYPE HOURS

A RENTAL IS NEEDED

CAUSE: 1 DAY RENTAL

C BILL KAY SAFETY INSPECTION

BKSI BILL KAY SAFETY INSPECTION

999 IS

FC: 98 PART#: 999

COUNT: 1

CLAIM TYPE:

AUTH CODE:

(N/C)

## Extended Hours:

Monday-Thursday  
 7:00 a.m. - 7:00 p.m.

Friday

CAUSE: 1 DAY RENTAL

E7680 COLUMN ASSEMBLY, STEERING  
 8:00 a.m. - 1:00 p.m. 1047 WGMP

1 15926870 COLUMN

THANK YOU!

## STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

## DESCRIPTION

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

CUSTOMER COPY

AUTH CODE:

BILL KAY CHEVROLET  
601 OGDEN AVE  
LISLE, IL 60532

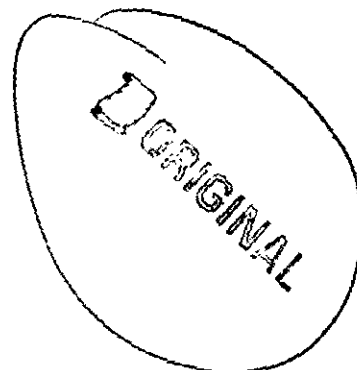
DATE: 11/21/07 TIME: 11:26  
MEM#: 100200170000 TERM: 0031  
S-A-L-E-S D-B-A-F-T

REF: 0013 BCH: 304  
CD TYPE: MC  
TR TYPE: PR  
AMOUNT: \$100.00

POCT: [REDACTED] EXP: XXXX  
AP: 012652

CARDMEMBER ACKNOWLEDGES RECEIPT OF  
GOODS AND/OR SERVICES IN THE AMOUNT OF  
THE TOTAL SHOWN HEREIN AND AGREES TO  
PERFORM THE OBLIGATIONS SET FORTH BY THE  
CARDMEMBER'S AGREEMENT WITH THE ISSUER

[REDACTED]  
TOP COPY-DEALER BOTTOM COPY-CUSTOMER



**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

January 13, 2011

[REDACTED]

Bellflower, CA [REDACTED]

Service Request: 71-585259490

Customer Relationship Specialist: Joey Bravo

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering motor that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

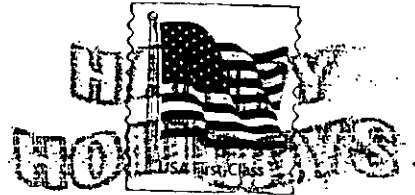
Belthower CA

DEC 24 2007

DEC 24 2007

LONG BEACH CA 908

19 DEC 2007 PM 6 T



Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

4823235170



**CUSTOMER REIMBURSEMENT CLAIM FORM**

This section to be completed by Claimant

Date Claim Submitted: 12-18-0717-Digit Vehicle Identification Number (VIN): 1G1Z552F45F [REDACTED]Mileage at Time of Repair: 45,003 Date of Repair: 8-28-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Bellflower State: CA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 638.44

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



### **CUSTOMER REIMBURSEMENT PROCEDURE**

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





# GEORGE CHEVROLET

17000 SOUTH LAKEWOOD BOULEVARD  
BELLFLOWER, CALIFORNIA 90706



Goodwrench  
Service

(562) 925-2500

www.georgechevy.com



DEALER # 20-178

ORIGINAL

CELL: [REDACTED]

CUSTOMER NO. <b>17245</b>	ADVISOR <b>JOSE ALDANA</b>	468	TAG NO. <b>G153</b>	INVOICE DATE <b>08/28/07</b>	INVOICE NO. <b>CVCS107376</b>
<b>BELLFLOWER, CA</b>	LABOR RATE		MILEAGE <b>45,003</b>	COLOR <b>GALAXY SILV</b>	STOCK NO.
	YEAR / MAKE / MODEL <b>05/CHEVROLET/MALIBU/MALIBU 4D LS</b>			DELIVERY DATE <b>02/01/05</b>	DELIVERY MILES <b>10</b>
	VEHICLE I.D. NO. <b>1 G 1 Z S 5 2 F 4 5 F</b>			SELLING DEALER NO. <b>CLASSIC</b>	PRODUCTION DATE
	F.T.E. NO.			P.O. NO.	R.O. DATE <b>08/27/07</b>
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS			
					MO: 45007

LABOR & PARTS  
J# 1 12CVZ1STRNGC/A STEERING CHK & ADV TECH(S):398 257.04  
CHECK AND ADVISE CUSTOMER REPORTS STEERING LOCKED APPEARS  
ON THE MESSAGE CENTER  
INTERNAL FAILURE OF POWER STEERING MOTOR  
- DIAGNOSTIC TROUBLE CODE C0545  
SCAN TEST, REPLACE FAILED POWER STEERING MOTOR  
CLEAR CODES AND ROAD TEST TO VERIFY REPAIR

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	15775370	MOTOR 6.605	352.33
JOB # 1 TOTAL PARTS				352.33
JOB # 1 TOTAL LABOR & PARTS				609.37

ESTIMATE  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$85.00 (+TAX)  
APPROVED REVISED ESTIMATE (# 1) OF \$640.00 (+TAX) ON 08/28/07-AT 10:50am  
BY FRANCISCO LOZANO COMMENTS OK REPAIRS OVER PHONE  
TOTALS

TOTAL LABOR	257.04
TOTAL PARTS	352.33
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	29.07

TOTAL INVOICE \$ 638.44

V CUSTOMER SIGNATURE  
\*\*\*\*\*

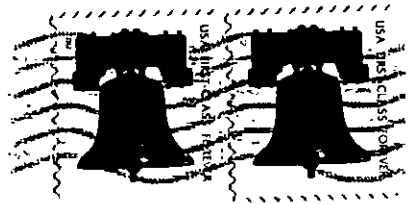
DUPLICATE INVOICE \*\*\*\*\*

Thank You Paid

Holly Springs, Ms.

MEMPHIS TN 381

18 DEC 2007 PM 4:11



DEC 21 2007

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

48232+3170



Services Request — 71-585-259539

07126

### CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: December 17 2007

17-Digit Vehicle Identification Number (VIN): 1G1ZS52F65F

Mileage at Time of Repair: 43,168 Date of Repair: 7-13-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Holly Springs State: MS. ZIP Code [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 808.76

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



# JIMMY GRAY

## CHEVROLET

181 GOODMAN ROAD  
SOUTHAVEN, MS 38671

(662) 349-8808

VISIT US AT: [www.jimmygraychevy.com](http://www.jimmygraychevy.com)

CUSTOMER NO <b>37053</b>	ADVISOR <b>STEVE</b>	224	TAG NO <b>293</b>	INVOICE DATE <b>07/16/07</b>	INVOICE NO <b>CVCS157085</b>
<b>HOLLY SPRINGS, MS</b>	LABOR RATE	LICENSE NO	MILEAGE <b>43,168</b>	COLOR <b>WHITE/</b>	STOCK NO.
	YEAR / MAKE / MODEL <b>05/CHEVROLET/MALIBU/4 DOOR SEDAN</b>				DELIVERY DATE
	VEHICLE ID NO. <b>1G1ZS52F65F</b>				DELIVERY MILES
	P.T.E. NO.				SELLING DEALER NO.
BUSINESS PHONE			P.O. NO.	<b>07/13/07</b>	PRODUCTION DATE
COMMENTS					

### TOTALS

#### \*\*\*\*\*IMPORTANT MESSAGE\*\*\*\*\*

THANK YOU FOR YOUR BUSINESS AT JIMMY GRAY CHEVROLET. YOU MAY RECEIVE A SURVEY FROM THE MANUFACTURE ON YOUR RECENT SERVICE VISIT IN THE NEAR FUTURE. IF FOR ANY REASON YOU CANNOT GRADE OUR PERFORMANCE COMPLETELY SATISFIED, PLEASE CONTACT OUR SERVICE MANAGER, DOUGLAS E. CASSEY.

CUSTOMER SIGNATURE

TOTAL LABOR.... 263.50  
TOTAL PARTS.... 492.35  
TOTAL SUBLET... 0.00  
TOTAL G.O.G.... 0.00  
TOTAL MISC CHG. 0.00  
TOTAL MISC DISC 0.00  
TOTAL TAX..... 52.91

**TOTAL INVOICE \$ 808.76**

#### DISCLAIMER OF WARRANTIES

THE SELLER, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

#### Environmental Compliance Charge

Maintaining and repairing your car inevitably involves the use of chemicals and generation of wastes (solvents, oils, caustics, lead, asbestos, etc.) that must be stored, managed and disposed of in strict compliance with federal, state and local environmental regulations. We support these regulations and also believe our customers do, too because they help ensure a safer, healthier environment for everyone. Complying with these regulations increases the cost of service. Ordinarily, increased costs simply result in an increased hourly labor charge. This dealership has decided in lieu of raising its labor rate, to list a compliance charge on appropriate service bills because we believe our customers would be interested to know that they are helping to pay for a cleaner environment.

**PAID**

**JUL 16 2007**

JIMMY GRAY CHEVROLET, INC

*Check 396*  
**PAID \$403.88**

**Service Hours:**  
**MONDAY - FRIDAY**  
**7:00 A.M. to 6:00 P.M.**



**Genuine Chevrolet**

# JIMMY GRAY

## CHEVROLET

181 GOODMAN ROAD

SOUTHAVEN, MS 38671

(662) 349-8808

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Copy



CUSTOMER NO. <b>37053</b>	ADVISOR <b>STEVE</b>	TAG NO. <b>224</b>	INVOICE DATE <b>07/16/07</b>	INVOICE NO. <b>CVCS157085</b>
HOLLY SPRINGS, MS	LABOR RATE	LICENSE NO.	MCLEAGE <b>43,168</b>	COLOR <b>WHITE/</b>
	YEAR / MAKE / MODEL <b>05/CHEVROLET/MALIBU/4 DOOR SEDAN</b>			STOCK NO.
	VEHICLE ID. NO. <b>1G1ZS52F65F</b>			DELIVERY DATE
	R.P.E. NO.			DELIVERY MILES
BUSINESS PHONE		COMMENTS	SELLING DEALER NO.	PRODUCTION DATE
			<b>07/13/07</b>	

### JOB# 1 CHARGES

LABOR.....  
J# 1 51CVZ05 HEADLIGHTS TECH(S):338 64.00  
CHECK BOTH HEADLAMPS R/SIDE GETTING HOT AT CORNER  
TURNING INSIDE LENS BROWN  
CHECK & REPLACE R/FRT HEADLAMP ASY--CONNECTOR SHORTED  
ON INSIDE

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
	1	15851372	HEADLAMP 2.725	220.00	
				TOTAL - PARTS	220.00

### JOB# 1 TOTALS

LABOR 64.00  
PARTS 220.00

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 284.00

### JOB# 2 CHARGES

LABOR.....  
J# 2 45CVZ STEERING/SUSPENSION TECH(S):338 199.50  
CHECK RATTILING CLICKING WHEN TURNING STEERING WHEEL  
CHECK & REPLACE STEERING GEAR ASY  
E

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
	1	15858368	GEAR 6.508	372.35	
	-1	15858368	CORE-RETURN	100.00	
				TOTAL - PARTS	272.35

### JOB# 2 TOTALS

LABOR 199.50  
PARTS 272.35

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 471.85

COMMENTS.....  
AUTH#07071300431  
CONTRACT#AUN27128  
FAX TO 817-785-6700  
EXT WARRANTY TO PAY \$404.88  
CUST TO PAY DIFFERENCE  
CUST TO PAY 403.88

### DISCLAIMER OF WARRANTIES

THE SELLER, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

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Maintaining and repairing your car inevitably involves the use of chemicals and generation of wastes (solvents, oils, caustics, lead, asbestos, etc.) that must be stored, managed and disposed of in strict compliance with federal, state and local environmental regulations. We support these regulations and also believe our customers do, too because they help ensure a safer, healthier environment for everyone. Complying with these regulations increases the cost of service. Ordinarily, increased costs simply result in an increased hourly labor charge. This dealership has decided in lieu of raising its labor rate, to list a compliance charge on appropriate service bills because we believe our customers would be interested to know that they are helping to pay for a cleaner environment.

### Service Hours:

MONDAY - FRIDAY

7:00 A.M. to 6:00 P.M.



Genuine Chevrolet



BANK USE ONLY  
118 3 3 5411

P O BOX 937  
GAINESVILLE GA 30503

ACCOUNT NUMBER  
[REDACTED]

CLOSING DATE  
08/06/2007



HOLLY SPRINGS MS [REDACTED]

PAGE 2 OF 2

394  
08-06-07  
Brittany Inezal Home \$163.84  
One hundred sixty-three and 84/100  
ALMON PLANTERS BANK  
[REDACTED]

No. 394

\$163.84

395  
08-06-07  
\$100.00  
ALMON PLANTERS BANK  
[REDACTED]

No. 395

\$100.00

396  
08-06-07  
\$403.88  
ALMON PLANTERS BANK  
[REDACTED]

No. 396

\$403.88

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

**GM**CHECK **No.** [REDACTED]50-837  
213DATE  
01/22/08

\*\*\*\*\*502 DOLLARS

\*\*\*\*72 CENTS

AMOUNT  
\*\*\*\*\*502.72PAY  
TO THE  
ORDER  
OF

HOLLY SPRINGS MS [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/22/08

VENDOR  
DUNS NO BB 000000339

1

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
161ZS52F65F [REDACTED]	01/21/08 71-585259	VM 1-9TVA2C 539.1-9TVA2C	00.0000	502.72	.00	502.72

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

**TOTAL**

502.72

.00

502.72

January 13, 2011

[REDACTED]  
[REDACTED]  
Holly Springs, MS [REDACTED]

Service Request: 71-585259539

Customer Relationship Specialist: Emily Perkins

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering function that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$502.72.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

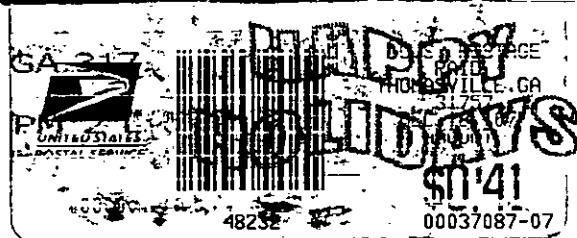




Thomasville, GA

ALBANY GA 317

18 DEC 2007



INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

Reimbursement

Dept.

DEC 20 2007

PO Box 33170

48232-5170

Detroit, MI

48232+5170 BO50



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-19-07

17-Digit Vehicle Identification Number (VIN): 1G1ZS52F45F

Mileage at Time of Repair: 50,435 Date of Repair: 11-8-06

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Thomasville State: GA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): Same

Amount of Reimbursement Requested: \$ 100.00

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:

1-800-204-0261



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-19-07

17-Digit Vehicle Identification Number (VIN): 1G1Z552F45F [REDACTED]

Mileage at Time of Repair: 44,051 Date of Repair: 8-22-06

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Thomasville State: GA. ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): Same

Amount of Reimbursement Requested: \$180.00

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).



**SERVICE DEPARTMENT HOURS:**

**MONDAY thru FRIDAY:**

**7 AM TO 9 PM**

**MECHANICS ON DUTY**

**MONDAY thru FRIDAY:**

**7 AM TO 9 PM**



*HOME OF THE BEST "DOQ-GONE" DEALS!*

**700 East Granville Road**

**P.O. Box 719**

**WORTHINGTON, OHIO 43085**

**Phone: (614) 848-0335 (614) 885-5301**

**Fax: (614) 885-3522**

CUSTOMER NO. <b>58707</b>	ADVISOR <b>ROLLY HEYDER</b>	352	TAG NO. <b>4608</b>	INVOICE DATE <b>11/08/06</b>	INVOICE NO. <b>CVCS30547</b>
<b>CENTERBURG, OH</b>	LABOR RATE	LICENSE NO.	MILEAGE <b>50,435</b>	COLOR <b>TAN/</b>	STOCK NO.
	YEAR / MAKE / MODEL <b>05/CHEVROLET/MALIBU/4 DOOR SEDAN</b>			DELIVERY DATE	DELIVERY MILES
	VEHICLE I.D. NO. <b>1G1ZS52F45F</b>			SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.			P.O. NO.	R.O. DATE <b>11/08/06</b>
COMMENTS					

LABOR & PARTS  
J# 1 45CVZ01 STEERING CONCERN HOURS: 1.10 TECH(S):164 82.50

CUSTOMER STATES THERE IS A POP NOISE FELT IN STEERING WHEEL  
WHEN TURNING  
CHECK OUT, REPLACED INTERMEDIATE STEERING SHAFT

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	22687711	SHAFT KIT 6.526	164.97	164.97
				JOB # 1 TOTAL PARTS	164.97
				JOB # 1 TOTAL LABOR & PARTS	247.47

COMMENTS  
FIDELITY EXT WARR AUTH #63120211A  
BILLING FOR \$147.47  
FAX FOR PAYMENT (954) 420-4607  
COLLECT \$100. DEDUCT FROM CUSTOMER

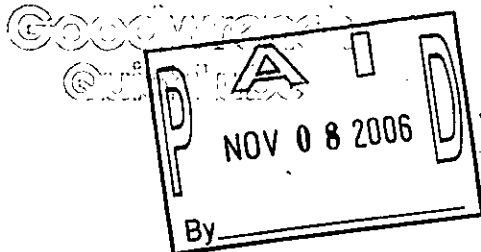
TOTALS

TOTAL LABOR....	82.50
TOTAL PARTS....	164.97
TOTAL SUBLET....	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	0.00
<b>TOTAL INVOICE \$</b>	<b>247.47</b>

THIS DEALERSHIP WARRANTS ALL FACTORY PARTS & LABOR PERFORMED IN CONJUNCTION WITH THIS REPAIR FOR TWELVE (12) MONTHS OR TWELVE THOUSAND (12,000) MILES, WHICHEVER COMES FIRST. IF ANY FACTORY PART OR LABOR FAILS IN NORMAL SERVICE WITHIN THAT PERIOD, THE DEALERSHIP WILL REPLACE THE DEFECTIVE PARTS OR REPAIR ANY DEFECT IN WORKMANSHIP. ANY WARRANTY ON PARTS OR ACCESSORIES WHICH ARE NOT NEW FACTORY PARTS ARE MADE SOLELY BY THE MANUFACTURER OR SUPPLIER OF SUCH PARTS. THIS DEALERSHIP DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, & NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PARTS & ACCESSORIES. THIS DEALERSHIP SHALL NOT BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES OR COMMERCIAL LOSS ARISING OUT OF PURCHASE.

SEE ADDITIONAL WARRANTY INFORMATION ON THE BACK OF THIS FORM.

X  
CUSTOMER'S SIGNATURE



\$100.00

ORIGINAL

**IMPORTANT**

You will receive a survey from Chevrolet Motor Division. Your complete satisfaction is our goal. If for any reason you cannot mark completely satisfied, please contact us immediately before mailing the survey.

Thank You,  
**Jack Maxton**  
**Chevrolet**



# GERMAIN CHEVROLET

3101 Morse Rd.  
COLUMBUS, OHIO 43231  
866-802-5085  
614-471-8282  
www.germainchevrolet.com

**PARTS HOURS**  
8:00 A.M. TO 6:00 P.M.  
MONDAY-FRIDAY  
8:00 A.M. TO 4:00 P.M.  
SATURDAY  
**SERVICE HOURS**  
7:00 A.M. TO 6:00 P.M.  
MONDAY-FRIDAY  
8:00 A.M. TO 4:00 P.M.  
SATURDAY  
**BODY SHOP HOURS**  
8:00 A.M. TO 6:00 P.M.  
MONDAY-FRIDAY

CUSTOMER No.	92474	ADVISOR	ANTHONY BARCO	4118	INVOICE DATE	08/22/06	INVOICE No.	CVCS403004	
		LABOR RATE		LICENSE No.		COLOR	33U LT DRIF	STOCK No.	NC170441
				MILEAGE	44,051	DELIVERY DATE	11/27/04	DELIVERY MILES	45
		YEAR / MAKE / MODEL	05/CHEVROLET/MALIBU/4DR			SELLING DEALER NO.	09502	PRODUCTION DATE	
		VEHICLE I.D. No.	1 G 1 Z S 5 2 F 4 5 F			R.O. DATE	08/17/06	REPRINT#	2
		F.T.E. No.							
		P.O. No.							
COMMENTS					MO: 44051				

JOB # 4 TOTAL LABOR & PARTS 0.00

J# 5+05CVZ DIAGNOSIS / BRAKES TECH(S):95743 160.00

CUSTOMER STATE THAT BRAKE IS NOISE  
OGI  
FOUND FRONT PADS WERE AT 3MM  
REPLACE NEW BRAKE PADS AND MACHINE BOTH ROTOR  
NOW OK

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE
JOB # 5	1		22731037	PAD KIT 5.017	69.99

JOB # 5 TOTAL PARTS 69.99

JOB # 5 TOTAL LABOR & PARTS 229.99

J# 6+04CVZALGNFWD 4-WHL ALIGN. \$79.95 TECH(S):95743 80.00

CUSTOMER STATES:  
REQUEST 4 WHEEL ALIGNMENT AFTER STEERING GEAR REPLACED  
TECHNICIAN DIAGNOSIS:  
AFTER REPLACING STEERING GEAR VEHICLE IN NEED OF ALIGNMENT  
COMPUTER ALIGN 4 WHEELS TO FACTORY SPECIFICATIONS

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE
					0.00

JOB # 6 TOTAL LABOR & PARTS 80.00

G.O.G. & SUPPLIES	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE
JOB # 3	1.0	5.0	QTS GOODWRENCH OIL	@ 6.90 /UNIT	6.90
TOTAL - GOG					6.90

MISC	CODE	DESCRIPTION	CONTROL NO.
JOB # 1	WARR/DED	WARRANTY DED.	403004
TOTAL - MISC			100.00

ESTIMATE  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$951.00 (+TAX)

COMMENTS  
DROP OFF  
CUSTOMERS EXTENDED WARRANTY IS PAYING \$334.35  
CUSTOMER IS RESPONSIBLE FOR REMAINDER OF BILL WHICH INCLUDES \$100.0  
DEDUCTIBLE  
CUST IS TO PAY \$616.63  
CUST WAS PLACED IN VEHICLE FREE OF CHARGE AS A GIFT FROM GERMAIN  
CHEVROLET  
EXTENDED WARRANTY DECLINED ALIGNMENT AT THIS TIME

RECOMMENDATIONS  
CUSOTMERS EXTENDED WARRANTY DECLINES ALIGNMENT AT THIS TIME

ORIGINAL

*Thank You*  
**WE APPRECIATE YOUR  
CONFIDENCE IN OUR  
DEALERSHIP.**

( ) Cash  
( ) Check # \_\_\_\_\_  
( ) Credit Card  
(type) \_\_\_\_\_  
( ) Charge

CASHIER



# GERMAIN CHEVROLET

3101 Morse Rd.  
COLUMBUS, OHIO 43231  
866-802-5085  
614-471-8282  
www.germainchevrolet.com

**PARTS HOURS**  
8:00 A.M. TO 6:00 P.M.  
MONDAY-FRIDAY  
8:00 A.M. TO 4:00 P.M.  
SATURDAY  
**SERVICE HOURS**  
7:00 A.M. TO 6:00 P.M.  
MONDAY-FRIDAY  
8:00 A.M. TO 4:00 P.M.  
SATURDAY  
**BODY SHOP HOURS**  
8:00 A.M. TO 6:00 P.M.  
MONDAY-FRIDAY

CUSTOMER No.	92474	ADVISOR	ANTHONY BARCO	4118	INVOICE DATE	08/22/06	INVOICE No.	CVCS403004	
		LABOR RATE		LICENSE No.		COLOR	33U LT DRIF	STOCK No.	NC170441
				MILEAGE	44,051	DELIVERY DATE	11/27/04	DELIVERY MILES	45
		YEAR / MAKE / MODEL	05/CHEVROLET/MALIBU/4DR			SELLING DEALER NO.	09502	PRODUCTION DATE	
		VEHICLE I.D. No.	1 G 1 Z S 5 2 F 4 5 F			R.O. DATE	08/17/06	REPRINT#	2
		F.T.E. No.		P.O. No.					
		COMMENTS							

MO: 44051

LABOR & PARTS  
J# 1 04CVZ DIAG SUSPEN/STEERING TECH(S):95743 144.00  
CUSTOMER STATES WHEN TURNING STEERING WHEEL THERE IS A  
GRINDING NOISE PLEASE CHECK AND ADVISE LEFT WHEEL MAKES A  
POPING NOISE SOMETIMES  
FOUND STEERING GEAG WAS BINDING  
OGI  
REPLACED STEERING GEAR ALL OK NOW  
AFTER REPAIRS VEHICLE IN NEED OF ALIGNMENT  
CUSTOMER DECLINES AT THIS TIME

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	15858368	GEAR 6.508	385.97
JOB # 1	-1	15858368	CORE RETURN	100.00
JOB # 1 TOTAL PARTS				285.97
JOB # 1 TOTAL LABOR & PARTS				429.97

J# 2 06CVZ DIAG ELECTRICAL/SYS TECH(S):95743 24.00  
CUSTOMER STATES PASSENGER BRAKES LIGHT IS OUT PLEASE CHECK  
AND ADVISE  
FOUND BRAKE LIGH BULB IS BRUN OUT  
OGI  
REPLACE NEW BULB

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2	1	9441839	BULB LP 8.991	3.99
JOB # 2 TOTAL PARTS				3.99
JOB # 2 TOTAL LABOR & PARTS				27.99

J# 3 12CVZ SILVER OIL CHANGE TECH(S):95743 10.00  
SILVER OIL SERVICE  
CHANGE ENGINE OIL UP TO 5.0 QUARTS OF OIL  
CHANGE ENGINE OIL FILTER  
MULTI-POINT INSPECTION  
\$24.95 PLUS TAX AND SUPPLIES  
MAINTENANCE  
COMPLETED

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 3	1	12579143	FILTER 1.836	5.99
JOB # 3 TOTAL PARTS				5.99
JOB # 3 TOTAL LABOR & PARTS				15.99

J# 4 16CVZ01 FREE COURTESY INSP. TECH(S):95743 0.00  
FREE COURTESY INSPECTION PERFORMED AS PER CUSTOMER APPROVAL  
TREAD AT 6 32NDS  
BRAKES NEW ON FRONT REAR AT 6 MM

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 4 TOTAL PARTS				0.00

\$100.  
Ded.

ORIGINAL

Thank You  
WE APPRECIATE YOUR  
CONFIDENCE IN OUR  
DEALERSHIP.

( ) Cash  
( ) Check # \_\_\_\_\_  
( ) Credit Card  
(type) \_\_\_\_\_  
( ) Charge

ORIGINAL

DATE 260000025398 TIME  
08/22/06 8201 002 14:39:15

260000025398  
GERMAIN CHEVROLET  
3101 MORSE RD.  
COLUMBUS, OH 43231

CREDIT SALE

BATCH # 841  
TRANS # 009  
AUTH # 04222B  
VISA ACCOUNT # [REDACTED] EXP DATE

SALE AMOUNT \$616.53

I AGREE TO PAY THE ABOVE AMOUNT  
ACCORDING TO CARD ISSUER  
AGREEMENT

CUSTOMER COPY

249160190990  
JACK MAXTON CHEVROLET  
700 E DUBLIN GRANVILLE R  
NORTHINGTON, OH 43085  
6148855301

Merchant ID: 060249160190990  
Term ID: 00998478

Sale

VISA

3197

Entry Method: Swiped

Apprvd: Online Batch#: 000814

11/08/06 10:28:30

Invoice #: 000007

Appr Code: 00842B

Total: \$ 100.00

Customer Copy

THANK YOU



January 13, 2011

[REDACTED]  
[REDACTED]  
Thomasville, GA [REDACTED]

Service Request: 71-585319167  
Customer Relationship Specialist: Sam Curtis

Dear [REDACTED]

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on power steering that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 13, 2011

[REDACTED]  
Hodgdon, ME [REDACTED]

Service Request: 71-585380504  
Customer Relationship Specialist: Gavin Sanders

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the power steering assist that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$100.60.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

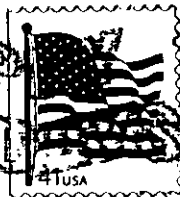


Hodgdon, ME

EASTERN MAINE 044

18 DEC 2007 PM 2 L

HAPPY  
HOLIDAYS



DEC 21 2007

REIMBURSEMENT DEPARTMENT

P.O. Box 33170

Detroit MI.

48232-5170

48232+5170



# CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-18-2007

17-Digit Vehicle Identification Number (VIN): 191ZT54805F [REDACTED]

Mileage at Time of Repair: 39149 Date of Repair: 11-20-2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: PARMA St: HODGSON ME [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): same

Amount of Reimbursement Requested: \$ 100.60 *excl. tax* \$655.08

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired.
  - What problem occurred, what repair was done, when it was done, and who did it.
  - The total cost of the repair expense that is being claimed.
  - Payment for the repair in question and the date of payment.
- (copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature: [REDACTED]

Please mail this claim form and the required documents to:

Reimbursement Department  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



## CUSTOMER REIMBURSEMENT PROCEDURE

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

---

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





**PALM**  
**CHEVROLET**

MV# 15062

**PALM** **KIA**

MV# 46503

2300 Southwest College Rd. Ocala, Florida 34474  
Phone # 352-671-2650

**COPY**

CUSTOMER NO. <b>81768</b>	JOSE PEREZ	1347	TAG NO. 2946	03/15/07	INVOICE# 398399
HODGDON, ME	LABOR RATE	LICENSE NO.	MILEAGE 39,149	COLOR	STOCK NO.
	05/CHEVROLET/MALIBU/4 DOOR SEDAN				DELIVERY DATE
	VEHICLE I.D. NO. Z T 5 4 8 0 5 F				DELIVERY MILES
	F.T.E. NO.	P.O. NO.	03/15/07	REPRINT# 1	MO: 39149
BUSINESS PHONE		COMMENTS			

**JOB# 1 CHARGES**

LABOR  
J# 1 45CVZ01 STEERING CONCERN TECH(S):1429 266.99  
CUSTOMER STATES "POWER STEERING" MESSAGE COMES ON AND  
STEERING IS VERY HARD LIKE IF IT WANTS TO LOCK UP.  
THIS HAPPENS INTERMITTANLY. PLEASE CHECK AND ADVISE!!  
C0545 PRESENT, DIAG AND REPLACED STEERING COLUMN  
CLEARED CODE AND RECHECKED OK

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE
	1	15926870	COLUMN 6.518	359.00
TOTAL - PARTS				359.00

JOB# 1 TOTALS  
LABOR 266.99  
PARTS 359.00

JOB# 1 JOURNAL PREFIX CVCP JOB# 1 TOTAL 625.99

**JOB# 2 CHARGES**

LABOR  
J# 2 02CVZ01 COURTESY INSPECTION TECH(S):1429 0.00  
CUSTOMER REQUESTED FREE COURTESY INSPECTION

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX CVCP JOB# 2 TOTAL 0.00

**JOB# 3 CHARGES**

LABOR  
J# 3 02CVZ06 DECLINED NITRO TECH(S):1429 0.00  
CUSTOMER DECLINED NITROFILL TIRE SERVICE

JOB# 3 TOTALS

JOB# 3 JOURNAL PREFIX CVCP JOB# 3 TOTAL 0.00

MISC	CODE	DESCRIPTION	CONTROL NO
JOB # A	PARTSHAN	PARTS HANDLING CHARGE	
JOB # A	CSS	SHOP SUPPLIES	
TOTAL - MISC			29.09

ESTIMATE  
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$700.00 (+TAX)

COMMENTS  
WAITER  
TAX ID# 58-8012445475-9  
AUTHORIZED AMOUNT- \$554.48  
FAX# 913-664-4150  
AUTH# C000612178

**SHOP SUPPLIES AND HAZARDOUS  
WASTE DISPOSAL CHARGES**

This charge represents costs and profits to the motor vehicle repair facility for items such as miscellaneous shop supplies and/or waste disposal. [s. 559.904(4)]

SUPPLIES: 10% of the parts and labor charge is included for supplies used on your vehicle. Such items as tape, pins, aerosprays, solvents, rags, towels, solder, wire, sealer, and etc., are covered by this charge.

The State of Florida required a \$1.00 fee to be collected for each new tire sold in the state [s. 403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s. 403.7185].

**ALL PARTS NEW UNLESS  
OTHERWISE SPECIFIED**

**12 MONTHS/12,000 MILES  
WARRANTY ON ALL  
PARTS AND LABOR  
UNLESS OTHERWISE SPECIFIED.**

**DISCLAIMER OF WARRANTIES**

LIMITED WARRANTY: THE ONLY WARRANTIES APPLYING TO THE PART(S) PURCHASED OR INSTALLED IN ACCORDANCE WITH THIS ESTIMATE ARE THOSE THAT MAY BE OFFERED BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED INCLUDING ANY IMPLIED WARRANTY OF MERCHANT ABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PRODUCTS OR SERVICE SOLD UNDER THE TERMS OF THIS ESTIMATE. PARTS AND LABOR ARE GUARANTEED AS PER THE INDIVIDUAL MANUFACTURER'S POLICY. SELLER DOES NOT GUARANTEE THAT THE WORK PERFORMED IN ACCORDANCE WITH THIS ESTIMATE WILL CORRECT ANY PROBLEM SPECIFIED ON THE DESCRIPTION OF THE COMPLAINT. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF.

Goodwrench  
Quick Lube  
Plus

PALM CHEVROLET

MV# 15062

PALM KIA

MV# 46503

2300 Southwest College Rd. Ocala, Florida 34474  
Phone # 352-671-2650

COPY

CUSTOMER NO. 81768	JOSE PEREZ	1347	2946	03/15/07	MO: 39149
HODGDON, ME	LABOR RATE	LICENSE NO.	LICENSE 39,149	STOCK NO.	
	05/CHEVROLET/MALIBU/4 DOOR SEDAN			DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. NO. Z T 5 4 8 0 5 F 2	SELLING DEALER NO.		PRODUCTION DATE	
	PT. NO.	PD. NO.	03/15/07	REPRINT# 1	
BUSINESS PHONE	COMMENTS			MO: 39149	

TOTALS

\*\*\*\*\*  
\* [ ] CASH [ ] CHECK NO. [ ] [ ] VISA [ ] OTHER \*  
\* [ ] MASTERCARD [ ] DISCOVER [ ] AMEX [ ] CHARGE \*  
\* [ / / ] DATE PAID [ ] CASHIER INITIALS \*  
\*\*\*\*\*

PARTS DESIGNATED WITH AN ASTERICK (\*) INDICATE LIMITED LIFE-TIME SERVICE GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS.

\*THANK YOU FOR DOING BUSINESS WITH PALM CHEVROLET / KIA !!!  
\*\*\*\*\* VISIT US ON THE WEB AT \*\*\*\*\*  
\*\*\*\*\* (WWW.PALMCHEVROLET.COM) \*\*\*\*\*  
\*\*\*\*\* CLICK ON ACCESSORIES TO CUSTOMIZE YOUR VEHICLE \*\*\*\*\*

TOTAL LABOR... 266.99  
TOTAL PARTS... 359.00  
TOTAL SUBLET... 0.00  
TOTAL G.O.G... 0.00  
TOTAL MISC CHG. 29.09  
TOTAL MISC DISC 0.00  
TOTAL TAX..... 0.00

TOTAL INVOICE \$ 655.08

#### SHOP SUPPLIES AND HAZARDOUS WASTE DISPOSAL CHARGES

This charge represents costs and profits to the motor vehicle repair facility for items such as miscellaneous shop supplies and/or waste disposal. [s. 559.904(4)]

SUPPLIES: 10% of the parts and labor charge is included for supplies used on your vehicle. Such items as tape, pins, aerosprays, solvents, rags, towels, solder, wire, sealer, and etc., are covered by this charge.

The State of Florida required a \$1.00 fee to be collected for each new tire sold in the state [s. 403.718], and a \$1.50 fee to be collected for each new or remanufactured battery sold in the state [s. 403.7185].

ALL PARTS NEW UNLESS OTHERWISE SPECIFIED

12 MONTHS/12,000 MILES  
WARRANTY ON ALL  
PARTS AND LABOR  
UNLESS OTHERWISE SPECIFIED.

#### DISCLAIMER OF WARRANTIES

LIMITED WARRANTY: THE ONLY WARRANTIES APPLYING TO THE PART(S) PURCHASED OR INSTALLED IN ACCORDANCE WITH THIS ESTIMATE ARE THOSE THAT MAY BE OFFERED BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PRODUCTS OR SERVICE SOLD UNDER THE TERMS OF THIS ESTIMATE. PARTS AND LABOR ARE GUARANTEED AS PER THE INDIVIDUAL MANUFACTURER'S POLICY. SELLER DOES NOT GUARANTEE THAT THE WORK PERFORMED IN ACCORDANCE WITH THIS ESTIMATE WILL CORRECT ANY PROBLEM SPECIFIED ON THE DESCRIPTION OF THE COMPLAINT. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF.

To whom it may Concern:

As this being a recall. we should be reimbursed for  
the Total Amt. as we took the extended Warrant.  
out of our own pocket:

Had we not had it it would of cost us. Total Amount

Thank you

SALES DRAFT

SRVC 1  
2300 S.W. COLLEGE RD  
OCALA, FL 34474  
TERMINAL 0930830

825188081889  
03/15/2007 16:26:21  
VS [REDACTED]  
AUTH. TRANS. ID. 167074768871380  
INVOICE 98004 H02  
AUTH. CODE 215050

SALE TOTAL \$100.60

CUSTOMER COPY



**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530



CHECK No. [REDACTED]

50-937  
213DATE  
01/22/08

\*\*\*\*\*100 DOLLARS

\*\*\*\*60 CENTS

AMOUNT  
\*\*\*\*\*100.60PAY  
TO THE  
ORDER  
OF

HODGDON ME [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000322

1

**North American Operations**

General Motors Corporation  
Disbursements (2613)  
PO Box 62530  
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE 01/22/08

VENDOR NAME [REDACTED]

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
-----------------------------	--------------	-----------------------	---------	----------------	--------------	------------

1G1ZT54805F	01/18/08 71-585380	VM 1-9TQ0TL 504.1-9TQ0TL	00.0000	100.60	.00	100.60
-------------	-----------------------	-----------------------------	---------	--------	-----	--------

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

**TOTAL**

100.60

.00

100.60

M3

# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

January 14, 2011

[REDACTED]

Rockmart, GA [REDACTED]

Service Request: 71-585392581

Customer Relationship Specialist: Shanda Hennessey

Dear [REDACTED]

We would like to discuss your request for assistance regarding your 2005 Chevrolet Malibu, but we have been unsuccessful in our attempts to contact you.

If you have outstanding issues, please feel free to contact us at our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you. You will have the option to speak with me directly if I am available. If you have already contacted the Customer Assistance Center, please disregard this letter.

Chevrolet and your dealer's mutual goal is your total satisfaction with Chevrolet products and services. We look forward to talking with you soon.

Sincerely,

Chevrolet Customer Assistance Center

January 14, 2011

[REDACTED]  
Rockmart, GA [REDACTED]

Service request: 71-585392581  
Vehicle Identification Number: 1G1ZS52F45F [REDACTED]  
Customer Relationship Specialist: Shanda Hennessey

Dear [REDACTED]

Thank you for allowing us the opportunity to review the product allegation involving your 2005 Chevrolet Malibu. Unfortunately, our attempts to reach you by phone on January 8,9,11 were unsuccessful.

Therefore, we will not be able to take any further action regarding your concern until we have an opportunity to discuss this with you. We will continue to hold your file open for 10 days.

Please contact our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time. Please refer to your service request number above when calling.

Sincerely,

General Motors Corporation

Columbus, Ohio



Reimbursement Department  
P.O. Box 33170  
Detroit, Mi 48232-5170

DEC 21 2001

4823235170 8050



## CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12/18/07

17-Digit Vehicle Identification Number (VIN): 1G1ZT62835F [REDACTED]

Mileage at Time of Repair: 66,516 Date of Repair: 5/24/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Columbus State: Ohio ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): [REDACTED]

Amount of Reimbursement Requested: \$ 636.55

The following documentation must accompany this claim form.

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

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done, and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.  
(copy of front and back of cancelled check, or copy of credit card receipt)

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

Claimant's Signature [REDACTED]

Please mail this claim form and the required documents to:

**Reimbursement Department**  
P.O. Box 33170  
Detroit, MI 48232-5170

Reimbursement questions should be directed to the following number:  
1-800-204-0261



**CUSTOMER REIMBURSEMENT PROCEDURE**

~~If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.~~

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized dealer.

Your claim will be acted upon within 60 days of receipt.

**If your claim is:**

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact the Chevrolet Customer Assistance Center at 1.800.630.2438 (TTY 1.800.833.2438).





3900 West Broad Street · Columbus, Ohio · 43228  
 Phone: 614-275-0500 · Fax: 614-275-6200  
 Web: www.bobbylayman.com

\* INVOICE COPY \*  
 Work Order  
 #19924  
 May 24, 2007  
 Svc. Adv 60376  
 Cust. Ph. [REDACTED]  
 Tag# [REDACTED]

Page 1 of 2  
 12/18/2007 11:35:02

To [REDACTED]  Columbus OH [REDACTED]	Year: 2005 Veh Id: 13605 Unit #:
	Make: Chevrolet License # [REDACTED] Model: Malibu Odo. In: 66,516 Color: Gray Odo. Out: V.I.N.#: 1G1ZT62835F [REDACTED] Next Service: Date In: 05/24/2007 In Service Date: 10/22/2004 Out: 05/24/2007 Cases: 1 Ext. War: Promised Time: 05/24/2007 03:00:00 F Call When Ready: No

Case: 1 Service power steering message comes on at times. Power steering will go completely out.

Cause:

**Quantity Description/Correction**

1.00 15926870 - COLUMN

Service power steering message comes on at times. Service power steering message comes on at times. Power steering will go completely out. - Tech Cause: checked out and found history code C0545 symptom 00. Ran chart, all ok at this time. test drove, torque sensor voltages are ok. may have torque sensor going out. recommend replacing steering column. - Tech Comments: replaced steering column and calibrated with tech2. cleared codes and test drove. all ok at this time.  
 3.0 checkout and labor. 966

Retail	Price	Total
\$359.00	\$359.00	\$359.00
	\$226.00	\$226.00

Shop Charges - (Extra Item)

\$11.30 \$11.30

Misc \$11.30	Labor \$226.00	Parts \$359.00	Prepaid Parts Amt: \$0.00	Case Total: \$596.30
				\$0.00

O U T	Indebtedness is hereby acknowledged for the "Total Charges" being all or the balance owing to repairs, parts & accessories described in this work order.		Currency: U.S. Dollars	Labor: \$226.00
			Payment Ref:	Parts: \$359.00
			Expiry Date:	Misc: \$11.30
			P/O#:	Sub Total: \$596.30
				Tax: \$40.25
05/24/2007		Payment Type C/Card-Visa		Total: \$636.55
Date		Signature		



3900 West Broad Street · Columbus, Ohio · 43228  
Phone: 614-275-0500 · Fax: 614-275-6200  
Web: www.bobbylayman.com

\* INVOICE COPY \*  
Work Order  
#19924  
May 24, 2007  
Svc.Adv 60376  
Cust.Ph. [REDACTED]  
Tag# [REDACTED]

Page 2 of 2  
12/18/2007 11:35:02

Payee	Payment Type	Reference	Date	
[REDACTED]	C/Card-Visa		05/24/2007	\$636.55
			Balance Owing:	\$0.00



Statement Period: May. 15, 2007 - Jun. 13, 2007

Account Number: [REDACTED]



## CheckCard/ATM Transactions (continued)

Date	Description	Amount
05/24	Kroger, Columbus, OH Point of Sale Purchase	65.00
05/24	Sunoco Svc Station, Columbus, OH NC CheckCard Trans. [REDACTED]	45.00
05/24	Subway 00390500, Columbus, OH NC CheckCard Trans. [REDACTED]	8.78
05/24	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans. [REDACTED]	2.70
05/25	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans. [REDACTED]	2.70
05/25	Stringtown Road Dairy Que, Grove City, OH NC CheckCard Trans. [REDACTED]	1.79
05/29	The Home Depot 3819, Columbus, OH NC CheckCard Trans. [REDACTED]	754.72
05/29	Bobby Layman, Columbus, OH NC CheckCard Trans. [REDACTED]	636.55
05/29	Micro Electron, Columbus, OH [REDACTED]	106.74
05/29	Wal-Mart #5185, Columbus (Ws, OH) Point of Sale Purchase	71.01
05/29	Don Pablos 00150755, Columbus, OH NC CheckCard Trans. [REDACTED]	65.22
05/29	Meijer Inc 060, Columbus, OH Point of Sale Purchase	65.03
05/29	Kroger, Columbus, OH Point of Sale Purchase	60.31
05/29	Sears Roebuck, Columbus, OH Point of Sale Purchase	32.53
05/29	Exxonmobil, Columbus, OH Point of Sale Purchase	30.41
05/29	Dollar-General, Columbus, OH Point of Sale Purchase	25.73
05/29	Bills Tire, Columbus, OH NC CheckCard Trans. [REDACTED]	25.00
05/29	Subway 00390500, Columbus, OH NC CheckCard Trans. [REDACTED]	23.16
05/29	Cvs 6182, Columbus, OH Point of Sale Purchase	22.46

Continued



# CheckCard/ATM Transactions (continued)

Date	Description	Amount
05/29	3535 South Clime, Columbus, OH Nat City ATM Cash Withdrawal	20.00
05/29	Wendys #2440 Q25, Columbus, OH NC CheckCard Trans.	15.62
05/29	Kroger, Columbus, OH Point of Sale Purchase	11.97
05/29	Walgreen Compa, Columbus, OH Point of Sale Purchase	10.69
05/29	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans.	8.73
05/29	Wendy's 102 Q25, Columbus, OH NC CheckCard Trans.	5.89
05/29	Starbucks USA 00102889, Grove City, OH NC CheckCard Trans.	3.65
05/29	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans.	2.70
05/29	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans.	1.50
05/29	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans.	1.50
05/30	Starbucks USA 00102889, Grove City, OH NC CheckCard Trans.	1.55
05/31	Exxonmobil, Columbus, OH Point of Sale Purchase	47.72
05/31	Wok Wok Kitchens, Columbus, OH NC CheckCard Trans.	31.25
05/31	Meijer Inc 060, Columbus, OH Point of Sale Purchase	30.11
05/31	Sally Beauty #2378, Columbus, OH NC CheckCard Trans.	29.38
05/31	Exxonmobil, Columbus, OH Point of Sale Purchase	12.78
05/31	Cvs 6182, Columbus, OH Point of Sale Purchase	7.97
05/31	Sally Beauty #3307, Grove City, OH NC CheckCard Trans.	4.25
05/31	Tim Horton 5648 Q25, Columbus, OH NC CheckCard Trans.	1.35
06/01	Schottensteins, Columbus, OH Point of Sale Purchase	70.26

Continued

January 14, 2011

[REDACTED]  
Columbus, OH

Service Request: 71-585414702  
Customer Relationship Specialist: Anne Parks

Dear [REDACTED]:

Thank you for contacting us recently regarding the special coverage notice you received for your 2005 Chevrolet Malibu MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

At Chevrolet, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a special coverage notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the steering column that you had repaired and are happy to inform you that you are being reimbursed for the full amount of the repair. We have enclosed a check in the amount of \$636.55.

At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit [www.mygmlink.com](http://www.mygmlink.com). This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

**GM**

CHECK

No. [REDACTED]


50-937  
213DATE  
01/22/08

\*\*\*\*\*636 DOLLARS

\*\*\*\*55 CENTS

AMOUNT  
\*\*\*\*\*636.55PAY  
TO THE  
ORDER  
OF

COLUMBUS OH [REDACTED]

North American Operations  
General Motors Corporation  
Disbursement Account  
SIGNATUREThe Chase Manhattan Bank, N.A.  
Syracuse, New York

AUDIT

VENDOR  
DUNS NO. BB 000000340

1

**North American Operations**

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT  
DATE

01/22/08

VENDOR NAME [REDACTED]

REGISTER NO.  
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1612762835F [REDACTED]	01/21/08 1-585414	VM 1-9TVDYG 702.1-9TVDYG	00.0000	636.55	.00	636.55
TOTAL				636.55	.00	636.55

ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR  
REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

M3

TOTAL

636.55

.00

636.55