



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

Fax Cover Sheet
Service Department
(225) 926-4600 ext 233

Date: 2-8-08

To: _____

Company: _____

Fax Number _____

From: _____

Fax Number: (225) 927-2677

Number of pages including cover sheet: 2

Comments: _____

Claim 71-598372726

CVCS426037

**CHEVROLET**

6505 FLORIDA BLVD
BATON ROUGE, LA 70806
TEL. (225) 926-4600
www.gerrylane.com



CVCS426037



01011CVCS426037

| | | | | | |
|----------------------------------|---|-------------|--------------------------|---------------------------------|----------------------------------|
| CUSTOMER NO. 53503 | ADVISOR WILLIE EDOHO | 2795 | TAG NO. 894 | INVOICE DATE 09/28/07 | INVOICE NO. CVCS426037 |
| [REDACTED] MARRERO, LA | LABOR RATE | LICENSE NO. | MILEAGE 51,959 | COLOR MAROON/ | STOCK NO. |
| | YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU | | | DELIVERY DATE | DELIVERY MILES |
| | VEHICLE I.D. NO. 1 G 1 Z T 5 4 8 3 5 F | | | SELLING DEALER NO. | PRODUCTION DATE |
| | F.T.E. NO. | | | P.O. NO. | R.O. DATE 09/27/07 |
| COMMENTS | | | | | |

LABOR & PARTS

J# 1 04CVZ

SUSPENSION/STEERING HOURS: 2.10 TECH(S):2583
CUSTOMER STATES THE STEERING IS HARD TO TURN AGAIN. INSTALL
S O PART TECH #2583
TESTED AND DIAG TO MALFUNCTION INSIDE STEERING COLUMN.
R&R STEERING COLUMN. ALIGNED TO SET TOE. REPROGRAMMED
STEERING SYSTEM. ROADTESTED GOOD.

168.00

| PARTS | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | PRICE |
|---------|-----|----|----------|--------------|------------|-----------------------------|--------|
| JOB # 1 | 1 | | 15926870 | COLUMN 6.518 | 359.00 | 359.00 | 359.00 |
| | | | | | | JOB # 1 TOTAL PARTS | 359.00 |
| | | | | | | JOB # 1 TOTAL LABOR & PARTS | 527.00 |

COMMENTS
APPT

TOTALS

| | |
|------------------|--------|
| TOTAL LABOR.... | 168.00 |
| 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..... | 47.43 |

TOTAL INVOICE \$ 574.43

CUSTOMER SIGNATURE

DUPLICATE INVOICE

Warranty Statement. Any warranties on the products 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.

NOT RESPONSIBLE FOR ANY AUDIO EQUIPMENT OR ANY PERSONAL ITEMS LEFT IN THIS VEHICLE. A \$5.00 PER DAY CHARGE MAY BE ASSESSED AFTER THE CUSTOMER HAS BEEN NOTIFIED FOR VEHICLE PICKUP.

****IMPORTANT MESSAGE****

IT IS VERY IMPORTANT TO US THAT YOU ARE "COMPLETELY SATISFIED" WITH THE SERVICE YOU HAVE RECEIVED.

YOU MAY RECEIVE A SURVEY IN THE MAIL ASKING YOU TO GRADE US ON THIS SERVICE VISIT.

IF YOU CANNOT ANSWER ALL THE QUESTIONS "COMPLETELY SATISFIED" PLEASE CALL OUR SERVICE MANAGER.

NEW ORLEANS LA 701

09 JAN 2008 PM 1 L



JAN 14 2008

Refundbursement Dept
P. O. Box 33170
Detroit, MI 48232-5170

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/8/08

17-Digit Vehicle Identification Number (VIN): 1G1ZT54835F

Mileage at Time of Repair: 51,499 Date of Repair: 8/30/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Marino State: LA ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 440.35 (check to see what ins covered)

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).





CHEVROLET

6505 FLORIDA BLVD
BATON ROUGE, LA 70806
TEL. (225) 926-4600
www.gerrylane.com



CVCS423246



01011CVCS423246

COPY

| | | | | | | | | | |
|--------------|-------|-------------------|---------------------|---------|---------|--------------|----------|-------------|------------|
| CUSTOMER NO. | 53503 | WTO DE EDOHO | 2795 | TAG NO. | 183 | INVOICE DATE | 08/30/07 | INVOICE NO. | CVCS423246 |
| | | LICENSE NO. | 51,449 | | MAROON/ | | | | |
| MARRERO, LA | | VEH. MAKE / MODEL | 05/CHEVROLET/MALIBU | | | | | | |
| | | VEHICLE NO. | 1 G 1 Z T 5 4 8 3 5 | | | | | | |

LABOR & PARTS

J# 1 30CVZ2 CASH LOF
CUSTOMER REQUEST OIL AND FILTER CHANGE
COMPLETED OIL AND FILTER CHANGE
HOURS: 0.40 TECH(S): 2583

| PARTS | QTY | FP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | PRICE |
|-----------------------------|-----|-----------|--------------|------------|------------|-------|
| JOB # 1 | 1 | 25010792 | FILTER 1.836 | 7.04 | 6.00 | 6.00 |
| JOB # 1 | 5 | 12345610X | 5W-30 OIL | 2.99 | 2.33 | 11.65 |
| JOB # 1 TOTAL PARTS | | | | | | 17.65 |
| JOB # 1 TOTAL LABOR & PARTS | | | | | | 33.65 |

J# 2 04CVZ SUSPENSION/STEERING HOURS: 2.10 TECH(S): 2583
CUSTOMER STATES POWER STEERING
IS HARD TO TURN
POWERSTEERING MODULE NEEDS RECALIBRATION. STEERING RACK
THUMPING AND KNOCKING
RECALIBRATED POWERSTEERING SYSTEM. R&R STEERING RACK AND
PINION. ALIGNED FRONT END TO SPECS. NOTE: TIRE PULL TO RIGHT

| PARTS | QTY | FP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | PRICE |
|-----------------------------|-----|-----------|-------------|------------|------------|---------|
| JOB # 2 | 1 | 15858368 | GEAR 6.508 | 372.35 | 372.35 | 372.35 |
| JOB # 2 | -1 | 15858368 | CORE RETURN | 100.00 | 100.00 | -100.00 |
| JOB # 2 TOTAL PARTS | | | | | | 272.35 |
| JOB # 2 TOTAL LABOR & PARTS | | | | | | 440.35 |

J# 3 30CVZ20 GM MULTI-POINT INSP HOURS: TECH(S): 2583
PERFORM GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION
PERFORMED GM GOODWRENCH MULTI-POINT VEHICLE INSPECTION

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

4+05CVZ MISC REPAIRS HOURS: 1.10 TECH(S): 2583
CUSTOMER STATES THE DRIVER SIDE DOOR WOULD NOT OPEN FROM THE
OUTSIDE.
ROD CLIP BROKEN INSIDE DOOR.
R&R DOOR PANEL AND INSPECTED. REPAIRED BROKEN ROD CLIP.
REATTACHED AND RETESTED GOOD.

| RTS | QTY | FP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | PRICE |
|-----------------------------|-----|-----------|-------------|------------|------------|-------|
| JOB # 4 TOTAL PARTS | | | | | | 0.00 |
| JOB # 4 TOTAL LABOR & PARTS | | | | | | 88.00 |

5+05CVZ01 MISC REPAIRS HOURS: TECH(S): 2583
CUSTOMER STATES REATTACHE THE REAR VIEW MIRROR
BROKEN MIRROR
RECOMMENDED NEW MIRROR. BUT DECLINED

| TS | QTY | FP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | PRICE |
|----|-----|-----------|-------------|------------|------------|-------|
| | | | | | | 0.00 |

Warranty Statement: Any warranties on the products 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 such products.

NOT RESPONSIBLE FOR ANY AUDIO EQUIPMENT OR ANY PERSONAL ITEMS LEFT IN THIS VEHICLE. A \$5.00 PER DAY CHARGE MAY BE ASSESSED AFTER THE CUSTOMER HAS BEEN NOTIFIED FOR VEHICLE PICKUP.

*****IMPORTANT MESSAGE*****
IT IS VERY IMPORTANT TO US THAT YOU ARE "COMPLETELY SATISFIED" WITH THE SERVICE YOU HAVE RECEIVED.

YOU MAY RECEIVE A SURVEY IN THE MAIL ASKING YOU TO GRADE US ON THIS SERVICE VISIT.

IF YOU CANNOT ANSWER ALL THE QUESTIONS "COMPLETELY SATISFIED" PLEASE CALL OUR SERVICE MANAGER.

CVCS423246

CVCS423246

**CHEVROLET**

6505 FLORIDA BLVD
BATON ROUGE, LA 70806
TEL. (225) 926-4600
www.gerrylane.com



01011CVCS423246

COPY

| | | | | | | | | | | |
|--------------|-------|---------------------|-----------------------|------------|---------|--------|-------------------|-----------------|-------------|------------|
| CUSTOMER NO. | 53503 | ADVISEE | WILLIE EDOHO | 2795 | TAG NO. | 183 | INVOICE DATE | 08/30/07 | INVOICE NO. | CVCS423246 |
| | | LABOR RATE | | LICENSE NO | | 51,449 | COLOR | MAROON/ | STOCK NO. | |
| | | YEAR / MAKE / MODEL | 05/CHEVROLET/MALIBU | | | | DELIVERY DATE | DELIVERY MILES | | |
| | | VEHICLE ID. NO | 1 G 1 Z T 5 4 8 3 5 F | | | | SELLING DEALER NO | PRODUCTION DATE | | |
| | | F.T.E. NO | | | | | T.P.C. DATE | 08/27/07 | | |

| | |
|---------|----------|
| REMARKS | COMMENTS |
|---------|----------|

| | | |
|--|---------------|---|
| JOB # 5 TOTAL PARTS | 0.00 | Warranty Statement. Any warranties on the products 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. |
| JOB # 5 TOTAL LABOR & PARTS | 0.00 | |
| COMMENTS OLD REPUBLIC CLAIM AUTH. #MW370488 \$479.95 FAX# FOR CC PAYMENT 918-250-4889 | | |
| TOTALS | | |
| TOTAL LABOR.... | 272.00 | NOT RESPONSIBLE FOR ANY AUDIO EQUIPMENT OR ANY PERSONAL ITEMS LEFT IN THIS VEHICLE. A \$5.00 PER DAY CHARGE MAY BE ASSESSED AFTER THE CUSTOMER HAS BEEN NOTIFIED FOR VEHICLE PICKUP. |
| TOTAL PARTS.... | 290.00 | |
| TOTAL SUBLET.... | 0.00 | |
| TOTAL G.O.G.... | 0.00 | |
| TOTAL MISC CHG.... | 0.00 | |
| TOTAL MISC DISC.... | 0.00 | |
| TOTAL TAX..... | 50.58 | |
| TOTAL INVOICE \$ | 612.58 | |

CUSTOMER SIGNATURE

****IMPORTANT MESSAGE****

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YOU MAY RECEIVE A SURVEY IN THE MAIL ASKING YOU TO GRADE US ON THIS SERVICE VISIT.

IF YOU CANNOT ANSWER ALL THE QUESTIONS "COMPLETELY SATISFIED" PLEASE CALL OUR SERVICE MANAGER.

March 7, 2011

[REDACTED]
Marrero, LA [REDACTED]

Service Request: 71-598372726
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 \$574.43.

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. 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.50-937
213DATE
02/19/08

*****574 DOLLARS

****43 CENTS

AMOUNT
*****574.43PAY
TO THE
ORDER
OF

MARRERO LA

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.

PAYMENT
DATE

02/19/08

VENDOR
DUNS NO.

1

VENDOR NAME

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT54835F

02/18/08

VM 1-9YDMIV

00.0000

574.43

.00

574.43

71-598372726.1-9YDMIV

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

H3

TOTAL

574.43

.00

574.43

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

GM

CHECK

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

03/04/08

*****180 DOLLARS

AMOUNT

****59 CENTS

*****180.59

PAY
TO THE
ORDER
OF

MORRISTOWN MN [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

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

03/04/08

VENDOR
DUNS NO.

BB 000000230

1

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZU54805F

03/03/08

71-599755143

VM 1-9X30C9

1-9X30C9

00.0000

180.59

.00

180.59

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

H3

TOTAL

180.59

.00

180.59

March 7, 2011

[REDACTED]
Morristown, MN [REDACTED]

Service Request: 71-599755143
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 \$180.59.

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.mygmmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

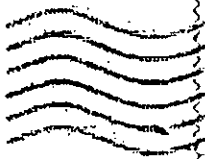


Morristown, MN

SAINT PAUL MN 550

14 JAN 2008 PM 2 T

JAN 16 2008

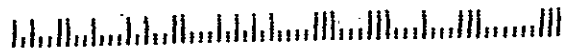


Reimbursement Department

P.O. Box 33170

Detroit, MI 48232-5170

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: ~~SEPT 9 2006~~ JANUARY 14 2008

17-Digit Vehicle Identification Number (VIN): 1G1ZU54805F [REDACTED]

Mileage at Time of Repair: 59893 Date of Repair: MAY 9 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: MORRISTOWN State: MN ZIP Code [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 600.00

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).



49053

302261

HARRY BROWN'S GM

INVOICE

1747 GRANT STREET NW P.O. BOX 36

FARIBAULT, MN 55021

SERVICE 507-333-1201

TOLL FREE 800-880-7441

www.harrybrowns.com

MORRISTOWN, MN

PAGE 1

HOME: [REDACTED] BUS: [REDACTED]

SERVICE ADVISOR: 90081 BRADLEY EUGENE DAH

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
|-------------|------------|------------------|-------------------|---------|------------------|---------|
| SILVER-GRN | 05 | CHEVROLET MALIBU | 1G1ZU54805F | | 5989366/5989366 | T947 |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT |
| 29JUN05 IS | | | 17:00 08MAY07 | | | |
| 29JUN05 DD | | | | | | 09MAY07 |
| R.O. OPENED | READY | OPTIONS: | ENG:3.5_LITER_SFI | | | |

08:26 08MAY07 10:47 09MAY07

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

A POWER STEERING LIGHT IS ON GEAR ORDERED \$600.00 DEDUCTIBLE AS PER ROGER

CAUSE: HOOKED UP SCAN TOOL C00460 AND C0475 TESTED AND FOUND NO STEERING ASSIST REPROGRAMMED AND RETESTED NOTHING

45 STEERING-SUSPENSION

90650 W

1 15858368 GEAR

1 15775370 MOTOR

1 15926870 COLUMN

CDED100 CUSTOMER TO PAY 600.00 DEDUCTIBLE

90650 C

| | | | | | | | |
|--------|------|--------|--------|--------|------|---------------|--------|
| PARTS: | 0.00 | LABOR: | 600.00 | OTHER: | 0.00 | TOTAL LINE A: | 600.00 |
|--------|------|--------|--------|--------|------|---------------|--------|

5989366 HOOKED UP SCAN TOOL C00460 AND C0475 TESTED AND FOUND NO STEERING ASSIST REPROGRAMMED AND RETESTED NOTHING TESTED AND FOUND MODULE NEEDS TO BE REPLACED FOR CODE C0475 AND TESTED AND FOUND STEERING POSITION SENSOR NEEDED TO BE REPLACED TO CORRECT C0460 CODE REPLACED STEERING MODULE AND STEERING COLUMN ASSEMBLY RELEARNED ALL NEEDED SENSORS ROAD TESTED AND RECHECKED NO CODES REAPPEARED

B CLUNK IN STEERING WHEEL PARTS ORDERED INTERMEDIATE SHAFT

CAUSE: FOUND BULLITION FOR RACK ISSUE AND STEERING SHAFT VERY LOUD ALSO

45 STEERING-SUSPENSION

90650 W

1 22687711 SHAFT KIT

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

5989366 FOUND BULLITION FOR RACK ISSUE AND STEERING SHAFT VERY LOUD ALSO REPLACED STEERING RACKS AS PER BULLITION #06-02-32-007A REPLACED INTERMEDIATE SHAFT WITH UPDATED DESIGN ONE REROD TESTED NO MORE NOISE

**ALL PARTS NEW ORIGINAL EQUIPMENT
UNLESS OTHERWISE SPECIFIED**

Express Carwash

Redeem this coupon for 1
Deluxe car wash.

Press **Wash-Code** button, then **Wash Club Member**
Then enter **Member Number: 173712**

gm040507

DISCLAIMER OF WARRANTIES

warranties on the products sold by are those made by the manufacturer. The seller hereby 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 person to assume for it any liability in connection with the sale of products. Any limitation contained in does not apply where prohibited by law.

CUSTOMER SIGNATURE

DESCRIPTION

LABOR AMOUNT

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

LESS INSURANCE

SALES TAX

PLEASE PAY THIS AMOUNT

TOTALS

CUSTOMER COPY

49053

302261

HARRY BROWN'S GM

INVOICE

1747 GRANT STREET NW -- P.O. BOX 36 --
 FARIBAULT, MN 55021
 SERVICE 507-333-1201
 TOLL FREE 800-880-7441
 www.harrybrowns.com

MORRISTOWN, MN

PAGE 2

HOME

BUS:

SERVICE ADVISOR: 90081 BRADLEY EUGENE DAH

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG | |
|---------------|---------------|-------------------|---------------|---------|------------------|---------|-------|
| SILVER-GRN | 05 | CHEVROLET MALIBU | 1G1ZU54805F | | 5989366/5989366 | | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT | |
| 29JUN05 IS | | | 17:00 08MAY07 | | | | |
| 29JUN05 DD | | | | | | 09MAY07 | |
| R.O. OPENED | READY | OPTIONS: | | | | | |
| 08:26 08MAY07 | 10:47 09MAY07 | ENG:3.5 LITER_SFI | | | | | |
| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |

***** YOU MAY RECIEVE A SURVEY FROM *****

THE FACTORY PLEASE FILL IT OUT COMPLETELY
 SATISFIED

COPY

**ALL PARTS NEW ORIGINAL EQUIPMENT
 UNLESS OTHERWISE SPECIFIED**

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.

DISCLAIMER OF WARRANTIES

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

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 600.00 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 600.00 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 600.00 |

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

CUSTOMER SIGNATURE

05/11/2007

This is a LEGAL COPY of
your check. You can use it
the same way you would
use the original check.

2919713201 05/10/2007
0000100002000121

MORRISTOWN, NJ

111

2-7020/2710

DATE MAY 9 07

Pay to the order of

\$ 600.00

citibank

CITIBANK, N.A.
250 N. MORTIMER ST.
MORRISTOWN, NJ 07960

Memo

1ST UNITED BANK 2919-71320-08

177332
0000

05/10/2007
200012

4410881459
03102807
0711-0030
ENT-00351

PAY TO THE ORDER OF
1ST UNITED BANK
MORRISTOWN, NJ 07960
2919713201
CITIBANK, N.A.

RECORD HERE

Do not endorse or write below this line.

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



Carrollton, VA
USA

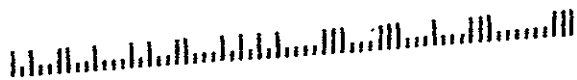
HAMPTON ROADS VA 233

14 JAN 2008 PM 5 L

USA 41

JAN 17 2008

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



48232+5170

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-14-0817-Digit Vehicle Identification Number (VIN): 1G1ZU64825F [REDACTED]Mileage at Time of Repair: 45113 Date of Repair: 10-17-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: CARROLLTON State: GA ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 496

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).





www.caseyauto.com

CASEY CHEVROLET
11700 JEFFERSON AVE.
NEWPORT NEWS VA. 23606
757-591-1600 FAX# 757-591-1649
TOLL FREE 1-800-582-1011
M-F 7:30-6:00 SAT 7:30-2:00

PARTS TICKET

ORDER PARTS ONLINE: www.caseyauto.com

*I DO NOT HAVE ORIGINAL. I GAVE IT TO HAMPTON CHEV.
TRYING TO GET REIMBURSED, AT THE SERVICE DEPT.*

Thank you for your purchase!
We are the Peninsula's #1 volume Chevy dealer
with the best prices on genuine GM parts.
Accessories always make great gifts.
We also offer a large selection of tires!

| CUST. NO. | TAX EXEMPT NO | CUST. P.O. NO. | SHIP VIA | PAY | SOLD BY | INVOICE DATE | INVOICE |
|-------------------------|---------------|----------------|----------|------|-----------------|--------------|---------|
| 285557 | | | | CASH | JAMES M WOODALL | 10/17/07 | 59439 |
| #1 | | | | | | | CVW |
| FIRST GENERATION COMARO | | | | | | | |
| SMITHFIELD, VA 23430 | | | | | | | |

| QUANTITY | PART NUMBER/DESCRIPTION | BIN | LIST | NET | AMOUNT |
|-----------------|--------------------------|-------|--------|--------|--------|
| SHIP 8.0. | | | | | |
| 1 | 15058368 GEAR 6.508 | 825A0 | 272.35 | 175.00 | 175.00 |
| | SCORE PRICE | | | 100.00 | 100.00 |
| 1 | 91017309 TENSIONER 1.060 | 039E0 | 75.79 | 49.68 | 49.68 |
| SUBTOTAL | | | | | 324.68 |
| TAX | | | | | 11.24 |
| FREIGHT | | | | | 0.00 |
| PAY THIS AMOUNT | | | | | 335.92 |

**NO RETURNS
AFTER 10 DAYS**

ALL PARTS RETURNED MUST
BE ACCOMPANIED BY THIS
INVOICE AND WILL BE SUB-
JECT TO A 10% HANDLING
CHANGE. RETURNED PARTS
MUST BE IN ORIGINAL
UNSOILED, UNOPENED, SALA-
BLE CARTON OR PACKAGE.

ELECTRICAL OR SPECIAL
ORDER PARTS ARE NOT
RETURNABLE

COPY

CASEY AUTOMOTIVE GROUP, HEREBY EXPRESSLY DISCLAIMS ALL
EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF
FITNESS FOR A PARTICULAR PURPOSE, AND THE SELLER
DOES NOT AUTHORIZE ANY OTHER PERSON TO ASSUME FOR IT ANY
LIABILITY WITH THE SALE OF VEHICLE OR PARTS. BUYER SHALL NOT BE
ENTITLED TO RETURN FROM THE SELLER, ANY CONSEQUENTIAL DAMAGES, DAMAGE
OR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS OR
OTHER INCIDENTAL DAMAGES.

**THANK YOU
FOR PERMITTING US
TO BE OF SERVICE!**

CUSTOMER COPY

NET534

PAGE 1 OF 1

1G1Z U 64825F



2002-3-24-27



Carrollton, VA
USA

I PAID \$496- TOTAL FOR THIS REPAIR ON MY '03
MALIBU, 1G1ZU64825F ON 10-17-07.

THE PROBLEM WAS THE STEERING WAS MAKING A
CLUNKING NOISE EVERYTIME I TOOK OFF FROM A STOP. IT WAS MORE
PRONOUNCED MAKING A LEFT TURN.

TRAVIS' AUTO REPAIR REPLACED THE ^{GM} STEERING GEAR (GM INVOICE 59439)
AND IT FIXED THE PROBLEM. NO MORE NOISE. I HAD TO GET A FRONT
END ALIGNMENT BECAUSE THE DEFECTIVE STEERING GEAR HAD TO BE
REPLACED.

THANKS IN ADVANCE FOR YOUR PROMPT ATTENTION.

DAVIS SERVICE CENTER, INC.

We Installed



901 Main Street
SMITHFIELD, VA 23430
(757) 357-9191

Customer's Order No. _____ Phone No. _____ Date 10/24/07

Name _____

Address _____

| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT. | MOSE. RETD. | PAID OUT | |
|---------|-----------------|--------|--------|----------|-------------|----------|--|
| QUAN. | DESCRIPTION | | | | PRICE | AMOUNT | |
| | Front End Align | | | | | 59.95 | |
| | Paid check | | | | | | |
| | 455.76 | | | | | | |
| | Mile 3 | | | | | | |
| | 10/24/07 | | | | | | |
| | TOTAL | | | | | 59.95 | |

All claims and returned goods MUST be accompanied by this bill.

0027989

Rec'd by

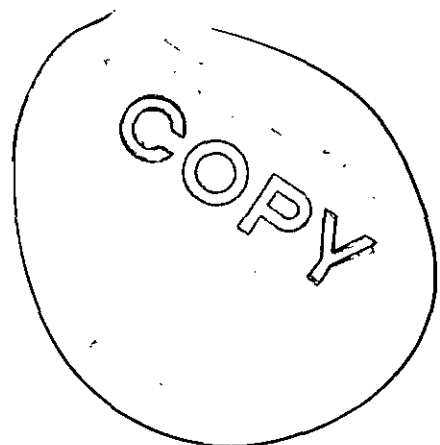
Thank You



PRINTED IN U.S.A.

GS-234-2

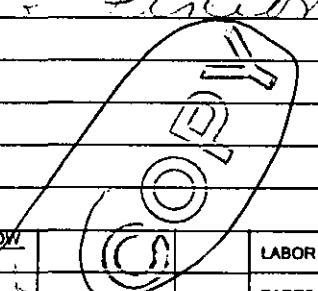
GM PART \$ 175-
LABOR TO REPLACE 262-
ALIGNMENT 59-
TOTAL \$496-



(757) 238-9585 FAX (757) 238-9586

| PART NO. | NAME OF PART | SALE AMT. |
|-----------------------------|--------------|-----------|
| 45113 mtr | | |
| TOTAL PARTS ➡ | | |
| ACCESSORIES-TIRES AND TUBES | | |
| 1999 | | |
| ACCESSORIES ➡ | | |

**ES ARE FOR LABOR
ATERIAL ADDITIONAL**

| | | | | | | | | | |
|--|--|-----------------|---------------|--|-------------------|------------|--|--|--------|
| NAME | | | | | | | | | |
| ADDRESS | | | | | | | | | |
| CITY | | | | | | | | | |
| DATE | | CUST. ORDER NO. | | | WHEN PROMISED | | | | |
| YEAR & MAKE OF CAR-TYPE OR MODEL | | | | | SERIAL NO. | | | | |
| 2005 Malibu | | | | | MOTOR NO. | | | | |
| LICENSE NO. | | | MILEAGE | | | WRITTEN BY | | | |
| | | | | | | Curtis | | | |
| DESCRIPTION OF WORK | | | | | | | | | AMOUNT |
| CK front suspension | | | | | | | | | |
| Pop. on left turn | | | | | | | | | |
| Replace Customer's | | | | | | | | | 362 |
| Rack & Pinion | | | | | | | | | |
|  | | | | | | | | | |
| GAS, OIL & GREASE | | | CHECK BELOW | | LABOR ONLY | | | | |
| | | | LUBRICATE | | PARTS | | | | |
| GALS. GAS | | | CHANGE | | ACCESSORIES | | | | |
| | | | ENGINE OIL | | GAS, OIL & GREASE | | | | |
| QTS. OIL | | | TRANSMISSION | | MISC. MERCHANDISE | | | | |
| | | | DIFFERENTIAL | | SUBLET REPAIRS | | | | |
| LBS. GREASE | | | WASH | | TAX | | | | |
| | | | POLISH | | TOTAL | | | | |
| TOTAL GAS, OIL & GREASE | | | TOTAL SERVICE | | | | | | |
| AUTHORIZED BY | | | | | | | | | |

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT THE ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO IT IS UNDERSTOOD THAT THIS COMPANY ASSUMES NO RESPONSIBILITY FOR LOSS OR DAMAGE BY THEFT OR FIRE TO VEHICLES PLACED WITH THEM FOR STORAGE, SALE, REPAIR OR WHILE ROAD TESTING

**PAY THIS
AMOUNT**

March 7, 2011

[REDACTED]
[REDACTED]
Carrollton, VA [REDACTED]

Service Request: 71-599957785

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 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 gear 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,

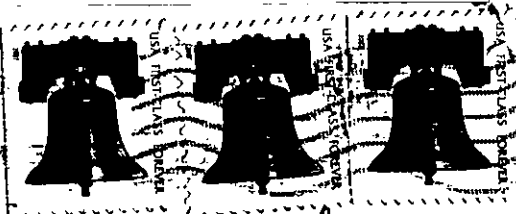
Chevrolet Customer Assistance Center

Tommy Ever NOT

Jan 17 2008

TRENTON NJ

14 JAN 2008 PM



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

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

482325170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 01/13/2008

17-Digit Vehicle Identification Number (VIN): 1G2ZG548754

Mileage at Time of Repair: 49,201 Date of Repair: JULY 16, 2007

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: TOM RIVER State: NJ ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 261.58 4182.72 + \$61.75 + \$12.11 (tax)

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).



1/13/2008

To whom it may concern:

As indicated in your letter my 2005 Pontiac G6 lost power steering assist in July 2007. I spoke to the manager Steve at T + T Coast Buick - Pontiac at that time. I had requested that Pontiac repair the power assist for free at that time, but Steve would only agree to a 50/50 split for labor and costs. Due to the fact that the NHTSA had a defect investigation at that time I still believe I should have had no cost. But, I needed the repair and Steve would only agree to a 50/50 split. Due to the fact that my car had the exact problem you describe in your letter I request reimbursement. Please see all attached documentation.

Sincerely,

[REDACTED]

* I had more than one repair that day, so two pages of the bill are attached. They totaled them all together.

TOMS RIVER, NJ



2205 HIGHWAY 35, SEA GIRT, NJ 08750
(732) 223-0133 or (732) 223-0025
www.ttcoastauto.com

SERVICE ADVISOR STEVEN TIMPANARO

| | | | | | | | | |
|-------------------------|-------------|-------------|------------------------|---------------|-------------------------|------------------|--------------------|-------------|
| REPAIR ORDER WRITTEN | DATE READY | STOCK NO. | VEHICLE IDENTIFICATION | CUST. NO. | TAG NO. | P.O. NO. | INVOICE PRINTED | INVOICE NO. |
| 16JUL07 | 18JUL07 | P15503 | 1G2ZG548754 | | | | 18JUL07 | 300861 |
| TIME IN | TIME READY | YEAR | MAKE & MODEL | TELEPHONE NO. | CUST. PAY LABOR RATE | DELIVERY DATE | PREPARED BY | S/A |
| 08:09 | 13:43 | 05 | PONTIAC G6 | | 95.00 | 30DEC04 | 65 | 65 |
| MILEAGE IN | MILEAGE OUT | LICENSE NO. | | | | | | |
| 49201 | 49201 | | | | | | | |

A C/S CHK BAD PULSATION ON LONG STOPS FROM HWY SPEEDS
SEE OTHER LINE

31 INTS

B C/S PWR STEERING MAKING FUNNY NOISE AND CHK FOR LOSS OF STEERING IN TIGHT TURNS AND PARKING

CAUSE: INTERANL SHORT

E7631 MOTOR AND CONTROLLER ASSEMBLY,
ELECTRONIC POWER STEERING - REPLACE

31WAR94

31 CB

1 25805894 MOTOR

CB

WAR94

FC: 6G

PART#: 25805894

COUNT: 1

CLAIM TYPE:

AUTH CODE:

OA

(N/C)

(N/C)

61.75

61.75

182.72

182.72

(N/C)

LIMITED LABOR WARRANTY

The repair facility guarantees the Labor used in performing the repairs listed on the front of this Repair Order for a period of 12 months or 12,000 miles (whichever comes first) from the date such repairs were completed. This Limited Warranty specifically excludes front end alignments, electrical wiring and shorts, and fuel system - when due to contamination. This Limited Warranty is extended to the vehicle owner/customer and is not transferable to, nor enforceable by, any other person.

During the duration period of this Limited Warranty, the Repair Facility will provide additional labor, at no expense to customer, for any additional repairs that are necessitated as a result of any defect in labor performed while completing the repairs listed on the front of this repair order.

To obtain repairs under this Limited Warranty, customer must: (a) notify the Repair Facility at the address shown on the front of this Repair Order of any defect in labor within a reasonable time after customer discovers or should have discovered any such defect. Such notice, however, must be given to the Repair Facility before the end of the duration period of this Limited Warranty, as specified above; (b) deliver the vehicle to the Repair Facility at the address shown on the front of this Repair Order within five (5) days of notice of such defect in labor; (c) authorize the Repair Facility to make the repairs required, and (d) pay the charges for any additional parts required together with sales tax upon completion of such repair.

All implied warranties, including the implied warranties of merchantability and fitness for a particular purpose, are limited to the duration period of this limited warranty. Under no circumstances will the Repair Facility be liable to customer for any incidental or consequential damages including, but not limited to, damages for loss of property, loss of vehicle use, loss of time, loss of income and profits, inconvenience or commercial loss.

This part(s) is sold "as is". The only warranties applying to this part(s) are those which may be offered 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 of use, loss of time, loss of profits, or income, or any other incidental damages. In addition, expressly excluded is any dealer liability for defects pertaining to safety or performance, by way of "strict liability", negligence or otherwise.

New Jersey Licensed Inspection Center License #: 9277

SPLIT FOR LINE B 50/50 LABOR AND PARTS



DID YOU
SWIPE YOUR CARD TODAY?

Check your Auto Awards Balance at
www.ttcoastauto.com

REMEMBER THE
T & T COAST ADVANTAGE:

- Up to \$2,000 off your next vehicle
- Discounted labor rate
- Special Discounts at local merchants

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

X

COPY

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)

CUSTOMER COPY

GENERAL MANAGER OR AUTHORIZED PERSON

DATE

TOMS RIVER, NJ



2205 HIGHWAY 35, SEA GIRT, NJ 08750
(732) 223-0133 or (732) 223-0025
www.ttcoastauto.com

SERVICE ADVISOR STEVEN TIMPANARO

| | | | | | | | | |
|----------------------|-------------|------------|------------------------|--------------|----------------------|---------------|-----------------|------------|
| REPAIR ORDER WRITTEN | DATE READY | STOCK NO | VEHICLE IDENTIFICATION | CUST. NO | TAG NO | P.O. NO | INVOICE PRINTED | INVOICE NO |
| 16JUL07 | 18JUL07 | P15503 | 1G2ZG548754 | | | | 18JUL07 | 300861 |
| TIME IN | TIME READY | YEAR | MAKE & MODEL | TELEPHONE NO | CUST. PAY LABOR RATE | DELIVERY DATE | PREPARED BY | S/A |
| 08:09 | 13:43 | 05 | PONTIAC G6 | | 95.00 | 30DEC04 | 65 | 65 |
| MILEAGE IN | MILEAGE OUT | LICENSE NO | | | | | | |
| 49201 | 49201 | | | | | | | |

| | | | | | |
|--|--|--|--|--------|--------|
| C** TREAD DEPTH | | | | | |
| TIRE 6/32" tread depth | | | | | |
| 31 INTS | | | | (N/C) | |
| D** BRAKE WEAR FRONT | | | | | |
| B003 REPLACE FRONT BRAKES AND RESURFACE ROTORS | | | | | |
| 31 CQS | | | | 124.95 | 124.95 |
| 1 5510 NO SQUEEL | | | | 25.56 | 25.56 |
| 1 15808204 PAD KIT | | | | 97.00 | 97.00 |
| E** BRAKE WEAR REAR | | | | | |
| B002 REPLACE REAR BRAKES AND RESURFACE DRUMS | | | | | |
| 31 CQS | | | | 124.95 | 124.95 |
| 1 5510 NO SQUEEL | | | | 25.56 | 25.56 |
| 1 15243254 PAD KIT | | | | 97.00 | 97.00 |
| HAZARDOUS WASTE REMOVAL | | | | 7.40 | |

LIMITED LABOR WARRANTY
The repair facility guarantees the labor used in performing the repairs listed on the front of this Repair Order for a period of 12 months or 12,000 miles (whichever comes first) from the date such repairs were completed. This Limited Warranty specifically excludes front end alignments, electrical wiring and shorts, and fuel system - when due to contamination. This Limited Warranty is extended to the vehicle owner/customer and is not transferable to, nor enforceable by, any other person.

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To obtain repairs under this Limited Warranty, customer must: (a) notify the Repair Facility at the address shown on the front of this Repair Order of any defect in labor within a reasonable time after customer discovers or should have discovered any such defect. Such notice, however, must be given to the Repair Facility before the end of the duration period of this Limited Warranty, as specified above; (b) deliver the vehicle to the Repair Facility at the address shown on the front of this Repair Order within five (5) days of notice of such defect in labor; (c) authorize the Repair Facility to make the repairs required; and (d) pay the charges for any additional parts required together with sales tax upon completion of such repair.

All implied warranties, including the implied warranties of merchantability and fitness for a particular purpose, are limited to the duration period of this limited warranty. Under no circumstances will the Repair Facility be liable to customer for any incidental or consequential damages including, but not limited to, damages for loss of property, loss of vehicle use, loss of time, loss of income and profits, inconvenience or commercial loss.

This part(s) is sold "as is". The only warranties applying to this part(s) are those which may be offered 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 of use, loss of time, loss of profits, or income, or any other incidental damages. In addition, expressly excluded is any dealer liability for defects pertaining to safety or performance, by way of "strict liability", negligence or otherwise.

New Jersey Licensed Inspection Center License #: 9277

COPY



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- Discounted labor rate
- Special Discounts at local merchants

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 311.65 |
| PARTS AMOUNT | 427.84 |
| GAS,OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 7.40 |
| TOTAL CHARGES | 746.89 |
| LESS COUPON | 0.00 |
| SALES TAX | 52.28 |
| PLEASE PAY THIS AMOUNT | 799.17 |

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.

X

*****IMPORTANT*** YOU MAY RECEIVE A CUSTOMER SATISFACTION SURVEY. IF FOR ANY REASON YOU CANNOT ANSWER "COMPLETELY SATISFIED" ON ALL QUESTIONS, "PLEASE" CALL OUR SERVICE DEPT. AS SOON AS POSSIBLE. YOUR SATISFACTION IS OUR #1 CONCERN. 732-223-0133 THANK YOU**

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

CUSTOMER

GENERAL MANAGER OR AUTHORIZED PERSON

DATE

TESTCOAST BUICK-PONTI

2205 RT 35

SEA GIRT, NJ 08750

5436845555136943

BATCH: 521

S-A-I-E-S D-R-A-F-T

7789375

555513694306

REF: 0015

CD TYPE: ATEX

TR TYPE: PURCHASE

INV: 300061

DATE: JUL 18, 07 15:11:04

TOTAL \$799.17

ACCT: [REDACTED] EXP: 01/08

AP: 569766

NAME: [REDACTED]

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU

X

North American Operations

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



CHECK No.

50-837
213DATE
02/22/08

*****261 DOLLARS

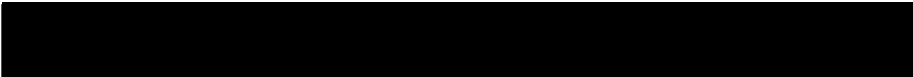
****58 CENTS

AMOUNT
*****261.58PAY
TO THE
ORDER
OF

TOMS RIVER NJ

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

VENDOR
DUNS NO. BB 000000025

1

CHECK NO.

VENDOR NAME

PAYMENT
DATE 02/22/08

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|--|-----------------------------------|-----------------------|---------|----------------|--------------|------------|
| 1G22G54875 | 02/21/08 71-599979468.1-9Y4CTA | VH 1-9Y4CTA | 00.0000 | 261.58 | .00 | 261.58 |
| ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782 | | | | N3 | | |
| TOTAL | | | | 261.58 | .00 | 261.58 |

March 7, 2011

[REDACTED]
Toms River, NJ [REDACTED]

Service Request: 71-599979468
Customer Relationship Specialist: Alex Page

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 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 \$261.58.

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. 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)**

March 7, 2011

[REDACTED]
Greene, NY [REDACTED]

Service Request: 71-600034647
Customer Relationship Specialist: Elaine Cates

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 \$698.76.

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. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

Greene NY

BINGHAMTON NY 139

15 JAN 2008 PM 2 L



JAN 17 2008

Reimbursement Department
PO Box 33170
Detroit MI 48232-5170

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: Dec 07

17-Digit Vehicle Identification Number (VIN): 1G1ZT52825F [REDACTED]

Mileage at Time of Repair: 59963 Date of Repair: 7-11-07

Claimant Name (please print) [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Greene State: New York ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ ~~641.00~~ 698.76

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



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).



GREENE

NY

*** REPRINT ***

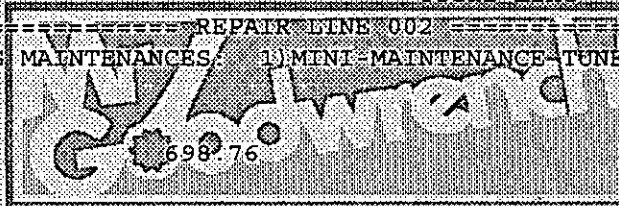
CUSTOMER COPY PAGE 1

| DATE | YEAR | MAKE | MODEL | VIN | STK/CUS | MILES IN | MILES OUT | TAG |
|--------------|----------|------------|--------------------|-------------|---------|----------|-----------|-----|
| 07/16/07 | 05 | CHEVROLET | MALIBU | 1G1ZT52825F | 23251 | 59953 | 59975 | |
| SERVICE DATE | NOTIFIED | SVC ADV | PROMISED DATE/TIME | LICENSE | RATE | PAYMENT | INV. DATE | |
| 01/25/05 | 07/19/07 | 01 | 00:00 | | 72.00 | 01 | 01/14/08 | |
| R.O. NUMBER | TAX ID | HOME PHONE | BUSINESS PHONE | | | | | |
| 23286 | | | | GREY 3 | | | | |

===== WAITER =====
 ===== REPAIR LINE 001 =====
 CUSTOMER STATES CAR LOST POWER STEERING ASSIST FOR ABOUT 1 BLOCK, P/S LIGHT DID ILLUM
 INATE ON RADIO.
 PERFORMED SYSTEMS TESTS AND FOUND CODE FOR POWER STEERING SENSOR FAILURE. REPLACED STE
 ERING COL. AND CLEARED CODE.

Bill Code - C
 DD DRIVABILITY DIAG 08 M A 72.00
 RONALD BARTON 63K9
 E7680 COLUMN ASSEMBLY, S 18 M A 216.00
 Total Labor 288.00
 GM 15926870 -COLUMN 1 359.00
 Total Parts 359.00
 Total Line 647.00

===== REPAIR LINE 002 =====
 RECOMMEND THE FOLLOWING MAINTENANCES: 1) MINI-MAINTENANCE-TUNE UP 2) TRANSAXLE FLUID
 FLUSH
 Bill Code - C
 Payment Type - 01 CASH



COPY

ORIGINAL

**OPEN DAILY:
 8:00 A.M. TO 5:00 P.M.**

**CLOSED:
 SATURDAY, SUNDAY AND
 HOLIDAYS**

**NEW YORK STATE
 REPAIR SHOP NO. R 404-0131**

Any warranties on the products sold hereby are those made by the manufacturers. 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. Complaints must be called to our attention and car brought to our service dept. for inspection within 5 days or 300 miles after completion of work. These repairs are covered by a limited warranty. Labor and parts 12 months or 12,000 miles whichever comes first. Warranty repairs to be performed at seller's place of business. Seller hereby limits implied warranties to the period stated. Warranty details available.

X

| | |
|--------------|--------|
| LABOR AMOUNT | 288.00 |
| PARTS AMOUNT | 359.00 |
| MISC. SALES | |
| MATERIALS | |
| TOTAL CHARGE | 647.00 |
| DEDUCTIBLE | |
| SALES TAX | 51.76 |
| OTHER PAY | |
| CUSTOMER PAY | 698.76 |

North American Operations

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

GM

CHECK

No. [REDACTED]

50-937
213

DATE
02/13/08

*****698 DOLLARS

***76 CENTS

AMOUNT
*****698.76

PAY
TO THE
ORDER
OF

[REDACTED]
GREENE NY [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE
Kihel C. Drum

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

VENDOR
DUNS NO. BB 000000352

1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT
DATE

02/13/08

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

| | | | | | | |
|------------------------|-----------------------|-----------------------------|---------|--------|-----|--------|
| 1G1ZT52825F [REDACTED] | 02/12/08 71-600034 | VH 1-9XLMHD 647.1-9XLMHD | 00.0000 | 698.76 | .00 | 698.76 |
|------------------------|-----------------------|-----------------------------|---------|--------|-----|--------|

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

M3

TOTAL

698.76

.00

698.76

North American Operations

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

GM

CHECK

No. [REDACTED]

50-827
213DATE
02/22/08

*****212 DOLLARS

****00 CENTS

AMOUNT
*****212.00PAY
TO THE
ORDER
OF[REDACTED]
DOWNTOWN PA [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

02/22/08

VENDOR
DUNS NO.

BB 000000097

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 |
|-----------------------------|-----------------------|-----------------------------|---------|----------------|--------------|------------|
| 1G2ZH528754 [REDACTED] | 02/21/08 71-600188 | VM 1-9Y4D00 681.1-9Y4D00 | 00.0000 | 212.00 | .00 | 212.00 |

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

H3

TOTAL

212.00

.00

212.00

March 7, 2011

[REDACTED]
Downingtown, PA [REDACTED]

Service Request: 71-600188681
Customer Relationship Specialist: Alex Page

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 \$212.00.

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.

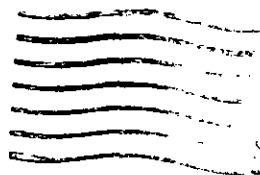
Sincerely,

Pontiac Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmLink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



Downingtown PA



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

JAN 18 2008



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-15-2008

17-Digit Vehicle Identification Number (VIN): 1G2ZHS287S4 [REDACTED]

Mileage at Time of Repair: 47,284 Date of Repair: 10-17-07 : 11-13-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Downingtown State: PA ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 424.00

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 Pontiac Customer Assistance Center at 1.800.620.7668 (TTY 1.800.833.7668).





PONTIAC • BUICK • GMC
421 West Lincoln Highway • P.O. Box 969
EXTON, PENNSYLVANIA 19341
Phone: (610) 363-7790
Fax: (610) 363-1293



www.coleyautos.com

CELL: [REDACTED]

| | | | | |
|--|----------------------------------|----------------------------|---------------------------------|----------------------------------|
| CUSTOMER NO. 23889 | ADVISOR ROBERT L JONES | TAG NO. 785 | INVOICE DATE 10/17/07 | INVOICE NO. PNC5225149 |
| [REDACTED] | LABOR RATE [REDACTED] | LICENSE NO. [REDACTED] | MILEAGE 47,284 | COLOR SILVER META |
| YEAR / MAKE / MODEL 05/PONTIAC/G6/4 DOOR SEDAN | DELIVERY DATE 10/09/04 | DELIVERY MILES 9 | STOCK NO. | |
| VEHICLE I.D. NO. 1 G 2 Z H 5 2 8 7 5 4 | SELLING DEALER NO. [REDACTED] | PRODUCTION DATE | REPRINT# 1 | |
| RESIDENCE PHONE [REDACTED] | BUSINESS PHONE [REDACTED] | COMMENTS | MO: 47286 | |

[SI EXP MONTH] 01

LABOR & PARTS

J# 1 06PNZ10

STEERING NOISE TECH(S):752
CUSTOMER STATES; CHECK KNOCKING NIOSE IN STEERING
WORN
REPLACE RACK AND PINION ASSEMBLY

WARRANTY

SERVICE HOURS

MON. - FRI. 7:30 a.m. - 5:30 p.m.
SATURDAY 8:00 a.m. - 4:00 p.m.

| PARTS | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE |
|---------|-----|----|----------|----------------|------------|------------|
| JOB # 1 | 1 | | 15858369 | GEAR KIT 6.508 | | |
| JOB # 1 | -1 | | 15858369 | CORE RETURN | | |

JOB # 1 TOTAL PARTS

JOB # 1 TOTAL LABOR & PARTS

J# 2 01PNZ001F

MULTI POINT INSPECT TECH(S):752
GOODWRENCH MULTI POINT INSPECTION
INSPECT FLUID LEVELS, CHECK STEERING, SUSPENSION, TIRES
BATTERY AND WIPER BLADES
CHECK EXHAUST, UNDERCARRIAGE, LIGHTING SYSTEM, BELTS
AND HOSES COMPLETE WITH A COLORED CHECK OUT SHEET

WARRANTY
0.00

WARRANTY
0.00

WARRANTY
0.00

WARRANTY
0.00

WARRANTY
0.00

| PARTS | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE |
|---------|-----|----|--------|-------------|------------|------------|
| JOB # 2 | | | | | | |

JOB # 2 TOTAL PARTS

JOB # 2 TOTAL LABOR & PARTS

MISC

CODE

DESCRIPTION

CONTROL NO

JOB # 1

302 MIC CUSTOMER PAY DED

225149

TOTAL - MISC

200.00

200.00

COMMENTS

DROP

LIMITED LABOR WARRANTY

THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 90 DAYS OR 4,000 MILES FROM THE DATE SUCH REPAIRS WERE COMPLETED. PARTS AND ACCESSORIES FOR GENERAL MOTORS CARS; AND LIGHT TRUCKS; 90 DAYS OR 4,000 MILES, WHICHEVER COMES FIRST. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, WATER LEAKS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEM-WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CUSTOMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.

THIS PART(S) IS SOLD "AS IS". THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER(S). THE SELLING DEALER 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 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 OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. IN ADDITION, EXPRESSLY EXCLUDED IS ANY DEALER LIABILITY FOR DEFECTS PERTAINING TO SAFETY OR PERFORMANCE, BY WAY OF "STRICT LIABILITY", NEGLIGENCE OR OTHERWISE.

ORIGINAL

IMPORTANT

YOU MAY RECEIVE A QUESTIONNAIRE FROM GENERAL MOTORS IN THE NEXT FEW WEEKS. IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY SATISFIED" PLEASE CONTACT OUR SERVICE MANAGER.

THANK YOU,
KARL SLIFER
610-363-7790



COLEY
PONTIAC - BUICK - GMC
421 West Lincoln Highway • P.O. Box 969
EXTON, PENNSYLVANIA 19341
Phone: (610) 363-7790
Fax: (610) 363-1293



www.coleyautos.com

CELL: [REDACTED]

| | | | | |
|------------------------------|--|----------------------------------|---------------------------------|----------------------------------|
| CUSTOMER NO. 23889 | ADVISOR ROBERT L JONES | TAG NO. 785 | INVOICE DATE 10/17/07 | INVOICE NO. PNC5225149 |
| [REDACTED] | LABOR RATE [REDACTED] | MILEAGE 47,284 | COLOR SILVER META | STOCK NO. |
| DOWNINGTOWN, PA | YEAR / MAKE / MODEL 05/PONTIAC/G6/4 DOOR SEDAN | DELIVERY DATE 10/09/04 | DELIVERY MILES 9 | |
| | VEHICLE I.D. NO. 1 G 2 Z H 5 2 8 7 5 4 | SELLING DEALER NO. | PRODUCTION DATE | |
| | F.T.E. NO. | P.O. NO. | R.O. DATE 10/17/07 | REPRINT# 1 |
| RESIDENT PHONE | BUSINESS PHONE | COMMENTS | | |
| MO: 47286 | | | | |

TOTALS

\$ PAYMENT METHOD \$
\$ [] Cash [] Check# [] C/Card: \$
\$ [] Charge Recv by: Date: / / \$

TOTAL LABOR.... 0.00
TOTAL PARTS.... 0.00
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 200.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 12.00

TOTAL INVOICE \$ 212.00

GM will be sending a survey if a Warranty repair was done on your vehicle. If you cannot answer "Completely Satisfied", please contact PAUL MONTEFIORE at (610) 363 7790

Parts marked with an asterik (*) Indicate a GOODWRENCH SERVICE PLUS Lifetime Limited Warrantied Part.

CUSTOMER SIGNATURE

DUPLICATE INVOICE

SERVICE HOURS

MON. - FRI. 7:30 a.m. - 5:30 p.m.
SATURDAY 8:00 a.m. - 4:00 p.m.

LIMITED LABOR WARRANTY

THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 90 DAYS OR 4,000 MILES FROM THE DATE SUCH REPAIRS WERE COMPLETED. PARTS AND ACCESSORIES FOR GENERAL MOTORS CARS; AND LIGHT TRUCKS: 90 DAYS OR 4,000 MILES, WHICHEVER COMES FIRST. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, WATER LEAKS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEM-WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CUSTOMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.

THIS PART(S) IS SOLD "AS IS". THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER(S). THE SELLING DEALER 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 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 OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. IN ADDITION, EXPRESSLY EXCLUDED IS ANY DEALER LIABILITY FOR DEFECTS PERTAINING TO SAFETY OR PERFORMANCE, BY WAY OF "STRICT LIABILITY", NEGLIGENCE OR OTHERWISE.

IMPORTANT

YOU MAY RECEIVE A QUESTIONNAIRE FROM GENERAL MOTORS IN THE NEXT FEW WEEKS. IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY SATISFIED" PLEASE CONTACT OUR SERVICE MANAGER.

THANK YOU,
KARL SLIFER
610-363-7790

ORIGINAL

COLEY
PONTIAC - BUICK - GMC
421 West Lincoln Highway • P.O. Box 969
EXTON, PENNSYLVANIA 19341
Phone: (610) 363-7790
Fax: (610) 363-1293



www.coleyautos.com

CELL: [REDACTED]

| | | | | |
|--------------------------------------|--|----------------------------------|---------------------------------|----------------------------------|
| CUSTOMER NO. 23889 | ADVISOR KARL | TAG NO. 126 | INVOICE DATE 11/13/07 | INVOICE NO. PNC5226114 |
| [REDACTED] DOWNINGTOWN, PA | LABOR RATE | LICENSE NO. [REDACTED] | MILEAGE 48,837 | COLOR SILVER META |
| | YEAR / MAKE / MODEL 05/PONTIAC/G6/4 DOOR SEDAN | DELIVERY DATE 10/09/04 | DELIVERY MILES 9 | |
| | VEHICLE I.D. NO. 1 G 2 Z H 5 2 8 7 5 4 | SELLING DEALER NO. | PRODUCTION DATE | |
| | F.T.E. NO. | P.O. NO. | R. O. DATE 11/13/07 | REPRINT# 1 |
| COMMENTS | | | MO: 48839 | |

[SI EXP MONTH] 01

LABOR & PARTS

J# 1 06PNZ07

STEERS HARD/TIGHT

TECH(S):734

WARRANTY

CUSTOMER STATES: CAR HAS NO P/S, LIGHT HAS BEEN COMING ON
SCANNED PCM, DTC C0545, AND C0460. RE: BULLETIN #
04-02-35-009A, EXCESSIVE CLEARANCE BETWEEN ASSIST GEARS
INSTALLED NEW STEERING COLUMN ASSEMBLY AND CLEARED CODES

SERVICE HOURS

MON. - FRI. 7:30 a.m. - 5:30 p.m.
SATURDAY 8:00 a.m. - 4:00 p.m.

LIMITED LABOR WARRANTY

THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 90 DAYS OR 4,000 MILES FROM THE DATE SUCH REPAIRS WERE COMPLETED. PARTS AND ACCESSORIES FOR GENERAL MOTORS CARS; AND LIGHT TRUCKS: 90 DAYS OR 4,000 MILES, WHICHEVER COMES FIRST. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, WATER LEAKS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEM--WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CUSTOMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.

THIS PART(S) IS SOLD "AS IS". THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER(S). THE SELLING DEALER 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 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 OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. IN ADDITION, EXPRESSLY EXCLUDED IS ANY DEALER LIABILITY FOR DEFECTS PERTAINING TO SAFETY OR PERFORMANCE, BY WAY OF "STRICT LIABILITY", NEGLIGENCE OR OTHERWISE.

| PARTS | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE |
|---------|-----|----|----------|--------------|------------|------------|
| JOB # 1 | 1 | | 15926870 | COLUMN 6.518 | | |

JOB # 1 TOTAL PARTS

WARRANTY

0.00

JOB # 1 TOTAL LABOR & PARTS

0.00

J# 2 90PNZ02 COURTESY TRANS. VAN
SHUTTLE

TECH(S):734

WARRANTY

| PARTS | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE |
|---------|-----|----|--------|--------------|------------|------------|
| JOB # 2 | | | 226114 | SHUTTLE 1968 | | |

JOB # 2 TOTAL PARTS

WARRANTY

0.00

JOB # 2 TOTAL LABOR & PARTS

0.00

| SUBLET | PO# | VEND INV# | INV. DATE | DESCRIPTION | LIST PRICE | UNIT PRICE |
|---------|--------|-----------|-----------|--------------|------------|------------|
| JOB # 2 | 226114 | 226114 | 11/13/07 | SHUTTLE 1968 | | |

TOTAL - SUBLET

WARRANTY

0.00

| MISC | CODE | DESCRIPTION | CONTROL NO | LIST PRICE | UNIT PRICE |
|---------|------|----------------------|------------|------------|------------|
| JOB # 1 | 302 | MIC CUSTOMER PAY DED | 226114 | | |

TOTAL - MISC

200.00

200.00

TOTALS

\$ PAYMENT METHOD \$
\$ [] Cash [] Check# [] C/Card: \$
\$ [] Charge Recv by: Date: / / \$

| | |
|------------------|--------|
| TOTAL LABOR.... | 0.00 |
| TOTAL PARTS.... | 0.00 |
| TOTAL SUBLET.... | 0.00 |
| TOTAL G.O.G.... | 0.00 |
| TOTAL MISC CHG. | 200.00 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX..... | 12.00 |

TOTAL INVOICE \$ 212.00

GM will be sending a survey if a Warranty repair was done on your vehicle. If you cannot answer "Completely Satisfied", please contact PAUL MONTEFIORE at (610) 363 7790

Parts marked with an asterik (*) Indicate a GOODWRENCH SERVICE PLUS Lifetime Limited Warrantied Part.

CUSTOMER SIGNATURE

DUPLICATE INVOICE

IMPORTANT

YOU MAY RECEIVE A QUESTIONNAIRE FROM GENERAL MOTORS IN THE NEXT FEW WEEKS. IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY SATISFIED" PLEASE CONTACT OUR SERVICE MANAGER.

THANK YOU,
KARL SLIFER
610-363-7790

North American Operations

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

GM

CHECK

No. [REDACTED]

50-937
213DATE
02/12/08

*****658 DOLLARS

****29 CENTS

AMOUNT
*****658.29PAY
TO THE
ORDER
OF[REDACTED]
THOMPSON FALLS MI [REDACTED]North American Operations
General Motors Corporation
Disbursement AccountSIGNATURE
The Chase Manhattan Bank, N.A.
Syracuse, New YorkAUDIT
[REDACTED]**North American Operations**

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

DETACH BEFORE DEPOSITING CHECK

VENDOR
DUNS NO. BB 000000543

1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT
DATE

02/12/08

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|--|-----------------------------------|-------------------------|---------|----------------|--------------|------------|
| 1622G528754 [REDACTED] | 02/11/08 71-600262609.1-9XHEDS | VM 1-9XHEDS 1-9XHEDS | 00.0000 | 658.29 | .00 | 658.29 |
| ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782 | | | | M3 | | |
| TOTAL | | | | 658.29 | .00 | 658.29 |

March 9, 2011

[REDACTED]
Thompson Falls, MT [REDACTED]

Service Request: 71-600262609

Customer Relationship Specialist: Michelle Rivers

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 instrument cluster 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 \$658.29.

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. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

BILLINGS MT 591

17 JAN 2008 PM 11



Thompson Falls, MT

JAN 22 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: 01/16/08

17-Digit Vehicle Identification Number (VIN): 1G2ZG528754 [REDACTED]

Mileage at Time of Repair: 47,635 Date of Repair: 9/13/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Thompson Falls State: MT ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 658.29

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.

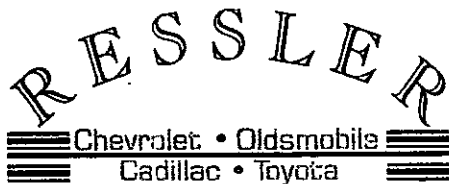
Your claim will be acted upon within 60 days of receipt.

If your claim is:

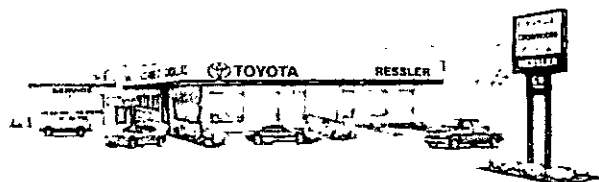
- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is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





1735 W. Main Street
P.O. Box 400
Bozeman, Montana 59715
(406) 587-5501
1-800-828-8217



CELL: [REDACTED]

| | | | | | |
|--------------------|--|--------------------|----------------|-----------------------|------------------------|
| CUSTOMER NO. 46573 | ADVISOR SCOTT BARTON | 124 | TAG NO. 68 | INVOICE DATE 09/13/07 | INVOICE NO. CVCS279477 |
| BOZEMAN, MT | LABOR RATE | LIC [REDACTED] | MILEAGE 47,635 | COLOR / | STOCK NO. |
| | YEAR / MAKE / MODEL 05/PONTIAC/G6/4 DOOR SEDAN | | | DELIVERY DATE | DELIVERY MILES |
| | VEHICLE I.D. NO. 1G2ZG528754 | | | SELLING DEALER NO. | PRODUCTION DATE |
| | F.T.E. NO. | | | P.O. NO. | R.O. DATE 09/10/07 |
| RESIDENCE PHONE | BUSINESS PHONE | COMMENTS MO: 47635 | | | |

LABOR & PARTS
JOB # 1 03CVZ-01

STEER/SUSP CONCERN HOURS: 2.60 TECH(S):160
CUSTOMER STATEEE ELECTRONIC STEERING QUITTS WORKING AND YOU
HAVE TO PULL OVER AND RESTART ENGINE TO GET WORKING CODE
SCANNED FOR CODES AND FOUND C0545. FAULTY TORQUE SENSOR
IN STEERING COLUMN
REPLACED STEERING COLUMN AND CLEARED CODES. TEST DROVE AND
FOUND NO OTHER CONCERNS

231.40

| PARTS | QTY | FP NUMBER | DESCRIPTION | UNIT PRICE |
|-----------------------------|-----|-----------|--------------|------------|
| JOB # 1 | 1 | 15926870 | COLUMN 6.518 | 359.00 |
| JOB # 1 TOTAL PARTS | | | | 359.00 |
| JOB # 1 TOTAL LABOR & PARTS | | | | 590.40 |

TOTALS

PARTS WITH (*) INDICATE GOODWRENCH SERVICE PLUS LIMITED
LIFETIME WARRANTY.

CUSTOMER SATISFACTION IS VERY IMPORTANT TO OUR DEALERSHIP
IF YOU HAVE QUESTIONS OR CONCERNS PLEASE TALK WITH YOUR
CONSULTANT. SURVEYS ARE SENT OUT BY THE MANUFACTURER
PLEASE RETURN THEM.

| | |
|---------------------|--------|
| TOTAL LABOR.... | 231.40 |
| 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..... | 0.00 |

TOTAL INVOICE \$ 590.40

CUSTOMER SIGNATURE

DISCLAIMER OF WARRANTY

It is understood and agreed by the undersigned purchaser that the product described hereon is sold by the dealer "AS IS" and that dealer makes no warranty of merchantability of the product and makes no warranty that such product is fit for any particular purpose and that any express written warranty relating to the product is a contract solely between the factory and the purchaser.

SIGNED

SHOP SUPPLIES AND HAZARDOUS WASTE
FEE EXPLANATION

SHOP SUPPLIES ARE NON-ITEMIZED MATERIALS REQUIRED IN SERVICING CUSTOMER VEHICLES. INCLUDING BUT NOT LIMITED TO SUCH ITEMS AS CLEANING SOLVENTS, LUBRICANTS, SEALERS, ADHESIVES, SPECIAL TOOLS, SHOP RAGS AND TOWELS, NUTS, BOLTS, WASHERS, WIRE, ETC. THIS ALSO INCLUDES THE SPECIAL COSTS INCURRED TO COMPLY WITH THE ENVIRONMENTAL PROTECTION AGENCY (EPA) REQUIREMENTS FOR THE STORAGE, USE, AND DISPOSAL OF CERTAIN HAZARDOUS MATERIALS SUCH AS USED MOTOR OIL, USED TRANSMISSION FLUID, USED ANTIFREEZE, ETC.

WARRANTY INFORMATION ONLY

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 REPRESENTATIVES OF TOYOTA OR GENERAL MOTORS.

DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE)

"The information contained on this estimate, worksheet, and/or repair order is incorporated herein by reference."

PAID
SEP 13 2007

BY: check#

COPY

3179

13860

INVOICE



227 N STATE
GRANGEVILLE, ID 83530
(208) 983-0320 • 800-289-0889
FAX (208) 983-2218

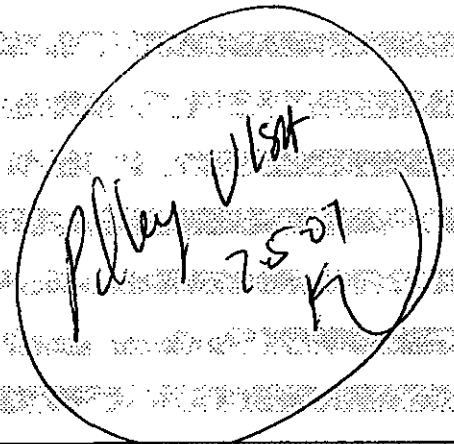
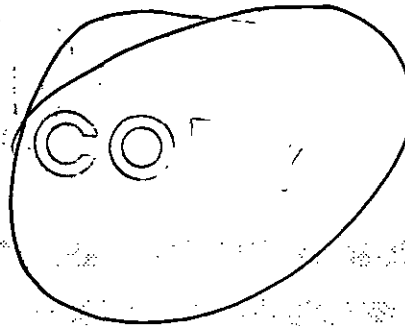
PAGE 1

GRANGEVILLE, ID
HOME: [REDACTED] BUS:
CELL: [REDACTED]

SERVICE ADVISOR: 9 JIM WRIGHT

| | | | | | | |
|-------------|------------|------------|---------------|---------|------------------|---------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
| WHITE | 05 | PONTIAC G6 | 1G2ZG528754 | | 44491/44491 | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT |
| 07DEC04 IS | | | 17:00 05JUL07 | | 0.00 | CASH |
| R.O. OPENED | READY | OPTIONS: | | | | |
| 05JUL07 | 05JUL07 | | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|------|------|-------|------|-------|-------|
| A | | | | | | | |
| POWER STEERING INDICATOR LIGHT IS ON | | | | | | | |
| 2300 STEERING | | | | | | | |
| | | | 3 | C | | 63.20 | 63.20 |
| SCANNED FOR CODES FOUND A C0545 STORED IN THE POWER STEERING CONTROL MODULE, STEERING WHEEL TO RQUE INPUT SENSOR, CLEARED CODES AND TEST DROV E AUNDER DIFFERENT VARYING CONDITIONS AND COULD NOT GET LIGHT TO COME BACK ON OR SEE ANY FAILU RE CODES AOR A CONDITON WHILE DRIVING. COULD NO T DUPLICATE AND FOUND NO PROBLEMS AT THIS TIME. | | | | | | | |
| ***** | | | | | | | |
| CUSTOMER PAY SHOP SUPPLIES FOR REPAIR ORDER | | | | | | | 4.42 |



SERVICE & PARTS HOURS

MONDAY - FRIDAY

8:00AM - 5:00PM

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 | 63.20 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 4.42 |
| TOTAL CHARGES | 67.62 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 0.27 |
| PLEASE PAY THIS AMOUNT | 67.89 |

CUSTOMER COPY

GORTSEMA MOTORS, INC
227 N STATE
GRANDEVILLE, ID 83538

TERMINAL I.D.: 72161861
MERCHANT #: 889941888864514
VISA
SALE
BATCH: 888227
DATE: JUL 05, 07
RRN: 718708757483
INVOICE: [REDACTED]
TIME: 17:17
AUTH NO: 88536A

TOTAL \$67.89

BRETT C JENSEN

CUSTOMER COPY

DO NOT USE FOR REORDERING PURPOSES

Protect Your Duplicate Checks Store your duplicate checks in your check box.

Track your expenses...

- ☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

1039

Resler Automotive

Five hundred ninety and 40/100

9/13/07

| | |
|--------------------|--------|
| BALANCE FORWARD | |
| THIS ITEM | 590.40 |
| BALANCE | |
| DEPOSIT | |
| OTHER | |
| BALANCE FORWARD | |

Per Str R/mt

For enhanced security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

**WELLS
FARGO**

Product Search

View Check Copy

| Check Number | Date Posted | Check Amount | Account Number |
|--------------|-------------|--------------|----------------|
| [REDACTED] | 09/18/07 | 590.4 | [REDACTED] |

101000048
09/18/2007
6111035164

This is a LEGAL COPY of
your check. You can use it
the same way you would
use the original check

12924708251 09/18/2007
1570202520

| | | |
|---|--|-----------|
| [REDACTED] 2006 P88418 | | 1039 |
| [REDACTED] | | 9/18/07 |
| PAY TO THE ORDER OF <u>Ressler Automotive</u> | | \$ 590.40 |
| <u>Five hundred ninety and 40/100</u> | | DOLLARS |
| [REDACTED] | | |
| [REDACTED] | | |

[REDACTED]

| | | |
|------------|--|---|
| [REDACTED] | | PAY TO THE ORDER OF BIG SIX WESTERN BANK FOR DEPOSIT ONLY RESSLER MOTOR COMPANY 5142284 |
| [REDACTED] | | |
| [REDACTED] | | (Do not endorse or write below this line.) [REDACTED] |

2540969661

 **Equal Housing Lender**

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Huron, OH

MANSFIELD OH 449

17 JAN 2008 PM 2 T



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

JAN 21 2008

48232+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: January 15th, 2008

17-Digit Vehicle Identification Number (VIN): 162Z4548354 [REDACTED]

Mileage at Time of Repair: 42103 Date of Repair: June 18, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: HURON State: OHIO ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 840.83

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:

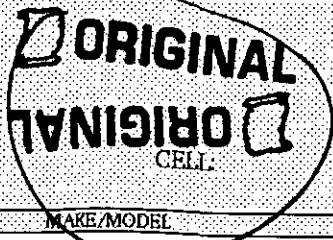
- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is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





HURON, OH
HOME [REDACTED] B US:
EMAIL: [REDACTED]



Invoice #: [REDACTED]

Page 1 of 1

Customer #: 2398108

Service Advisor: 12 JANET A SCHLACHTER

PONTIAC GMC KASPER
Auto Group
it's all good
Phone (419) 625-8035 2401 Cleveland Road
Toll Free (800) 335-2773 Sandusky, OH 44870
Fax (419) 625-8298 www.kasperiata.com

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN | MILEAGE OUT |
|----------|---------------|------------|-------------|------------|---------------|---------------|
| BLACK | 05 | PONTIAC G6 | 1G2ZH548354 | [REDACTED] | 42103 | 42104 |
| DEL DATE | PROMISED | PO NO | PAYMENT | INV DATE | R.O. OPENED | |
| 17AUG05 | 17:00 18JUN07 | | CASH | 18JUN07 | 11:07 18JUN07 | 15:37 18JUN07 |

OPTIONS: STICKTIPS051A

Service Department Hours

Monday - Friday
7:30 AM to 5:00 PM
Saturday
8:00 AM to 12:00 noon

Did you know?

- Shuttle Service Available
- Certified Technicians
- \$19.95 Oil Changes (done in 30 min)
- Competitive upfront pricing
- Convenient hours
- Lifetime guarantee on select parts
- We sell tires...
- 24 Hour towing (419) 625-9240

Thank You!

**YOUR CAR NEEDS:
TRANSMISSION FLUID
FLUSHING SERVICE**

- *THIS SERVICE EXTENDS THE TRANSMISSION LIFE
- *CAN HELP SMOOTH ROUGH HARD SHIFTING PROBLEMS
- *REMOVES CONTAMINATED FLUID FROM THE TORQUE CONVERTOR
- *RENTALIZES TRANSMISSION SEALS AND O RINGS

\$99.95

Present this coupon at time of write-up
Plus tax where applicable

Kasper Buick Pontiac GMC
(419) 625-8035

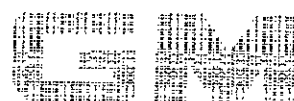
A POWER STEERING NOT WORKING ONLY INTERMITTANTLY
STEER TECH REPLACED STEERING COLUMN SENSOR
155

1 15926870 COLUMN
TECH FOUND VEHICLE NEEDED A STEERING COLUMN SEN SOR THAT WAS BAD
TECH CANNOT TELL IF INSTALLATI ON OF SATALITE RADIO AND FUZZ BUSTER HAD
A ROLE IN THE SENSOR GOING BAD

CUSTOMER PAY MISC MATERIALS FOR REPAIR ORDER



BUICK



25.00

THANK YOU FOR ALLOWING US TO BE OF SERVICE TO YOU. OUR GOAL IS 100% COMPLETE SATISFACTION. IF FOR ANY REASON YOU ARE NOT COMPLETELY SATISFIED WITH YOUR SERVICE VISIT PLEASE CONTACT TONY MEYERS SERVICE MANAGER AT 419-502-5140

PONTIAC

Customer Copy

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 or repairs thereto.

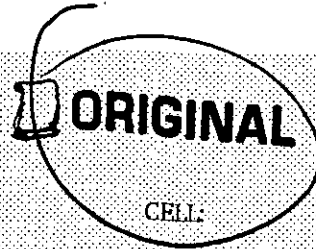
Disclaimer of warranties: Any warranty on the products sold hereby are those made by the manufacturer. The seller, Kasper Buick Pontiac GMC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and Kasper Buick Pontiac GMC neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the vehicle or said products. ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE. TERMS CASH OR CREDIT CARD.

APPOINTMENTS: (419) 625-8035

| | |
|------------------------|--------|
| LABOR AMOUNT | 320.00 |
| PARTS AMOUNT | 358.10 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 25.00 |
| TOTAL CHARGES | 703.10 |
| LESS INSURANCE/DISC. | 0.00 |
| SALES TAX | 45.71 |
| PLEASE PAY THIS AMOUNT | 748.81 |

THANK YOU!

HURON, OH
HOME [REDACTED] B US:
EMAIL: [REDACTED]



Invoice #: [REDACTED]
Page 1 of 1
Customer #: 2398108
Service
Advisor: 12 JANET A SCHLACHTER

PONTIAC GMC KASPER
Auto Group
BUICK it's all good
Phone (419) 625-8035 2401 Cleveland Road
Toll Free (800) 335-2773 Sandusky, OH 44870
Fax (419) 625-8298 www.kaspercar.com

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN | MILEAGE OUT |
|---------------|------|---------------|-------------|---------|------------|---------------|
| BLACK | 05 | PONTIAC G6 | 1G2ZH548354 | | 41456 | 41457 |
| DEL DATE | | PROMISED | PO NO. | PAYMENT | INV. DATE | R.O. OPENED |
| 17AUG05 I | | 17:00 08JUN07 | | CASH | 08JUN07 | 13:20 08JUN07 |
| 14:14 08JUN07 | | | | | | |

OPTIONS: STK KHP5051A

Service Department Hours

Monday - Friday
7:30 AM to 5:00 PM
Saturday
8:00 AM to 12:00 noon

Did you know?

- Shuttle Service Available
- Certified Technicians
- \$19.95 Oil Changes (done in 30 min)
- Competitive upfront pricing
- Convenient hours
- Lifetime guarantee on select parts
- We sell tires...
- 24 Hour towing (419) 625-9240

Thank You!



**YOUR CAR NEEDS:
TRANSMISSION FLUID
FLUSHING SERVICE**

- *THIS SERVICE EXTENDS THE TRANSMISSION LIFE
- *CAN HELP SMOOTH ROUGH, HARD SHIFTING PROBLEMS
- *REMOVES CONTAMINATED FLUID FROM THE TORQUE CONVERTOR
- *REITALIZES TRANSMISSION SEALS AND "O" RINGS

\$99.95

Present this coupon at time of write-up
Plus tax where applicable

Kasper Buick Pontiac GMC
(419) 625-8035

A CUSTOMER STATES POWER STEERING IS NOT WORKING IT STAYS WORKING WHEN VEHICLE STARTS BUT IF IT DOES NOT WORK WHEN VEHICLE STARTS IT DOES NOT WORK AT ALL UNTIL IT IS SHUT OFF
1 TECH FOUND STEERING SHAFT SENSOR INOP
155

TECH FOUND VEHICLE NEEDS STEERING SHAFT SENSOR ESTIMATE 692.95 PLUS
TAX ALSO NOTED VEHICLE NEE DS REAR BRAKES 189.95 PLUS TAX AND 4 TIRES
ESTI MATE 715.00 PLUS TAX TECH DOES NOT RECOMEND DRIVING VEHICLE VERY
HARD TO TURN AND IS NOT SAFE WHEN STEERING IS NOT WORKING CUSTOMER
DECLINED REPAIR AT THIS TIME

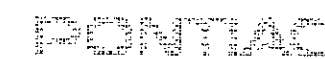


CUSTOMER PAY MISC MATERIALS FOR REPAIR ORDER



6.40

THANK YOU FOR ALLOWING US TO BE OF SERVICE TO YOU. OUR GOAL IS 100% COMPLETE SATISFACTION. IF FOR ANY REASON YOU ARE NOT COMPLETELY SATISFIED WITH YOUR SERVICE VISIT PLEASE CONTACT TONY MEYERS SERVICE MANAGER AT 419-502-5140



Customer Copy

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 or repairs thereto.

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

ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE
TERMS CASH OR CREDIT CARD.

APPOINTMENTS: (419) 625-8035

| | |
|------------------------|-------|
| LABOR AMOUNT | 80.00 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 6.40 |
| TOTAL CHARGES | 86.40 |
| LESS INSURANCE/DISC. | 0.00 |
| SALES TAX | 5.62 |
| PLEASE PAY THIS AMOUNT | 92.02 |

THANK YOU!

First Federal Savings & Loan Assn of Lorain

Print Date : January 10, 2008

| | | | |
|-----------------------|--------------------------------------|--------------------------|----------|
| Account Title | Community Club Checking Account (ND) | Account Balance | \$100.27 |
| Account Number | [REDACTED] | Available Balance | \$100.27 |
| Account Type | Checking | 2008 Interest | \$0.00 |
| Interest Rate | 0.750% | 2007 Interest | \$6.21 |

Account History
06-07-2007 to 06-29-2007

| Date | Check # | Transaction Description | Credit | Debit | Balance |
|-------------|----------------|-------------------------------------|---------------|--------------|----------------|
| 06-07-2007 | | DBT PURCHASE | | 4.89 | 626.58 |
| | | SHELL OIL 57424554905 HURON OH | | | |
| 06-07-2007 | | DBT PURCHASE | | 2.29 | 624.29 |
| | | BEST BUY 00011619 CLEVELAND OH | | | |
| 06-07-2007 | | POS PURCHASE | | 4.54 | 619.75 |
| | | 3506 STEELYARD DRI CLEVELAND OH | | | |
| 06-08-2007 | | DBT PURCHASE | | 43.75 | 576.00 |
| | | SHELL OIL 57424554905 HURON OH | | | |
| 06-08-2007 | | BEST BUY STORES PAYROLL | 1,089.67 | | 1,665.67 |
| 06-09-2007 | | DBT PURCHASE | | 11.27 | 1,654.40 |
| | | SHELL OIL 57424554905 HURON OH | | | |
| 06-09-2007 | | DBT PURCHASE | | 92.02 | 1,562.38 |
| | | KASPER BUICK PONTIAC GM SANDUSKY OH | | | |
| 06-11-2007 | | POS PURCHASE | | 99.01 | 1,463.37 |
| | | 3506 STEELYARD DRI CLEVELAND OH | | | |
| 06-11-2007 | | DBT PURCHASE | | 107.49 | 1,355.88 |
| | | BEST BUY 00011619 CLEVELAND OH | | | |
| 06-11-2007 | | DBT PURCHASE | | 7.68 | 1,348.20 |
| | | BEST BUY 00011619 CLEVELAND OH | | | |
| 06-11-2007 | | DBT PURCHASE | | 30.82 | 1,317.38 |
| | | SHELL OIL 57424554905 HURON OH | | | |
| 06-12-2007 | | DBT PURCHASE | | 8.47 | 1,308.91 |
| | | BEST BUY 00011619 CLEVELAND OH | | | |
| 06-12-2007 | | SPRINT PCS TELCOM | | 57.96 | 1,250.95 |
| 06-13-2007 | | POS PURCHASE | | 0.75 | 1,250.20 |

| | | | |
|------------|-------------------------------------|--------|----------|
| | 3506 STEELYARD DRI CLEVELAND OH | | |
| 06-13-2007 | DBT PURCHASE | 27.38 | 1,222.82 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-16-2007 | DBT PURCHASE | 37.27 | 1,185.55 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-18-2007 | POS PURCHASE | 319.84 | 865.71 |
| | 3506 STEELYARD DRI CLEVELAND OH | | |
| 06-18-2007 | DBT PURCHASE | 6.08 | 859.63 |
| | BEST BUY 00011619 CLEVELAND OH | | |
| 06-18-2007 | CHASE EPAY | 120.46 | 739.17 |
| 06-18-2007 | DEPOSIT | 207.28 | 946.45 |
| 06-19-2007 | DBT PURCHASE | 9.87 | 936.58 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-19-2007 | DBT PURCHASE | 748.81 | 187.77 |
| | KASPER BUICK PONTIAC GM SANDUSKY OH | | |
| 06-19-2007 | WALMART CC WM EPAY | 51.00 | 136.77 |
| 06-20-2007 | DEPOSIT | 90.00 | 226.77 |
| 06-20-2007 | SERVICE CHARGE | 5.00 | 221.77 |
| 06-20-2007 | INTEREST PAID | 1.07 | 222.84 |
| 06-22-2007 | DBT PURCHASE | 29.39 | 193.45 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-22-2007 | BEST BUY STORES PAYROLL | 739.64 | 933.09 |
| 06-22-2007 | PROG DIRECT INS INS PREM | 88.83 | 844.26 |
| 06-23-2007 | DBT PURCHASE | 32.08 | 812.18 |
| | SLYMANS RESTAURANT INC CLEVELAND OH | | |
| 06-25-2007 | DBT PURCHASE | 13.05 | 799.13 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-25-2007 | DBT PURCHASE | 38.68 | 760.45 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-26-2007 | DBT PURCHASE | 6.04 | 754.41 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-27-2007 | DBT PURCHASE | 8.16 | 746.25 |
| | SHELL OIL 57424554905 HURON OH | | |
| 06-27-2007 | DBT PURCHASE | 24.00 | 722.25 |
| | NUNZIO'S PIZZERIA II CLEVELAND OH | | |
| 06-27-2007 | DBT PURCHASE | 25.00 | 697.25 |

March 9, 2011

[REDACTED]
Huron, OH [REDACTED]

Service Request: 71-600296028
Customer Relationship Specialist: MJ Mason

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 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 \$840.83.

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. 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
02/27/08

*****840 DOLLARS

***83 CENTS

AMOUNT
*****840.83PAY
TO THE
ORDER
OF

HURON OH [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

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

VENDOR
DUNS NO. BB 000000349

1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT
DATE

02/27/08

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|-----------------------------|----------------------------|-------------------------|---------|----------------|--------------|------------|
| 1G2ZH548354 [REDACTED] | 02/26/08 71-600296028.1 | VM 1-9YLWPO 1-9YLWPO | 00.0000 | 840.83 | .00 | 840.83 |
| TOTAL | | | | 840.83 | .00 | 840.83 |

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

M3

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

March 9, 2011

[REDACTED]
Rochester, NY [REDACTED]

Service Request: 71-600350442
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 assist column that you had repaired. Although we regret that we are unable to reimburse you the full amount you requested, we are happy to inform you that we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$723.61.

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. 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
02/20/08

*****723 DOLLARS

****61 CENTS

AMOUNT
*****723.61PAY
TO THE
ORDER
OF[REDACTED]
ROCHESTER NY [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 BB 000000133 1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT
DATE 02/20/08REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

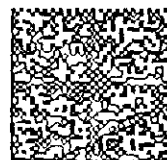
NET AMOUNT

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|---|-----------------------|-----------------------------|---------|----------------|--------------|------------|
| 1G1ZT54895F [REDACTED] | 02/19/08 71-600350 | VM 1-9YLMNW 442.1-9YLMNW | 00.0000 | 723.61 | .00 | 723.61 |
| ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782 | | | | H3 | | |
| TOTAL | | | | 723.61 | .00 | 723.61 |



MILLER BRICK Co.

734 RIDGEWAY AVENUE
ROCHESTER, NY 14615



02 1P

\$ 000.580

0002519037 JAN 17 2008
MAILED FROM ZIP CODE 14615

JAN 21 2008

REIMBURSEMENT DEPARTMENT
PO BOX 33170
DETROIT, MI 48232-5170

482325170 B050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-17-08

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

Mileage at Time of Repair: 60049 Date of Repair: 8-29-07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Rochester State: Ny ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 814.07

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 [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.

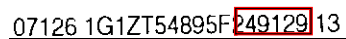
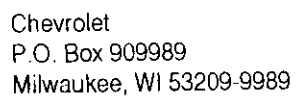
Your claim will be acted upon within 60 days of receipt.

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).





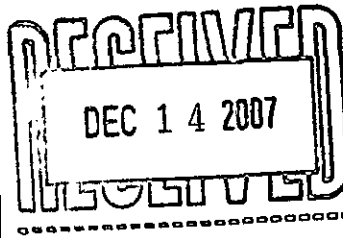
ROCHESTER, NY



December 2007

[REDACTED]
Rochester, NY [REDACTED]

Dear [REDACTED]



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.

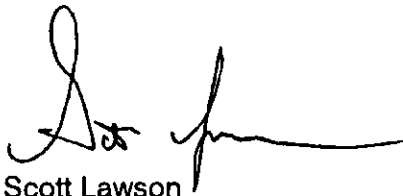
What You Should Do: Repairs and adjustments qualifying under this special coverage must be performed by a General Motors dealer. You may want to contact your GM dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. 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



Lou's Car Care Center Inc.
7361 State Fair Blvd.
Baldwinsville, NY. 13027
Phone - 315-638-0281 Fax - 315-635-6094
FOR 24 HRS TOWING & BODY SHOP CALL 638-0250

INVOICE

Org. Est. # 083568
REPAIR SHOP #
7044957

Invoice Date : 08/29/2007
Print Date : 12/31/2007

INVOICE FROM HISTORY

Work Completed Date : 08/29/2007

BALDWINSVILLE, NY

Office: --- Cellular: ---
Cust ID : 51 Ref # :

2005 Chevrolet - Malibu

3.5L, V6, VIN (8)

Lic # : ---

Odometer In : 60049

Unit # :

Odometer Out : 60049

Vin # : 1G1ZT54895F ---

Hat # :

| Part Description / Number | Qty | Sale | Extended | Labor Description | Extended |
|---------------------------|------|--------|----------|--|----------|
| STEERING COLUMM | | | | CUSTOMER STATES THAT HE HAS LOST | 105.00 |
| 15926870 | 1.00 | 369.00 | 369.00 | POWER STEERING AND THE LIGHT HAS | |
| Shop Supplies | | 3.81 | 3.81 | COME ON. HE STATES THAT IT BEGAN | |
| | | | | WORKING AGAIN ON SUNDAY AND THIS | |
| | | | | MORNING. CHECK AND ADVISE. | |
| | | | | VERIFY CUSTOMER COMPLAIN SCAN FOR | |
| | | | | CODES CODE C0545 SPEED WHEEL TORQUE | |
| | | | | IMPUT AND CODE C0460 SPEED POSITION | |
| | | | | SENSOR RECCOMEND STEERIN COLUM | |
| | | | | WITH GM UPDATE | |
| | | | | STEERING COLUMN - Removal & Installation - | 196.00 |
| | | | | w/Adjustable Foot Pedals | |
| | | | | PERFORM 4 WHEEL ALIGNMENT | 79.95 |
| | | | | ROAD TEST VEHICLE, INSPECT | |
| | | | | SUSPENSION/STEERING COMPONENTS, | |
| | | | | CHECK VEHICLE HEIGHT, CHECK WHEEL | |
| | | | | CASTER AND CAMBER, ADJUST TOE IN AND | |
| | | | | TOE OUT TO MANUFACTURES | |
| | | | | SPECIFICATIONS. ROAD TEST VEHICLE | |
| | | | | AFTER ADJUSTMENTS. ADDITIONAL FEE IF | |
| | | | | NECESSARY TO SHIM OR FREE UP AND | |
| | | | | LUBE ANY RUSTED STEERING/SUSPENSION | |
| | | | | COMPONENTS. | |
| | | | | **** Recommendations **** | |
| | | | | FRONT BRAKES ARE GETTING LOW 6 MM | |
| | | | | FRICTION MATERIAL REMAINING | |
| | | | | 69,145 MILE **FREE**TIRE ROTATION | |
| | | | | DUE | |
| | | | | NYS INSPECTION DUE 08/15/2007 | |

ORIGINAL

Lou's Car Care Center Inc.
 7361 State Fair Blvd.
 Baldwinsville, NY. 13027
 Phone - 315-638-0281 Fax - 315-635-6094
 FOR 24 HRS TOWING & BODY SHOP CALL 638-0250

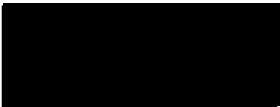
INVOICE

Org. Est. # 083568
 REPAIR SHOP #
 7044957

Invoice Date : 08/29/2007
 Print Date : 12/31/2007

INVOICE FROM HISTORY

Work Completed Date : 08/29/2007



BALDWINVILLE, NY

Office [Redacted] -- Cellular [Redacted]

Cust ID : 51

Ref # :

2005 Chevrolet - Malibu

3.5L, V6, VIN (8)

Lic # [Redacted]

Unit # :

Vin # : 1G1ZT54895F [Redacted]

Hat # :

Odometer In : 60049

Odometer Out : 60049

| Part Description / Number | Qty | Sale | Extended | Labor Description | Extended |
|---------------------------|-----|------|----------|-------------------|----------|
|---------------------------|-----|------|----------|-------------------|----------|

ORIGINAL

[Technicians : Richmond, Dennis]

| Org. Estimate | Revisions | Current Estimate | Additional Cost | Revised Estimate |
|---------------|-----------|------------------|-----------------|------------------|
|---------------|-----------|------------------|-----------------|------------------|

Customer Called In: 08/27/2007 - 4 13 <none>

Parts: \$369.00 Labor: \$338.95 Sublet: \$0.00 Taxes & Fees: \$60.30

\$768.25

\$768.25

| | |
|----------|--------|
| Labor: | 380.95 |
| Parts: | 372.81 |
| Sublet: | 0.00 |
| Sub: | 753.76 |
| Tax: | 60.31 |
| Total: | 814.07 |
| Bal Due: | \$0.00 |

[Payments - MasterCard - \$814.07]

I hereby authorize the above repair work to be done along with the necessary materials and hereby grant you and/or your employees permission to operate the car or truck on street, highways for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs. Warranty on New or Remanufactured Parts and labor is one years or 12,000 miles, Used parts 30 Days or 1000 miles. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE..... Date..... Time.....

MasterCard BusinessCard Monthly Statement

Balance Summary:

| | | |
|-------------------------------|--------|------------|
| Previous Balance | | \$66.34 |
| Payments and Other Credits | | \$66.34 |
| Purchases/Loans/Other Charges | | \$1,534.15 |
| Service Charge or Interest | \$0.00 | |
| Transaction Fees Loans Only | \$0.00 | |
| Total FINANCE CHARGE | | \$0.00 |
| Late Payment Fees | | \$0.00 |
| New Balance | #6040 | \$1,534.15 |

| | |
|-----------------------|--------------------|
| Account Number | |
| Credit Line | \$5,000.00 |
| Total Balance in Use | \$1,534.15 |
| Available Credit | \$3,465.85 |
| Days in Billing Cycle | 30 |
| Billing Date | SEPTEMBER 27, 2007 |
| Payment Due Date | OCTOBER 22, 2007 |
| Amount Past Due | |
| Minimum Due | \$30.68 |
| Minimum Payment Terms | 50 |

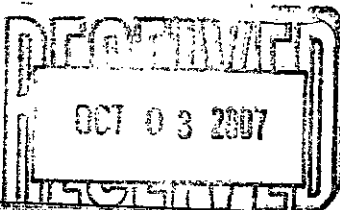
YOU MAY AVOID ADDITIONAL FINANCE CHARGES ON PURCHASES IF YOU PAY \$1,534.15 BY THE PAYMENT DUE DATE.

Your Transactions at a Glance:

| Tran Date | Post Date | Card Brand | Reference Number | Description of Transactions | Amount |
|-----------|-----------|------------|-------------------|---------------------------------------|--------|
| 08/29 | 08/29 | | 55547517H792NY4E1 | LOU'S CAR CARE CENTER BALDWINVILLE NY | |
| | | | | MCC: 5532 MERCHANT ZIP: | + |
| 09/17 | 09/17 | | 854747885G28WFRW2 | PAYMENT THANK YOU 5531050773 | 814.07 |
| 09/20 | 09/20 | | 55547518779383EG8 | LOU'S CAR CARE CENTER BALDWINVILLE NY | - |
| | | | | MCC: 5532 MERCHANT ZIP: | + |
| | | | | | 66.34 |
| | | | | | 720.08 |

Finance Charge Rates Summary:

| Fixed Rate Account | Periodic Rate | Average Daily Balance | Corresponding Annual Percentage Rate | Annual Percentage Rate |
|--------------------|---------------|-----------------------|--------------------------------------|------------------------|
| Purchases | 1.650 Monthly | \$0.00 | 19.80 | 19.80 |
| Loans | .05424 Daily | \$0.00 | 19.80 | 19.80 |



ENTERED

OCT 03 2007

Questions?

Call or Write

Payment Address:

Toll Free 866-341-5203
Outside U.S./Canada 812-422-2272

HSBC BANK USA, N.A.
P.O. BOX 3038
EVANSVILLE, IN 47730

HSBC BANK USA, N.A.
PO BOX 37278
BALTIMORE, MD 21297-3278

NEW YORK RESIDENTS MAY CONTACT THE NEW YORK STATE BANKING DEPARTMENT TO OBTAIN A COMPARATIVE LISTING OF CREDIT CARD RATES, FEES AND GRACE PERIODS. NEW YORK STATE BANKING DEPARTMENT, 1-800-518-8866.

Clear Lake IA

WATERLOO IA 507

18 JAN 2008 PM 2 L

JAN 21 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: 1/10/08

17-Digit Vehicle Identification Number (VIN): 1G2ZG528854

Mileage at Time of Repair: 39,332 Date of Repair: 6/21/07

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: Clear Lake State: IOWA ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 673.81

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).



Sedars AUTO PARK

4510 FOURTH ST. S.W. • MASON CITY, IA 50401-7334
641-424-4033 • FAX: 641-424-4177 • TOLL FREE: 1-888-424-4033

www.sedarsautopark.com

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

| | | | | |
|------------------------------|--|-----------------------|---------------------------------|----------------------------------|
| CUSTOMER NO. 13624 | ADVISOR CLIFF | TAG NO. 220 | INVOICE DATE 06/26/07 | INVOICE NO. PNC563923 |
| [REDACTED] VENTURA, IA | LABOR RATE | LICENSE NO. | MILEAGE 39,332 | COLOR / |
| | YEAR/MAKE/MODEL 05/PONTIAC/G-6 | | | DELIVERY DATE 12/07/04 |
| | VEHICLE I.D. NO. 1 G 2 Z G 5 2 8 8 5 4 | | | DELIVERY MILES |
| | F.T.E. NO. | | | SELLING DEALER NO. |
| BUSINESS PHONE | | P.O. NO. | | R.O. DATE 06/21/07 |
| COMMENTS | | MO: 39333 | | |

JOB# 1 CHARGES

LABOR
J# 1 10PNZ06 CHECK ENGINE LIGHT TECH(S):108 254.10
CUSTOMER STATES CHECK ENGINE LIGHT ON
INFO CENTER SHOWS POWER STEERING, STEERING WHEEL TURNS HARD,
CUST STATES SHUTS VEH OFF, RESTARTS WORKS OK.
SYSTEMS CHECK/FOUND OPEN CIRCUIT IN STEERING WHEEL TORQUE
SENSOR.
REPLACED STEERING COLUMN.

| PARTS | QTY | FP | NUMBER | DESCRIPTION | UNIT | PRICE |
|---------------|-----|----|----------|--------------|------|--------|
| | 1 | | 15926870 | COLUMN 6.518 | | 359.00 |
| TOTAL - PARTS | | | | | | 359.00 |

JOB# 1 TOTALS

| | |
|----------------------------|--------|
| LABOR | 254.10 |
| PARTS | 359.00 |
| JOB# 1 JOURNAL PREFIX PNC5 | |
| JOB# 1 TOTAL | 613.10 |

| MISC | CODE | DESCRIPTION | CONTROL NO |
|------------|------|---------------|------------|
| JOB # A | A1 | SHOP SUPPLIES | |
| TOTAL MISC | | | 17.79 |

TOTALS

| | | | |
|--|----------|------------------|--------|
| ***** | Cadillac | TOTAL LABOR.... | 254.10 |
| * [] CASH [] CHECK CK NO. [] CREDIT | | TOTAL PARTS.... | 359.00 |
| * [] VISA [] MASTERCARD [] DISCOVER | | TOTAL SUBLET.... | 0.00 |
| * [] AMER XPRESS [] OTHER [] CHARGE | | TOTAL G.O.G.... | 0.00 |
| ***** | | TOTAL MISC CHG. | 17.79 |
| | | TOTAL MISC DISC | 0.00 |
| | | TOTAL TAX..... | 42.92 |

THANK YOU FOR YOUR BUSINESS!!

SUPPLIES (WASHER FLUID, BRAKE FLUID, TRANSMISSION FLUID,
COOLANT, POWER STEERING, FLUID DISPOSAL, SHOP CHEMICALS)

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

CUSTOMER SIGNATURE

TOTAL INVOICE \$ 673.81

ORIGINAL

SERVICE HOURS

MONDAY - FRIDAY 8:00 am to 5:00 pm



THE SELLING DEALER MAKES NO WARRANTY OF
ANY KIND WHATSOEVER AS TO THE MERCHANT-
ABILITY OF THE PRODUCTS LISTED HEREON OR
AS TO THEIR FITNESS FOR ANY PARTICULAR
PURPOSE. ANY WARRANTY WHICH MAY EXIST IS
AN AGREEMENT SOLELY BETWEEN THE MANU-
FACTURER AND THE PURCHASER.

March 9, 2011

Clear Lake, IA

Service Request: 71-600451271

Customer Relationship Specialist: Elaine Cates

Dear

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 \$673.81.

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. 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]

50-837
213DATE
02/15/08

*****673 DOLLARS

***81 CENTS

AMOUNT

*****673.81

PAY
TO THE
ORDER
OF

CLEAR LAKE IA [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

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

AUDIT

VENDOR
DUNS NO. BB 000000292

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

16226528854 [REDACTED]

02/14/08

71-600451271.1-9XUVTB

VM 1-9XUVTB

00.0000

673.81

.00

673.81

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

M3

TOTAL

673.81

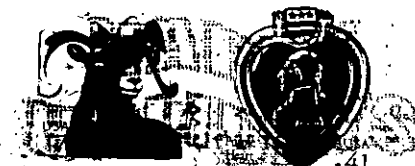
.00

673.81

[REDACTED]
Mystic, Ia [REDACTED]

DES MOINES IA 503

17 JAN 2008 PM 2 L



JAN 21 2008

Reimbursement Department
PO Box 33170
Detroit, Mi 48232-5170

48232+5170 8050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-17-08
17-Digit Vehicle Identification Number (VIN): 1G1ZS52F35F
Mileage at Time of Repair: 44795 Date of Repair: 8-21-06
Claimant Name (please print): [REDACTED]
Street Address or PO Box Number: [REDACTED]
City: Mystic State: Ta ZIP Code: [REDACTED]
Daytime Telephone Number (include Area Code): [REDACTED]
Evening Telephone Number (include Area Code): [REDACTED]
Amount of Reimbursement Requested: \$ 282.75

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

Mystic, IA

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.

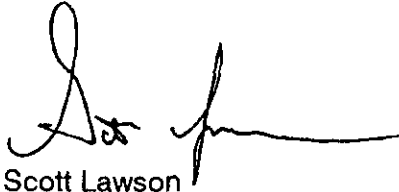
Reimbursement: The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the special coverage condition. Your request for reimbursement, including the information and documents mentioned on the enclosed form, must be received by GM by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



100 Renaissance Center, P.O. Box 100, Detroit, MI 48265-1000

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



PETE HARKNESS

1003 North 18th St.
Centerville, IA 52544
Phone 641-437-4040
Fax 641-437-4050



CHEVROLET BUICK PONTIAC

CHEVROLET • BUICK • PONTIAC
CENTERVILLE, IOWA

| | | | | |
|-------------------|------------------------------|-----------------------|------------------|----------------------|
| R/O 09922 | VIN 1 G 1 Z S 5 2 F 3 5 F | | | DATE IN 08/21/06 |
| YEAR 2005 | MAKE CHEVROLET | MODEL MALIBU | COLOR SILVER | TIME IN 11:00 |
| MILES IN 44795 | MILES OUT 44795 | FIRST USE 00/00/00 | USC MYSTIC IA | CLOSED 08/21/06 |
| SEE ALSO | H: W: (641) - | | | WRITER 8434 JENNY |

- (1) CUSTOMER STATES VEHICLE SOMETIMES LOSES
POWER STEERING
CODE C0545-TORQUE INPUT SENSOR
(Tech:24) A

E7680 6C OJ T24 0
(F)15926870 (S/COL RE) 1
..... (Warranty)

- (2) LABOR TIME FOR INSTALLING STEERING COLUMN
REMOVED AND REPLACED STEERING COLUMN
(Tech:24) A

Labor T24 35 264.25
Total Repair (Customer) 264.25

*Pa
OK #1002*

ORIGINAL

IMPORTANT

We work hard to satisfy our customers. Should you receive a survey, please return it directly to the manufacturer with the envelope provided. If there is an area on the survey you cannot honestly rate Completely Satisfied, please contact Pete Harkness. It is our sincere desire to provide you with the finest in sales and service.

"Just a few smiles away"

2 tickets

DISCLAIMER OF WARRANTIES

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 person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

X

CUSTOMER SIGNATURE

Page 1 of 1 Job 09922

09922 Customer Copy

| | W/C | INT. | CUSTOMER |
|--------------|-----|------|----------|
| Labor | | | 264.25 |
| Parts | | | .00 |
| Sublet | | | .00 |
| Waste Dispos | | | .00 |
| Oil/Grease | | | .00 |
| Sub Total | | | 264.25 |
| Tax | | | 18.50 |
| Total (Cash) | | | 282.75 |

PETE HARKNESS

CHEVROLET • BUICK • PONTIAC
CENTERVILLE, IOWA

1003 North 18th St.
Centerville, IA 52544
Phone 641-437-4040
Fax 641-437-4050



BUICK PONTIAC

| | | | | |
|-------------------|------------------------------|-----------------------|--------------------------|----------------------|
| R/O 09830 | VIN 1 G 1 Z S 5 2 F 3 5 F | | | DATE IN 08/14/06 |
| YEAR 2005 | MAKE CHEVROLET | MODEL MALIBU | COLOR SILVER | TIME IN 01:10 |
| MILES IN 44794 | MILES OUT 44794 | FIRST USE 00/00/00 | USC. | CLOSED 08/15/06 |
| SEE ALSO | | | H: [REDACTED] W: (641) - | WRITER 8434 JENNY |

- (1) LUBE OIL AND FILTER--UP TO 5 QTS
PERFORM 27 POINT COURTESY INSPECTION
COMPLETED
(Tech:27) A
- | | | | |
|--------------------------------|-----|---|-------|
| LOF | T27 | 3 | 7.95 |
| 89029265 (FILTER) | | 1 | 6.00 |
| Gm 5w30 | | 5 | 6.00 |
| Less Special Discount | | | -4.00 |
| Total Repair (Customer) | | | 15.95 |
- (2) CUSTOMER STATES VEHICLE SOMETIMES LOSES
POWER STEERING
CODE C0545-TORQUE INPUT SENSOR
SENSOR IS PART OF STEERING COLUMN-NEEDS
NEW COLUMN-\$623.25
GM COVER PART
CUSTOMER COVER LABOR-\$264.25
(Tech:24) A
- | | | | |
|--------------------------------|-----|--|-----|
| Labor | T24 | | |
| Total Repair (Customer) | | | .00 |

IMPORTANT

We work hard to satisfy our customers. Should you receive a survey, please return it directly to the manufacturer with the envelope provided. If there is an area on the survey you cannot honestly rate Completely Satisfied, please contact Pete Harkness. It is our sincere desire to provide you with the finest in sales and service.

"Just a few smiles away"

*Id
C/H/OOZ*

2/10/06

ORIGINAL

DISCLAIMER OF WARRANTIES
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 of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

X CUSTOMER SIGNATURE

Page 1 of 1 Job 09830

09830 Customer Copy

| W/C | INT. | CUSTOMER |
|-----|------|--------------------|
| | | Labor 7.95 |
| | | Parts 6.00 |
| | | Sublet .00 |
| | | Waste Dispos 1.19 |
| | | Oil/Grease 6.00 |
| | | Less Disc. -4.00 |
| | | Sub Total 17.14 |
| | | Tax 1.40 |
| | | Total (Cash) 18.54 |

72-2084/739

002

DATE 8-21-06

DELUCE QUALITY OR DUPLICATE

Harkness

\$301.29

PAY TO THE ORDER OF

Three Hundred One & 29/100

DOLLARS



Great Western Bank

www.greatwesternbank.com

MEMO

0532277253
0730-0033-8
08232006
ENT=1938 TRC=1906 PK=11

PAY TO THE ORDER OF
US BANK
073000545
FOR DEPOSIT ONLY
PETE HARKNESS CHEVROLET
193471568721

0008100560
00-32-80

T6315 178 90 14 08222006
00196471568721 US BANK
10919000224 ST PAUL MN

*and don't
wash it
out the
machine*

PETE HARKNESS
CHEVROLET BUICK PONTIAC
1003 NO 18TH ST.
CENTERVILLE, IA 52544

GM Goodwrench

MULTI-POINT VEHICLE INSPECTION



Name: [Redacted] Year/Model: 05/Malibu Date: 8-14-06

Repair Order #: 9830 VIN (last 8 digits): SF [Redacted] [Redacted] ometer: _____ MI: _____ MII: _____

☒ Checked and OK

☐ May Require Attention Soon

☐ Requires Immediate Attention

INTERIOR

☒ OnStar Subscription activated

☐ Remaining engine oil life: _____ % Reset: _____ N/A: _____

WIPER BLADES



☐ LF ☐ RF
☐ Rear (if applicable)
☐ Windshield condition
Cracks _____ Chips _____

CHECK TIRES AND TREAD DEPTH

(Check exterior condition)



(Check lamps)

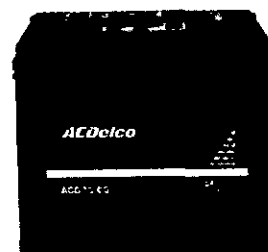
☒ 8/32 or Greater
LF 7/32 to 4/32
☐ 3/32 or Less
Front PSI set to: _____
☒ 8/32 or Greater
LR 7/32 to 4/32
☐ 3/32 or Less
Rear PSI set to: _____

8/32 or Greater ☐ RF
7/32 to 4/32 ☐
3/32 or Less ☐
Front PSI set to: _____
8/32 or Greater ☐ RR
7/32 to 4/32 ☐
3/32 or Less ☐
Rear PSI set to: _____

Lowest Tread Depth: _____/32

☐ Rotation needed ☐ Alignment needed ☐ Balance needed
☐ Rotation performed ☐ Alignment performed ☐ Balance performed
LF ☐ LR ☐ Wear Pattern/Damage RF ☐ RR ☐

CHECK BATTERY



☐ Battery condition
☐ Battery cables and connections

CHECK FLUID LEVELS

| OK | FILLED | REQUIRES ATTENTION |
|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Engine oil | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Brake fluid reservoir | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Transmission (if equipped w/dipstick) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Coolant recovery reservoir | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Power steering | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Windshield washer | <input type="checkbox"/> |

CHECK BRAKES/MEASURE FRONT AND REAR LININGS

| | | |
|---|---|-----------------------------|
| <input checked="" type="checkbox"/> LF | 7 mm (9/32) or greater 6 mm (8/32) to 4 mm (5/32) 3 mm (4/32) or less | <input type="checkbox"/> RF |
| <input checked="" type="checkbox"/> LR | 7 mm (9/32) to 5 mm (5/32) 4 mm (5/32) 3 mm (4/32) or less | <input type="checkbox"/> RR |
| Lowest Front Lining | | Lowest Rear Lining |
| <input type="checkbox"/> Brake system (also including lines, hoses and parking brake) | | |

ADDITIONAL CHECKS

- ☒ Inspect for visible leaks:
- ☒ Fuel system (also including gas cap seating)
 - ☒ Engine, transmission, drive axle, transfer case
 - ☒ Engine cooling system
 - ☒ Shocks and struts - also check operation
- ☒ Inspect visual condition:
- ☒ Belts: engine, accessory, serpentine, and/or V-drive
 - ☒ Hoses: engine, power steering and HVAC
 - ☒ Engine air filter and cabin air filters
 - ☒ Steering components and steering linkage
 - ☒ CV drive axle boots or driveshafts and U-joints
 - ☒ Exhaust system components

COMMENTS

Consultant: _____

Technician: _____

MAINTENANCE VISIT RECOMMENDATION

Date: _____

Time: _____

Reason for Maintenance: _____

SIMPLIFIED MAINTENANCE

MI

☐ Required

☐ Performed

MII

☐ Required

☐ Performed

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

CHECK

No. [REDACTED]

50-937
213DATE
02/13/08

*****282 DOLLARS

***75 CENTS

AMOUNT
*****282.75North American Operations
General Motors Corporation
Disbursement AccountPAY
TO THE
ORDER
OF

MYSTIC IA [REDACTED]

SIGNATURE

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

AUDIT

VENDOR
DUNS NO. BB 000000229

1

VENDOR NAME [REDACTED]

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

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

02/13/08

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|-----------------------------|----------------------------|-------------------------|---------|----------------|--------------|------------|
| 1G1ZS52F35F [REDACTED] | 02/12/08 71-600556642.1 | VM 1-9XK0H6 1-9XK0H6 | 00.0000 | 282.75 | .00 | 282.75 |
| TOTAL | | | | 282.75 | .00 | 282.75 |

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

H3

March 9, 2011

[REDACTED]
Mystic, IA [REDACTED]

Service Request: 71-600556642
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 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 \$282.75.

At Chevrolet, our commitment to customer satisfaction is a top priority. 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. 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
02/11/08

*****100 DOLLARS

****00 CENTS

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

EL CAJON CA [REDACTED]

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

AUDIT

VENDOR
DUNS NO.

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

02/11/08

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 |
|-----------------------------|-----------------------|----------------------------|---------|----------------|--------------|------------|
| 1G1ZT62815F [REDACTED] | 02/08/08 71-598480 | VM 1-9X6TY1 03.1-9X6TY1 | 00.0000 | 100.00 | .00 | 100.00 |
| TOTAL | | | | 100.00 | .00 | 100.00 |

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

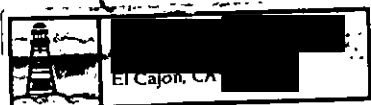
W3

TOTAL

100.00

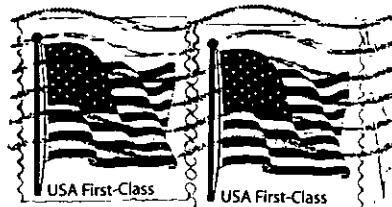
.00

100.00



SAN DIEGO, CA 921

08 JAN 2008 PM 1 L



JAN 11 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: 1/6/08

17-Digit Vehicle Identification Number (VIN): 1G1ZT62815F

Mileage at Time of Repair: 41853 Date of Repair: 10/29 - 10/31/07

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: EL CAJON State: CA ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 98.36

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).





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



11

07126 1G1ZT62815

EL CAJON, CA

INVOICE BREAKDOWN

OIL CHANGE / COUPON

LABOR

\$ 0.00

PARTS

0.00

(0.825)

TAX ON PARTS

1.64

BRAKES

LABOR

\$ 182.00

PARTS

103.95

TAX ON PARTS

8.58

TOTAL

\$ 296.17

TOTAL BILL

\$ 394.53

OIL CHANGE + BRAKES

296.17

DIFFERENCE / TOTAL FOR POWER STEERING

\$ 98.36

INVOICE
DUPLICATE 1

Repair Order #: 385769
Tag #: T405
Customer #: 9016250

Bob Baker
CHEVROLET SUBARU
EL CAJON

900 Arnela Ave.
El Cajon, CA 92020
619-440-0404
Fax: (619) 401-2332
info@bobbakerchevyssubaru.com
http://www.bobbakerchevyssubaru.com
BAR# AF-140193 EPA# CAD 982001117

EL CAJON, CA
HOME
EMAIL: 19feb05

BUS

CELL:

Service Advisor: 347 ROBERT RENDON

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN | MILEAGE OUT | | |
|----------|-----------|------------------|---------------|---------|------------|-------------|---------------|---------------|
| MED GRAY | 05 | CHEVROLET MALIBU | 1G1ZT62815F | | 41853 | 41853 | | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO. | PAYMENT | INV DATE | R.O OPENED | READY |
| 19FEB05 | | | 10:12 01NOV07 | | MV | 31OCT07 | 16:30 29OCT07 | 16:28 31OCT07 |

OPTIONS: STK:358069 DLR:20193 ENG:3.5 Liter SFI TRN:MXO 1)FIDELITY \$100 DED 2)EXP.02-18-11 OR 72,000

LIST NET TOTAL

A CUSTOMER STATES THAT THEY HAVE NO POWER STEERING ASST. CHECK AND ADVISE
CAUSE: TORQUE SENSOR
M01 STEERING (GEAR)

1 15926870 COLUMNE hrs.
LABOR: 228.20 PARTS: 359.00 OTHER: 0.00 TOTAL LINE A: \$ 587.20
41853 TORQUE SENSOR 2.80 DIAGNOSE AND REPLACE STEERING COLUMN
(INTEGRAL TORQUE SENSOR) FOR CODE C0545 SYMPTOM 00 PER TECH ASSIST CASE
#9957986

B CAR CARESERVICE LUBE OIL FILTER CHANGE.
CAUSE: LOF
CC1 CAR CARESERVICE LUBE OIL FILTER CHANGE.

305 CP hrs.
1 25010792 FILTER
5 OIL VALVOLINE
LABOR: 4.70 PARTS: 19.89 OTHER: 0.00 TOTAL LINE B: \$ 24.59
41853 LOF 0.30 DONE

C 3 DAY RENTAL THROUGH EXTENDED WARRANTY
RENTAL RENTAL CAR

999 CFIDE hrs.
SUBL PO#268450 ENTERPRISE PO#
CFIDE
LABOR: 0.00 PARTS: 0.00 OTHER: 0.01 TOTAL LINE C: \$ 0.01
41853

D BRAKE INSPECTION FOR WEAR

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 vehicles and vehicle components.
(Posted 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.html>.)

I acknowledge notice and oral approval of an increase in the original estimate to \$ _____ and release of my vehicle.

X

APPOINTMENTS: 619-440-0404

| LABOR AMOUNT | |
|------------------------|--|
| PARTS AMOUNT | |
| GAS, OIL, LUBE | |
| SUBLET AMOUNT | |
| MISC. CHARGES | |
| TOTAL CHARGES | |
| ADJUSTMENTS | |
| SALES TAX | |
| PLEASE PAY THIS AMOUNT | |

Thank You!

Repair Order Font Legend

CONCERN
CAUSE
CORRECTION

Service Department Hours

Mon - Fri
7:00 am - 6:00 pm

Sat
8:00 am - 2:00 pm



INVOICE
DUPLICATE 1

Repair Order #: 385769
Tag #: T405
Customer #: 9016250

Bob Baker
CHEVROLET · SUBARU
EL CAJON

900 Arnele Ave.
El Cajon, CA 92020
819-440-0404
Fax: (619) 401-2332
info@bobbakerchevysubaru.com
http://www.bobbakerchevysubaru.com
BAR# AF-140193 EPA# CAD 982001117

EL CAJON, CA

HOME

BUS

CELL:

EMAIL: sandra.vish@earthlink.net | home

Service Advisor: 347 ROBERT RENDON

| SERVICE ADVISOR, 3177 ROBERT HENRY UNIT | | | | | | | | | |
|--|------------|------------------|---------------|-------------|--|---------|-----------|---------------|---------------|
| COLOR | YEAR | MAKE/MODEL | | VIN | | LICENSE | | MILEAGE IN | MILEAGE OUT |
| MED GRAY | 05 | CHEVROLET MALIBU | | 1G1ZT62815E | | | | 41853 | 41853 |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | | PAYMENT | INV. DATE | R.O. OPENED | READY |
| 19FEB05 | | | 10:12 01NOV07 | | | MV | 31OCT07 | 16:30 29OCT07 | 16:28 31OCT07 |
| OPTIONS: STK:356069 DLR:20193 ENG:3.6 Liter SFI TRN:MX0 1)FIDELITY #100 DED:2)EXP.02-18-11 OR-72-000 | | | | | | | | | |

OPTIONS: STK:356069 DLR:20183 ENG:3.5 Liter 8FI TRN:MX0 1)FIDELITY \$100 DED 2)EXP.02-18-11 OR 72,000

LIST NET TOTAL

*Preferred
Customer*

SANDRA L VISH

As a valued customer of
Bob Baker
Chevrolet*Subaru
We would like to offer you

10% off

Off your next
Recommended Service.

Not valid with any other offers or
discounts.
Coupon expires 28Jan2008



Thank You!

Repair Order Font Legend

**CONCERN
CAUSE
CORRECTION**

Service Department Hours

Mon - Fri
7:00 am - 6:00 pm

Sat
8:00 am - 2:00 pm

CAUSE: WEAR
H01 BRAKES GENERAL

305 CP hrs.

1 15243254 PAD KIT

LABOR 182.00 PARTS 103.95 OTHER 0.00 TOTAL LINE D: \$ 285.95

41853 WEAR 2.00 INSPECT BRAKES AS 6MM FRONT AND 2MM REAR REMAINING.
REPLACE REAR BRAKE PADS AND SHIMS; REFINISH ROTORS AND LUBE MOUNTINGS.

EST: 45.50 29OCT07 16:30 SA 347
EST: 360.15 30OCT07 09:07 SA 347

17 COPY

PAID OCT 31 2007

ATM

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, greases, 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 vehicles and vehicle components.
(Posted 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.html>.

I acknowledge notice and oral approval of an increase in the original estimate to \$ _____ and release of my vehicle.

X

APPOINTMENTS: 619-440-0404

Customer Conv

THANK YOU!!

Page 2 of 2



| | |
|------------------------|--------|
| LABOR AMOUNT | 414.90 |
| PARTS AMOUNT | 482.84 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.01 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 897.75 |
| ADJUSTMENTS | 543.06 |
| SALES TAX | 39.84 |
| PLEASE PAY THIS AMOUNT | 394.53 |

CUSTOMER #:9016250

385769



Bob Baker

CHEVROLET • SUBARU

EL CAJON

900 ARNELE AVENUE • EL CAJON, CA 92020
 (619) 440-0404 • Fax: (619) 401-2332
 info@bobbakerchevysubaru.com
 http://www.bobbakerchevysubaru.com

BAR AF 140193

EPA 982001117

EL CAJON, CA

HOME

BUS:

WORKORDER

PAGE 2

SERVICE ADVISOR: 347 RENDON, ROBERT

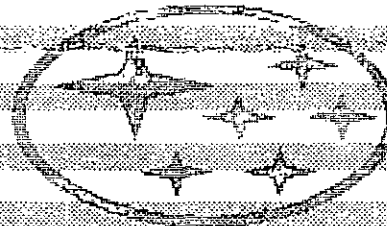
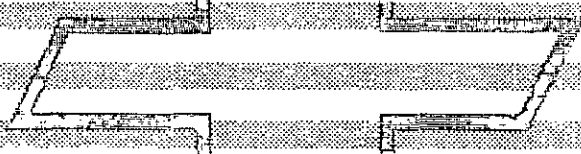
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG |
|-----------------|------------|---|---------------|---------|-----------------|---------|
| MED GRAY | 05 | CHEVROLET MALIBU | 1G1ZT62815F | | 41853/ | |
| DEL DATE | IN SERVICE | WARR EXP. | PROMISED | PO NO. | RATE | PAYMENT |
| 19FEB05 DD | | | 10:12 30OCT07 | | | CASH |
| R.O. OPENED | READY | OPTIONS: STK:356069 DLR:20193 ENG:3.5 Liter SFI | | | | |
| 29OCT2007 16:30 | | TRN:MX0 1) FIDELITY \$100 DED 2) EXP.02-19-11 OR 72,000 | | | | |

LINE OP CODE TECH. TYPE DESCRIPTIONS/INSTRUCTIONS

A M01 CFIDE CUSTOMER STATES THAT THEY HAVE NO POWER STEERING ASST.
 CHECK AND ADVISE

B CC1 CP CAR CARESERVICE LUBE OIL FILTER CHANGE.

C RENTAL CFIDE-RENTAL CAR



D H01 CFIDE BRAKE INSPECTION FOR WEAR

SERVICE WORK ORDER

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 vehicles and vehicle components.

(Posted in accordance with Proposition 65 in Cal. Health & Safety Code §25249.5 et seq.) For further information about Proposition 65:

NOTICE TO CONSUMER: PLEASE READ IMPORTANT INFORMATION ON BACK.

TERMS: CASH UNLESS ARRANGEMENTS MADE.

I hereby authorize the repair work hereinafter 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 at my risk. An express lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

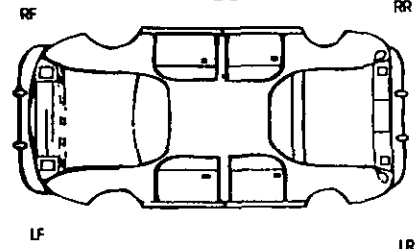
PRELIMINARY ESTIMATE

X

CUSTOMER ACKNOWLEDGES RECEIPT THEREOF

\$

45.50



SUBJECT TO CONDITIONS ON REVERSE SIDE OF THIS CONTRACT. PLEASE READ REVERSE SIDE.
 ALL PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE.

CUSTOMER COPY



BOB BAKER CHEVROLET
900 ARNELE AVENUE
EL CAJON CA 92020

DATE: 10/31/87 TIME: 16:26:27
MERH: 322133106068 STRH: 4301 TERH: 0004
A-T-M C-A-R-D P-U-R-C-H-A-S-E

REF: 1576 BATCH: 991
CD TYPE: ATM TR TYPE: PR

385769
TOTAL: \$394.53

ACCT: [REDACTED]
AP: 001010
TRACE: 259890
RETRIEVAL: 730423259890
NETWORK: 4E0 SETTLE: 11/01

NO SIGNATURE REQUIRED
TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

March 7, 2011

[REDACTED]
[REDACTED]
El Cajon, CA [REDACTED]

Service Request: 71-598480603
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 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 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 \$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. 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)**

March 9, 2011

[REDACTED]
Sleepy Hollow, NY [REDACTED]

Service Request: 71-600556690
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 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 vehicle 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



WESTCHESTER NY 105

17 JAN 2008 PM 1 T



• Sleepy Hollow, NY

JAN 22 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:

1/8/08

17-Digit Vehicle Identification Number (VIN):

161ZT64805F

Mileage at Time of Repair:

46,947

Date of Repair:

4/13/2007

Claimant Name (please print):

Street Address or PO Box Number:

City:

Sleepy Hollow

State:

NY

ZIP Code:

Daytime Telephone Number (include Area Code):

Evening Telephone Number (include Area Code):

Amount of Reimbursement Requested: \$

200-

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





800 Auto Park Place • Newburgh, NY 12550

CHEVROLET



Cadillac

"OUR COMMITMENT TO YOU" PRICE... SERVICE... SATISFACTION

SERVICE (845) 561-1700

PARTS (845) 561-0972

GM GOODWRENCH SERVICE

PAID

SALES (845) 561-9000

BODY WORKS (845) 561-5094

Paid 5/10/07
#200

| | | | | | | | | | | |
|--------------|--------|---------------------|-----------------------------|-----|---------|--------|--------------------|------------|-----------------|----------|
| CUSTOMER NO. | 264704 | ADVISOR | DEBRA COLLINS | 766 | TAG NO. | 259 | INVOICE DATE | 04/13/07 | INVOICE NO. | |
| | | LABOR RATE | | | MILEAGE | 46,947 | COLOR | LT DRIFTWD | STOCK NO. | 050938 |
| | | YEAR / MAKE / MODEL | 05/CHEVROLET/MALIBU/MAXX LS | | | | DELIVERY DATE | 07/18/05 | DELIVERY MILES | 13 |
| | | VEHICLE ID. NO. | 1 G 1 Z T 6 4 8 0 5 F | | | | SELLING DEALER NO. | BARTON | PRODUCTION DATE | |
| | | F.T.E. NO. | | | | | P.O. NO. | | P.O. DATE | 04/10/07 |
| | | BUSINESS PHONE | | | | | COMMENTS | MO: 46949 | | |

LABOR & PARTS
1 03CVZZ STEERING HOURS: 1.30 TECH(S):142
C/S STEERING LOCKS UP AFTER WARMED UP. LIKE NO POWER
STEERING. IF HE TURNS IT OFF AND IT COOLS DOWN-IT'S OK
FOR A WHILE.
POWER STEERING MOTOR FAULTY WHEN HOT
SCAN FOR CODES C0545-POWER STEERING MOTOR. REPLACE P/S
MOTOR AND SET UP CONTROL MODULE. ROAD TEST OK
E7631 1.3
GMPP

| PARTS | QTY | FP-NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE |
|---------|-----|-----------|-------------|------------|------------|
| DOB # 1 | 1 | 15775370 | MOTOR 6.605 | | |

JOB # 1 TOTAL PARTS

WARRANTY 0.00

JOB # 1 TOTAL LABOR & PARTS

0.00

| MISC | CODE | DESCRIPTION | CONTROL NO. |
|---------|-------|---------------------|--------------|
| DOB # 1 | GMPP | GMPP MIC RECEIVABLE | 279874 |
| DOB # 1 | GMDED | GMPP DEDUCTIBLE | 279874 |
| | | | TOTAL - MISC |

WARRANTY 200.00
200.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$200.00 (+TAX)

TECHNICIAN CERTIFICATION
142 ROBERT O TODD 449T

TOTALS

THANK YOU FOR YOUR BUSINESS!!!
*****PLEASE NOTE*****
IN THE NEAR FUTURE YOU MAY RECEIVE A "QUESTIONNAIRE" FROM
GM OR US. IF YOU CANNOT ANSWER "COMPLETELY SATISFIED"
EXTREME LEFT SIDE. ON ALL QUESTIONS & RETURN THE SURVEY IN
A TIMELY FASHION. PLEASE CONTACT OUR SERVICE MANAGER BOB
ENRIGHT. ALL OF US AT BARTON BIRKS CHEVROLET CADILLAC ARE
DEDICATED TO YOUR COMPLETE SATISFACTION!!!!
ONCE AGAIN THANK YOU!!!

| | |
|-------------------------|---------------|
| TOTAL LABOR.... | 0.00 |
| TOTAL PARTS.... | 0.00 |
| TOTAL SUBLET.... | 0.00 |
| TOTAL G.O.G.... | 0.00 |
| TOTAL MISC CHG. | 200.00 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX..... | 0.00 |
| TOTAL INVOICE \$ | 200.00 |

N.Y.S. REGISTERED REPAIR SHOP # 7037366

BARTON CHEVROLET Inc./DBA BARTON
BIRKS CHEVROLET
CADILLAC

ANY WARRANTIES ON THE PRODUCTS SOLD
HEREBY ARE THOSE MADE BY THE
MANUFACTURERS. THE SELLER HEREBY
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. THOSE PARTS AND ACCESSORIES
THAT ARE NOT SUPPLIED OR MARKETED BY
GENERAL MOTORS ARE NOT WARRANTED BY
GENERAL MOTORS, NOR ARE THEY WARRANTED
BY THE SELLING DEALER. ASK YOUR SERVICE
REPRESENTATIVE FOR SPECIFIC WARRANTY
INFORMATION ON THESE PRODUCTS. ALL PARTS
AND LABOR ARE WARRANTED FOR A PERIOD
OF 90 DAYS OR 3,000 MILES FROM TIME OF
SERVICE.

COPY

DATE:

PAYMENT:

AMOUNT:

INITIALS:

PAID
4-13-07
CASH
200.00
SA

CUSTOMER SIGNATURE

ALL PARTS ARE NEW ORIGINAL
EQUIPMENT FOR THE VEHICLE UNLESS
OTHERWISE STATED
PREFIX "GM" IS O.E.M.
PREFIX "ZR" IS NOT O.E.M.

LAFAYETTE IN 479

15 JAN 2008 PM 1 L



Lafayette, Ind.

JAN 22 2008

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+5170



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 12-22-2007

17-Digit Vehicle Identification Number (VIN): 1G22G528354

Mileage at Time of Repair: 59,185 Date of Repair: 11-29-2007

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: Indefatigable State: IN. ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 433.78 + Tax⁹ 26.02 = 459.80

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).



INVOICE TO

DRIVER/OWNER INFORMATION -- INVOICE:

MASTER CARD - VISA

KAD: 450054

LAFAYETTE

IN 4/304

LAFAYETTE

IN

HOME:

WORK:

CELL:

WORK:

FOR OFFICE USE

VEHICLE INFORMATION

TAG: 0715

ADV: 158 CROK, ANT (INVOICE: FINAL CUS C KP

VIN 1B2Z6528354

LICENSE NUMBER:

[INVOICED: 11/29/2007 15:46:59

05 PONTIAC 06

06

402 SON

SILVER

ODOMETER IN: 59185

DIST: 102

CONCERN 51 CUSTOMER STATES DRIVING THROUGH DRIVE THROUGH AND STEERING WENT STIFF AND
POKER STEERING ON DIC. OPERATION TECH AMOUNT
MOTORPOWERST 241 60.00
CAUSE C/S; DRIVING DOWN ROAD AND LOST POWER STEERING PLEASE CHECK AND ADVISE.
CORRECTION TECH PERFORMED DIAG. FOUND INTERNAL FLAK WITH POWER STEERING ASSIST MOTOR
PACK. TECH REMOVED, REPLACED, AND REPROGRAMMED POWER SSTEERING ASSIST
MOTOR PACK. CONCERN CORRECTED.

| PART NUMBER | NOTE | DESCRIPTION | QTY | SELL | |
|--------------------------|------|-------------|-----|--------|--------|
| 000 025805894 | | MOTOR | 1 | 353.78 | 353.78 |
| TOTAL CHARGE FOR CONCERN | | | | | 433.78 |

TYPE: C

CONCERN 52 CUSTOMER STATES WHEN TURNING WHEEL AND BRAKING AT SAME TIME HEARING A
SCREECH/ HISS NOISE PLEASE CHECK. OPERATION TECH AMOUNT
FRAD 241 *

CORRECTION REPLACE FRONT BRAKE PADS REAR BRAKE PADS NEEDED QUOTED \$ 158.00. CUSTOMER
DECLINED DUE TO COST. WILL HEAR A NOISE UNTIL REAR BRAVES ARE FELTIED.

| PART NUMBER | NOTE | DESCRIPTION | QTY | SELL | |
|--------------------------|------|-------------|-----|------|--------|
| 000 015800204 | | PAD KIT | 1 | | |
| TOTAL CHARGE FOR CONCERN | | | | | 144.00 |

TYPE: C

CONCERN 53 CUSTOMER STATES SUNROOF DEFLECTOR ON DRIVER SIDE LOST RETAINER. OPERATION TECH AMOUNT
WILL NEED TO REPLACE SUNROOF DEFLECTOR TO GET RETAINER. QUOTED \$ 125.00. AC 241 .00
CUSTOMER DECLINED. TECH REMOVED AIR DEFLECTOR PER CUSTOMER REQUEST.

TYPE: C

TOTAL CHARGE FOR CONCERN .00

----- INVOICE TO ----- DRIVER/OWNER INFORMATION -- INVOICE: [REDACTED]
MASTECARD - VISA CARD: 450054 [REDACTED]
----- FOR OFFICE USE ----- VEHICLE INFORMATION -----
TAG: 0715 ADV: 158 CRON, AN INVOICED: 11/29/2007 15:45:59 RP 05 66 SILVER LICENSE NUMBER: [REDACTED]

----- GRAND TOTALS -----
SUMMARY OF CHARGES FOR INVOICE C52965 PAYMENT DISTRIBUTION FOR INVOICE C52965
PARTS 452.78 TOTAL CHARGE 552.93
SUPPLIES 8.00
LAB-MECHANICAL 125.00 VISA CARD 450054 552.93
PONTIAC VIP CUSTOMER 57.78- MASTECARD - VISA
SUB-TOTAL 528.00
SALES TAX 24.93
TOTAL CHARGE 552.93

IF YOU HAVE ANY QUESTIONS - PLEASE SEE ANTHONY R CRON
*****THANK YOU FOR CHOOSING MIKE RALSON AUTOMOTIVE GROUP FOR ALL*****
*****YOUR SERVICE NEEDS*****
*****WE APPRECIATE YOUR BUSINESS*****

PAGE 2
LAST PAGE

42424/068800
MIL RAISOR PONTIAC 15-00
2912 E. MAIN ST
LAFAYETTE, LA 70504
765 445 4132

Merchant ID: 0000000995
Term ID: 0004

Set ID: 015

Sale



VISA

Entry Method: Swipe

11/29/07

10:45:01

T. N: 052965

App. Code: 070204

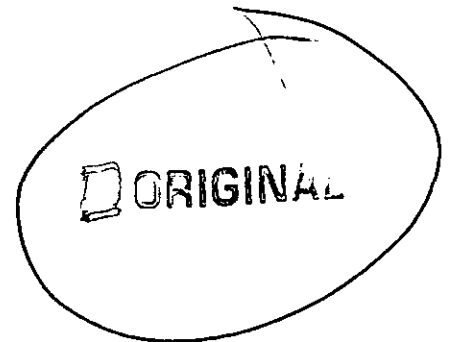
Approved: Online

Set ID: 000002

Total:

: 552.93

Customer Copy
THANK YOU



March 9, 2011

[REDACTED]
Lafayette, IN [REDACTED]

Service Request: 71-600624457

Customer Relationship Specialist: Katrina Blake

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 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 Pontiac, 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 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

5 734.0514

General Motors Dealership Empowerment Process

(Dealership Service Management Template - Revised 1/19/2007)

- 1) Please complete this template by either typing or legibly writing in all required information
- 2) Either fax the completed template to 1-866-430-2718, or attach to an e-mail and send to AVM.TEAM@GMEXPERT.COM
 - o It is NOT necessary to FAX all 13 pages; only those that apply to your request
- 3) Place a copy of the completed template in your VIN history file for future reference

NOTE: Questions pertaining to potential goodwill options (prior to committing to customer), goodwill value &/or the status of a pending request should be directed to the GM Call Center at 1-800-231-1841 (prompt 3, prompt 2).

| | | | | | |
|--------|---|--------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| Region | <input checked="" type="checkbox"/> NEast | <input type="checkbox"/> SEast | <input type="checkbox"/> NCentral | <input type="checkbox"/> SCentral | <input type="checkbox"/> Western |
|--------|---|--------------------------------|-----------------------------------|-----------------------------------|----------------------------------|

| | |
|--|--|
| Service Manager Name & Phone Number | STEVE PRESSON 513-741-0089 |
| Dealership Name, Location & BAC Number | JOSEPH BUICK PONTIAC GMC 8940 COLERAIN AVE CINT., OH 45251 BAC 118405 |
| CAC Case (SR) Number (if known) | NA |
| Customer Name (Mr., Ms., Mrs., Last, First, MI) | [REDACTED] |
| Customer Complete Mailing Address | [REDACTED] HAMILTON, OH [REDACTED] |
| Daytime Phone Number | [REDACTED] |
| Evening Phone Number | [REDACTED] |
| FULL VIN | 1G2ZH528154 [REDACTED] |
| Current Mileage | 38345 |
| District Service Manager's Name & Phone Number | JOHN HAVRAN 937-307-5625 |
| Customer's Concern(s) And Business Reason(s) For Offering Goodwill | NOISE AND OPERATION CONCERNS IE STEERING EFFORT ON STEERING COLUMN AND INTERMEDIATE SHAFT. |
| * OFFERING → | OFFERING 72/75 COMPONENT COVERAGE ON STEERING COLUMN AND INTERMEDIATE SHAFT PREV REPLACED. |
| Additional Information Such As RO #s Or Used Vehicle Purchase Information (date & mileage at purchase, and seller) | REF WRO #s 227987 - N/C By DLR 1-28-08 BOLTS TIGHTENED TWO TIMES 226242 - COLUMN REPLACED 11-28-07 SHAF EFFORT 224066 - INTERMEDIATE SHAF. 9-14-07 STEERING RACK REPLACED |

Revised 1/19/2007

Component Coverage Letter

| | |
|---|---|
| <input type="checkbox"/> Component Coverage Letter | |
| Definition: | A letter that covers a specific component for a defined period of time and mileage. |
| Purpose: | To restore a customer's confidence in a component as a result of an unsatisfactory service experience. |
| When to use: | <ul style="list-style-type: none"> ➤ The customer has concerns regarding repeat failure(s) of a specific component ➤ The customer has concerns about potential out of warranty expenses on a specific component |
| When NOT to use: | <ul style="list-style-type: none"> ➤ For the "complete vehicle" ➤ For a system ("electrical system") ➤ The vehicle has a salvage or branded title ➤ Wear and maintenance items (tires, brake pads, wiper blades, etc.) ➤ If customer has pursued third party intervention (BBB or legal) ➤ In conjunction with other goodwill tools |
| Parameters of use: | <ul style="list-style-type: none"> ➤ Can be written up to and <u>not to exceed 84 months/100,000 miles</u> from the original in-service date <ul style="list-style-type: none"> ○ 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 ○ 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). ➤ <u>NOT</u> transferable to subsequent owners (except cold start knock) ➤ Electrical components MUST be specific (alternator, radio), NEVER the entire system ➤ Match terms to the customer's ownership cycle ➤ Preferred over GMPP due to cost & focus application |
| Examples: | <ul style="list-style-type: none"> ➤ A catastrophic engine failure within the warranty period - customer is offered a 84/100,000 component letter ➤ The second alternator failure within the warranty period - customer is offered a 72/75,000 component letter |
| Time limit (months): | 72 |
| Mileage limit: | 75000 |
| Specific component(s) (i.e. transmission): <div style="text-align: center; font-family: cursive; font-size: 1.2em;"> STEERING COLUMN ^{AND} INTERMEDIATE SHAFT ASSEMBLY </div> | |

March 10, 2011

[REDACTED]
Hamilton, OH [REDACTED]

Service Request: 71-600645504

Customer Relationship Specialist: Annette LeMay

Dear [REDACTED]

Pontiac is pleased to provide service coverage for the steering on your 2005 Pontiac G6, Vehicle Identification Number 1G2ZH528154 [REDACTED]. This service coverage will commence upon the expiration of the applicable New Vehicle Limited Warranty and will continue until July 20, 2011, or 75,074 miles, whichever occurs first. Pontiac 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; steering column; steering shaft, couplings; seals and gaskets.

Pontiac 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 G6. Should your vehicle require repairs within the coverage period, present this letter to the Service Manager of an authorized Pontiac Dealership.

If you have any 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.

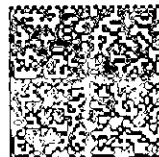
Sincerely,

Pontiac Customer Assistance Center

ATTENTION: DEALERSHIP SERVICE MANAGER

Component Service Coverage

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.

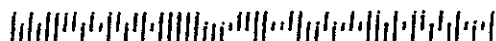


UNITED STATES POSTAGE
02 1A
0004397601
MAILED FROM ZIP CODE 56301
FITNEY BOWLER
\$ CO. 170
JAN 16 2008



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


JAN 22 2008
Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170



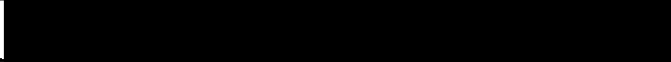
CUSTOMER REIMBURSEMENT CLAIM FORM

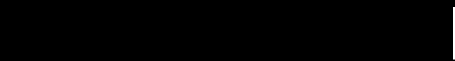
This section to be completed by Claimant

Date Claim Submitted: 1-16-08

17-Digit Vehicle Identification Number (VIN): 1G1ZT52845F 

Mileage at Time of Repair: 44430 Date of Repair: June 06, 2007

Claimant Name (please print): 

Street Address or PO Box Number: 

City: Sauk Rapids State: MN ZIP Code: 

Daytime-Telephone Number (include Area Code): 

Evening Telephone Number (include Area Code): Same as above


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: 

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).



VIN # 1G1ZT52845F [REDACTED]

I was married in May which is the reason for some of the paper work having the name [REDACTED] and some of the paper work having the name [REDACTED]

[REDACTED] Please issue the check to [REDACTED] and mail to:

[REDACTED]
[REDACTED]
Sauk Rapids, MN [REDACTED]

Thank you,

[REDACTED]

64694

184099



INVOICE

3019 W. Division St.
ST. CLOUD, MINNESOTA 56301
Phone (320) 251-4943
Fax (320) 258-4297

SAUK RAPIDS, MN
HOME: [REDACTED]

BUS:

PAGE 1

SERVICE ADVISOR: 127 ERIC J SCHLANGEN

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG | |
|-------------|------------|------------------|----------------------------|---------|------------------|---------|-----------|
| GRAY | 05 | CHEVROLET MALIBU | 1G1ZT52845F | | 44430/44431 | T4552 | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT | INV. DATE |
| 25JAN05 IS | | | 18:00 06JUN07 | | VARIABLE 0.00 | VISA | 18DEC07 |
| R.O. OPENED | | READY | OPTIONS: ENG:3.5 Liter SFI | | | | |

13:01 06JUN07 15:12 13JUN07

LINE OPCODE TECH TYPE HOURS

LIST

NET

TOTAL

A CUSTOMER REQUESTS; POWER STEERING LIGHT COMES ON, SOMETIMES GETS
STIFF

CAUSE: SEE NOTES

E7680 COLUMN ASSEMBLY, STEERING - REPLACE

322 W94

(N/C)

1 15926870 COLUMN

(N/C)

2 UZ10246 PLASTIC TIES

(N/C)

FC: 3L

PART#: 15926870

COUNT: 3

CLAIM TYPE:

AUTH CODE:

OG

CUSTOMER REQUESTS: POWER STEERING LIGHT COMES ON SOMETIMES GETS STIFF
VEHICLE HAS CODE C0550 AND C0460 WENT THROUGH DIAOG CHART FOUND
STEERING COLUMN WITH INTERNAL ELECTRIACE FAULT ORDERED COLUMN R&R OF
STEERING COLUMN SET UP CONTROL MODULE ROAD TEST AND DROVE STRAIGHT NO
LIGHT CAME ON

B CUSTOMER REQUESTS; HAD TO REPLACE LEFT FRONT TURN SIGNAL BULB SEVERAL
TIMES, BURNT OUT AGAIN
EB ELECTRICAL BODY REPAIR

322 CCM

45.69

45.69

1 12450108 BULB

3.51

3.51

3.51

1 15945363 SOCKET

11.27

11.27

11.27

*CUSTOMER REQUESTS: HAD TO REPLACE LEFT FRONT TURN SIGNAL BULB SEVERAL
TIMES, BURNT OUT AGAIN * REPLACED SOCKET AND BULB WORKS GOOD NOW

C CUSTOMER REQUESTS VEHICLE INSPECTION (SEE ATTACHED SHEET)
VI CUSTOMER REQUESTS VEHICLE INSPECTION (SEE
ATTACHED SHEET)

322 I

(N/C)

ALL PARTS NEW ORIGINAL EQUIPMENT
UNLESS OTHERWISE SPECIFIED.

THANK YOU!

FOR BRINGING YOUR CAR TO US FOR SERVICE.
WHILE IT WAS HERE WE FOUND THAT THE FOLLOWING ITEMS NEED
ATTENTION-

ANTI-FREEZE SHOULD TEST TO -20%
YOUR CAR TESTED TO

DISCLAIMER OF WARRANTIES

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

CUSTOMER SIGNATURE

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

64694

184099



3019 W. Division St.
ST. CLOUD, MINNESOTA 56301
Phone (320) 251-4943
Fax (320) 258-4297

SAUK RAPIDS, MN
HOME: BUS:

INVOICE

PAGE 2

SERVICE ADVISOR: 127 ERIC J SCHLANGEN

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG | |
|-------------|-----------|------------------|----------------------------|---------|------------------|---------|----------|
| GRAY | 05 | CHEVROLET MALIBU | 1G1ZT52845F | | 44430/44431 | T4552 | |
| DEL DATE | PROD DATE | WARR EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV DATE |
| 25JAN05 IS | | | 18:00 06JUN07 | | VARIABLE 0.00 | VISA | 18DEC07 |
| R.O. OPENED | | READY | OPTIONS: ENG:3.5 Liter SFI | | | | |

13:01 06JUN07 15:12 13JUN07

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|---|--------|------|------|-------|------|-----|-------|
| *CUSTOMER REQUESTS VEHICLE INSPECTION (SEE ATTACHED SHEET)* COMPLETED | | | | | | | |
| INSPECTION | | | | | | | |
| ***** | | | | | | | |
| EST: 80.00 06JUN07 13:01 SA: 127 | | | | | | | |
| ENVIRONMENTAL SUPPLIES | | | | | | | 5.03 |

CUSTOMER PAY DEDUCTIBLE FOR LINE A

100.00

ALL PARTS NEW ORIGINAL EQUIPMENT
UNLESS OTHERWISE SPECIFIED.

THANK YOU!

FOR BRINGING YOUR CAR TO US FOR SERVICE.
WHILE IT WAS HERE WE FOUND THAT THE FOLLOWING ITEMS NEED
ATTENTION:

ANTI-FREEZE SHOULD TEST TO -20%
YOUR CAR TESTED TO

DISCLAIMER OF WARRANTIES

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

CUSTOMER SIGNATURE

DESCRIPTION

TOTALS

| | |
|------------------------|--------|
| LABOR AMOUNT | 45.69 |
| PARTS AMOUNT | 14.78 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 105.03 |
| TOTAL CHARGES | 165.50 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 1.03 |
| PLEASE PAY THIS AMOUNT | 166.53 |

CUSTOMER COPY

Prepared for: [REDACTED]
48 [REDACTED] 5527

June 2007 Statement
Credit Line: \$14,000.00
Cash or Credit Available: \$12,961.05



Customer Service
For Information on Your Account Visit:
www.bankofamerica.com
Mail Payments to:
BANK OF AMERICA
P.O. BOX 37271
BALTIMORE, MD 21297-3271
Mail Billing Inquiries to:
BANK OF AMERICA
P.O. BOX 15026
WILMINGTON, DE 19850-5026
Call toll-free 1-800-626-2556
TDD hearing-impaired 1-800-346-3178

| Account Information | |
|--|------------|
| Summary of Transactions | |
| Previous Balance | \$884.28 |
| Payments and Credits | \$150.00 |
| Cash Advances | \$0.00 |
| Purchases and Adjustments | \$289.59 |
| Periodic Rate Finance Charges | \$15.08 |
| Transaction Fee Finance Charges | \$0.00 |
| New Balance Total | \$1,038.95 |
| Billing Cycle and Payment Information | |
| Days in Billing Cycle | 32 |
| Closing Date | 06/25/07 |
| Payment Due Date | 07/20/07 |
| Current Payment Due | \$25.00 |
| Past Due Amount | \$0.00 |
| Total Minimum Payment Due | \$25.00 |

| Transactions | | | | | | | |
|--|--------------|------------------|------------------|----------------|----------|-----------|--|
| Payments and Credits | Posting Date | Transaction Date | Reference Number | Account Number | Category | Amount | |
| PAYMENT - THANK YOU | 06/06 | | | | | 150.00 CR | |
| Purchases and Adjustments | | | | | | | |
| #MK MARY KAY N CENTRA 800-272-9333 TX 38192518 | 06/11 | 06/09 | 6031 | 2345 | C | 123.06 | |
| #GILLELAND CHEVROLET SAINT CLOUD MN | 06/15 | 06/13 | 4087 | 2345 | C | 166.53 | |

| Finance Charge Schedule | | | |
|---|-----------------|--------------------------------------|-----------------------------------|
| Category | Periodic Rate | Corresponding Annual Percentage Rate | Balance Subject to Finance Charge |
| Cash Advances | | | |
| A. Balance Transfers, Checks | 0.050657% DLY * | 18.49% | \$0.00 |
| B. ATM, Bank | 0.066410% DLY * | 24.24% | \$0.00 |
| C. Purchases | 0.050657% DLY * | 18.49% | \$930.55 |
| Annual Percentage Rate for this Billing Period: | | | 18.49% |
| (Includes Periodic Rate Finance Charges and Transaction Fee Finance Charges.) | | | |
| * Periodic Rate May Vary | | | |

Important Information About Your Account

REMINDER - YOUR ACCOUNT NUMBER & EXPIRATION DATE HAVE CHANGED. PLEASE UPDATE ACCOUNT NUMBER AND EXPIRATION DATE ON AUTOMATICALLY BILLED MONTHLY PAYMENTS.

PAY YOUR BILL QUICKLY WITH THE PAY BY PHONE SERVICE. CALL 1-866-297-9258 TO USE THE AUTOMATED SERVICE OR DISCUSS OTHER PAYMENT OPTIONS.

ENJOY SPECIAL DISCOUNTS AT HERTZ.COM WHEN YOU USE CDP# 160018.

SAVE UP TO 60% ON HOTEL RESERVATIONS IN THE USA AND CANADA. IT IS EASY. CALL 1-800-916-6147 TODAY OR VISIT WWW.UNSOLDROOMS.NET. USE UNIQUE ID 147170.

21 00103895000025000001500000048 [REDACTED] 5527

BANK OF AMERICA
P.O. BOX 37271
BALTIMORE, MD 21297-3271
[REDACTED]
SAUK RAPIDS MN [REDACTED]

☐ Check here for a change of mailing address or phone number(s). Please provide all corrections on the reverse side.

Payment Information

ACCOUNT NUMBER: [REDACTED]

NEW BALANCE TOTAL: \$1,038.95
PAYMENT DUE DATE: 07/20/07

TOTAL MINIMUM PAYMENT DUE \$25.00

Enter Payment Amount Enclosed: \$ [REDACTED]

Mail this payment coupon along with a check or money order payable to: BANK OF AMERICA



5240222501 [REDACTED] 5527

North American Operations

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

GM

CHECK

No. [REDACTED]50-937
213**DATE**
02/13/08

*****100 DOLLARS

*****00 CENTS

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

SAUK RAPIDS MN [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

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

AUDIT

**VENDOR
DUNS NO.** BB 000000416

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**

02/13/08

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|-----------------------------|-----------------------|-----------------------------|---------|----------------|--------------|------------|
| 1G1ZT52845F [REDACTED] | 02/12/08 71-600681 | 909.1-9XMP5X VM 1-9XMP5X | 00.0000 | 100.00 | .00 | 100.00 |
| TOTAL | | | | 100.00 | .00 | 100.00 |

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

H3

March 10, 2011

[REDACTED]
Sauk Rapids, MN [REDACTED]

Service Request: 71-600681909

Customer Relationship Specialist: Michelle Rivers

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 \$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. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

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

CHECK No. [REDACTED]

50-937
213DATE
02/28/08

*****479 DOLLARS

***20 CENTS

AMOUNT
*****479.20PAY
TO THE
ORDER
OF[REDACTED]
ROUGEMONT NC [REDACTED]North American Operations
General Motors Corporation
Disbursement AccountSIGNATURE
The Chase Manhattan Bank, N.A.
Syracuse, New YorkAUDIT
[REDACTED]VENDOR
DUNS NO. BB 000000498

1

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

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

02/28/08

VENDOR NAME [REDACTED]

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|--|-----------------------------------|-----------------------|---------|----------------|--------------|------------|
| 161ZT54895F [REDACTED] | 02/27/08 71-600793718.1-9ZOWFF | VM 1-9ZOWFF | 00.0000 | 479.20 | .00 | 479.20 |
| ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782 | | | | M3 | | |
| TOTAL | | | | 479.20 | .00 | 479.20 |



Rougemont, NC



JAN 22 2004

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

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: JAN 14, 200817-Digit Vehicle Identification Number (VIN): 1G1ZT54895F [REDACTED]Mileage at Time of Repair: 70037 Date of Repair: OCT. 03, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Rougemont State: NC ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 490.97

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).



ROUEMONT, NC

COPY



TAR HEEL CHEVROLET, INC.

1700 Durham Road
P.O. BOX 1157 ROXBORO, NC 27573
Phone (336) 599-2105
N.C. 1-800-222-7957

"SERVING THE PIEDMONT SINCE 1938"

SERVICE ADVISOR BEN WESLEY GENTRY

| | | | | | | | | |
|-------------------------|-------------|-------------|------------------------|---------------|------------------------|------------------|--------------------|-------------|
| REPAIR ORDER WRITTEN | DATE READY | STOCK NO. | VEHICLE IDENTIFICATION | CUST. NO. | TAG NO. | P.O. NO. | INVOICE PRINTED | INVOICE NO. |
| 01OCT07 | 03OCT07 | 5C5572 | 1G1ZT54895F | | | | 03OCT07 | |
| TIME IN | TIME READY | YEAR | MAKE & MODEL | TELEPHONE NO. | COST PAY LABOR RATE | DELIVERY DATE | PREPARED BY | S/A |
| 07:43 | 16:39 | 05 | CHEVROLET MALIBU | | | 31MAR05 | 18 | 18 |
| MILEAGE IN | MILEAGE OUT | LICENSE NO. | | | | | | |
| 70037 | 70037 | | | | | | | |

A CUSTOMER STATES POWER STEERING
INOPERATIVE, REPORT ON REPAIRS
44 SCAN W/TECH 2 CODE C0545 DIAGNOS AND
REPLACE STEERING COLUMN AND PLATE

| TECH. | TYPE | HOURS | LABOR | MATERIAL | TOTAL |
|---------------------|-----------------|--------|--------|----------|--------|
| 51 | C | 2.50 | 175.00 | | 175.00 |
| 1 | 15926870 COLUMN | 359.00 | 275.00 | | 275.00 |
| 1 | 22727491 PLATE | 10.99 | 10.99 | | 10.99 |
| DISPOSAL 7 SUPPLIES | | | | | 10.00 |

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARP 1000 GREENENT

TOTAL: \$490.97

NAME: BEN WESLEY GENTRY
TITLE: SERVICE ADVISOR
PHONE: (336) 599-2101
FAX: (336) 599-2101
ADDRESS: 1700 DURHAM RD
ROXBORO, NC 27573

NAME: BEN WESLEY GENTRY
TITLE: SERVICE ADVISOR
PHONE: (336) 599-2101
FAX: (336) 599-2101
ADDRESS: 1700 DURHAM RD
ROXBORO, NC 27573

DATE: 10-03-2007

TIME: 16:37:07



IMPORTANT

In the near future you may
receive a survey from General
Motors. If for any reason you
cannot answer question 16
"Completely Satisfied" please
contact your service advisor.

Thank you!
Ben Gentry, Jr or Alan Stovall
Chevrolet
336-599-2101

SHOP MATERIALS

This figure incorporates supplies used in servicing
your vehicles (5% of labor charge - \$5 maximum)
which includes cleansers, special tubes, shop towels,
etc.

HAZARDOUS WASTE CHARGE

This figure incorporates fees charged for the disposal
of hazardous supplies used in servicing your vehicle
(3% of labor charge).

| DESCRIPTION | TOTALS |
|---------------------------|--------|
| LABOR AMOUNT | 175.00 |
| PARTS AMOUNT | 285.99 |
| GAS,OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 10.00 |
| TOTAL CHARGES | 470.99 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 19.98 |
| PLEASE PAY THIS AMOUNT | 490.97 |

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

PAID
OCT 08 2007

DISCLAIMER OF WARRANTIES

Any warranties made on item/items are those made by the manufacturer. The seller TAR HEEL CHEVROLET hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the TAR HEEL CHEVROLET neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. The disclaimer by the seller TAR HEEL CHEVROLET in no way affects the terms of the manufacturer's warranty..

CUSTOMER COPY

March 10, 2011

[REDACTED]
Rougemont, NC [REDACTED]

Service Request: 71-600793718

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. 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 \$479.20.

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. 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)**

March 10, 2011

[REDACTED]
[REDACTED]
Louisville, KY [REDACTED]

Service Request: 71-601025122
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 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 intermediate steering shaft 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 \$341.85.

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. 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
02/15/08

*****341 DOLLARS

***85 CENTS

AMOUNT
*****341.85PAY
TO THE
ORDER
OF[REDACTED]
LOUISVILLE KY [REDACTED]North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

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

02/15/08

VENDOR
DUNS NO. BB 000000242

1

VENDOR NAME [REDACTED]

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

| | | | | | | |
|------------------------|-----------------------------------|-------------|---------|--------|-----|--------|
| 1G1ZT62875F [REDACTED] | 02/14/08 71-601025122.1-9XU1Z9 | VH 1-9XU1Z9 | 00.0000 | 341.85 | .00 | 341.85 |
|------------------------|-----------------------------------|-------------|---------|--------|-----|--------|

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

M3

TOTAL

341.85

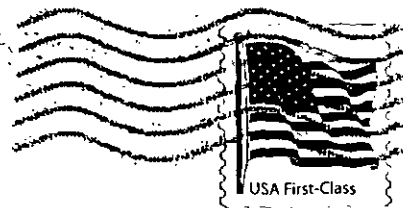
.00

341.85

[REDACTED]
Louisville, KY [REDACTED]

LOUISVILLE KY 402

21 JAN 2006 PM 1 L



JAN 23 2006

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: 1/17/0817-Digit Vehicle Identification Number (VIN): 1G1ZT62875F [REDACTED]Mileage at Time of Repair: 43,933 Date of Repair: 12/7/06

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Louisville State: KY ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 341.85

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).



MONTGOMERY ON PRESTON

CHEVROLET
5325 Preston Hwy.
Louisville, KY 40213
(502) 962-3280
www.montgomeryonpreston.com

RO: 148592
Cashier: 000602 16:57-1
Date Out: 12/08/2006
Status: MODIFIED REPRINT

Customer: 23700

IN:0706OUT:1551
VIN:1G1ZT62875F
2005 CHEV MALIBU MAX
Miles-In: 43933 Out: 43933

Home: [REDACTED] Work: N/A
Advisor: 000410-STEPHEN C. ZIRNHELD

Hat: 6608

Date In: 12/07/2006

| OP | Acct | Tech | Hours | Complaint/Cause/Correction | Per Unit | Extended Price |
|------------------|----------|----------|--|--|--------------|-------------------------|
| [WARRANTY] | | | | | | |
| A | WSCHV | 000783 | SUMJ | CUSTOMER STATES AT TIMES, BOTH WHILE DRIVING AND WHEN STARTING, STEERING GOES OUT. DOES NOT DO IT ALL THE TIME. 79.95 CHECKED AND FOUND CODE C0545 OPEN SHORT IN STEERING WHEEL TORQUE INPUT SENSOR. REQUIRED REPLACEMENT OF STEERING COLUMN GOODWILL WARR PARTS | | |
| | PO: | E7680 | OA 6F | | | |
| | Parts: 1 | 15926870 | COLUMN | 6.518 | Admin Hours: | 0.00 |
| | | | | | | Operation Total: 0.00 |
| [CUSTOMER PAY] | | | | | | |
| *B | SCPCHC | 000783C | CUSTOMER STATES CUSTOMER PAY LABOR GM GOODWILL WARRANTY ON PARTS ONLY, CUSTOMER TO PAY LABOR | | | Labor Total: 341.85 |
| | | | | | | Operation Total: 341.85 |

Customer Pay Labor: 341.85

Customer Total Due: 341.85

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 the vehicle to secure the amount of repairs thereto.

ALL REPAIRS SUBJECT TO A MINIMUM OF .5 HOUR DIAGNOSTIC TIME.

DISCLAIMER OF WARRANTIES: All warranties on this product are the manufacturer's. TWO M COMPANY, INC. hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and TWO M COMPANY, INC. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the product. This disclaimer by TWO M COMPANY, INC. in no way affects the terms of the manufacturer's warranty.

"All parts installed are new/salvaged or reconditioned parts."
TERMS: STRICTLY CASH unless arrangements made.

Signature: _____

Thank you for allowing us to serve you!

1/15A

454510635997
MONTGOMERY CHEV CHRY
5325 PRESTON HWY
LOUISVILLE, KY 40213
502-968-6111

Sale

ID: 00279874
12/08/06 17:42:21
Batch #: 000907
Retrieval Ref #: 00153144462

DEBIT

Appr Code: 961392 Inv#: 148592
Total: \$ 341.85

Customer Copy
NO SIGNATURE REQUIRED

THANK YOU

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

March 10, 2011

[REDACTED]
[REDACTED]

Mountain Top, PA [REDACTED]

Service Request: 71-601523546

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 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.

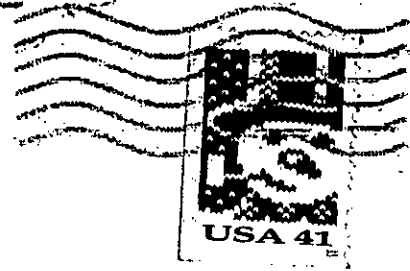
At Chevrolet, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer 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.mygmilink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

WILKES-BARRE
PA 187 1T
22 JAN 2008 1 PM



Mountain Top, PA

JAN 24 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: 1/21/2008

17-Digit Vehicle Identification Number (VIN): 1G1Z464825 F

Mileage at Time of Repair: 46871 Date of Repair: Aug. 21, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Mountain Top State: PA 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 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

5704031058

69748

INVOICE



MOUNTAIN TOP, PA
HOME:
CELL:

BUS:

PAGE 1

339 Highway 315 · Pittston, PA 18640
PHONE: 570-655-4575 · FAX: 570-655-3731
www.kenpollockchevrolet.com

SERVICE ADVISOR: 9091 RICK WEBER

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG | |
|---------------|-----------|------------------|---------------|--|------------------|---------|----------|
| WHITE | 05 | CHEVROLET MALIBU | 1G1ZU64825F | | 46871/46877 | T3659 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 24MAR06 | ISO1DEC04 | | 16:30 21AUG07 | | 70.00 | CASH | 21AUG07 |
| R.O. OPENED | | READY | | OPTIONS: STK: C2567 DLR: 15120 ENG: 3.5 Liter SFI | | | |
| 09:16 18AUG07 | | 12:35 21AUG07 | | TRN: MX0 1) GMPP MAJOR GUARD \$100 DED EXP 3-24-12 | | | |
| LINE OPCODE | | TECH TYPE HOURS | | 72090 MI | | | |
| | | | | LIST | NET | TOTAL | |

A) CUST. REPORTS AT TIMES (MOSTLY RIGHT AFTER OR SOON AFTER START UP)
THE POWER STEERING IS VERY HARD TO TURN, FEELS LIKE ENGINE HAD
SHUT OFF BUT IT DID NOT
CAUSE: ERATIC SENSOR READINGS
E7680 COLUMN ASSEMBLY, STEERING - REPLACE

22 W
1 15926870 COLUMN
FC: 6C
PART#: 15926870
COUNT: 1
CLAIM TYPE: 0
AUTH CODE:
OG

(N/C)
(N/C)

46871 CK OP OF STEERING OK. SCAN CR CODE 15926870 IN HIST. GO THRU
DIAG CK, FOUND TORQUE SENSOR READINGS ERRATIC, STICKING. REPLACE STEERING
UNIT, REPROGRAM & CK OP, OK. TORQUE SENSOR READIN G OK. R/TEST, ALL OK

B CUST REQUEST CHECK BATTERY HAD TO BE TESTED SEVERAL TIMES
BATTERY BATTERY

22 CPC
1 88900669 75-60 BATTERY 52.08 52.08
65.95 65.95 65.95
46871 BATTERY TESTING LOW. REPLACE BATTERY, CK FOR DRA WS, NONE FOUND AT
THIS TIME

C** PENNSYLVANIA STATE INSPECTION
SI PENNSYLVANIA STATE INSPECTION

22 CPC 14.95 14.95
BULB REPLACE BURNED OUT LICENSE PLATE BULB
22 CPC 7.95 7.95

SUBL SI STICKER
PO#69748

CPC

2.00 2.00

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.

STATEMENT OF DISCLAIMER
The factory warranty constitutes all
of the warranties with respect to
the sale of this item/vehicle. 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/vehicle.

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

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON

(DATE) CUSTOMER SIGNATURE

ORIGINAL

5704031058

69748

INVOICE



MOUNTAIN TOP, PA
HOME:
CELL:

BUS:

PAGE 2

339 Highway 315 · Pittston, PA 18640
PHONE: 570-655-4575 · FAX: 570-655-3731
www.kenpollockchevrolet.com

SERVICE ADVISOR: 9091 RICK WEBER

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG | |
|---------------|-----------|------------------|---------------|--|------------------|---------|----------|
| WHITE | 05 | CHEVROLET MALIBU | 1G1ZU64825F | | 46871/46877 | T3659 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 24MAR06 | ISO1DEC04 | | 16:30 21AUG07 | | 70.00 | CASH | 21AUG07 |
| R.O. OPENED | | READY | | OPTIONS: STK: C2567 DLR: 15120 ENG: 3.5 Liter SFI | | | |
| 09:16 18AUG07 | | 12:35 21AUG07 | | TRN: MX0 1) GMPP MAJOR GUARD \$100 DED EXP 3-24-12 | | | |
| | | 72090 MI | | | | | |

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL
46877 OM 17020, LF 7B, RR 4B, TI 10/32 AMERICAN HOME ASSOC, 11/8/07, 5815733
REPLACE LICENSE BULB THAT WAS BURNED OUT

D** PENNSYLVANIA EMISSIONS INSPECTION
EI PENNSYLVANIA EMISSIONS INSPECTION

22 CPC

29.95 29.95

46877 EMISSIONS DONE

E** CUST. REQUESTS THE BURNED OUT 3RD BRAKE LIGHT BE REPLACED TO PASS
STATE INSPECTION
REPLACE REPLACE

22 CPC

42.00 42.00

1 22717854 LAMP

39.04 39.04 39.04

MISC LOCFREIGHT

C

8.17 8.17

FC:

46877 HIGH MOUNT STOP LAMP INOP. REMOVE ALL LED'S. CK POWER & GND, OK.
REPLACE LIGHT ASSM. CK QR OK

CUSTOMER PAY ENVIRONMENTAL WASTE DISPOSAL FOR REPAIR ORDER

5.25

THANK YOU FOR YOUR VISIT TO KEN POLLOCK
CHEVROLET. YOU MAY BE RECEIVING A SURVEY
FROM CHEVROLET REGARDING THIS VISIT. WE
STRIVE FOR EXCELLENT SCORES ON THIS SURVEY
SO IF FOR ANY REASON YOU CANNOT GIVE US
A CALL AT 655-4575

CUSTOMER PAY DEDUCTIBLE FOR LINE A

100.00

| | | DESCRIPTION | TOTALS |
|--|--|---|--------|
| 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. | | LABOR AMOUNT | 146.93 |
| | | PARTS AMOUNT | 104.99 |
| | | GAS, OIL, LUBE | 0.00 |
| | | SUBLET AMOUNT | 2.00 |
| | | MISC CHARGES | 113.42 |
| | | TOTAL CHARGES | 367.34 |
| | | LESS INSURANCE | 0.00 |
| | | SALES TAX | 21.56 |
| | | PLEASE PAY THIS AMOUNT | 388.90 |
| | | | |
| (SIGNED) | DEALER, GENERAL MANAGER OR AUTHORIZED PERSON | (CUSTOMER SIGNATURE) | |
| | | STATEMENT OF DISCLAIMER | |
| | | The factory warranty constitutes all of the warranties with respect to the sale of this item/vehicle. 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/vehicle. | |

Covered under
extended
warranty, but
had to pay
deductible. (pg 2)

North American Operations

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



CHECK

No. [REDACTED]

50-837
213DATE
02/19/08

*****100 DOLLARS

****00 CENTS

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

MOUNTAIN TOP PA [REDACTED]

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

02/19/08

VENDOR

DUNS NO.

BB 000000155

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 |
|-----------------------------|-----------------------------|-------------------------|---------|----------------|--------------|------------|
| 1G1ZU64825F [REDACTED] | 02/15/08 .71-601523546.1 | VH 1-9Y4QMS 1-9Y4QMS | 00.0000 | 100.00 | .00 | 100.00 |

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

H3

TOTAL

100.00

.00

100.00

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

GM

CHECK

No. [REDACTED]

50-937
213DATE
02/25/08

*****603 DOLLARS

****19 CENTS

AMOUNT
*****603.19PAY
TO THE
ORDER
OF

SACRAMENTO CA [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account

SIGNATURE

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

AUDIT

[REDACTED]

VENDOR
DUNS NO. BB 000000141

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

02/25/08

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|-----------------------------|--------------------------|-------------------------|---------|----------------|--------------|------------|
| 162ZG528X54 [REDACTED] | 02/22/08 71-601528161 | VH-1-927CZL 1-927CZL | 00.0000 | 603.19 | .00 | 603.19 |
| TOTAL | | | | 603.19 | .00 | 603.19 |

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

N3

March 10, 2011

[REDACTED]
Sacramento, CA [REDACTED]

Service Request: 71-601528161

Customer Relationship Specialist: Karl McTaggart

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. 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 \$603.19.

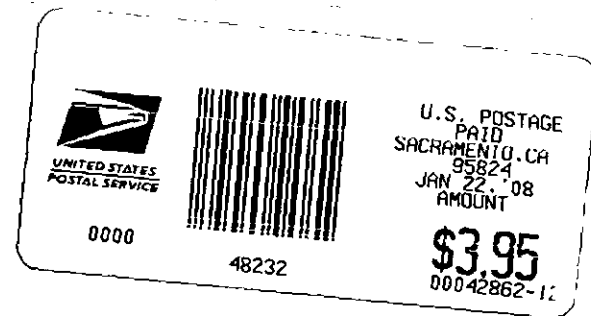
At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to 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. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

Sacramento CA



JAN 25 2008

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

FIRST CLASS

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-20-08

17-Digit Vehicle Identification Number (VIN): 1G2ZG528X54

Mileage at Time of Repair: 38732 Date of Repair: November 9, 2006

Claimant Name (please print) _____

Street Address or PO Box Number:

City: Sacramento State: CA ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code):

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 889.25

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

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: 1-20-08

17-Digit Vehicle Identification Number (VIN): 1G22G528X54

Mileage at Time of Repair: 40955 Date of Repair: January 18, 2007

Claimant Name (please print):

Street Address or PO Box Number:

City: Sacramento State: CA

ZIP Code

Daytime Telephone Number (include Area Code)

Evening Telephone Number (include Area Code):

Amount of Reimbursement Requested: \$ 1063.19

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:

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**

142826

2 4 3 2 6 2

INVOICE

Paul Blanco's
CAPITOL CITY
CHEVROLET

3815 Florin Road
Sacramento, CA 95823
(916) 422-2000
EPA#CAL000203430

SACRAMENTO, CA

HOME:

BUS:

CELL:

PAGE 2

SERVICE ADVISOR: 689 ARNULFO TENORIO JR

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG | |
|-------------|-----------|------------|---------------------|---------|------------------|---------|----------|
| SILVER | 05 | PONTIAC G6 | 1G2ZG528X54 | | 38732/38732 | T1631 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 25MAR06 | IS | | 17:00 07NOV06 | | 0.00 | CASH | 09NOV06 |
| R.O. OPENED | | READY | OPTIONS: STK:R51195 | | | | |

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

D. CUSTOMER STATES VEHICLE HAS LOST POWER STEERING CONTROL SEVERAL TIMES
WHILE DRIVING, CHECK AND ADVISE

CAUSE: POWER STEERING LOSS
15 STEERING/SUSPENSION

| | | | | | | | |
|--------|--------|----------------|--------|--------|--------|---------------|--------|
| | 549 | CPC | | | 445.00 | 445.00 | |
| | 1 | 15775370 MOTOR | | | 358.30 | 358.30 | |
| PARTS: | 358.30 | LABOR: | 445.00 | OTHER: | 0.00 | TOTAL LINE D: | 803.30 |

INSTALLED POWER STEERING MOTOR ASSEMBLY TEST DROVE VEHICLE NO CODES
PRESENT

EST: 140.89 07NOV06 08:36 SA: 689

CUSTOMER WAS MADE AWARE THAT THANK YOU FOR CHOOSING CAPITOL CITY
ALTHOUGH SYMPTOMS COULD NOT BE BAR #AB220541
DUPLICATED, SHE REQUESTED
REPLACE P/S MOTOR. REPLACED
P/S MOTOR WITH NO FURTHER F
AILURES AT THIS TIME

CHARGE

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.

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 | 456.76 |
| PARTS AMOUNT | 393.63 |
| GAS, OIL, LUBE | 7.75 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 858.14 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 31.11 |
| PLEASE PAY THIS AMOUNT | 889.25 |

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

CUSTOMER SIGNATURE

CUSTOMER COPY

142826

245411



Paul Blanco's
CAPITOL CITY
CHEVROLET

3815 Florin Road
Sacramento, CA 95823
(916) 422-2000
EPA#CAL000203430

COPY
INVOICE

PAGE 1

SACRAMENTO, CA

HOME: [REDACTED] BUS: [REDACTED]

CELL: [REDACTED]

SERVICE ADVISOR: 689 ARNULFO TENORIO JR

| COLOR | YEAR | MAKE/MODEL | | VIN | LICENSE | MILEAGE IN / OUT | | TAG |
|-------------|-----------|------------|---------------|---------------------|---------|------------------|---------|----------|
| SILVER | 05 | PONTIAC G6 | | 1G2ZG528X54 | | 40955/40955 | | T231C |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | | PO NO. | RATE | PAYMENT | INV DATE |
| 25MAR06 | IS | | 17:00 18JAN07 | | | 0.00 | CASH | 23JAN07 |
| R.O. OPENED | | READY | | OPTIONS: STK:R51195 | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|------|------|--------|----------------------|--------|-------------|
| A CUSTOMER STATES VEHICLE HAS LOSS OF STEERING AT TIMES, REFER TO HISTORY FOR POSSIBLE WARRANTY INFO | | | | | | | |
| CAUSE: STEERING COLUMN SENSOR | | | | | | | |
| 15 STEERING/SUSPENSION | | | | | | | |
| | | | | 549 | CPC | 253.00 | 253.00 |
| | | | | 1 | 88967179 F-S/COL REM | 378.57 | 325.00 |
| PARTS: | | | | 325.00 | LABOR: | 253.00 | OTHER: 0.00 |
| TOTAL LINE A: | | | | | | 578.00 | |

RETEST VEHICLE FOR LOSS OF POWER STEERING COULD NOT DUPLICATE AT THIS POINT CALLED TECH ASSISTANCE CASE #9420843 NAME*KEN.R HE FOUND CASES FOR LOSS OF STEERING HE RECOMMED TO REPLACE STEERING COLLUM TORQUE SENSOR FAILED INTERNALLY INSTALLED STEERING COLLUM RETEST STEERING WORKING TO SPECS NO CODES PRESENT

THANK YOU FOR CHOOSING CAPITOL CITY
BAR #AB220541

CHARGE

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.

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 | 253.00 |
| PARTS AMOUNT | 325.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 0.00 |
| TOTAL CHARGES | 578.00 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 25.19 |
| PLEASE PAY THIS AMOUNT | 603.19 |

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

CUSTOMER SIGNATURE

STAMPED COPY

DATE 227050100000 TIME
01/22/2007 000000 16:21:31

CAPITAL CITY CHEVROLET
2010 ELGIN RD
SARASOTA, FL 34230
012022000

CREDIT SALE

TRUCK #010
QUITY #000100
WICA ACCOUNT #

SALE AMOUNT \$503.19

THANK YOU
THANK YOU
COME AGAIN

CUSTOMER COPY

DATE 77952132990 TIME
11/09/2006 00:00:00 14:42:41

CAPITOL CITY CHEVROLET
3815 FLORIN RD
SACRAMENTO, CA 95823
9164772000

CREDIT SALE

TRANS #009
AUTH #001667
VISA ACCOUNT #

SALE AMOUNT

\$889.25

THANK YOU!
THANK YOU!
COME AGAIN

CUSTOMER COPY

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

March 10, 2011

Portland, OR

Service Request: 71-601810903
Customer Relationship Specialist: Elaine Cates

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 are happy to inform you that we will reimburse you for the amount that pertains to the special coverage. We have enclosed a check in the amount of \$757.00.

In order to assure completion of this special coverage, we are requesting that you contact your local dealership to set up an appointment to have your vehicle inspected.

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. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



Portland, OR

PORTLAND OR 972

22 JAN 2008 PM 5 T



JAN 28 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: 1/20/08

17-Digit Vehicle Identification Number (VIN): 1G1ZT54815F

Mileage at Time of Repair: 46,208 on 6/5/07
Date of Repair: 48,619 on 7/28/07

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: \$ 1,647.83

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).



Customer Invoice

069566
06/08/2007FIRESTONE COMPLETE AUTO CARE
TIGARD
13500 SW PACIFIC HWY
TIGARD, OR. 97223
DUPLICATE INVOICE

Service Advisor:

54 GEORGE

503.620.2700

Re-Printed on 01/19/2008 02:36 PM

TUALATIN, OR

2005 CHEVROLET MALIBU

V6-213 3.5L

Lic #: OR Vln #: 1G1ZT54815F

In: 06/05/07 6:06PM

Mileage: 46,208

Out: 06/08/07 11:10AM

Store # 018945

RETAIL SALE

| Description | Article Number | ID | Qty | Unit Price | Extended Price | Job Total |
|--|----------------|------|-----|------------|----------------|-----------|
| COURTESY CHECK | | 54 | | | | |
| COURTESY CHECK | 7046930 | 66NS | 1 | N/C | N/C | |
| MISCELLANEOUS CHECK | | 54 | | | | 47.50 |
| DIAGNOSE PWR STEERING INOP | 7003186 | 66NS | 1 | 47.50 | 47.50 | |
| POWER STEERING | | 03 | | | | 620.49 |
| 36-9220 ELECTRONIC STEERING MOTOR | 7003106 | 66NN | 1 | 515.99 | 515.99 | |
| REMOVE & REPLACE ELECTRONIC STRG | 7041572 | 66NS | 1 | 104.50 | 104.50 | |
| MOTOR/MOD ASSY | | 03 | | | | 125.00 |
| DRIVE TRAIN | | 03 | | | | 125.00 |
| 7000711 FLASH PWR STRG/MODULE | 7000711 | 66NN | 1 | 125.00 | 125.00 | |
| HOUSE TIRE PACKAGE | | 03 | | | | 111.38 |
| 042220 LEMANS CHAMPION HR BL 205/65R15 94H | 042220 | 44NN | 2 | 57.99 | 115.98 | |
| 40,000 Mile Limited Warranty | | | | | | |
| 2 qty DOT # 2R9LDEJ0707 | | | | | | |
| PARTS DISCOUNT LEMANS CHAMPION HR BL | 7012560 | 44NN | 2 | 27.99 | 55.98 | |
| 205/65R15 94H 40,000 Mile Limited Warranty | | | | | | |
| NEW TIRE WHEEL BALANCE PARTS | 7018708 | 44NN | 2 | 2.99 | 5.98 | |
| NEW TIRE WHEEL BALANCE LABOR | 7018716 | 44NS | 2 | 8.00 | 16.00 | |
| RUBBER VALVE STEM | 7015040 | 44NN | 2 | 3.00 | 6.00 | |
| 7059005 PROTECT TIRE REPAIR & REPLACEMENT PLAN | 7059005 | 44TN | 2 | 8.70 | 17.40 | |
| TIRE DISPOSAL FEE (1) | 7075078 | 44NN | 2 | 3.00 | 6.00 | |
| TIRE INSTALLATION | 7015016 | 44NS | 2 | N/C | N/C | |

Technician(s):

44 NICOLAS PADRON

66 DANIEL ANDRES

Payment History:

Visa 1762 914.45 81600A

Total Tendered

914.45

Summary:

| | |
|---------------|--------|
| Parts | 730.37 |
| Labor | 174.00 |
| Shop Supplies | 10.08 |
| Sub-Total | 914.45 |
| Tax (0.00%) | 0.00 |

Total \$914.45

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Revision History:

| | Rev Amt | Init |
|---|---------|------|
| 06/06/2007 09:14AM IN PERSON HALSTEAD, KAREN | 1346.52 | |
| 06/07/2007 11:45AM 503.703.9929 HALSTEAD, KAREN | -594.76 | |
| 06/08/2007 09:20AM 503.703.9929 HALSTEAD, KAREN | 112.34 | |

Customer Signature

Initial here to indicate you have received the
Tire Maintenance Warranty Book.

All parts are new unless otherwise specified.

See reverse side for Warranty Information

Customer Invoice

071092
07/28/2007FIRESTONE COMPLETE AUTO CARE
TIGARD
13500 SW PACIFIC HWY
TIGARD, OR. 97223
DUPLICATE INVOICEService Advisor:
54 GEORGE
503.620.2700

Re-Printed on 01/19/2008 02:35 PM

TUALATIN, OR

2005 CHEVROLET MALIBU
V6-213 3.5LLic #: [REDACTED] OR Vin #: 1G1ZT54815F [REDACTED]
In: 07/28/07 9:17AM Mileage: 48,619
Out: 07/28/07 4:59PM

Store # 018945

RETAIL SALE

| Description | Article Number | ID | Qty | Unit Price | Extended Price | Job Total |
|--|----------------|--------|--------|-----------------|----------------|-----------------|
| QUALITY ASSURANCE INSPECTION | | 54 | | | | |
| WO#:069966 06/08/07 0366 JOB#:1016711 POWER STEERING | | | | | | |
| Symptom: Eng:Dash Light On- POWER STEERING QUIT THIS MORNING | | | | | | |
| QUALITY ASSURANCE INSPECTION | 7005505 | 05NN | 1 | N/C | N/C | |
| POWER STEERING | | 05 | | | | 834.50 |
| STEERING COLUM W/ TORQUE POSITION SENSOR | 7003106 | 05NN | 1 | 538.50 | 538.50 | |
| REMOVE & INSPECT STEERING COLUMN | 7041572 | 05NS | 1 | 171.00 | 171.00 | |
| 7000711 FLASH PWR STRG MODULE | 7000711 | 05NN | 1 | 125.00 | 125.00 | |
| Technician(s): | | | | | | |
| 05 JONATHAN REYNOLDS | | | | | | |
| Payment History: | | | | | | |
| Visa | 3838 | 844.76 | 00619A | | | |
| Total Tendered | | 844.76 | | | | |
| | | | | Summary: | | |
| | | | | Parts | | 663.50 |
| | | | | Labor | | 171.00 |
| | | | | Shop Supplies | | 10.26 |
| | | | | Sub-Total | | 844.76 |
| | | | | Tax (0.00%) | | 0.00 |
| | | | | Total | | \$844.76 |

I have received the above goods and/or services. If this is a credit card purchase, I agree to pay and comply with my cardholder agreement with the issuer.

Revision History:

07/28/2007 11:52AM 503.703.9929 HALSTEAD, KAREN

Rev

Amt Init

844.76

Customer Signature

All parts are new unless otherwise specified.

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

Signature or Initials

TELL US ABOUT YOUR EXPERIENCE AND RECEIVE \$10 OFF YOUR NEXT PURCHASE OF \$25 OR MORE!

- 1) For a short survey Call 1-800-859-9203 or logon to www.FirestoneSurvey.com; enter code 018945-071092;
2) Write redemption code here: _____. Offer expires 6 months from date of invoice, good at all participating locations.
Must have valid redemption code. May not be combined with any other offer or to reduce existing debt. No copies accepted.

COMMITTED TO PROVIDING A POSITIVE CUSTOMER EXPERIENCE

See reverse side for Warranty Information

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

*****757 DOLLARS

****00 CENTS

AMOUNT
*****757.00PAY
TO THE
ORDER
OF[REDACTED]
PORTLAND OR [REDACTED]North American Operations
General Motors Corporation
Disbursement Account
SIGNATUREThe Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

VENDOR
DUNS NO. BB 000000400

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 |
|-----------------------------|--------------|-----------------------|---------|----------------|--------------|------------|
|-----------------------------|--------------|-----------------------|---------|----------------|--------------|------------|

| | | | | | | |
|------------------------|-----------------------|-----------------------------|---------|--------|-----|--------|
| 1G1ZT54815F [REDACTED] | 02/18/08 71-601810 | VM 1-9YGB8P 903.1-9YGB8P | 00.0000 | 757.00 | .00 | 757.00 |
|------------------------|-----------------------|-----------------------------|---------|--------|-----|--------|

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

M3

TOTAL

757.00

.00

757.00

Findlay, Ohio

FAX

From: [REDACTED] - AR Specialist
Phone# [REDACTED] / Fax [REDACTED]

Date: 2/22/08

Attn: Teresita Dziadura

Location: _____

Fax# 1866 962 2868

No. of pages(including cover sheet) 2

Comments: Service request # 71-601950380

Here is my Proof of ownership
Cmy registration card

Thank you [REDACTED]

The info contained in this transmittal is considered CONFIDENTIAL and is intended for the above named individual. If this transmission is received by anyone other than the intended, please contact Blanchard Valley Hospital @ 419-423-5315.

STATE OF OHIO - BUREAU OF MOTOR VEHICLE REGISTRATION CARD

APPLICATION NO. UF19063

| | | | | | | | | | |
|--|-----------------------------------|-------------------------------|-----------------------------|-------------------------------|---------------------------------------|-----------------------------------|-------------------------------|-------------------------------------|----------------------|
| WEIGHT 000000 | DATE PURCHASED 11/20/06 | COUNTY HA32 | AGENCY NO. 9995 | ISSUE DATE 12/07/06 | EXPIRATION DATE 12/20/07 | CONTROL NO. 99958194811 | LICENSE NO. [REDACTED] | REG. CODE (1) CLASS PC | TYPE IR |
| LOCAL TAX 5.00 | REG. FEE 69.82 | PLATE FEE | SPECIAL FEE 0.00 | [REDACTED] | | | | CODE (2) PC | CODE (3) S |
| OWNER'S RESIDENCE-TAXING DISTRICT 3204 | | TOTAL FEE 74.82 | OWNER ADDRESS [REDACTED] | | | VEH. TYPE 4S | VEH. YEAR 2005 | MAKE CHEV | |
| CITY / TOWNSHIP FINDLAY | | POST OFFICE FINDLAY | STATE OH | ZIP [REDACTED] | VEH. SERIAL NO. 1G1ZS52F55F | | | | |
| LEASE / TAX I.D. NO. | | ADDITIONAL NAME [REDACTED] | | | TITLE [REDACTED] | | | | |
| | | | | | | ODOMETER 036096 | BEATING CAP. | | |
| | | | | | | OLD PLATE [REDACTED] | OLD APPLICATION [REDACTED] | | |
| | | | | | | SPECIAL PLATE [REDACTED] | | | |

006945 T

02445 **

FINDLAY

OH

1111
DDA OhRegDirect 2.00
Form OHMF1008

02445

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

CHECK

No. [REDACTED]

50-937
213DATE
03/03/08

*****376 DOLLARS

****77 CENTS

AMOUNT
*****376.77North American Operations
General Motors Corporation
Disbursement AccountPAY
TO THE
ORDER
OF

FINDLAY OH [REDACTED]

SIGNATURE

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

AUDIT

VENDOR
DUNS NO. BB 000000270

1

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

DETACH BEFORE DEPOSITING CHECK

CHECK NO. [REDACTED]

PAYMENT
DATE

03/03/08

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT52865F [REDACTED]

02/29/08
71-601950VM 1-A14NHU
380.1-A14NHU

00.0000

376.77

.00

376.77

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

H3

TOTAL

376.77

.00

376.77

March 10, 2011

[REDACTED]
Findlay, OH [REDACTED]

Service Request: 71-601950380
Customer Relationship Specialist: Teresita Dzadura

Dear [REDACTED]

We sincerely regret that you experienced a concern with your 2005 Chevrolet Malibu, which resulted in an unexpected repair expense to you.

We value you as a Chevrolet owner and your satisfaction with our products is a high priority. As we discussed over the phone, we believe you are entitled to a reimbursement. We have enclosed a check in the amount of \$376.77. We hope this goodwill adjustment will offset, to some degree, the inconvenience that this repair may have caused you.

We look forward to keeping you in our Chevrolet family. 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.

Sincerely,

Chevrolet Customer Assistance Center

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

Manchester, NH



7007 3020 0002 0332 7314

JAN 1 4 2008

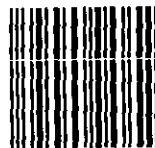
Reimbursement Dept.
P.O. Box 33170
Detroit, MI 48232-5170

RETURN RECEIPT
REQUESTED



UNITED STATES
POSTAL SERVICE

0000



48232

U.S. POSTAGE
PAID
CHELMSFORD, MA
01824
JAN 09, '08
AMOUNT

\$5.38





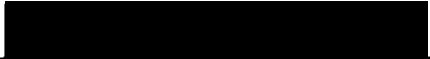
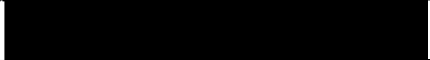
00045920-10

482325170 8050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant


Date Claim Submitted: ~~6/22/08~~ 11/9/08
 17-Digit Vehicle Identification Number (VIN): 1G2ZG528354 
 Mileage at Time of Repair: 63998 Date of Repair: 2-13-07
 Claimant Name (please print): 
 Street Address or PO Box Number: 
 City: Manchester State: NH ZIP Code: 
 Daytime Telephone Number (include Area Code): 
 Evening Telephone Number (include Area Code): 
 Amount of Reimbursement Requested: \$ 667.53

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

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).



1-9-08

To Whom it may concern-

Enclosed is the information you have requested to be reimbursed for having the Power Steering rack/gear assembly replaced on my 2005 Pontiac G6. I have highlighted the repair on the invoice from the GM dealership where the repair was done. I brought it in to have my state inspection done and advised the Service Department that when I would turn the wheel it made a constant clunking noise. Once they checked on that it was determined that the Power Steering rack/gear assembly replaced on my 2005 Pontiac G6 had to be replaced. I, [REDACTED], paid for the repair. The VIN number on my vehicle is 1G2ZG528354 [REDACTED]. The repair was done on February 13, 2007 by Werner Cadillac Pontiac, GMC at 1050 Gold Street, Manchester, NH 03103. The total cost of repair I am claiming is 667.53. The total bill was paid by check (which is enclosed) and a Visa Credit Card (receipt for that is enclosed as well. My contact information is on the Claim Form as well. Thank you.

Sincerely,

[REDACTED]

44734

193574

WERNER

INVOICE

MANCHESTER, NH
HOME: [REDACTED] BUS: [REDACTED]

PAGE 1

CADILLAC PONTIAC GMC
1050 Gold Street Manchester, NH 03103
(603) 826-8666

SERVICE ADVISOR: 2566 JAMES A PAROLISI

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|-------------|------------|--------------------------------------|-------------|---------|----------------|---------|-----------|
| BLACK | 05 | PONTIAC G6 | 1G2ZG528354 | | 63998/64001 | | |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
| 19NOV04 IS | 19NOV2007 | 17:00 | 12FEB07 | | | CASH | 13FEB07 |
| R.O. OPENED | READY | OPTIONS: DLR:51483 ENG:3.5_Liter_SFI | | | | | |
| 12FEB07 | 13FEB07 | | | | | | |

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

A CUSTOMER STATES CLUNK/LOOSENESS FELT IN FRONT END. BELIEVES COMING FROM POWER STEERING GEAR. REPLACE IF NEEDED
E00 REPLACED PS RACK/GEAR ASSEMBLY

2559 CP

291.25 291.25

1 15858368 GEAR

276.33 276.33 276.33

FEA FRONT END ALIGNMENT

2559 CP

99.95 99.95

B PERFORM NEW HAMPSHIRE STATE INSPECTION.
SI PERFORM NEW HAMPSHIRE STATE INSPECTION.

2559 CP

39.95 39.95

BULB RT REAR DIRECTIONAL BULB

2559 CP

15.00 15.00

1 9441839 BULB LP

2.72 2.72 2.72

C CUSTOMER STATES INSPECT REAR BRAKES
RRBPMR REPLACE REAR BRAKE PADS, MACHINE ROTORS

2559 CP

175.00 175.00

1 19137360 PAD KIT

71.00 60.00 60.00

D PERFORM GM GOODWRENCH SERVICE INSPECTION
GMI PERFORM GM GOODWRENCH SERVICE INSPECTION

2559 IZB

(N/C)

E CUSTOMER STATES HVAC CONTROL DIM ON FAN SPEED KNOB
NWP NO WORK PERFORMED

2559 IZB

(N/C)

NEEDS NEW HVAC CONTROLLER CUSTOMER DECLINED REPAIR

EST: 696.95 12FEB07 09:08 SA: 256

SHOP MATERIALS AND WASTE CHARGE

24.50

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.

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

PARTS AMOUNT

GAS, OIL, LUBE

SUBLET AMOUNT

MISC. CHARGES

TOTAL CHARGES

LESS INSURANCE

SALES TAX

PLEASE PAY THIS AMOUNT

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

CUSTOMER SIGNATURE

CUSTOMER COPY

44734

193574



INVOICE

MANCHESTER, NH
HOME: [REDACTED]

BUS [REDACTED]

PAGE 2

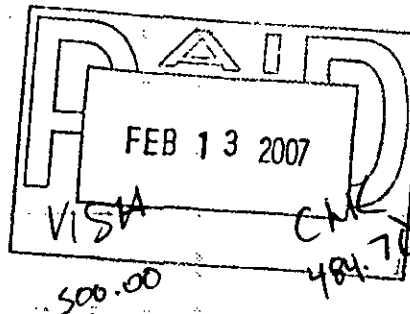
CADILLAC PONTIAC GMC
1050 Gold Street Manchester, NH 03103
(803) 626-6666

SERVICE ADVISOR: 2566 JAMES A PAROLISI

| | | | | | | | |
|-------------|------------|--------------------------------------|------------------------|---------|----------------|------------|-------|
| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
| BLACK | 05 | PONTIAC G6 | 1G2ZG528354 [REDACTED] | 2226354 | 63998/64001 | [REDACTED] | |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | |
| 19NOV04 IS | 19NOV2007 | 17:00 | 12FEB07 | | | CASH | |
| R.O. OPENED | READY | OPTIONS: DLR:51483 ENG:3.5_Liter_SFI | | | | | |
| 12FEB07 | 13FEB07 | TAMIE | | | | | |
| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |

THANK YOU, WE APPRECIATE YOUR BUSSINESS
IF YOU HAVE ANY CONCERNS PLEASE CONTACT US AT
626-6666 OR OUR WEBSITE @ WERNERAUTO.COM

SERVICE AND PARTS HOURS:
MONDAY-FRIDAY 7:30-5:00
TUESDAY, WEDNESDAY, THURSDAY UNTILL 7:00



COPY

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)

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 | 621.15 |
| PARTS AMOUNT | 339.05 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 24.50 |
| TOTAL CHARGES | 984.70 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 984.70 |

CUSTOMER COPY

2627

Date FEB 13 2007

53-83902113

MANCHESTER NH

Pay to the
Order of

\$ 484.70

Dollars



NORTHERN MASSACHUSETTS
TELEPHONE WORKERS'
CREDIT UNION
LOWELL, MASSACHUSETTS 01851

ACH R/T: 211383901 ACH ACCT: 57648

Memo

193574

© 2000 LIBERTY ENTERPRISES, INC.

02/16/2007
393152

52201020 9242065476
-302130293-11-069-00

BANK OF AMERICA NA NA
011060138 E3735 90 P29
02/16/07

0570292142

FEB 15 2007

>>211274450<<
TD BANKNORTH
HAVERHILL MA
20070215

524627-0185
9242065476
7476

FOR DEPOSIT ONLY
Werner Pontiac Cadillac GMC

WERNER CADILLAC PONTIA
1050 GOLD
MANCHESTER, NH 02103

Merchant ID: 000000008794133
Term ID: 02193399
454508306999

Sale

VISA

Entry Method: Swiped

Apprvd: Online Batch#: 000510

02/13/07 17:40:31

Inv #: 000006 Appr Code: 700358

Total: \$ 500.00

Customer Copy

March 7, 2011

[REDACTED]
Manchester, NH [REDACTED]

Service Request: 71-598523401

Customer Relationship Specialist: Michael Brent

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. 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 Pontiac, 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 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.

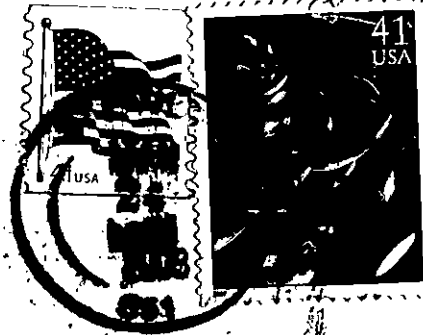
Sincerely,

Pontiac Customer Assistance Center

[REDACTED]
Maplewood, MN [REDACTED]

JAN 28 2008

Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170



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

4823235170 BO50



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/24/0817-Digit Vehicle Identification Number (VIN): 1G1ZT54835FMileage at Time of Repair: ^{32,590 and}38,918 Date of Repair: 3/29/07 and 4/18/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Maplewood State: MN ZIP Code: [REDACTED]

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

Evening Telephone Number (include Area Code): sameAmount of Reimbursement Requested: \$ 200.00

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).



[REDACTED]
[REDACTED]
Maplewood, MN [REDACTED]
January 24, 2008

To Whom It May Concern,

I am writing in reference to a letter I received in December of 2007 regarding a power steering problem in the 2005 Chevy Malibu cars.

In March of 2007, I noticed that my power steering was going out then coming back on. When the power steering would go out "POWER STEERING" would come up on the display on my DIC. At that time, I took my car into the local Chevy Dealer to have it looked at. They claimed that the problem was that the sensors needed to be reset and that my warranty didn't cover that problem. I had to pay \$100 for this service (receipt enclosed).

Within the next two weeks, the problem reoccurred and I took my car back to the dealer. At that time, they said that there was a power steering problem and that it could be replaced under my warranty. However, I still had to pay a \$100 deductible (receipt enclosed). Since I had already paid \$100 previously for a problem that wasn't fixed, I didn't think it was right to have to pay another \$100. The dealer claimed that after fixing the power steering, they would have had to reset the sensors and I would have been charged \$200, \$100 for the deductible and \$100 for a service not covered by my warranty.


I am requesting \$200 to be reimbursed to me for this problem since had I taken it to the dealer after receiving this notice; I would not have had to pay anything. I am enclosing copies of both invoices one dated 3/29/07 and the other 4/18/07. I also attached copies of the credit receipts from these services. Thank you for reviewing this claim. I look forward to having it resolved promptly.

Sincerely,

[REDACTED]



ROSEDALE CHEVROLET

2845 Hwy 35W North
Roseville, Minnesota 55113
(651) 639-2110
www.rosedalechev.com
 AN AMERICAN REVOLUTION

MAR 29 2007

137021

LEONARD BISHOP

7461 6013

03/29/07

CVCS258132

| | | | | |
|---------------|--------------------------------------|--------------------|-----------------|----------------|
| CUSTOMER NO. | ADVISOR | TAG NO. | INVOICE DATE | INVOICE NO. |
| 137021 | 38,590 | 03/29/07 | SILVER/ | |
| MAPLEWOOD, MN | LABOR RATE | LICENSE NO. | COLOR | STOCK NO. |
| | 05/CHEVROLET/MALIBU 4 DOOR/MALIBU LS | | 12/01/04 | 10 |
| | YEAR / MAKE / MODEL | MILEAGE | DELIVERY DATE | DELIVERY MILES |
| | 1 G 1 Z T 5 4 8 3 5 F | | FLEET | |
| | VEHICLE I.D. NO. | SELLING DEALER NO. | PRODUCTION DATE | |
| | | 03/28/07 | | |
| | F.T.E. NO. | P.O. NO. | R.O. DATE | |
| | E# 800-521-9922 | | | |

| | | |
|-----------------|----------------|------------------|
| RESIDENCE PHONE | BUSINESS PHONE | COMMENTS |
| 226V7 | | STEERING SYSTEMS |

CUST STATES CHECK STEERING GOES OUT AT TIMES AND WANDERS
WHILE DRIVING CHECK AND ADVISE
MESSAGE CENTER READ "POWER STEERING"
CODE C0545.
RECAL. STEERING TORQUE SENSORS AS PER DOC#1241508
TEST DROVE DID NOT GET ANY CODES TO RESET

JOB # 1 TOTAL LABOR & PARTS 100.00

J# 2 14CVZ INTERIOR TRIM
VISOR COVER ON PASS SIDE FELL OFF
PART #15803234
NO PER CUST

JOB # 2 TOTAL LABOR & PARTS 0.00

COMMENTS
DROP NIGHT BEFORE

TOTALS

[] CASH [] CHECK [] CHARGE [] MC/VISA [] DISC [] AMEX

CHECK FOR LIFETIME WARRANTY BY NOTING THE * NEXT TO THE PART
NUMBER ON THE R.O.

IMPORTANTYOU MAY RECEIVE A SATISFACTION SURVEY FROM
GENERAL MOTORS IN THE NEXT FEW WEEKS. THIS IS OUR "REPORT
CARD". IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY
SATISFIED", PLEASE CONTACT US AT 651-639-2110. OUR GOAL IS
"100% COMPLETELY SATISFIED CUSTOMERS" AND YOUR RESPONSE IS
VERY IMPORTANT TO US. THANK YOU!!!!

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

TOTAL INVOICE \$ 100.00

EXCLUSION OF WARRANTIES

Any warranties on the products sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer include, but are not limited to, any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

THANK YOU
FOR YOUR
BUSINESS

ALL PARTS NEW
ORIGINAL
EQUIPMENT
UNLESS OTHERWISE
SPECIFIED

CUSTOMER SIGNATURE

DATE 000007586763 TIME
03/29/07 0002 14:44:30

ROSEDALE AUTOMOTIVE
2845 HIGHWAY 35W
ROSEVILLE, MN 55113
(651) 636-0340

CREDIT SALE


BATCH # 637
TRANS # 027
AUTH # 456630
TRANS ID 167088745636856
REFERENCE # 708820503071
VISA ACCOUNT # [REDACTED] EXP DATE

SALE AMOUNT \$100.00

CUSTOMER COPY



ROSEDALE CHEVROLET

2845 Hwy 35W North
Roseville, Minnesota 55113
(651) 639-2110
www.rosedalechev.com
 AN AMERICAN REVOLUTION

| | | | | |
|------------------------------------|--|------------------------|---------------------------------|------------------------------------|
| CUSTOMER NO. 137021 | ADVISOR LEONARD BISHOP | TAG NO. 7461 | INVOICE DATE 04/18/07 | INVOICE NO. CVCS258716 |
| MAPLEWOOD, MN | LABOR RATE | LICENSE NO. | MILEAGE 38,918 | COLOR SILVER/ |
| | YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU 4 DOOR/MALIBU LS | | | DELIVERY DATE 12/01/04 |
| | VEHICLE ID NO 1 G 1 Z T 5 4 8 3 5 F | | | DELIVERY MILES 10 |
| | F.T.E. NO. | | | SELLING DEALER NO. FLEET |
| | | P.O. NO. | R.O. DATE 04/10/07 | |
| COMMENTS E# 800-521-9922 | | | | |

LABOR & PARTS
J# 1 22CVZ STEERING SYSTEMS TECH(S) 7358 334.95
POWER STEERING IN-OP INTERMITTENTLY
MIC READ "POWER STEERING"
CODE C0545 STEERING TORQUE SENSORS. TESTED WIRING FOUND
SENSORS TO HAVE INTERMITAT OPEN
INSTALLED NEW COLUMN, SENSORS PART OF COLUMN NON SERVICIBLE

| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | PRICE |
|-----------------------------|-----|-----------|--------------|------------|--------|
| JOB # 1 | 1 | 15926870 | COLUMN 6.518 | 359.00 | 359.00 |
| JOB # 1 TOTAL PARTS | | | | | 359.00 |
| JOB # 1 TOTAL LABOR & PARTS | | | | | 693.95 |

J# 2 20CVZ FRONT SUSPENSION TECH(S) 7358 103.95
CLUNK IN FRONT END WHEN TURNING
NOISE FROM INTERMEDIATE SHAFT
INSTALLED NEW SHAFT

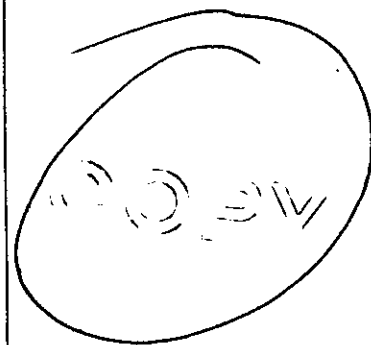
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | PRICE |
|-----------------------------|-----|-----------|-----------------|------------|--------|
| JOB # 2 | 1 | 22687711 | SHAFT KIT 6.526 | 164.97 | 164.97 |
| JOB # 2 TOTAL PARTS | | | | | 164.97 |
| JOB # 2 TOTAL LABOR & PARTS | | | | | 268.92 |

| SUBLET | PO# | VEND INV# | INV DATE | DESCRIPTION | PRICE |
|----------------|-------|-----------|----------|-------------------|--------|
| JOB # 1 | 54143 | | 04/18/07 | ENTERPRISE RENTAL | 280.00 |
| TOTAL - SUBLET | | | | | 280.00 |

TOTALS

| | | |
|--|------------------|---------|
| [] CASH [] CHECK [] CHARGE [] MC/VISA [] DISC [] AMEX | TOTAL LABOR.... | 438.90 |
| ***** | TOTAL PARTS.... | 523.97 |
| CHECK FOR LIFETIME WARRANTY BY NOTING THE * NEXT TO THE PART | TOTAL SUBLET... | 280.00 |
| NUMBER ON THE R.O. | TOTAL G.O.G.... | 0.00 |
| ***** | TOTAL MISC CHG. | 0.00 |
| **IMPORTANT**YOU MAY RECEIVE A SATISFACTION SURVEY FROM | TOTAL MISC DISC | 0.00 |
| GENERAL MOTORS IN THE NEXT FEW WEEKS. THIS IS OUR "REPORT | TOTAL TAX..... | 34.06 |
| CARD". IF FOR ANY REASON YOU CANNOT GRADE US "COMPLETELY | | |
| SATISFIED". PLEASE CONTACT US AT 651-639-2110. OUR GOAL IS | TOTAL INVOICE \$ | 1276.93 |
| "100% COMPLETELY SATISFIED CUSTOMERS" AND YOUR RESPONSE IS | | |
| VERY IMPORTANT TO US. THANK YOU!!!! | | |

EXCLUSION OF WARRANTIES
Any warranties on the products sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer include, but are not limited to, any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.



**THANK YOU
FOR YOUR
BUSINESS**

CUSTOMER SIGNATURE

CHRYSLER \$ 1176.93

**ALL PARTS NEW
ORIGINAL
EQUIPMENT
UNLESS OTHERWISE
SPECIFIED**

DATE 000007586763 TIME
04/18/07 0002 16:04:06

ROSEDALE AUTOMOTIVE
2845 HIGHWAY 35W
ROSEVILLE, MN 55113
(651) 636-0340

CREDIT SALE

BATCH # 654
TRANS # 037
AUTH # 025251
TRANS ID 167108793365104
REFERENCE # 710822753336
VISA ACCOUNT # EXP DATE

SALE AMOUNT \$ 100.00

CUSTOMER COPY

March 10, 2011

[REDACTED]
Maplewood, MN [REDACTED]

Service Request: 71-602137702

Customer Relationship Specialist: Karl McTaggart

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 \$200.00.

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. 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
02/19/08

*****200 DOLLARS

****00 CENTS

AMOUNT
*****200.00PAY
TO THE
ORDER
OF

MAPLEWOOD MN [REDACTED]

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

AUDIT

VENDOR
DUNS NO. BB 000000523

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

02/19/08

VENDOR NAME [REDACTED]

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

| | | | | | | |
|------------------------|----------------------|---------------------------|---------|--------|-----|--------|
| 1G1ZT54835F [REDACTED] | 02/18/08 1-602137 | VM 1-9YHM1 702.1-9YHM1 | 00.0000 | 200.00 | .00 | 200.00 |
|------------------------|----------------------|---------------------------|---------|--------|-----|--------|

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

M3

TOTAL

200.00

.00

200.00

North American Operations

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

GM

CHECK


No. [REDACTED]50-937
213**DATE**
03/10/08

*****307 DOLLARS

****34 CENTS

AMOUNT
*****307.34**PAY
TO THE
ORDER
OF**[REDACTED]
PLAISTOW NH [REDACTED]

North American Operations
General Motors Corporation
Disbursement Account


SIGNATURE

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

03/10/08

VENDOR
DUNS NO. BB 000000425

1

VENDOR NAME [REDACTED]REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT54865F [REDACTED] 03/07/08 VM 1-A2JJ3U
71-602179267.1-A2JJ3U

00.0000

307.34

.00

307.34

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

H3

TOTAL

307.34

.00

307.34

The

Plaistow NH



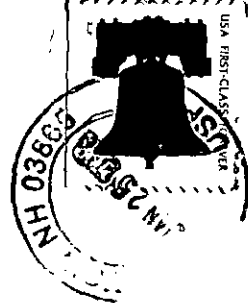
0000

48232

U.S. POSTAGE
PAID
PLAISTOW, NH
03865
JAN 25, 08
AMOUNT

\$0.17

00044331-04



JAN 28 2008

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

48232+5170-70 B050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-22-08

17-Digit Vehicle Identification Number (VIN): 1G1ZT54865F [REDACTED]

Mileage at Time of Repair: 64,754 Date of Repair: 8/29/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Plaistow State: NH ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code) [REDACTED]

Evening Telephone Number (include Area Code) [REDACTED]

Amount of Reimbursement Requested: \$ 152.78

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).





Miller Auto Dealershipscvcs140110

millerauto.com

People & Cars You Can Trust

Chevrolet - Buick - Chrysler - Dodge - Jeep

Rt. 16 Super Store

Ford
600 Main Street
Sutton, Springfield, ME 04083
(207) 321-1123
1-877-991-4123

Rt. 28 • PO Box 730
Wolfeboro, NH 03094
(603) 569-1068
1-800-247-1068

Rt. 16, Tamworth • PO Box 275
West Ossipee, NH 03090
(603) 323-7888
1-800-539-5057

COPY

CVCS140110

| | | | | |
|-----------------------------------|--|--|---------------------------------|----------------------------------|
| CUSTOMER NO 10732 | ADVISOR PAUL HOWELL | TAG NO 600 2728 | INVOICE DATE 08/29/07 | INVOICE NO. CVCS140110 |
| [REDACTED] PLAISTOW, NH | LABOR RATE 70.00 | LICENSE NO | COLOR SPORT RED/ | STOCK NO. 15017 |
| | YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU/LS SED | DELIVERY DATE 11/11/04 | DELIVERY MILES 22 | |
| | VEHICLE I.D. NO. 1 G 1 Z T 5 4 8 6 5 F | SELLING DEALER NO. WOLFEBORO | PRODUCTION DATE | |
| | P. T. E. NO. | P. Q. NO. | R. Q. DATE 08/13/07 | REPRINT# 2 |
| | COMMENTS MO: 64754 | | | |

| | | | | | |
|---|--------------------|-------------|-----------------|------------|---------|
| LABOR & PARTS | | | | | |
| J# 1 15CVZMISC1 | MISCELLANEOUS | TECH(S):435 | 30.00 | | |
| SEAT BACK IS FALLING OFF. ORDERED CLIPS INSTALLED SEAT BACK CLIPS | | | | | |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 1 | 4 | 15226958 | RETAINER 11.358 | 2.86 | 11.44 |
| JOB # 1 TOTAL PARTS | | | | | 11.44 |
| JOB # 1 TOTAL LABOR & PARTS | | | | | 41.44 |
| J# 2 02CVZ | SUSPENSION | TECH(S):435 | 90.00 | | |
| C/S THERE IS A SCRAPING NOISE IN FRONT END WHEN TURNING ROAD TESTED VEHICLE FOUND STEERING RACK CAUSING NOISE REPLACED STEERING RACK AND ROAD TESTED NOISE IS GONE | | | | | |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 2 | 1 | 15858368 | GEAR 6.508 | 317.34 | 317.34 |
| JOB # 2 | -1 | 15858368 | CORE RETURN | 100.00 | -100.00 |
| JOB # 2 TOTAL PARTS | | | | | 217.34 |
| JOB # 2 TOTAL LABOR & PARTS | | | | | 307.34 |
| J# 3 23CVZ | BODY REPAIRS | TECH(S):435 | 120.00 | | |
| C/S BUMPER ON TRUNK LID FELL OFF FOUND BOTH TRUNK LID HINGES WEAK REPLACED BOTH TRUNK LID HINGES | | | | | |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 3 | 1 | 15267825 | HINGE 12.184 | 65.74 | 65.74 |
| JOB # 3 | 1 | 15267824 | HINGE 12.184 | 71.69 | 71.69 |
| JOB # 3 TOTAL PARTS | | | | | 137.43 |
| JOB # 3 TOTAL LABOR & PARTS | | | | | 257.43 |
| J# 4 09CVZ | ENGINE MECHANICAL | TECH(S):435 | 0.00 | | |
| C/S VEHICLE HAS EXTENDED CRANK AT TIMES COULD NOT DUPLICATE CONCERN AT THIS TIME | | | | | |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 4 TOTAL PARTS | | | | | 0.00 |
| JOB # 4 TOTAL LABOR & PARTS | | | | | 0.00 |
| J# 5 09CVZ | ELECTRICAL SYSTEMS | TECH(S):435 | 90.00 | | |
| C/S BIRATIONALS STOPPED WORKING. HAS BEEN WORKING SINCE CONFIRMED CONCERN FOUND MULTI-FUNCTION SWITCH INTERNALLY SHORTED & REPLACED SWITCH AND RECHECKED. ALL LIGHTS ARE FUNCTIONING PROPERLY | | | | | |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 5 | 1 | 15908975 | SWITCH 2.895 | 62.78 | 62.78 |
| JOB # 5 TOTAL PARTS | | | | | 62.78 |

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products; therefore, with respect to the seller, the product is sold "As Is" and the entire risk as to quality and performance of the product is with the buyer and/or manufacturer, and if the product proves defective after purchase, the buyer and/or manufacturer, not the seller, shall assume the entire cost of all necessary servicing or repair.

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BUICK



Dodge



CHRYSLER



Jeep



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for servicing your
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1-800-267-1098

Rt. 16 Super Store

Rt. 16, Tamworth • PO Box 275
West Ossipee, NH 03890
(603) 323-7808
1-800-530-5057

Ford

400 Main Street
Salem Springs, ME 04983
(207) 225-0125
1-877-991-1125

COPY

CVCS140110

| | | | | |
|-----------------------------------|--|----------------------------|--|----------------------------------|
| CUSTOMER NO. 10732 | ADVISOR PAUL HOWELL | TAG NO. 600 2728 | INVOICE DATE 08/29/07 | INVOICE NO. CVCS140110 |
| [REDACTED] PLAISTOW, NH | LABOR RATE 70.00 | LICENSE NO. | COLOUR SPORT RED/ | STOCK NO. 15017 |
| | YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU/LS SED | | DELIVERY DATE 11/11/04 | DELIVERY MILES 22 |
| | VEHICLE I.D. NO. 1 G 1 Z T 5 4 8 6 5 F | | SELLING DEALER NO. WOLFEBORO | PRODUCTION DATE |
| | P. T. E. NO. | | P. O. NO. | R. O. DATE 08/13/07 |
| COMMENTS | | | REPRINT # 2 | |
| | | | MO: 64754 | |

| | | | | | |
|-----------------|---|-----------|-----------------------|-----------------------------|----------|
| | | | | JOB # 5 TOTAL LABOR & PARTS | 152.78 |
| J# 6 11CVZ | EXHAUST SYSTEM C/S THERE IS A EXHAUST LEAK FOUND RESENAOTOR BROKEN REPLACED EXHAUST SYSTEM FROM Y-PIPE | | | TECH(S):435 | 90.00 |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 6 | 1 | 15828658 | MUFFLER 3.701 | 313.33 | 313.33 |
| JOB # 6 | 2 | 11516076 | NUT 8.917 | 2.97 | 5.94 |
| JOB # 6 | 1 | 22626929 | GASKET 3.613 | 3.75 | 3.75 |
| | | | | JOB # 6 TOTAL PARTS | 323.02 |
| | | | | JOB # 6 TOTAL LABOR & PARTS | 413.02 |
| J# 7+15CVZMISC2 | MISCELLANEOUS C/S RH HEADLAMP IS MELTED REPLACED RH HEADLAMP ASSEMBLY | | | TECH(S):435 | 30.00 |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 7 | 1 | 15851372 | HEADLAMP 2.725 | 176.40 | 176.40 |
| | | | | JOB # 7 TOTAL PARTS | 176.40 |
| | | | | JOB # 7 TOTAL LABOR & PARTS | 206.40 |
| J# 8+05CVZ | GTSBRKR REAR BRAKES ARE WORN TO 1/32" THICKNESS REPLACED REAR BRAKE PADS AND MACHINED ROTORS | | | TECH(S):435 | 120.00 |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 8 | 1 | 15243254 | PAD KIT 5.017 | 67.90 | 67.90 |
| | | | | JOB # 8 TOTAL PARTS | 67.90 |
| | | | | JOB # 8 TOTAL LABOR & PARTS | 187.90 |
| J# 9+31CVZLOF | SUPER BLEND DRAIN AND ADD UP TO FIVE (5) QUARTS OF OIL. REMOVE AND REPLACE OIL FILTER. REPLACED OIL AND FILTER. SET TIRE PRESSURES. LUBRICATE DOOR HINGES, HOOD LATCH, SUSPENSTION. CHECKED ALL FLUIDS. FILLED WASHER SOLVENT. | | | TECH(S):435 | INTERNAL |
| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | |
| JOB # 9 | 1 | PK47 | | | INTERNAL |
| JOB # 9 | 1 | 25010792 | FILTER 1.836 | | INTERNAL |
| JOB # 9 | 1 | Oil | | | INTERNAL |
| | | | | JOB # 9 TOTAL PARTS | 0.00 |
| | | | | JOB # 9 TOTAL LABOR & PARTS | 0.00 |
| SUBLET | PO# | VEND INV# | INV DATE DESCRIPTION | | |
| JOB # 1 | 664 | | 08/29/07 PAINT HINGES | 85.40 | |
| | | | | TOTAL - SUBLET | 85.40 |

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products; therefore, with respect to the seller, the product is sold "As Is" and the entire risk as to quality and performance of the product is with the buyer and/or manufacturer, and if the product proves defective after purchase, the buyer and/or manufacturer, not the seller, shall assume the entire cost of all necessary servicing or repair.

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(603) 523-7408
1-800-549-3037

CVCS140110

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| | | | | |
|-----------------------------|--|--|---------------------------------|---------------------------------|
| CUSTOMER NO 10732 | ADVISOR PAUL HOWELL | TAB NO. 600 | INVOICE DATE 08/29/07 | INVOICE NO CVCS140110 |
| | LABOR RATE 70.00 | LICENSE NO. | COLOR SPORT RED/ | STOCK NO. 15017 |
| | YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU/LS SED | DELIVERY DATE 11/11/04 | DELIVERY MILES 22 | |
| PLAISTOW, NH | VEHICLE I.D. NO. 1 G 1 Z T 5 4 8 6 5 F | SELLING DEALER NO. WOLFEBORO | PRODUCTION DATE | |
| | F. T. E. NO. | P. O. NO. | R. O. DATE 08/13/07 | REPRINT# 2 |
| COMMENTS | | | | MO: 64754 |

| | |
|---|--------|
| MISC-----CODE-----DESCRIPTION-----CONTROL NO----- | |
| JOB # 8 DISC1 10% CUSTOMER APPRECIATION CARD | -12.00 |
| JOB # 9 DISC1 10% CUSTOMER APPRECIATION CARD | -0.01 |
| TOTAL - MISC | -12.01 |

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

COMMENTS-----
600/DROP

TOTALS-----

SURVEYS MAILED BY CHRYSLER AND GENERAL MOTORS ARE OF VITAL IMPORTANCE TO HELP US BETTER SERVE YOUR NEEDS AND EXPECTATIONS. THESE SURVEYS ARE OUR REPORT CARD AND A TIMELY RESPONSE IS APPRECIATED. IF YOU DO NOT FEEL YOU CAN GIVE US A PERFECT SCORE, SEE THE SERVICE MANAGER RICK SNOWDON BEFORE YOU LEAVE THE DEALERSHIP.

| | |
|------------------|--------|
| TOTAL LABOR.... | 570.00 |
| TOTAL PARTS.... | 996.31 |
| TOTAL SUBLET.... | 85.40 |
| TOTAL G.O.G.... | 0.00 |
| TOTAL MISC CHG. | 0.00 |
| TOTAL MISC DISC | -12.01 |
| TOTAL TAX..... | 0.00 |

TOTAL INVOICE \$ **1639.70**

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1-603-569-1068

WE APPRECIATE YOUR BUSINESS!

CUSTOMER SIGNATURE

Customer 27589

MTCC 136381

070805464
420.12

PMA6145360



Thank You
for servicing your
car with us.

September 2007

Get too much mail? Reduce it. Sign up today!  **Go Paperless.**

STATEMENT SUMMARY



| | | |
|----------------------|---|------------|
| *Minimum Payment | | \$15.00 |
| *Current Payment Due | = | \$15.00 |
| Payment Due Date | | 09/29/2007 |

View Activity:

September 2007



STATEMENT TOOLS

- † [View Complete Statement w/APR](#) 
- [Change Statement Delivery](#)
- [Search Transactions](#)
- [Statement FAQs](#)
- [Download Transactions](#)
- Select One 

| | | |
|------------------|---|------------|
| Statement Date | | 09/04/2007 |
| Account Number | | |
| Credit Limit | | \$7,000.00 |
| Available Credit | | \$6,669.00 |
| Previous Balance | | \$134.23 |
| Payments/Credits | - | \$154.23 |
| Purchases/Debits | + | \$350.89 |
| **Finance Charge | + | \$0.00 |
| New Balance | = | \$330.89 |

TRANSACTION SUMMARY

Click on the TRANSACTION DESCRIPTION to view a detail of the transaction.

| <u>SORT BY:</u> ▼ TRAN DATE | <u>SORT BY:</u> ▼ POST DATE | <u>SORT BY:</u> ▼ TRANSACTION DESCRIPTION | <u>SORT BY:</u> ▼ AMOUNT |
|--------------------------------|--------------------------------|--|-----------------------------|
| 08/09/2007 | 08/11/2007 | GROVELAND GAS GROVELAND MA | \$20.00 |
| 08/28/2007 | 08/30/2007 | G AND M MOTORS SOUTH HAMILTON MA | \$20.00 |
| 08/29/2007 | 08/29/2007 | PAYMENT - THANK YOU | -\$154.23 |
| 08/29/2007 | 08/31/2007 | AUTO VILLAGE OF WOLFEBORO NH | \$275.89 |
| 08/30/2007 | 09/01/2007 | SALON GRAZIE SALEM NH | \$35.00 |

To DISPUTE A TRANSACTION view the transaction detail and click Dispute Transaction.

† Viewing PDF files requires the use of Adobe® Reader®.

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This includes other services that were performed that day. See attached receipts.

† This is a link to a 3rd party website. By clicking you will leave the HSBC website. Third party websites are not related to or under the control of HSBC, its affiliates or subsidiaries. The owner of the website is solely responsible for the products, services and content on its site. That site may have a privacy policy different from HSBC. HSBC provides links as a convenience and is not responsible for the content or security of any linked web page.

Plaistow, NH

Customer Relationship Specialist: Karl McTaggart

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.

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.

Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit 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)**

March 10, 2011

Pinno Pontiac-Buick Inc
Attn: [REDACTED]
2159 Baltimore Pike PO Box 20
Oxford, PA 19363-4011

Service Request: 71-602388762
Customer Relationship Specialist: Katrina Blake

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 rack 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 Pontiac, 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 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

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-25-08

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

Mileage at Time of Repair: 38662 Date of Repair: 10-10-07

Claimant Name (please print): Pinno Pontiac Buick Inc.

Street Address or PO Box Number: 2159 Baltimore Pike PO Box 20

City: Oxford State: Pa. ZIP Code: 19363

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

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ 367.51

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. *note: company owned vehicle internal repair order cost absorbed by Pinno Pontiac-Buick*
- Payment for the repair in question and the date of payment. *Thank you.*
(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]

PINNO PONTIAC-BUICK, INC.
PO BOX 20
OXFORD, PA 19363

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).





December 2007

Pinno Pontiac Buick Inc
2159 Baltimore Pike
Oxford, PA 19363-0020

Dear Pinno Pontiac Buick Inc:

As the owner of a 2005 model year Pontiac G6, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some 2005 model year Pontiac G6 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 Pontiac 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 Pontiac G6 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.

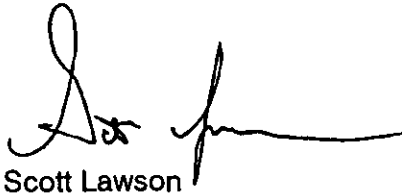
What You Should Do: Repairs and adjustments qualifying under this special coverage must be performed by a General Motors dealer. You may want to contact your GM dealer to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. 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 Pontiac Customer Assistance Center between the hours of 8:00 AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.620.7668 (TTY 1.800.833.7668).



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





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

Jerome



07126 1G2ZG528154145152 16 0005775
PINNO PONTIAC BUICK INC
2159 BALTIMORE PIKE
PO BOX 20
OXFORD, PA 19363-0020



#8685

PINNO PONTIAC-BUICK, INC.
 2159 BALTIMORE PIKE
 OXFORD, PA 19363
 610-932-2892

HARD COPY PAGE 1

| DATE | YEAR | MAKE | MODEL | VIN | STK/CUS | MILES IN | MILES OUT | TAG |
|--------------|----------|------------|--------------------|-------------|---------|----------|-----------|-----|
| 10/10/07 | 05 | Pontiac | G6 | 1G2ZG528154 | 8685 | 38662 | 38662 | |
| SERVICE DATE | NOTIFIED | SVC ADV | PROMISED DATE/TIME | LICENSE | RATE | PAYMENT | INV. DATE | |
| | 11/13/07 | 05 | 00:00 | | 70.00 | 00 | 01/22/08 | |
| R.O. NUMBER | TAX ID | HOME PHONE | BUSINESS PHONE | | | | | |
| 46822 | | | | White 4 | | | | |

===== REPAIR LINE 001 =====

LOCF
 TECH CHANGED OIL AND FILTER, CHECKED ALL FLUIDS
 Bill Code - I

| | | | | | |
|--------|----------------|-------------|------|-------|--------|
| INTLAB | INTERNAL LABOR | 4 M A | 1.30 | 28.60 | 91.00 |
| | | Total Labor | | 28.60 | 91.00 |
| GM | 25010792 | - FILTER | 1 | 3.52 | 4.40 |
| GM | OIL | ENG OIL | 5 | 6.50 | 8.15 |
| AM | 5016 | SOLVENT | 1 | .99 | 1.24 |
| | | Total Parts | | 11.01 | 13.79 |
| | | Total Line | | | 104.79 |

===== REPAIR LINE 002 =====

ROTATE AND BALANCE TIRES
 TECH REMOVED ALL WHEELS, RESET ALL TIRE PRESSURE, BALANCED ALL TIRES AND THEN ROTATED TIRES
 Bill Code - I

===== REPAIR LINE 003 =====

WASH, VACUUM, AND CLEAN INSIDE OF WINDOWS PLEASE
 Bill Code - I

| | | | | | |
|-----|-------------------------------|-------------|------|-------|-------|
| WSH | WASH OUTSIDE AND CLEAN INSIDE | 6 M A | 1.00 | 22.00 | 70.00 |
| | | Total Labor | | 22.00 | 70.00 |
| | | Total Line | | | 70.00 |

| | | | |
|--|--|--------------|--|
| 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. | STATEMENT OF DISCLAIMER | LABOR AMOUNT | |
| | 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 ITS ITEM/ITEMS | PARTS AMOUNT | |
| | | MISC. SALES | |
| | | MATERIALS | |
| | | TOTAL CHARGE | |
| | | DEDUCTABLE | |
| | | SALES TAX | |
| | | OTHER PAY | |
| (SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) | CUSTOMER SIGNATURE | CUSTOMER PAY | |

PINNO PONTIAC-BUICK, INC.
PO BOX 20
OXFORD, PA 19363

PINNO PONTIAC-BUICK, INC.
2159 BALTIMORE PIKE
OXFORD, PA 19363
610-932-2892

HARD COPY PAGE 2

| DATE | YEAR | MAKE | MODEL | VIN | STK/CUS | MILES IN | MILES OUT | TAG |
|--------------|----------|------------|--------------------|-------------|---------|----------|-----------|-------|
| 10/10/07 | 05 | Pontiac | G6 | 1G2ZG528154 | 8685 | 38662 | 38662 | |
| SERVICE DATE | NOTIFIED | SVC ADV | PROMISED DATE/TIME | LICENSE | RATE | PAYMENT | INV. DATE | |
| | 11/13/07 | 05 | 00:00 | | 70.00 | 00 | 01/22/08 | |
| R.O. NUMBER | TAX ID | HOME PHONE | BUSINESS PHONE | | | | | |
| 46822 | | | | | | | | White |

===== REPAIR LINE 004 =====
R/R FRONT BRAKE PADS
WHILE PERFORMING ROTATE AND BALANCE, TECH FOUND FRONT BRAKE PADS NEED TO BE REPLACED
TECH REMOVED AND REPLACED FRONT BRAKE PADS, LUBED ALL SLIDES AND PINS
Bill Code - I
GM 19137357 -PAD KIT 1 37.00 46.25
Total Parts 37.00 46.25
Total Line 46.25

===== REPAIR LINE 005 =====
INSTALL SPECIAL ORDER STEERING RACK & FRONT STABILIZER LINKS PER
BULLETIN# 06-02-32-007B
TECH R/R STEERING RACK & FRT SWAY BAR LINKS AS PER BULLETIN 06-02-32-007B
Bill Code - I
INTLAB INTERNAL LABOR 14 M A 1.60 35.20 112.00
Total Labor 35.20 112.00
GM 15858368 -GEAR 1 155.24 194.05
GM 22670300 -LINK 2 49.16 61.46
Total Parts 204.40 255.51
Total Line 367.51

Estimates: Parts Labor 32.00 Hours .80 Total 32.00

| | | | |
|--|--|--|--------------------|
| 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. | STATEMENT OF DISCLAIMER | LABOR AMOUNT | |
| | 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 ITS ITEM/ITEMS | PARTS AMOUNT | |
| | | MISC. SALES | |
| | | MATERIALS | |
| | | TOTAL CHARGE | |
| | | DEDUCTABLE | |
| | | SALES TAX | |
| | | OTHER PAY | |
| | | (SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE) | CUSTOMER SIGNATURE |

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

CHECK No. [REDACTED]

50-937
213DATE
02/21/08

*****100 DOLLARS

*****00 CENTS

AMOUNT
*****100.00North American Operations
General Motors Corporation
Disbursement AccountPAY
TO THE
ORDER
OF

WICHITA FALLS TX

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 02/21/08VENDOR
DUNS NO. BB 000000181

1

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT54845F [REDACTED]

02/20/08
71-602407711.1-9YNOSV

VM 1-9YNOSV

00.0000

100.00

.00

100.00

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

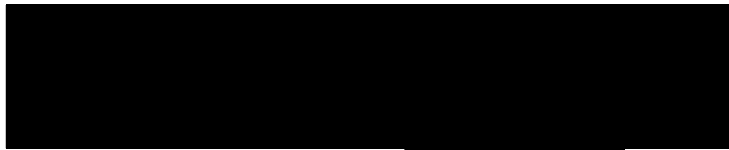
H3

TOTAL

100.00

.00

100.00



WICHITA FALLS, TX



JAN 29 2008

REIMBURSEMENT DEPARTMENT
PO BOX 33170
DETROIT, MI 48232-5170

482325170 8050



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 21 JANUARY 2008

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

Mileage at Time of Repair: 41,808 Date of Repair: 05/07/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: WICHITA FALLS State: TX 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).





Pruitt

CHEVROLET

PONTIAC, LLC

905 Sheppard Road • (940) 569-5271 • Burkburnett, TX 76354



ORIGINAL

| | | | | |
|-------------------------------|--|---------------------------|---------------------------------|---------------------------------|
| CUSTOMER NO. 52226 | ADVISOR KERT DECELLES | TAG NO. 0927 | INVOICE DATE 05/07/07 | INVOICE NO. CVCS13579 |
| [REDACTED] SAFB, TX | LABOR RATE [REDACTED] | LICENSE NO. [REDACTED] | COLOR TAN | STOCK NO. |
| | YEAR / MAKE / MODEL 05/CHEVROLET/MALIBU/4 DOOR SEDAN | MILEAGE 41,808 | DELIVERY DATE | DELIVERY MILES |
| | VEHICLE I.D. NO. 1G1ZT54845F | P.O. NO. [REDACTED] | SELLING DEALER NO. | PRODUCTION DATE |
| RESIDENCE PHONE [REDACTED] | BUSINESS PHONE [REDACTED] | COMMENTS | R. O. DATE 05/02/07 | |

LABOR & PARTS-----
J# 1 10CVZZ DRIVEABILITY CONCERN TECH(S):404 149.44
HARD TO TURN
C0545 STEERING WHEEL TORQUE INPUT SENSOR
REPLACE STEERING COLUMN WITH TORQUE SENSOR

| PARTS----- | QTY----- | FP-NUMBER----- | DESCRIPTION----- | UNIT PRICE----- |
|-----------------------------|----------|----------------|------------------|-----------------|
| JOB # 1 | 1 | 15926870 | COLUMN 6.518 | 368.33 |
| JOB # 1 | -1 | 15926870 | CORE RETURN | 0.00 |
| JOB # 1 TOTAL PARTS | | | | 368.33 |
| JOB # 1 TOTAL LABOR & PARTS | | | | 517.77 |

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
JOB # A C07 SHOP SUPPLIES 10.46
TOTAL MISC 10.46

TOTALS-----

| | |
|-------------------------|---------------|
| TOTAL LABOR.... | 149.44 |
| TOTAL PARTS.... | 368.33 |
| TOTAL SUBLET.... | 0.00 |
| TOTAL G.O.G.... | 0.00 |
| TOTAL MISC CHG. | 10.46 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX..... | 30.39 |
| TOTAL INVOICE \$ | 558.62 |

CUSTOMER SIGNATURE

ANY WARRANTIES ON THE PRODUCT SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER, PRUITT CHEVROLET-PONTIAC, LLC, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND PRUITT CHEVROLET-PONTIAC, LLC NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

X _____
CUSTOMER'S SIGNATURE

Notice Pursuant to
§70.001, Texas Property Code
I am the person or agent acting on behalf of the person, who is obligated to pay for the repair of the motor vehicle subject to the repair contract. I understand that this vehicle is subject to repossession in accordance with §9.503, Texas Business and Commerce Code, if a written order for payment for repair on the vehicle is stopped, dishonored because of insufficient funds, no funds, or because the drawer or maker of the order has no account or the account on which it is drawn has been closed.

Signature of Person Responsible or
Agent for Person Responsible

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 OR FOR ANY DELAYS CAUSED BY UNAVAILABILITY OF PARTS OR DELAYS IN PARTS SHIPMENT BY THE SUPPLIER OR TRANSPORTER.

PAID

GAH ext WARR pay 458.62

Cash paid 558.62

ORIGINAL

947-569-5271
FRUIT CHEVROLET PONTIAC
935 SHEPPARD RD.
BURKHOFFETT TX 76034

TERMINAL I.D.: 1234
MERCHANT ID: 17751

VISA ITEM #: 003

SHIRE
SALE

DATE: MAY 09, 2007 TIME: 12:49
AUTH NO: 701332

TOTAL \$100.00

RECEIVED BY

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

March 10, 2011

[REDACTED]
[REDACTED]
Wichita Falls, TX [REDACTED]

Service Request: 71-602407711

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 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 \$100.00.

At Chevrolet, our commitment to customer satisfaction is a top priority. 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. 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)**

March 10, 2011

[REDACTED]
Topeka, KS [REDACTED]

Service Request: 71-602493609
Customer Relationship Specialist: Jerry Robinson

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 \$738.94.

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. 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
213DATE
02/21/08

*****738 DOLLARS

****94 CENTS

AMOUNT
*****738.94

North American Operations
General Motors Corporation
Disbursement Account

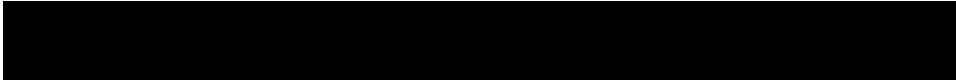
PAY
TO THE
ORDER
OF

TOPEKA KS [REDACTED]

SIGNATURE

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

02/21/08

VENDOR
DUNS NO. BB 000000205

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 |
|-----------------------------|-----------------------|-----------------------|---------|----------------|--------------|------------|
| 1G1ZT52815F [REDACTED] | 02/20/08 | VH 1-9YRVIZ | 00.0000 | 738.94 | .00 | 738.94 |
| | 71-602493609.1-9YRVIZ | | | | | |

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

H3

TOTAL

738.94

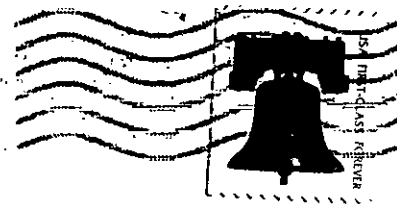
.00

738.94

Topelka, KS

TOPEKA KS 666

28 JAN 2008 PM 2 L



JAN 31 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: January 27, 200817-Digit Vehicle Identification Number (VIN): 1G12T52815F [REDACTED]Mileage at Time of Repair: 58010 Date of Repair: January 22, 2008

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Topeka State: KS ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 738.94

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).



25511

442763

DOUG RICHERT

PONTIAC

PONTIAC CADILLAC

1900 SOUTH TOPEKA BLVD.
TOPEKA, KANSAS 66612
PHONE: (785) 233-1361
1-800-844-7427



INVOICE

PAGE 1

TOPEKA, KS
HOME: [REDACTED]

BUS: [REDACTED]

SERVICE ADVISOR: 227 TIMOTHY L COX

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG | |
|-------------|------------|------------------|--------------------------|---------|------------------|---------|-----------|
| GRAY | 05 | CHEVROLET MALIBU | 1G1ZT52815F | | 58010/58010 | T2517 | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
| 01JUL04 IS | | | 17:00 19JAN08 | | | CASH | 22JAN08 |
| R.O. OPENED | | READY | OPTIONS: STK:3403A DLR:? | | | | |

16:49 18JAN08 15:52 22JAN08

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|--------|------|------|-------------------|--------|--------|-------------|
| A | | | | | | | |
| POWER STEERING IS HARD TO TURN AT TIMES (P/S LIGHT COMES UP ON MESSAGE CENTER WHEN HARD TO TURN) | | | | | | | |
| M DIAG. CODE C0545. REPLACED STEERING COLUMN | | | | | | | |
| | | | | 139 C | | 310.20 | 310.20 |
| | | | | 1 15926870 COLUMN | 359.00 | 359.00 | 359.00 |
| PARTS: | | | | 359.00 | LABOR: | 310.20 | OTHER: 0.00 |
| TOTAL LINE A: | | | | | | 669.20 | |

DIAG. CODE C0545. REPLACED STEERING COLUMN

B MULTI-POINT VEHICLE INSPECTION

| | | | | | | | |
|---|--|--|--|---------|--------|------|-------------|
| MPI MULTI-POINT VEHICLE INSPECTION | | | | | | | |
| | | | | 148 ISP | | | (N/C) |
| TIRE7 TREAD DEPTH 7/32 OF AN INCH REMAINING | | | | | | | |
| | | | | 148 ISP | | | (N/C) |
| BK3 3MM OF BRAKE LINING REMAINING | | | | | | | |
| | | | | 148 ISP | | | (N/C) |
| PARTS: | | | | 0.00 | LABOR: | 0.00 | OTHER: 0.00 |
| TOTAL LINE B: | | | | | | 0.00 | |

OUR GENERAL MOTORS CERTIFIED TECHNICIANS HAVE
OVER 6 TIMES THE TRAINING REQUIRED BY GM

SERVICE AND PARTS NOW OPEN SATURDAY
8:00AM TO 2:30PM

PAID

PAYMENT METHOD

[] CASH [X] CHECK CHECK NO. (1148)
[] VISA [] MASTERCARD
[] AMER XPRESS [] OTHER [] 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.

CUSTOMER SIGNATURE

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 310.20 |
| PARTS AMOUNT | 359.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 18.50 |
| TOTAL CHARGES | 687.70 |
| LESS INSURANCE/CPNS | 0.00 |
| SALES TAX | 51.24 |
| PLEASE PAY THIS AMOUNT | 738.94 |

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS.

CUSTOMER COPY

Goodwrench

MULTI-POINT VEHICLE INSPECTION



Name: [REDACTED] Year/Model: 05 Melbu Date: 1-18

Repair Order #: 442763 VIN (last 8 digits): 5F Odometer: 58010 MI: MII:

☒ Checked and OK ☐ May Require Attention Soon ☐ Requires Immediate Attention

INTERIOR

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> OnStar Subscription activated by | | <input checked="" type="checkbox"/> Remaining engine oil life: <u> </u> % Reset: <u> </u> N/A: <u> </u> | |
| <input checked="" type="checkbox"/> Air Conditioning Performance | | | |

| | | | | | |
|---|---|---|-------------------|---|---|
| <input type="checkbox"/> WIPER BLADES <input type="checkbox"/> Rear (if applicable) - <input type="checkbox"/> Windshield condition Cracks <u> </u> Chips <u> </u> | <input type="checkbox"/> CHECK TIRES AND TREAD DEPTH (Check exterior condition) <table border="0"> <tr> <td> <input checked="" type="checkbox"/> 8/32 or Greater LF 7/32 to 4/32 <u>9</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI LR 7/32 to 4/32 <u>8</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI </td> <td> (Check lamps) </td> <td> <input checked="" type="checkbox"/> 8/32 or Greater RF 7/32 to 4/32 <u>9</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI RR 7/32 to 4/32 <u>7</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI </td> </tr> </table> Lowest Tread Depth: <u> </u> /32 <input type="checkbox"/> Rotation needed <input type="checkbox"/> Alignment needed <input type="checkbox"/> Balance needed <input type="checkbox"/> Rotation performed <input type="checkbox"/> Alignment performed <input type="checkbox"/> Balance performed LF <input type="checkbox"/> LR <input type="checkbox"/> Wear Pattern/Damage RF <input type="checkbox"/> RR <input type="checkbox"/> | <input checked="" type="checkbox"/> 8/32 or Greater LF 7/32 to 4/32 <u>9</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI LR 7/32 to 4/32 <u>8</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI | (Check lamps) | <input checked="" type="checkbox"/> 8/32 or Greater RF 7/32 to 4/32 <u>9</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI RR 7/32 to 4/32 <u>7</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI | <input type="checkbox"/> CHECK BATTERY <input type="checkbox"/> Battery condition <input type="checkbox"/> Battery cables and connections |
| <input checked="" type="checkbox"/> 8/32 or Greater LF 7/32 to 4/32 <u>9</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI LR 7/32 to 4/32 <u>8</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI | (Check lamps) | <input checked="" type="checkbox"/> 8/32 or Greater RF 7/32 to 4/32 <u>9</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI RR 7/32 to 4/32 <u>7</u> <input checked="" type="checkbox"/> 3/32 or Less PSI @ <u> </u> set to: <u>30</u> PSI | | | |

| <input type="checkbox"/> CHECK FLUID LEVELS <table border="1"> <thead> <tr> <th>OK</th> <th>FILLED</th> <th>REQUIRES ATTENTION</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Engine oil <u>12.4 fl oz</u></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Brake fluid reservoir</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Transmission (if equipped w/dipstick) <u>NA</u></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Coolant recovery reservoir</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Power steering <u>NA</u></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Windshield washer</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | OK | FILLED | REQUIRES ATTENTION | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Engine oil <u>12.4 fl oz</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Brake fluid reservoir | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Transmission (if equipped w/dipstick) <u>NA</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Coolant recovery reservoir | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Power steering <u>NA</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Windshield washer | <input type="checkbox"/> | <input type="checkbox"/> CHECK BRAKES/MEASURE FRONT AND REAR LININGS <table border="0"> <tr> <td> LF <u> </u> <input type="checkbox"/> 7 mm (9/32) or greater <input type="checkbox"/> 6 mm (8/32) to 4 mm (5/16) <input type="checkbox"/> 3 mm (4/32) or less LR <u> </u> <input type="checkbox"/> 4 mm (5/16) or greater <input type="checkbox"/> 3 mm (4/32) or less <input type="checkbox"/> 2 mm (3/32) or less </td> <td> RF <u> </u> RR <u> </u> </td> </tr> </table> Lowest Front Lining <u> </u> Lowest Rear Lining <u> </u> <input type="checkbox"/> Brake system (also including lines, hoses and parking brake) | LF <u> </u> <input type="checkbox"/> 7 mm (9/32) or greater <input type="checkbox"/> 6 mm (8/32) to 4 mm (5/16) <input type="checkbox"/> 3 mm (4/32) or less LR <u> </u> <input type="checkbox"/> 4 mm (5/16) or greater <input type="checkbox"/> 3 mm (4/32) or less <input type="checkbox"/> 2 mm (3/32) or less | RF <u> </u> RR <u> </u> |
|--|---|--------------------------|--------------------|-------------------------------------|--|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|---|--------------------------|---|---|--|
| OK | FILLED | REQUIRES ATTENTION | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Engine oil <u>12.4 fl oz</u> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Brake fluid reservoir | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Transmission (if equipped w/dipstick) <u>NA</u> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Coolant recovery reservoir | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Power steering <u>NA</u> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Windshield washer | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| LF <u> </u> <input type="checkbox"/> 7 mm (9/32) or greater <input type="checkbox"/> 6 mm (8/32) to 4 mm (5/16) <input type="checkbox"/> 3 mm (4/32) or less LR <u> </u> <input type="checkbox"/> 4 mm (5/16) or greater <input type="checkbox"/> 3 mm (4/32) or less <input type="checkbox"/> 2 mm (3/32) or less | RF <u> </u> RR <u> </u> | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---|
| <input type="checkbox"/> ADDITIONAL CHECKS Inspect for visible leaks: <input checked="" type="checkbox"/> Fuel system (also including gas cap seating) <input checked="" type="checkbox"/> Engine, transmission, drive axle, transfer case <input checked="" type="checkbox"/> Engine cooling system <input checked="" type="checkbox"/> Shocks and struts - also check operation Inspect visual condition: <input checked="" type="checkbox"/> Belts: engine, accessory, serpentine, and/or V-drive <input checked="" type="checkbox"/> Hoses: engine, power steering and HVAC <input checked="" type="checkbox"/> Engine air filter and cabin air filters <input checked="" type="checkbox"/> Steering components and steering linkage <input checked="" type="checkbox"/> CV drive axle boots or driveshafts and U-joints <input checked="" type="checkbox"/> Exhaust system components | COMMENTS <u>Wipers</u> Consultant: <u> </u> Technician: <u> </u> MAINTENANCE VISIT RECOMMENDATION Date: <u> </u> Time: <u> </u> Reason for Maintenance: <u> </u> |
|--|---|

SIMPLIFIED MAINTENANCE

MI ☐ Required ☐ Performed

MII ☐ Required ☐ Performed



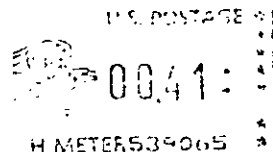
1999 W. 190th Street
Torrance, CA 90504

Attn: *Cheree Fumble*

RETURN DELIVERY
REQUESTED

JAN 29 2008

POST OFFICE
DETROIT MI 48232-5170



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+5170

148232+5170

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/23/0817-Digit Vehicle Identification Number (VIN): 1G2ZG528054Mileage at Time of Repair: 50,755 Date of Repair: 4/12/07Claimant Name (please print): [REDACTED]Street Address or PO Box Number: [REDACTED]City: Lakewood State: CA ZIP Code: [REDACTED]Daytime Telephone Number (include Area Code): [REDACTED]Evening Telephone Number (include Area Code): [REDACTED]Amount of Reimbursement Requested: \$ 300

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: [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).





B.A.R. # AG211711
E.P.A. # CAL000279529

CERRITOS BUICK PONTIAC GMC HUMMER
17720 CRUSADER AVE. * CERRITOS, CA 90703
(562) 865-3880 • (714) 220-0828

ORIGINAL

| | | | | | | | | | |
|--------------|-------|---------------------|----------------------------|-------------|----------|--------------------|-----------|-----------------|-----------|
| CUSTOMER NO. | 17262 | ADVISOR | MICHAEL ITOW | TAG NO. | 399 7652 | INVOICE DATE | 04/12/07 | INVOICE NO. | PNC570073 |
| | | LABOR RATE | | LICENSE NO. | | COLEGE | 50,755 | COLOR | GREY/ |
| | | YEAR / MAKE / MODEL | 05/PONTIAC/G6/4 DOOR SEDAN | | | DELIVERY DATE | | STOCK NO. | |
| | | VEHICLE I.D. NO. | 1 G 2 Z G 5 2 8 0 5 4 | | | SELLING DEALER NO. | | DELIVERY MILES | |
| | | F.T.E. NO. | | P.O. NO. | | R.O. DATE | 04/09/07 | PRODUCTION DATE | |
| | | BUSINESS PHONE | | | | COMMENTS | MO: 50758 | | |

JOB# 1 CHARGES

LABOR
J# 1 45PNZ STEERING/SUSPENSION TECH(S):210 WARRANTY
CHECK STEERING SYSTEM - AT TIMES WRENCH LIGHT COMES ON AND
MESSAGE CENTER STATES POWER STEERING - ALSO FEELS LOOSE
CODE C0545 RAN TEST ON STEERING WHEEL POSITION SENSOR
AND SENSOR FAIL TEST NO READINGS ON TECH 2
REMOVE STEERING COLUMN COMPLETE AND REPLACE STEERING COLUMN
WITH STEERING POSITION SENSOR AND REPROGRAM TEST DROVE

| PARTS | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | WARRANTY |
|---------------|-----|----|----------|--------------|------------|------------|----------|
| | 1 | | 15926870 | COLUMN 6.518 | | | |
| | 1 | | Z5001 | OVN/FRGHT | | | |
| TOTAL - PARTS | | | | | | | 0.00 |

| MISC | CODE | DESCRIPTION | CONTROL NO | WARRANTY |
|--------------|------|-----------------|------------|----------|
| | GMPD | GMPP DEDUCTIBLE | 70073 | 300.00 |
| TOTAL - MISC | | | | 300.00 |

JOB# 1 TOTALS
MISC 300.00
JOB# 1 JOURNAL PREFIX PNC5 JOB# 1 TOTAL 300.00

JOB# 2 CHARGES

LABOR
J# 2 51PNZ BODY ELECTRICAL TECH(S):423 WARRANTY
04088 PROGRAM - DRIVER DOOR WATER INTRUSION
RECALL
DID REPROGRAMM

| ESTIMATE | QTY | FP | NUMBER | DESCRIPTION | LIST PRICE | UNIT PRICE | WARRANTY |
|----------|-----|----|--------|-------------|------------|------------|----------|
| | | | | | | | |

JOB# 2 TOTALS
JOB# 2 JOURNAL PREFIX PNC5 JOB# 2 TOTAL 0.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$93.00 (+TAX)
APPROVED REVISED ESTIMATE (# 1) OF \$300.00 (+TAX) ON 04/10/07 AT 03:00pm
BY CHEREE KIMBLE COMMENTS AWA GOODWILL REPAIR - CUSTOMER PARTICIPATION \$300.00

NOTICE TO CONSUMER:
OUR CHARGES ARE NOT BASED ON ACTUAL TIME BUT ARE ESTABLISHED BY MULTIPLYING OUR RETAIL LABOR RATE BY INDUSTRY FLAT RATE ALLOWANCES OR OUR OWN EXPERIENCE OF THE AVERAGE REQUIRED TIME. OUR SERVICE AND PARTS DEPARTMENT HOURS ARE:

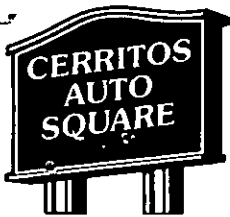
SERV. HRS: MON. - FRI: 7AM - 6PM
SAT: 8AM - 5PM

| | |
|-------------------|------------------|
| ORIGINAL ESTIMATE | REVISED ESTIMATE |
| \$ | \$ |

CUSTOMER SIGNATURE
X

Due to limited parking, and storage space available and for the protection of your vehicle, all vehicles must be picked up within 72 hours after notification of completion of work performed. If you are unable to comply with this, please notify your service advisor for other arrangements.

***** IMPORTANT *****
YOU MAY RECEIVE A SURVEY FROM BUICK-PONTIAC-GMC-HUMMER. IF FOR ANY REASON YOU CANNOT GRADE YOUR SERVICE VISIT AS "COMPLETELY SATISFIED" PLEASE CONTACT THE SERVICE MANAGER BEFORE YOU RETURN IT.
GM PARTS WARRANTY - 12 MONTHS/12,000 MILES.



B.A.R. # AG211711
E.P.A. # CAL000279529

CERRITOS BUICK PONTIAC GMC HUMMER
17720 CRUSADER AVE. * CERRITOS, CA 90703
(562) 865-3880 • (714) 220-0626

ORIGINAL

| | | | | |
|------------------------------|--|----------------------------|---------------------------------|---------------------------------|
| CUSTOMER NO. 17262 | ADVISOR MICHAEL ITOW | TAG NO. 399 7652 | INVOICE DATE 04/12/07 | INVOICE NO. PNC570073 |
| [REDACTED] LAKEWOOD, CA | LABOR RATE [REDACTED] | MILEAGE 50,755 | COLOR GREY/ | STOCK NO. |
| | YEAR / MAKE / MODEL 05/PONTIAC/G6/4 DOOR SEDAN | | | DELIVERY DATE |
| | VEHICLE I.D. NO. 1 G 2 Z G 5 2 8 0 5 4 | | | DELIVERY MILES |
| | F.T.E. NO. | | | SELLING DEALER NO. |
| BUSINESS PHONE | P.O. NO. | | | R.O. DATE 04/09/07 |
| COMMENTS | | | | |

MO: 50758

TOTALS

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

TOTAL LABOR.... 0.00
TOTAL PARTS.... 0.00
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 300.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 0.00
TOTAL INVOICE \$ 300.00

THANK YOU FOR YOUR BUSINESS!!

CUSTOMER SIGNATURE

DUPLICATE INVOICE

NOTICE TO CONSUMER:

OUR CHARGES ARE NOT BASED ON ACTUAL TIME BUT ARE ESTABLISHED BY MULTIPLYING OUR RETAIL LABOR RATE BY INDUSTRY FLAT RATE ALLOWANCES OR OUR OWN EXPERIENCE OF THE AVERAGE REQUIRED TIME. OUR SERVICE AND PARTS DEPARTMENT HOURS ARE:

SERV. HRS: MON. - FRI: 7AM - 6PM
SAT: 8AM - 5PM

ORIGINAL
ESTIMATE

REVISED
ESTIMATE

CUSTOMER SIGNATURE
X

Due to limited parking, and storage space available and for the protection of your vehicle, all vehicles must be picked up within 72 hours after notification of completion of work performed. If you are unable to comply with this, please notify your service advisor for other arrangements.

***** IMPORTANT *****
YOU MAY RECEIVE A SURVEY FROM BUICK-PONTIAC-GMC-HUMMER. IF FOR ANY REASON YOU CANNOT GRADE YOUR SERVICE VISIT AS "COMPLETELY SATISFIED" PLEASE CONTACT THE SERVICE MANAGER BEFORE YOU RETURN IT.
GM PARTS WARRANTY - 12 MONTHS/12,000 MILES.

March 10, 2011

[REDACTED]
Lakewood, CA [REDACTED]

Service Request: 71-602681970

Customer Relationship Specialist: Michelle Rivers

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 \$300.00.

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. 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
02/21/08

*****300 DOLLARS

****00 CENTS

AMOUNT
*****300.00PAY
TO THE
ORDER
OF

LAKEWOOD CA [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

02/21/08

VENDOR
DUNS NO. BB 000000302

1

VENDOR NAME [REDACTED]

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

| | | | | | | |
|------------------------|-----------------------|-----------------------------|---------|--------|-----|--------|
| 1G2ZG528054 [REDACTED] | 02/20/08 71-602681 | VH 1-9YTKIB 970.1-9YTKIB | 00.0000 | 300.00 | .00 | 300.00 |
|------------------------|-----------------------|-----------------------------|---------|--------|-----|--------|

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

M3

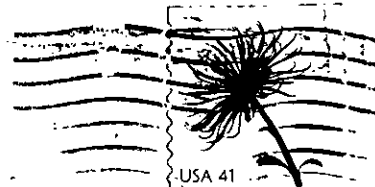
TOTAL

300.00

.00

300.00

Cando ND



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

JAN 29 2008

Reimbursement Dept
P.O. Box 33170
Detroit, MI

48232-5170

482325170 BO50



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-21-08
17-Digit Vehicle Identification Number (VIN): 1B2ZH528954
Mileage at Time of Repair: 45344 Date of Repair: Aug. 14, 07
Claimant Name (please print): [REDACTED]
Street Address or PO Box Number: [REDACTED]
City: Cand State: ND ZIP Code: [REDACTED]
Daytime Telephone Number (include Area Code): [REDACTED]
Evening Telephone Number (include Area Code): [REDACTED]
Amount of Reimbursement Requested: \$ 642.34

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).





December 2007

[REDACTED]
Cando, ND [REDACTED]

Dear [REDACTED]

As the owner of a 2005 model year Pontiac G6, your satisfaction with our product is very important to us.

This letter is intended to make you aware that some 2005 model year Pontiac G6 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 Pontiac 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 Pontiac G6 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 Pontiac Customer Assistance Center between the hours of 8:00 AM and 11:00 PM, EST, Monday through Friday. They can be reached at 1.800.620.7668 (TTY 1.800.833.7668).



P.O. Box 33172 · Detroit, MI 48232-5172

2065278

106382

**Family****Buick • Pontiac • GMC****Fargo • Moorhead**

3202 36th St. South

Fargo, ND 58104

Phone: 701-356-7100

Toll Free: 1-800-450-8600

CANDO, ND

HOME: [REDACTED] BUS:

ORIGINAL

INVOICE

PAGE 1

SERVICE ADVISOR: 46 JENNIFER BELTZ

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG | |
|-------------|------------|------------|--------------------------------------|---------|------------------|---------|-----------|
| | 05 | PONTIAC G6 | 1G2ZH528954 | | 45344/45344 | T.793 | |
| DEL. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT | INV. DATE |
| 23MAR05 IS | | | 21:00 14AUG07 | | 0.00 | CASH | 14AUG07 |
| R.O. OPENED | | READY | OPTIONS: DLR:15720 ENG:3.5 Liter SFI | | | | |

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

A C/S: CUST STATES POWERSTEERING LIGHT IS ON- VERY HARD TO STEER -

RANDOMLY - CALL MOM WITH QUESTIONS - 351-7113

170 DIAG AND REPLACED STEERING COLUMN AND
RECHECKED OK

9 C

1 15926870 COLUMN

251.80 251.80

359.00 359.00 359.00

45344 SHORTED TEST STEERING FOUND THAT THE STEERING POSITION SENSOR IS

SHORTING OUT AT TIMES REPLACE STEERING COLOUM RECHECK OK

CALL CENTER APPOINTMENT

CREATED 2007-08-13 01:5 3:00PM

TAKEN BY KELLY LASS

THANK YOU for the opportunity to service
your vehicle!LUTHER FAMILY BUICK PONTIAC GMC
strives to make certain every visitto our service department
leaves you COMPLETELY SATISFIED.

THANK YOU.

Luther Family

**Buick • Pontiac • GMC****Fargo • Moorhead**

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

THANK YOU FOR THIS OPPORTUNITY TO SERVE YOU. YOU MAY RECEIVE A SURVEY IN THE MAIL REGARDING YOUR SATISFACTION WITH THIS SERVICE VISIT. OUR GOAL IS FOR YOU TO BE COMPLETELY SATISFIED.

HOURS

MONDAY - SATURDAY

7:00 AM - 9:00 PM

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 251.80 |
| PARTS AMOUNT | 359.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 10.00 |
| TOTAL CHARGES | 620.80 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 21.54 |
| PLEASE PAY THIS AMOUNT | 642.34 |

CUSTOMER COPY

.....
LUTHER FAMILY BUICK PON
3202 36TH ST S
FARGO, ND. 58104-8809
701-356-7100

C O P Y
08/14/2007 19:55:03
Sale:

Transaction # 54
Card Type: MasterCard
Acc: [REDACTED]
Entry: Manual
Invoice # 10279
Total: 642.34

Reference No.: 054
Auth.Code: 014405
Response: APPROVAL
Response Code: AA012
Tax: 0.00

CUSTOMER COPY

[REDACTED] paid for the repairs with his
MC credit card which Luther Family Buick Pon
called him for his MC#

[REDACTED]
Cando ND [REDACTED]

attn Shirley

106382

LUTHER FAMILY BUICK PONT
3202 36TH ST S
FARGO, ND. 58104-8809
701-356-7100

08/14/2007 19:55:02
Sale:

Transaction # 54
Card Type: MasterCard
Acc: [REDACTED] 0109
Exp. Date: Manual
Entry: 10279
Invoice # 642.34
Total:

Reference No.: 054
Auth. Code: 014405
Response: APPROVAL
Response Code: AA012
Tax: 0.00

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

[REDACTED]
X... SIGNATURE

IMPRINT CARD

MERCHANT COPY

North American Operations

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

GM

CHECK No. [REDACTED]

50-937
213DATE
02/21/08

*****642 DOLLARS

***35 CENTS

AMOUNT
*****642.35

North American Operations
General Motors Corporation
Disbursement Account

PAY
TO THE
ORDER
OF

CANDO ND [REDACTED]

SIGNATURE

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

02/21/08

VENDOR
DUNS NO. BB 000000615

1

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G2ZH528954 [REDACTED]

02/20/08
71-602697825.1VM 1-9YY4U4
1-9YY4U4

00.0000

642.35

.00

642.35

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

M3

TOTAL

642.35

.00

642.35

March 10, 2011

[REDACTED]
Cando, ND [REDACTED]

Service Request: 71-602697825

Customer Relationship Specialist: Elaine Cates

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 instrument panel cluster 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 \$642.35.

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. 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)

March 10, 2011

Great Bend, KS

Service Request: 71-602700335
Customer Relationship Specialist: Jane West

Dear

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 \$107.45.

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. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.



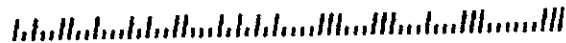
Great Bend, KS

JAN 31 2008



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

4523255170 BOS0



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1-24-08

17-Digit Vehicle Identification Number (VIN): 1G1ZT52825F [REDACTED]

Mileage at Time of Repair: 41537 Date of Repair: 2/14/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: GREAT BOND State: KY ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 107.45

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).



7925635

6 6 2 3 8 0

INVOICE

THE HEARTBEAT OF AMERICA
ED BOZARTH CHEVROLET

 GREAT BEND, KS
 HOME:

BUS:

PAGE 1

 TOPEKA, KANSAS 66601
 3731 S. TOPEKA BLVD.
 (785) 266-5151

 AURORA, COLORADO 80014
 2001 So. HAVANA
 (303) 751-7500

SERVICE ADVISOR: 674 JAY MCGRATH

| COLOR | YEAR | MAKE/MODEL | | VIN | | LICENSE | MILEAGE IN/ OUT | | TAG |
|------------|------------|------------------|--------------|-------------|------|---------|-----------------|--|-------|
| GRAY | 05 | CHEVROLET MALIBU | | 1G1ZT52825F | | | 41537/41537 | | TB049 |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT | INV. DATE | | |
| 20OCT05 DD | | | WAIT 16FEB07 | | 0.00 | CASH | 14FEB07 | | |

| R.O. OPENED | READY | OPTIONS: |
|---------------|---------------|--|
| 12:46 14FEB07 | 16:20 14FEB07 | STK:2998 DLR:05069 ENG:3.5 Liter SFI 1) RYAN EXT WARRANTY GOLD PLAN AGREE #BY33261 \$100 DEDUCTIBLE EXP-10.20.1 2) 10 OR 95088 MILES |

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

A C/S POWERSTEERING INTERMITTANTLY INOP, SEE LARRY J, REPORT

CAUSE: OK WARR GOODWILL 100.00 - LJ - 2/14

E7680 COLUMN ASSEMBLY, STEERING-- REPLACE

733 W1 1.30

(N/C)

1 15926870 COLUMN

(N/C)

FC: 6D

PART#: 15926870

COUNT: 1

CLAIM TYPE:

AUTH CODE: A

OL

 41537 STEERING COLUMN SENSOR INTERMITTANT INOP (E7680 1.1HRS/ .3HRS ADJ
 PEDALS) REPLACED COLUMN ASSY FOR INTERMITTANT INOP

B GM INSPECTION

GMI GM INSPECTION

733 I 0.00

(N/C)

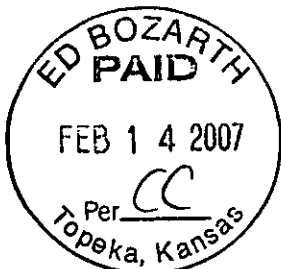
41537 GMI ALL OK AT THIS TIME

QUICK LUBE IS OPEN ON SATURDAYS!

8:00 AM-1:00 PM

CUSTOMER PAY DEDUCTIBLE FOR LINE A

100.00



| STATEMENT OF DISCLAIMER | DESCRIPTION | TOTALS |
|---|------------------------|--------|
| 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. THERE WILL BE A \$10 FEE CHARGED ON ALL RETURNED CHECKS. | 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 ADJUSTMENT | 0.00 |
| | SALES TAX | 7.45 |
| CUSTOMER SIGNATURE | PLEASE PAY THIS AMOUNT | 107.45 |

CUSTOMER COPY

ORIGINAL

ED BOZARTH CHEVROLET
3731 S TOPEKA BLVD
TOPEKA KS 66609

TERMINAL I.D.: 00010003
MERCHANT #: 0000001000000000

VISA

SALE

BATCH: 000000 INU: 662380
DATE: FEB 14, 67 TIME: 10:05
PIN: 000610044101 AUTH: 044181

TOTAL \$107.45

PAID BY: [REDACTED]

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

North American Operations

General Motors Corporation

Disbursements (2613)

PO Box 62530

Phoenix, AZ 85082-2530

GM

CHECK

No.50-937
213DATE
02/21/08

*****107 DOLLARS

****45 CENTS

AMOUNT
*****107.45North American Operations
General Motors Corporation
Disbursement AccountPAY
TO THE
ORDER
OF

GREAT BEND KS

SIGNATURE

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.

PAYMENT
DATE

02/21/08

VENDOR
DUNS NO.

BB 000000356

1

VENDOR NAME

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZT52825F

02/20/08
71-602700VM 1-9YTYKH
335.1-9YTYKH

00.0000

107.45

.00

107.45

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

H3

TOTAL

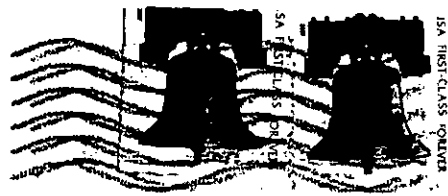
107.45

.00

107.45

ROYAL STAR MIX 4803

225 JAN 28 2008 PPM 15TT



JAN 31 2008

Chevrolet
PO Box 100
Detroit, MI.

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

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 7-11-0717-Digit Vehicle Identification Number (VIN): 1G1ZS52FX5FMileage at Time of Repair: 43560 Date of Repair: 7-12-07Claimant Name (please print): [REDACTED]Street Address or PO Box Number: [REDACTED]City: Galveston State: Texas ZIP Code: [REDACTED]Daytime Telephone Number (include Area Code): [REDACTED]Evening Telephone Number (include Area Code): [REDACTED]Amount of Reimbursement Requested: \$ 144.43

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



368246

INVOICE



RON CARTER AUTOLAND

PO Box 459 • Alvin, TX 77512

3205 FM 528 • Alvin, Texas 77511 • (281) 331-3111

www.roncarter.com

GALVESTON, TX

HOME:

BUS:

PAGE 1

SERVICE ADVISOR: 3031 DAWN C PAJAK

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|------------|-----------|------------------|---------------|---------|----------------|---------|----------|
| GALAXY STI | 05 | CHEVROLET MALIBU | 1G1ZS52FX5F | | 43560/43560 | T397 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 04FEB05 | IS | | 23:00 12JUL07 | | 0.00 | CASH | 12JUL07 |

R.O. OPENED READY OPTIONS: STK:52338

08:29 11JUL07 16:18 12JUL07

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A OJ-VEHICLE LOST POWER STEERING WHILE DRIVING

CAUSE: CODE C0545

E7680 COLUMN ASSEMBLY, STEERING - REPLACE

1661 WGT

1 15926870 COLUMN

FC: C0545

PART#: 15926870

COUNT: 1

CLAIM TYPE: 0

AUTH CODE:

OJ

CHEVROLET

GMC

43560 STEERING COLUMN TORQUE SENSOR FAILURE E7680 1.6

HRS--W/ADJUSTABLE FOOT PEDALS DIAGNOSE NO POWER STEERING AS PER SERVICE MANUAL. SCAN PSCM FOR CODES. FOUND CODE C0545-00...FOUND STEERING COLUMN TORQUE SENSOR FAILED REPLACE STEERING COLUMN ASM. AND PERFORM CALIBRATIONS. RETEST DRIVE VEH. ALL OPERATING AS DESIGNED AT THIS TIME

B MULTI POINT INSPECTION

MPI MULTI POINT INSPECTION

3000 ISA

43560 MPI 0.2 COMPLETED

C OJ-BOTH REMOTES

PE PRECISION ELECTRICAL REPAIRS

1050 CC

43560 CONDITION NOT PRESENT INSPECT OPERATION OF BOTH REMOTES, PERFORM TO SPECS AT THIS TIME

D** OP CODE E7680 IS COVERED PER AUTOMATED SYSTEM ON 7-12-07 @ 11:10

CAUSE: F

CALL CALL LINE

999 WGT

NOTICE 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 §9.809, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

Signature of Person Responsible or
Agent for Person Responsible

DISCLAIMER OF WARRANTIES

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

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

(N/C)

(N/C)

0.00 0.00

COPY

368246

INVOICE

RON CARTER

GALVESTON, TX

HOME: [REDACTED] BUS: [REDACTED]

PAGE 2

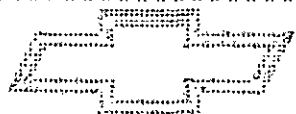
RON CARTER AUTOLAND
 PO Box 459 * Alvin, TX 77512
 3205 FM 528 * Alvin, Texas 77511 * (281) 331-3111
 www.roncarter.com

SERVICE ADVISOR: 3031 DAWN C PAJAK

| | | | | | | | | | | |
|------------------------------------|------------|------------------|---------------|--------------------|--------|---------|----------------|-----------|------|--|
| SERVICE ADVISOR: 3031 DAWN C FAJAR | | | | | | | | | | |
| COLOR | YEAR | MAKE/MODEL | | VIN | | LICENSE | MILEAGE IN/OUT | | TAG | |
| GALAXY SIL | 05 | CHEVROLET MALIBU | | 1G1ZS52FX5F | | | 43560/43560 | | T397 | |
| DEL DATE | PROD. DATE | WARR. EXP. | PROMISED | | PO NO. | RATE | PAYMENT | INV. DATE | | |
| 04FEB05 | IS | | 23:00 12JUL07 | | | 0.00 | CASH | 12JUL07 | | |
| R.O. OPENED | | READY | | OPTIONS: STK:52338 | | | | | | |

08:29 11JUL07 16:18 12JUL07

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|-------------------|--------|------|------|-------|------|-----|-------|
| FC: PART#: COUNT: | | | | | | | |
| CLAIM TYPE: | | | | | | | |
| AUTH CODE: | | | | | | | |



CHEVROLET

THANK YOU FOR YOUR BUSINESS RON CARTER
 "W" DENOTES LIFETIME PARTS WARRANTY
 ON CERTAIN PARTS



OPEN SATURDAYS 8:00 TO 3:00
 FOR QUICK LUBE SERVICES ONLY



BUICK



PONTIAC CASH

JUL 12 2007

CUSTOMER PAY DEDUCTIBLE FOR REPAIR ORDER

NOTICE 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 §9.609, TEXAS BUSINESS AND COMMERCE CODE, IF A WRITTEN ORDER FOR PAYMENT FOR REPAIR ON THE VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE ORDER HAS NO ACCOUNT OR THE ACCOUNT ON WHICH IT IS DRAWN HAS BEEN CLOSED.

Signature of Person Responsible or
 Agent for Person Responsible

DISCLAIMER OF WARRANTIES

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

| 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

OWNER OF VEHICLE: ENTERPRISE LEASING COMPANY OF HOUSTON
BRANCH ADDRESS: 3205 FM528 ALVIN TX 77511-5617 381-388-2298

MO 7:00A- 7:00P TU 7:00A- 7:00P
WE 7:00A- 7:00P TH 7:00A- 7:00P
FR 7:00A- 7:00P SA 8:00A- 1:00P
0482 SU CLOSED

RENTAL TYPE **D** SOURCE # **CH0682** I.D. # **037** RENTAL AGREEMENT NO. **D 741575**

0825 AM 7/11/07
START CHARGES IF DIFFERENT

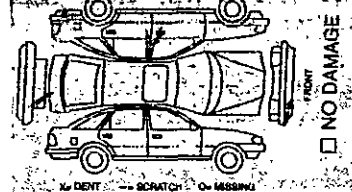
ORIGINAL VEHICLE

COLOR **SILVER** LICENSE NO. **[REDACTED]**

MODEL **S15C** ECAR# **TH5K75**

MILE-AGE **IN 312** **OUT 241**

DRIVEN **NO**



OUT **E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F**
IN **E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F**

No Gasoline Refunds

NOTICE: YOUR RENTAL AGREEMENT OFFERS, FOR AN ADDITIONAL CHARGE, AN OPTIONAL WAIVER TO COVER ALL OR A PART OF YOUR RESPONSIBILITY FOR DAMAGE TO OR LOSS OF THE VEHICLE BEFORE DECIDING WHETHER TO PURCHASE THE WAIVER. YOU MAY WISH TO DETERMINE WHETHER YOUR OWN AUTOMOBILE INSURANCE OR CREDIT CARD AGREEMENT PROVIDES YOU COVERAGE FOR RENTAL VEHICLE DAMAGE OR LOSS AND DETERMINE THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF THE WAIVER IS NOT MANDATORY. THE WAIVER IS NOT INSURANCE.

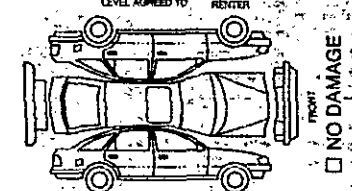
REPLACEMENT VEHICLE

COLOR **[REDACTED]** LICENSE NO. **[REDACTED]**

MODEL **[REDACTED]** ECAR# **[REDACTED]**

MILE-AGE **IN** **OUT**

DRIVEN **NO**



OUT **E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F**
IN **E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F**

No Gasoline Refunds

BILL TO: **POH CARTER, OM****

REFERENCE NUMBER: **VINH 20060132461**

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. I REQUEST OWNER'S PERMISSION TO ALLOW **NO OTHER DRIVER PERMITTED**

WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT. USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S):

OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER DECLINES OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PAGE 2, PARAGRAPH 16.

RENTER ACCEPTS OPTIONAL COLLISION DAMAGE WAIVER (CDW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 16, CDW IS NOT INSURANCE.

RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI).

RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PAGE 3, PARAGRAPH 16.

RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP).

RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE BELOW AND PAGE 3, PARAGRAPH 17.

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW, I AM THE RENTER UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING ENTERPRISE TO PROCESS CHARGES TO MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS, DEPOSITS AND CHARGES IN MY NAME AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM A BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.

DATE **7/11/07**

OWNER REP. **X** EMP# **3918X**

I WILL RETURN CAR BY: DATE **7/12/07** TIME **08:25A** DEPOSIT(S) **40.00 CASH** PAID BY **7/11/2007**

NOTICE: YOUR PERSONAL AUTOMOBILE INSURANCE MAY PROVIDE COVERAGE FOR YOUR LIABILITY WHILE OPERATING A RENTAL VEHICLE. THE PURCHASE OF SLP IS NOT REQUIRED AS A CONDITION OF RENTING AN AUTOMOBILE. THIS INSURANCE DOES NOT APPLY TO ANY BODILY INJURY OR PROPERTY DAMAGE ARISING OUT OF THE USE OF A RENTAL VEHICLE BY ANY DRIVER WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL IN VIOLATION OF THE LAW. THE RENTAL CAR COMPANY'S EMPLOYEES, AGENTS OR ENDORSEES ARE NOT QUALIFIED TO EVALUATE THE ADEQUACY OF THE RENTER'S EXISTING COVERAGE.

ADDITIONAL INFORMATION

*TEXAS PROP TAX, TITLE & LICENSE FEE REIMBURSEMENT

*THE HARRIS COUNTY/HOUSTON SPORTS AUTHORITY REQUIRES THAT AN ADDITIONAL TAX OF 5% BE IMPOSED ON EACH MOTOR VEHICLE RENTAL FOR THE PURPOSE OF FINANCING ONE OR MORE APPROVED VENUE PROJECTS.

DAY = 24 HOUR PERIOD

NO CHARGE FOR MILES

HOURS @ **10.00/HOUR**

DAYS @ **30.00/DAY**

CRF \$4.43

DW 11.75/DAY

PAI 3.00/DAY

SLP 12.50/DAY

FUEL @ 10.00/1/8 TANK

***TX RENT 1.30/DAY**

MTR UN TX 10.00

TOTAL CHARGES

DEPOSITS

REFUNDS

AMOUNT DUE

CLOSED BY

PAID BY **CASH** **CHECK** **CHA**

RECEIPT OF CASH REFUND

DATE **7/11/07** AMOUNT **40.00** RECEIVE

North American Operations

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

GM

CHECK

No. [REDACTED]50-937
213DATE
02/21/08

*****100 DOLLARS

*****00 CENTS

AMOUNT
*****100.00

North American Operations
General Motors Corporation
Disbursement Account

PAY
TO THE
ORDER
OF

GALVESTON TX

SIGNATURE

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

02/21/08

VENDOR
DUNS NO. BB 000000474

1

VENDOR NAME [REDACTED]

REGISTER NO.
DESCRIPTION

INVOICE DATE

DOC. REFERENCE NUMBER

% DISC.

INVOICE AMOUNT

DISC. AMOUNT

NET AMOUNT

1G1ZS52FX5F [REDACTED]

02/20/08

1-602794013.1-9VYVM

VH 1-9VYVM

00.0000

100.00

00

100.00

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

W3

TOTAL

100.00

.00

100.00

March 10, 2011

Galveston, TX

Service Request: 71-602794013

Customer Relationship Specialist: Katrina Blake

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 \$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. 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)**

March 10, 2011

[REDACTED]
Gonzales, TX [REDACTED]

Service Request: 71-603046674
Customer Relationship Specialist: Jane West

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. 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.

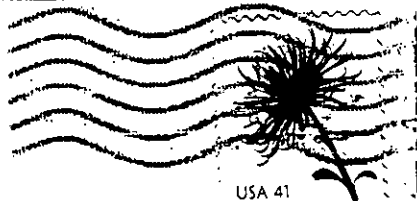
At Pontiac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have any future questions, feel free to contact our Pontiac Customer Assistance Center at 1-800-762-2737 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer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

Sincerely,

Pontiac Customer Assistance Center

FORT WORTH TX 761

30 JAN 2008 PM 1 T



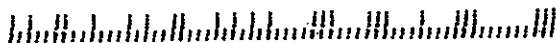
FEB 04 2008

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: Aug 3, 2007

17-Digit Vehicle Identification Number (VIN): 1G2Z H548054

Mileage at Time of Repair: 56927 Date of Repair: Aug 3, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Krum State: TX ZIP Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): Same

Amount of Reimbursement Requested: \$ 670.75

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

102723

390237

COPY

INVOICE



VISTA RIDGE

PONTIAC - BUICK - GMC TRUCK

2700 N. I.35 E

CARROLLTON, TX 75007

(972) 242-4000

PAGE 1

GONZALES, TX

HOME:

BUS:

CELL:

SERVICE ADVISOR: 3123 MICHAEL HOOD

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG | |
|------------|-----------|------------|---------------|---------|-----------------|---------|----------|
| 40 40 | 05 | PONTIAC G6 | 1G2ZH548054 | | 56927/56927 | T2249 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 27SEP05 IS | | | 16:48 03AUG07 | | | CASH | 03AUG07 |

R.O. OPENED: READY: OPTIONS: STK:254332 DLR:21099 ENG:LX9 TRN:MXO

1) WGMP ROAD HAZAD

08:05 03AUG07 11:15 03AUG07

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

A C/S THERE IS ALOT OF PLAY IN THE STEERING WHEN TURNING--SEE RO #

3 STEERING / SUSPENSION

1191 CC

230.99 230.99

1 15858369 GEAR KIT

279.68 279.68 279.68

56927 2:00 HRS. REPLACE STEERING GEAR, REMOVE BOTH OUTER TIE RODS FROM

OLD GEAR TO INSTALL ON NEW STEERING GEAR

B ALIGN FRONT & REAR SUSPENSION

24F ALIGN FRONT & REAR SUSPENSION

1191 CC

109.95 109.95

56927 2:00 HRS. 4 WHEEL ALIGNMENT, SET TO WITHIN FACTORY SPEC.

C** WASH

IL INFORMATION LINE

999 DELI (PDI) LIC# THANK YOU!

CC

0.00 0.00

EST: 594.95 03AUG07 08:05 SA: 312

CUSTOMER PAY SHOP CHARGE FOR REPAIR ORDER 25.00

QC BY

DL BY

CS BY

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.

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 | 340.94 |
| PARTS AMOUNT | 279.68 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 25.00 |
| TOTAL CHARGES | 645.62 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 25.13 |
| PLEASE PAY THIS AMOUNT | 670.75 |

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

CUSTOMER SIGNATURE

CUSTOMER

VOISTA RIDGE BUICK
2780 HWY 1-35 E
CARROLLTON, TX 75607

TIME 10:07 AM DATE 08/03/07
TERMIN 00766430 MERH 000304205027994
TRAN TYPE SALE

CARD TYPE VISA
SEQ N 012
TICKET N 0000000153
AUTH CODE 015868

TOTAL \$670.75

CUSTOMER COPY



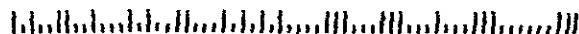
Murrysville PA

JAN 15 2008



RE-imbursement Department
PO Box 33170
Detroit, MI 48232-5170

482325170 8050



1/10/08

REimbursement Department
PO Box 33170
Detroit, MI 48232-5170

Dear Sirs:

ON 10/23/06 I took my 2005 Malibu to garage because STEERING Column made a noise when turning, at that time they replaced the shaft at that time.

on 12/12/07 the same thing happened. Service Manager told me the 1ST Time it was replaced that the part used was basically defective (I had questioned why this would occur for a 2nd time) The first repair was covered under warranty. the 2nd one was not. I am submitting receipts for \$282.11 - Paperwork enclosed.

Thank you

[REDACTED]
Murrysville, Pa [REDACTED]

CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: 1/10/0817-Digit Vehicle Identification Number (VIN): 1G1ZS52FX5FMileage at Time of Repair: 48958 Date of Repair: 12/1/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: MURRAYSVILLE State: PA ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 282.11

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: [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).



3377070

365209



1600 GOLDEN MILE HWY.
MONROEVILLE, PA 15146

(412) 351-3400 - (724) 327-0900

MURRYSVILLE, PA

HOME: [REDACTED] BUS:

INVOICE

PAGE 2

SERVICE ADVISOR: 1153 RAY PETERSON

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG |
|----------|-----------|------------------|--------------|---------|-----------------|---------|
| BLACK | 05 | CHEVROLET MALIBU | 1G1ZS52FX5F | | 29955/29955 | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT |
| 30DEC04 | IS | | WAIT 23OCT06 | | 90.37 | CASH |

| R.O. OPENED | READY | OPTIONS: |
|---------------|---------------|---|
| 09:42 23OCT06 | 12:07 23OCT06 | STK:51152 DLR:13222 ENG:2.2_Liter_MFI_DOHC |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|------|----------|------|------|-------|-------|-------|-------|
| 1 | 22731037 | PAD | KIT | | 97.00 | 97.00 | 97.00 |

F** ADD ON LINE CUST STATES THAT HEARS A CLICKING NOISE WHEN TURNING
CAR RIGHT OR LEFT

SOP PARTS HAVE BEEN SPECIAL ORDERED FOR YOUR
VEHICLE.

1408 ISNC 0.00

(N/C)

G** ADD ON LINE RIGHT FRT TURN SIGNAL INOPERATIVE NEEDED FOR STATE
INSPECTION

CAUSE: DEFECTIVE LAMP

N0680 BULBS, PARK AND TURN SIGNAL LAMP (RIGHT) -
REPLACE

1408 W94 0.30

(N/C)

1 12450108 BULB

(N/C)

FC: 6S

PART#: 12450108

COUNT: 1

CLAIM TYPE:

AUTH CODE:

OJ

HAZARDOUS WASTE REMOVAL AND OR SHOP MATERIALS

HAVE A GREAT DAY!!

1.00

Nothing Beats a Great Day
CUSTOMER COPY

* Full Service Body Shop For All Of Your
Collision Needs.

* Customer Lounge.

* Night Owl & Early Bird Drop Off.

* Shuttle Service Available.

* Rental Cars Available.

We Accept

**Service Hours**

Mon. - Thurs.

7:00 A.M. to 9:00 P.M.

Fri.

7:00 A.M. to 6:00 P.M.

Sat.

8:00 A.M. to 5:00 P.M.

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 153.39 |
| PARTS AMOUNT | 113.70 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 1.00 |
| TOTAL CHARGES | 268.09 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 18.77 |
| PLEASE PAY THIS AMOUNT | 286.86 |

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 X

CUSTOMER COPY

3377070

365403

INVOICE

DAY

Chevrolet

1600 GOLDEN MILE HWY.

MONROEVILLE, PA 15146

(412) 351-3400 - (724) 327-0900

MURRYSVILLE, PA

HOME: [REDACTED] BUS:

PAGE 1

SERVICE ADVISOR: 1153 RAY PETERSON

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/OUT | TAG | |
|---------------|-----------|------------------|------------------------------|---------|----------------|---------|----------|
| BLACK | 05 | CHEVROLET MALIBU | 1G1ZS52FX5F | | 30063/30063 | | |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE |
| 30DEC04 IS | | | 23:00 26OCT06 | | 90.37 | CASH | 26OCT06 |
| R.O OPENED | | READY | OPTIONS: STK:51152/DLR:13222 | | | | |
| 07:53 26OCT06 | | 14:58 26OCT06 | ENG:2.2_Liter_MFI_DOHC | | | | |

| LINE | OPCODE | TECH | TYPE | HOURS | LIST | NET | TOTAL |
|--|---|-----------|------|-------|------|-----|-------|
| A | CUST STATES CLICKING NOISES WHEN TURNING----- | INSTALL | SOP | | | | |
| CAUSE: INSUFF LUBRICATION | | | | | | | |
| E7700 SHAFT, STEERING INTERMEDIATE - REPLACE | | | | | | | |
| 1408 W94 0.50 | | | | | | | |
| 1 | 22687711 | SHAFT KIT | | | | | (N/C) |
| FC: 2N | | | | | | | |
| PART#: 22687711 | | | | | | | |
| COUNT: 1 | | | | | | | |
| CLAIM TYPE: | | | | | | | |
| AUTH CODE: | | | | | | | |
| NE | | | | | | | |

B FREE LOOK OVER INSPECT RADIATOR HOSES FOR LEAKS DAMAGE, CV
 BOOTS, STEERING LINKAGES & SUSPENSION COMPS. ACCESSORY DRIVE
 BELTS TIRE CONDITION AND WEAR PATTERN

FLO FREE LOOK OVER INSPECT RADIATOR HOSES FOR
 LEAKS DAMAGE, CV BOOTS, STEERING LINKAGES &
 SUSPENSION COMPS. ACCESSORY DRIVE BELTS TIRE
 CONDITION AND WEAR PATTERN

1408 ISNC 0.00

C CUST STATES WHEN TURNING THE KEY AT TIMES IT WILL NOT START-WILL NOT
 CLICK OR ANYTHING-THEN TRY IT AGAIN AND IT WILL START

CND CUSTOMERS STATED CONDITION COULD NOT BE
 DUPLICATED AT THIS TIME. VEHICLE OPERATING
 AS DESIGNED.

1408 ISNC 0.00

TRIED NUMEROUS TIMES AND COULD NOT DUPLICATE CU STOMERS CONCERNS

HAVE A GREAT DAY!!

* Full Service Body Shop For All Of Your
 Collision Needs.

* Customer Lounge.

* Night Owl & Early Bird Drop Off.

* Shuttle Service Available.

* Rental Cars Available.

We Accept

**Service Hours**

Mon. - Thurs.

7:00 A.M. to 9:00 P.M.

Fri.

7:00 A.M. to 6:00 P.M.

Sat.

8:00 A.M. to 5:00 P.M.

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

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 X

CUSTOMER COPY

MURRYSVILLE, PA

HOME

BUS:

CELL:

EMAIL:

Invoice #: 387013

Tag #: T625

Customer #: 3377070

Service

Advisor: 7679 CLAYTON COVA

DAY
Chevrolet

 1600 Golden Mile Highway
 Monroeville, PA 15146
 Phone: (724) 327-0900
 Fax: (724) 387-2025

| | | | | | | | | | | |
|---|-----------|------------------|---------------|-------|-------------|---------|----------|---------------|---------------|-------------|
| Advisor: 7675 CLAYTON COVA | | | | | | | | | | |
| COLOR | YEAR | MAKE/MODEL | | | VIN | | LICENSE | | MILEAGE IN | MILEAGE OUT |
| BLACK | 05 | CHEVROLET MALIBU | | | 1G1ZS52FX5F | | | | 48958 | 48960 |
| DEL DATE | PROD DATE | WARR EXP | PROMISED | PO NO | RATE | PAYMENT | INV DATE | R.O. OPENED | READY | |
| 30DEC04 | | | 18:30 12DEC07 | | 93.37 | CASH | 12DEC07 | 18:42 11DEC07 | 10:51 12DEC07 | |
| OPTIONS: STK:51152 DLR:13222 ENG:2.2 Liter MFI DOHC | | | | | | | | | | |

OPTIONS: STK:51152 DLR:13222 ENG:2.2 Liter MFI DOHC

Service Hours

Monday - Thursday

7:00 a.m. to 9:00 p.m.

Friday

7:00 a.m. to 6:00 p.m.

Saturday

8:00 a.m. to 5:00 p.m.

LINE OPCODE TECH TYPE HOURS

A CUSTOMER STATES THERE IS A CLUNKING NOISE COMING FROM THE STEERING WHEEL

DIAG FOUND THAT THE INTERMEDIATE STEERING SHAFT IS MAKING NOISE, RECCOMEND TO REPLACE SHAFT.

6702 CPCT 0.50

105 REPLACE INTERMEDIATE SHAFT

6702 CPCT 0.80

1 22687711 SHAFT KIT

149.00

39.95

39.95

74.70

74.70

149.00

149.00

B FREE LOOK OVER INSPECT RADIATOR HOSES FOR LEAKS DAMAGE, CV BOOTS, STEERING LINKAGES & SUSPENSION COMPS. ACCESSORY DRIVE BELTS, TIRE CONDITION AND WEAR PATTERN

FLO FREE LOOK OVER INSPECT RADIATOR HOSES FOR LEAKS DAMAGE, CV BOOTS, STEERING LINKAGES & SUSPENSION COMPS. ACCESSORY DRIVE BELTS, TIRE CONDITION AND WEAR PATTERN

6702 ISNC 0.100

CHEVROLET

HAVE A GREAT DAY!!

Goodwrench
Service
Plus

(N/C)

Nothing Beats a Great Day
CUSTOMER COPY

Join Our

e-V.I.P.
Club

Then receive by e-mail:

 Exclusive Service & Parts
 Discounts

Warranty Updates

Recall Notices

 New/Used Vehicle
 Specials

See Cashier for details

- * Full Service Body Shop For All Of Your Collision Needs.
- * Customer Lounge.
- * Night Owl & Early Bird Drop Off.
- * Shuttle Service Available.
- * Rental Cars Available.

We Accept



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 or 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

X

| DESCRIPTION | LABOR AMOUNT | 114.65 |
|-------------|------------------------|--------|
| | PARTS AMOUNT | 149.00 |
| | GAS, OIL, LUBE | 0.00 |
| | SUBLET AMOUNT | 0.00 |
| | MISC. CHARGES | 0.00 |
| | TOTAL CHARGES | 263.65 |
| | ADJUSTMENTS | 0.00 |
| | SALES TAX | 18.46 |
| | PLEASE PAY THIS AMOUNT | 282.11 |

CUSTOMER COPY

Page 1 of 1 **THANK YOU!**

DAY CHEVROLET
1600 GOLDEN MILE HWY
MONROEVILLE PA 15146
724-327-0900

BATCH: 345
S-A-L-E-S D-R-A-F-T
72291890
520178830000000

REF: 0011
CD TYPE: HAST
TR TYPE: PURCHASE
INV: 387013
DATE: DEC 12, 07 11:15:14

TOTAL \$282.11

ACCT: [REDACTED] EXP: **/**
AP: 396752
NAME: [REDACTED]

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

CUSTOMER COPY



Terms and Conditions for your balance transfer check

- You will not qualify for this offer if you are in default under any Card Agreement.
- We reserve the right to conduct a credit review, including obtaining third party credit reports, to determine your eligibility for this offer.
- Any transaction fees, such as balance transfer and cash advance fees, associated with this offer will be included in total in your next minimum payment amount.
- You cannot transfer balances from other accounts issued by Citibank (South Dakota), N.A. or its affiliates.
- Be sure you do not transfer any disputed purchase or other charge amount, as you may lose your dispute rights.
- Transferred balance amounts do not earn any miles, rebates, points or reward benefits associated with your card, unless otherwise indicated.
- Valid only for U.S., Puerto Rico, and U.S. Virgin Islands based cardmembers and creditors located in those areas.
- Finance charges will be assessed on balance transfers from the date the balance transfer is posted to your account. The use of the enclosed check will initiate a charge against your credit card account referenced above. Your payments and credits will be allocated to pay off lower APR balances before paying off higher ones.
- If you do not respond to this offer by the specified date, any balance transfers you make thereafter may be subject to a different purchase rate.
- Your card is issued by Citibank (South Dakota), N.A.

PMV02920607

NNNN - NNNN - NNNN - NYNN
156033470048200002

Account

November 13 - December 13, 2007

AT&T Universal Card

Page 3 of 4

PAYMENTS AND ADJUSTMENTS

| Trans | Post | Description | Amount |
|--------------------------------|-------|-------------------|------------|
| | 11/30 | PAYMENT THANK YOU | 250.00CR |
| Total Payments and Adjustments | | | \$250.00CR |

AT&T UNIVERSAL MASTERCARD ACTIVITY

| | |
|----------------------------------|-----------------|
| Purchases | 400.45 |
| Cash Advances and Checks | 0.00 |
| Total MasterCard Activity | \$400.45 |

PURCHASES

Total MasterCard Purchases..... \$400.45

Standard Purch

| Trans | Post | Description | Amount |
|----------------------|-------|---|----------|
| 12/09 | 12/09 | Merchandise ALTMAYER HOME STORES NEW KENSINGTO PA | 20.92 |
| 12/09 | 12/09 | Health Care CVS PHARMACY #3165 003 NEW KENSINGTO PA | 46.91 |
| 12/11 | 12/11 | Merchandise TOYS R US #9213 MONROEVILLE PA | 42.78 |
| 12/12 | 12/12 | Vehicle Services DAY CHEVROLET MONROEVILLE PA | 282.11 |
| | 12/13 | CREDIT PROTECTOR FEE MNTHLY 8009505114 | \$4.56 |
| | 12/13 | PURCHASES*FINANCE CHARGE*PERIODIC RATE | 3.17 |
| Total Standard Purch | | | \$400.45 |

CASH ADVANCES

Cash Advance Limit..... \$700.00* *This represents a portion of your total credit line.

FINANCE CHARGE INFORMATION

| | Nominal APR | Periodic Rate | Days In Billing Period | x | Balance Subject to Finance Charge | = | Periodic FINANCE CHARGE | + | Transaction Fee/FINANCE CHARGE | = | ANNUAL PERCENTAGE RATE |
|----------------------|-------------|---------------|------------------------|---|-----------------------------------|---|-------------------------|---|--------------------------------|---|------------------------|
| PURCHASES | | | | | | | | | | | |
| Standard Purch | 12.410% | .03400%(D) | x 30 | x | \$311.09 | = | \$3.17 | + | \$0.00 | = | 12.410% |
| CASH ADVANCES | | | | | | | | | | | |
| Standard Adv | 22.730% | .06227%(D) | x 30 | x | \$0.00 | = | \$0.00 | + | \$0.00 | = | 22.730% |
| Total | | | | | | | FINANCE CHARGE | = | \$3.17 | | |

AT&T SERVICES SUMMARY

AT&T Universal Calling Card Calls..... \$0.00

March 7, 2011

[REDACTED]
Murrysville, PA [REDACTED]

Service Request: 71-598685200
Customer Relationship Specialist: Jane West

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. 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

Camp Hill, PA

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



General Motors
c/o MR. Edward Whitacre CEO
Box 33170
Detroit, Mi 48232-5170

4823235170 BOBO



Mr. Edward Whitacre

I am writing you this letter to let you know how disappointed I am with one of your dealerships, Grossinger Autoplex in Lincolnwood IL.. My daughter took the first new car that she purchased in for service because of a steering problem. They told her she needed a new steering column which costs 750 dollars. Since her car was a 2005, the warranty had run out. I told her to inquire with the dealership if they could pay a percentage because this is a known problem with G6's. The dealership said they would pay half but she had to get her break pads replaced with them and the break job would cost 600 dollars! So who is kidding who? The dealership ripped her off. They held her hostage by making her pay them to do a break job instead of letting her father. Since when do you have to get unrelated work done in order to have another problem fixed?

I am 60 years old and I have been buying GM cars since 1966. I had a 1991 olds with a quad four engine. That engine was known for blowing head gaskets. When that car blew the head gasket it was out of the warranty but the dealership knew it was a problem and they stood behind their product. They paid half of all the parts needed and I did the labor. Now word of mouth is the best form of advertising and I told a lot of my friends how Ebersole in Lebanon Pa. took care of me. Now you can bet I will tell everyone how criminal my daughter was treated there in IL.

I currently own a 2001 Grand Prix and I was thinking about buying a new Cadillac. Well, you can forget that. I am through with GM unless you make it right with my daughter. You would think, the way things are, that you would want return business. My daughter is a young professional and will be buying many cars in her future. Don't you want her to buy GM?

Enclosed is the letter my daughter wrote explaining what transpired at the dealership. Something needs to be done and I hope you will look into this matter.

Sincerely

[REDACTED]

Camp Hill Pa

[REDACTED]

I am writing because I am incredibly disappointed in GM. The other day I took my 2005, Pontiac G6 (vin 16ZZG528454 [REDACTED]) to Grossinger Autoplex in Lincolnwood, IL because the power steering light came on. They told me that my steering column needed to be replaced. Considering that my car is only four years old with 55,185 miles, I was shocked by this diagnosis. After doing some research, I found that this is a very common problem with the Pontiac G6. I contacted GM (case # 71-757-887-657) and they advised me to send information regarding the maintenance of my car to Grossinger Autoplex and they would consider covering the cost. I have had my oil changed every 3,000 miles, my tires rotated every 6,000 miles, and all other necessary maintenances performed. I took my car to a Jiffy Lube or another garage for some of the maintenances, and my dad, a retired Air Force technician and current Postal Service mechanic, performed all other necessary maintenances when I was at home. Today, Grossinger Autoplex told me that GM would only cover half of the cost of the steering column IF I had my break pads replaced by them. I am appalled that GM is bribing me in order to have a default of theirs corrected. The reason that I was given for the "deal" that they were offering me was that because I did not give my money to GM for the previous maintenances of my car, they were not willing to pay to correct this problem. If performing your own oil changes and tire rotations does not negate a warranty, why is it a problem now? It is rare for a four year old car to require a brand new steering column; therefore, I do not think that it is acceptable to require me to pay the dealer's high price for replacing my break pads (around \$600) so that GM will help pay for my new steering column. There is obviously a default in the Pontiac G6 if so many of them are experiencing this same problem within less than five years of being purchased. My family has purchased GM cars my entire life, so naturally when I decided to purchase my first car I also chose to buy from GM. Even though I have always supported GM and American made cars, this is unlikely to continue in the future because it is obvious that GM does not produce quality cars if their steering columns need replaced after four years of use.

CC:

Chicago, IL

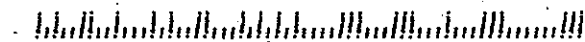
CHICAGO, IL 606

28 SEP 2008 PM 17



Mr. Edward Whitacre Jr. 09-30-09P08:46 RCVD
GM
P.O. Box 33170
Detroit, MI 48232-5170

48232+5170



Mr. Whitacre,

I am writing because I am incredibly disappointed in GM. The other day I took my 2005, Pontiac G6 (vin I6ZZG528454 [REDACTED]) to Grossinger Autoplex in Lincolnwood, IL because the power steering light came on. They told me that my steering column needed to be replaced. Considering that my car is only four years old with 55,185 miles, I was shocked by this diagnosis. After doing some research, I found that this is a very common problem with the Pontiac G6. I contacted GM (case # 71-757-887-657) and they advised me to send information regarding the maintenance of my car to Grossinger Autoplex and they would consider covering the cost. I have had my oil changed every 3,000 miles, my tires rotated every 6,000 miles, and all other necessary maintenances performed. I took my car to a Jiffy Lube or another garage for some of the maintenances, and my dad, a retired Air Force technician and current Postal Service mechanic, performed all other necessary maintenances when I was at home. After receiving my maintenance records, Grossinger Autoplex told me that GM would only cover half of the cost of the steering column IF I had my break pads replaced by them. I am appalled that GM is bribing me in order to have a default of theirs corrected. The reason that I was given for the "deal" that they were offering me was that because I did not give my money to GM for the previous maintenances of my car, they were not willing to pay to correct this problem. If performing your own oil changes and tire rotations does not negate a warranty, why is it a problem now? It is rare for a four year old car to require a brand new steering column; therefore, I do not think that it is acceptable to require me to pay the dealer's high price for replacing my break pads (around \$600) so that GM will help pay for half of my new steering column. There is obviously a default in the Pontiac G6 if so many of them are experiencing this same problem within less than five years of being purchased. My family has purchased GM cars my entire life, so naturally when I decided to purchase my first car I also chose to buy from GM. Even though I have always supported GM and American made cars, this is unlikely to continue in the future because it is obvious that GM does not produce quality cars if their steering columns need replaced after four years of use and they do not take responsibility for the defect. If Grossinger Autoplex is at fault for the unfair treatment that I experienced I hope that they will be reprimanded due to the fact that they are representing GM in an extremely negative way.

Thank you for your time,

[REDACTED]

[REDACTED]

CC: Senator Dick Durbin

May 3, 2011

[REDACTED]
[REDACTED]
Chicago, IL [REDACTED]

Dear [REDACTED]

We have received your request for assistance, but have been unable to contact you using the telephone number provided or any listed in our records.

If your situation has been resolved to your satisfaction, no further action is necessary. If it has not, we invite you call us at 1-800-762-2737. Please refer to the service request number listed below when you reach our representative.

Total customer satisfaction is important to us at Pontiac. If we can be of any assistance, please don't hesitate to email us using the Contact Us link at Pontiac.com or call us at 1-800-762-2737.

Sincerely,

Pontiac Customer Assistance Center
Service Request Number: 71-757887657

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

File Edit View Favorites Tools Help

Address [Redacted] Go Links

Default Transaction Mode: Online

| | | | |
|---------------------------|------------------------|--|------------|
| Vehicle Identifier | | Customer Information | |
| Vehicle Category: | GM, Used | Plan Customer: | Individual |
| Division: | SATURN | Customer Type: | Owner |
| VIN: | 1G8AJ55F47Z [Redacted] | | |
| | | Harrison, Ohio, United States - [Redacted] | |
| | | Evening Phone: | |
| | | Primary Language: | English |
| | | Secondary Language: | |

Sales Information

Dealer Code: 00288
Action: Add Protection Plan
Odometer: 1

Plan Lienholder

Lienholder Type: Other
Saturn
P.O. Box 33173
Detroit, Michigan - 48232

Protection Plans

Plan Purchase Date: 09/19/2007
In Service Date: 09/19/2007
Schedule Type: Saturn Service Plan Used
Promotion Code:

Plan Type: Extended Vehicle Coverage Used
Term: 60
Mileage Limit: 60000
Deductible: 0
Rental Type: Standard
Plan Price: \$ 0.00
Tax: \$ 0.00
Total: \$ 0.00

Done Internet

File Edit View Favorites Tools Help

Address [Redacted] Go Links

Global [Redacted] Logout

GM OrderWORKBENCH Close Window

Transaction Details ? 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: 1G8AJ55F47Z [Redacted] | Status: Pending |
| Dealer Code: 00288 | User ID: 1w34te |
| Transaction Date: 09/19/2007 | User Role: Central Office Administrator |
| Transaction Type: GM Protection Plan | Timestamp Date: 2009-10-30-16:32:05.847000 |
| Transaction Messages: 1097 - GMPP sent to MIC | |

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Done Internet

May 4, 2011

[REDACTED]
Harrison, OH [REDACTED]

Dear [REDACTED]

Thank you for your support of Saturn. As we agreed, the necessary paperwork has been completed for the Saturn Extended Vehicle Service Plan on your 2007 Saturn ION 2, Vehicle Identification Number 1G8AJ55F47Z [REDACTED]. The processing time will take approximately eight weeks.

You will be notified once the plan has been processed and you will receive complete details on your plan's coverage at that time. This letter will serve as your policy until you receive your plan confirmation. Should you require service prior to receiving your plan confirmation, simply bring this letter to your local Saturn dealership. Your complete satisfaction is very important to us at Saturn. We hope the issuance of this plan demonstrates our appreciation of you as a valued customer.

At Saturn, our commitment to customer satisfaction is a top priority. If you have future questions, please don't hesitate to email us using the Contact Us link at Saturn.com or call us at 1-800-553-6000.

Sincerely,

Saturn Customer Assistance Center
Service Request Number: 71-758228324

For more information regarding the maintenance and care of your vehicle, please visit www.gmownercenter.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)**

May 4, 2011

[REDACTED]
Grand Rapids, MI [REDACTED]

Dear [REDACTED]

We have received your survey and appreciate you taking the time to let us know about your concerns. We tried to contact you directly to discuss your comments but have been unable to reach you using the telephone number provided or any listed in our records.

If this has been resolved to your satisfaction, no further action is necessary. If it has not, we invite you call us at 1-800-762-2737. Please refer to the service request number listed below when you reach our representative.

Your complete satisfaction is important to us. If we can be of any assistance, please don't hesitate to email us using the Contact Us link at www.Pontiac.com or call us at 1-800-762-2737.

Sincerely,

The Pontiac Customer Assistance Center
Service Request Number: 71-758838100



Service Satisfaction Survey

Dissatisfied Customer

Original Name:

[Redacted]

Grand Rapids MI

[Redacted]

Revised Name:

About Your Pontiac Dealership's Service Department

| | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied |
| 1. How satisfied were you with the convenience of the Service Department's hours?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | Does Not Apply/Not Required | Don't Know | |
| 2. Were services available to you on both an appointment and non-appointment basis?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. When arriving for service, were you greeted promptly?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied |
| 4. How satisfied were you that all dealership personnel treated you in a courteous, fair, and professional manner?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About Your Service Consultant/Advisor

| | | | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied | |
| 5. How satisfied were you that your Service Consultant took enough time to thoroughly understand your service request?.... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Yes | No | Does Not Apply/Not Required | Don't Know | | |
| 6. Were you <u>offered</u> transportation options?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied | Does Not Apply/Not Required |
| 7. How satisfied were you that you were kept informed about the status of your service request?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | No Time Promised | | | |
| 8. Was your vehicle ready by the original time promised?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied | |
| 9. How satisfied were you with the explanation you were given of all services performed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Overall, how satisfied were you with your Service Consultant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

About Service Delivery

| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 11. When you picked your vehicle up, how satisfied were you with: | | | | | |
| - The time it took to complete the transaction?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - The ease of getting your vehicle?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - The condition in which it was returned?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | | | |
| 12. Were ALL of your service concerns corrected on this service visit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |

IF NO, why not?(check all that apply)

- ☐ Condition explained - repair not necessary
- ☒ Work performed did not correct the problem
- ☐ Service Department could not duplicate problem
- ☐ Service Department was too busy
- ☐ Parts not available
- ☐ I declined repair
- ☐ Other
- ☐ Don't Know

| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 13. How satisfied are you that your vehicle was fixed right on this service visit?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Yes | No | | | |
| 14. Were you given a copy of the completed repair order/invoice?.. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| | Yes | No | Don't Know/ Not Sure | | |
| 15. Were you contacted shortly after this service visit to determine your satisfaction with the dealership 's service?.... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

Summing Up Your Experience

| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 16. Based on this service visit, overall, how satisfied are you with Todd Wenzel Pontiac?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Definitely Would | Probably Would | Might/Might Not | Probably Not | Definitely Not |
| 17. Would you recommend this dealership for service?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Completely Satisfied | Very Satisfied | Satisfied | Somewhat Satisfied | Not At All Satisfied |
| 18. Overall, how satisfied are you with your 2008 G6?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19.Are you... <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | | | | |
| 20.Your age... <input type="checkbox"/> Under 25 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input checked="" type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 or older | | | | | |
| | | | Yes | No | |
| 21.May we include your name when providing this information to your dealership ? | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

22. Do you have any other comments/recommendations about Todd Wenzel Pontiac?

My car has been in the shop four times in two weeks for the same problem, the power steering. I was offerered a courtesy car on the third visit. I now am making payments on a car that I can't drive and will no longer trust. I loved my little car up until the problem occurred and have lost faith in the service department. When my lease is up, I will turn my car in and look elsewhere. Ron Jones, the consultant, was concerned as I was and I hold no blame on him.

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

Issued by:
Saturn

Certificate No. 1G8AJ55F36Z [REDACTED]

Issue Date: May 4, 2011

Issued exclusively for: [REDACTED]

Longs, SC [REDACTED]

Valid through: September 28, 2010

Amount: One Thousand Three Hundred Dollars and Zero Cents
******\$1,300.00******

May 4, 2011

[REDACTED]
[REDACTED]
Longs, SC [REDACTED]

Dear [REDACTED]

Thank you for your recent inquiry. We are sorry you have experienced concerns with your vehicle. Customer satisfaction is a top priority for us.

Enclosed is the Owner Loyalty Certificate valid towards the purchase, SmartLease or SmartBuy of a new, unused General Motors vehicle. With such a wide selection of vehicles to choose from (Buick, Cadillac, Chevrolet, GMC, HUMMER, Pontiac, Saab, Saturn), we are sure you will find a vehicle that's right for you.

To ensure that you have the opportunity to obtain the best value possible, this certificate may be used in addition to any other retail purchase incentive programs available at the time you purchase your new vehicle. We hope you will take advantage of this special incentive offer. Simply present the certificate to your dealer after you have negotiated your best deal, sign the certificate and your dealer will complete the necessary information and process it for you.

We are proud you made Saturn your choice when you purchased your 2006 ION 2 and trust you will give us the opportunity to retain you as a valued Saturn customer. Should you have any questions regarding General Motors' products and current incentives, please call our Marketing Support department at 1-800-522-5000. You may also begin your vehicle shopping online by visiting gm.com or any of our divisional websites.

Sincerely,

Saturn Customer Assistance Center
Service Request: 71-759877924



General Motors Corporation
Business Resource Center
PO Box 351781
Detroit, MI 48232-5179

VIA FAX ONLY

September 25, 2009

Dave Calhoun
Summers Motor Sales
1000 Pike Street
Marietta, OH 45750

RE:

Service Request: 71-760755959
2006 Pontiac G6
Vehicle Identification Number: 1G2ZG558X64
Customer Relationship Specialist: Julia Rebollo

Dear Dave Calhoun:

This is a letter of notification regarding a not-in-suit-matter involving the above referenced customer. Please provide us with copies of **all dealer service documents** regarding this vehicle. The specific documents needed **IMMEDIATELY** are:

- **Service and body shop repair orders of all internal, customer pay, and warranty repair orders, (to include front and back as well as technician notes). Also, include any receipts for aftermarket or dealer add-ons.**

Please fax them **IMMEDIATELY** to the number on the fax cover sheet. If there are any fax difficulties or the documents exceed 50 pages, please split the fax and send two or more faxes as appropriate.

In addition, should you be contacted by another party regarding this matter, you may want to consult your own attorney for further direction. Your cooperation is greatly appreciated. **If you have further questions, please contact me at 866-790-5600 ext.31403 and fax #866-874-5909 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.**

Sincerely,

General Motors Corporation

PRIVILEGED & CONFIDENTIAL - PREPARED FOR COUNSEL
BRC CASE ASSESSMENT

Latest Revision Date: 9/30/09

All Fields Are Required

By: [Julia Rebollo/ Legal Research](#)
Negotiator: James Hardin

State: [OH \(Ohio\)](#)

GM Legal File / BBB Case No.: [N/A](#)

Customer Last Name: [REDACTED] Service Request: [71-760755959](#)

Only customer's last name to be recorded. Do not include first name.

Vehicle ID No.: [1G2ZG558X64](#) [REDACTED] In Service Date: [06/14/2005](#)

Vehicle is: [Used](#) BAC Code: [115771](#)

Year, Make & Model: [2006 Pontiac G6](#)

Vehicle Purchased Used on: [09/11/06](#)
at odometer [29,406](#)

Current Mileage: [71,241](#)

Dealer Name : [Warner Pontiac](#)
This dealership is no longer a GM dealership

Sale Type: Purchase ☒ Lease ☐ Other ☐ :

CAM Name: [Wes Preece](#)
Phone Number: [678-240-9832](#)

Lien holder: GMAC ☐ Other ☒ : [Capitol One Auto Finance](#)

This is the DVM for Summers Motor Sales
DVM Name: [Bryan Stephens](#)
Phone/Cell Number: [678-240-9955](#)

Purchase Price of Vehicle: \$ [13,650.00](#)

Was TAC contacted for this vehicle (Y/N)? : [No](#)

DVM requests involvement?: [No](#)

Attorney Involvement: [Luxenburg & Levin: Mitchel E. Luxenburg](#)

Phone Number : [888-595-9111 ext. 712](#)

Fax Number : [866-382-0092](#)

Service Manager Name: [Brandon McCroskey](#)

Was the svc mgr when the dealership was a GM dealer

Phone Number : [304-422-3502](#)

Are there **additional** field personnel involved? If Yes, List the name, including role (DVM, DSM, etc.) and phone number. Repeat as necessary.

[N/A](#)

Are there **additional** dealerships involved? If Yes, List the dealership name, contact name, and phone number. Repeat as necessary.

[-Summers Motor Sales: Svc mgr is Dave Calhoun: Phone #740-373-0635](#)

If TAC was contacted, what did they say? (Include TAC case #)

[N/A](#)

If TAC was NOT contacted, why? (Ask Dealership) DVM/DSM MUST be notified if TAC has not been involved, regardless of dealership explanation.

As per both dealerships TAC was not contacted. They were able to verify and repair the concern. As per the svc mgr Dave Calhoun at Summers Motor he stated that the DVM was involved in the case.

DVM/DSM Notified Regarding TAC Involvement? Yes

VEHICLE REPAIR HISTORY:

Throughout the entire form, use an asterisk (*) if day(s) out of service are already counted in another category.

☒ **Verified: Once completed, please enter an "X" this box to verify that the following listing has been compared to GMVIS for accuracy.**

PLACE A CHECKMARK IN THE BOX FOR THE PRIMARY CONCERN(S) AND **BOLD** THE REPAIR ORDER INFORMATION. BASED ON REPAIR ORDERS AND CUSTOMER/PLAINTIFF DEMAND. USE "N/A" IF THERE WERE NO REPAIRS FOR THE COMPONENT GROUP.

☐ Brakes

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|----------|-------|-----------|----------|---|
| 03/30/09 | 22761 | * | 66,703 | Found needed rear brakes/ Removed and replaced rear pads. Removed and machined rear rotors. OK now. |

☒ Steering

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|----------|-------|-----------|----------|--|
| 10/11/06 | 48704 | 2 | 30,931 | C/S noise in front end/ Steering rack noise – Replaced steering rack. Set toe. |
| 01/25/07 | 49946 | 1 | 35,184 | C/S noise in front end/ found rack loose internally – Ordered parts. |

Gathered information from the previous svc mgr

| | | | | |
|----------|-------|---|--------|---|
| 02/05/07 | 50058 | 1 | 35,601 | C/S steering rack loose and making noise/ Internal noise problem with rack- Replace steering rack for noise and being loose. Replace steering rack for the second time for noise. Steering rack has been redesigned |
|----------|-------|---|--------|---|

As per "Y" comments on GMVIS:

STEERING RACK LOOSE AND MAKING NOISE. REPLACED STEERING RACK. SUBLET TO MAHONE TIRE FOR FRONT END ALIGN AFTER REPLACE

1 day courtesy transportation provided

| | | | | |
|----------|-------|---|--------|---|
| 08/02/07 | 52404 | 1 | 41,152 | C/S check for steering/ Checked power steering. Found noise in steering shaft – Greased steering shaft. |
|----------|-------|---|--------|---|

Gathered information from the previous svc mgr

| | | | | |
|----------|-------|---|--------|---|
| 09/05/07 | 52818 | 1 | 43,030 | C/S noise in steering while turning/ Noise in I-shaft – Replace steering shaft for noise. |
|----------|-------|---|--------|---|

As per "Y" comments on GMVIS:

REPLACED STEERING SHAFT FOR NOISE. HAD REPLACED STEERING RACK TWICE PREVIOUSLY. THIS REPAIR NOISE COMING FROM STEERING SHAFT.

03/30/09 22761 2 66,703 C/S noise in front suspension/ Test drove with customer. Noise is where ever steering wheel turns left or right. Steering binds slow in parking lot maneuvers. Found bearing at stub shaft bad/ Removed and replaced rack. Align to specs, ok now.
Note: 3/31 10am spoke with Bryan Stephens (rep) about steering gear concern. For customer satisfaction customer will pay for parts GM will cover the labor.

As per "Y" comments on GMVIS:

SPOKE WITH BRYAN STEPHENS 3-31-09 CUSTOMER SATISFACTION PREVIOUS CONCERNS WITH STEERING GEAR. BEARING BAD STUB SHAFT

08/27/09 25533 1 71,241 C/S noise when you turn steering into parking lot or when turning back and forth/ Steering gear and shift does not have any excessive play at this time. Noise maybe coming from intermediate shaft – Needing lubed.

☐ Body/Trim

| <u>Date:</u> | <u>RO #:</u> | <u>Days Out:</u> | <u>Mileage:</u> | <u>Description of Complaint and Repair Performed:</u> |
|--------------|--------------|------------------|-----------------|---|
|--------------|--------------|------------------|-----------------|---|

| | | | | |
|----------|-------|-----|-------|--|
| 08/22/05 | 11812 | N/A | 3,694 | ***As per GMVIS. Previous owner*** Front air deflector replacement. |
|----------|-------|-----|-------|--|

| | | | | |
|----------|-------|-----|--------|---|
| 01/29/06 | 15441 | N/A | 15,060 | ***As per GMVIS. Previous owner*** Replace both mirror assemblies. |
|----------|-------|-----|--------|---|

☐ Other

| <u>Date:</u> | <u>RO #:</u> | <u>Days Out:</u> | <u>Mileage:</u> | <u>Description of Complaint and Repair Performed:</u> |
|--------------|--------------|------------------|-----------------|---|
|--------------|--------------|------------------|-----------------|---|

| | | | | |
|----------|-------|-----|--------|----------------|
| 08/28/06 | 48091 | N/A | 29,150 | Performed LOF. |
|----------|-------|-----|--------|----------------|

Important: SES light is to be captured under affected component above.

ACCIDENT / INSURANCE INFORMATION:

Repeat as necessary

Has the vehicle ever been involved in an accident? (Y or N)

No

Did you confirm your answer with the dealer/Customer (if
ADR)/attorney (if Legal)? (Y or N)

Yes

What type of damage was sustained (example: front end collision)?

N/A

Are the RO's attached if the vehicle was in an accident? (Y or N)

N/A

Has the customer filed any insurances claims on this Vehicle? (Y or N)

No

If Yes obtain the following information below

Insurance Company: N/A

Insurance Rep : N/A

(First and Last Name)

Phone # N/A

Claim Made? (Y or N): N/A

Claim Status: N/A
Pending/Denied/NA

Claim # N/A

Did Insurance Company refer customer to GM? (Y or N) N/A

If Yes. Did the insurance company deny the claim? (Y or N) N/A

AFTERMARKET MODIFICATIONS:

Are there any Aftermarket Modifications to the Vehicle? (Y or N) No

If "Yes" to aftermarket, please list:

Be sure to note retailer installed or third party installed as well as date and mileage if known. Repeat as necessary. Include the name of the third party installer.

N/A

Have you confirmed modification with the dealership? (Y or N) Yes

PERTINENT FACTS FROM ALL SR's RELATED TO THIS VIN:

Concern: n/a

Date & Offer/Result: {TEXT}

Concern: {TEXT}

Date & Offer/Result: {TEXT}

Concern: {TEXT}

Date & Offer/Result: {TEXT}

BBB PROGRAM SUMMARY ASSESSMENT:

*This section for ADR cases only

What State is BBB Case Filed In? {State}

What is the customer eligible for based on the BBB Program Eligibility Guidelines and the specific states lemon law requirements for meeting presumption? (Explain in Detail)

Unique GM Program Summary Requirements for Repurchase/Replacement in Applicable State:
{Eligibility Detail}

Unique GM Program Summary Requirements for Repairs/Reimbursement for Past Repairs in Applicable State:
{Eligibility Detail}

Customer/Plaintiff Seeks:

Customer seeks refund purchase price, sales tax,
finance charges, down payment, damages

Customer/Plaintiff Theory:

Describe customer's theory of case from Demand and CAC notes (if applicable), include any specific allegations regarding # of repair visits, days out of service, or specific alleged violations.

Customer/PC alleges that vehicle meets terms/parameters of Ohio LL presumption based on age/mileage of vehicle during repair attempts; also breach of warranty per Magnuson-Moss Act as manufacturer has proved unable to provide lasting repairs per factory warranty; repeat repair attempts causing impairment to use, value, safety of vehicle

***This Section to be completed for legal cases only**

Is Lemon Law Pled/Alleged?: **Yes**

Under what State? **Ohio** Claimed Presumptive? **No**

Does Purchase Qualify? **No** If not, why? **n/a**

State Presumption Is:

| | | | |
|-------------------------------------|----------------|------------------------------------|-----------------|
| # of Visits for a Non-Conformity? | 3 | # of Days out of Service? | 30 |
| # of visits for a Safety Complaint? | 1 | # of Visits Total? | 3 to any |
| Must Complaint Continue to Exist? | Yes | Final Repair/Arbitration Required? | No |
| Time Period for filing a Claim? | 5 years | | |

Vehicle Service History (During Presumptive Period) is:

| | | | |
|-------------------------------------|-----------|------------------------------------|------------|
| # of Visits for a Non-Conformity? | 0 | # of Days out of Service? | 0 |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 0 |
| Complaint appears to Continue? | No | Final Repair/Arbitration Complete? | n/a |

Does History appear Presumptive: **No**

Vehicle Service History (During Limited Warranty Period) is:

| | | | |
|-------------------------------------|-------------------|------------------------------------|-----------|
| # of Visits for a Non-Conformity? | 3 | # of Days out of Service? | 4 |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 3 |
| Must Complaint Continue to Exist? | Safety yes | Final Repair or Arbitration Req'd? | No |

Related Repairs beyond NVLW: **Yes**

| | | | |
|---------------------------------|------------|------------------------------------|------------|
| Customer Pay? | Yes | If no, identify responsible party: | n/a |
| Additional Days out of Service? | 5 | Additional # of Repair Visits? | 4 |

Other Considerations: **No**

| | |
|---------------------------------------|------------|
| Outcome/Findings of Arb/Final Repair: | n/a |
| Prior Goodwill/reimbursement: | No |
| Out of Pocket Expenses: | Yes |

n/a
n/a
See above

RECOMMENDATION AND RATIONALE:

Reminder: This section must reflect the data and evaluations above. Take into consideration Field and Service Manager information and recommendations.

Pertinent vehicle information provided by DVM/DSM/CAM:

Not familiar w/ case

Pertinent vehicle information provided by dealer Service Manager:

Verified vehicle concerns w/ steering

Identify at least three main strengths of the customer's case?

- vehicle has had repeat concern w/ steering rack in/out of factory warranty

Identify at least three main weaknesses of the customer's case?

- vehicle does not appear to meet presumption per OH LL based on age/mileage of repair attempts
- vehicle is currently outside of warranty

Are there any considerations to be made under other applicable laws? (Explain in detail)

No breach of warranty as all repairs were done as needed under factory warranty

Recommendation:

denial

Rationale:

This is a 2006 vehicle with a 3/36 warranty – current mileage is over 71K miles. Vehicle purchased used; one main complaint in steering system, which does not appear to impair use, value or safety of vehicle; appears that no repair attempts took place under presumptive period per OH LL; no breach of warranty as all necessary repairs completed by dealer/manufacturer while vehicle was under factory warranty

Settlement/Defense Strategy:

See above

HISTORY OF SETTLEMENT DISCUSSIONS – Legal Cases Only

Record all recommendation throughout the life of the case. Each offer or counter offer should be recorded in order to review case progression.

***Trade Repurchase offers should specify Trade Retail, Trade Collateral, or Trade New Finance.**

***Add additional lines for additional offers/counter offers.**

| | | |
|---|--|------------------------|
| Plaintiff's Original Demand: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| CRS Intial Offer: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| Plaintiff Counter:: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| CRS Counter: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| PLAINTIFF Final Offer: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Declined} |
| CRS Final Offer: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Declined} |

HISTORY OF SETTLEMENT DISCUSSIONS – ADR Cases Only

Record all recommendation throughout the life of the case. Each offer or counter offer should be recorded in order to review case progression.

***Trade Repurchase offers should specify Trade Retail, Trade Collateral, or Trade New Finance.**

***Add additional lines for additional offers/counter offers.**

| | | |
|---|---|---|
| Recommendation of CRS: Settlement Type: {GW/Repurchase/Repair} | Arbitrate case: <input type="checkbox"/> | Settle case: <input type="checkbox"/> Attorney Fees (if applicable): \${Amount} |
| Recommendation of Field: Settlement Type: {GW/Repurchase/Repair} | Arbitrate case: <input type="checkbox"/> | Settle case: <input type="checkbox"/> Attorney Fees (if applicable): \${Amount} |
| Final Decision: Settlement Type: {GW/Repurchase Repair} | Arbitrate case: <input type="checkbox"/> | Settle case: <input type="checkbox"/> Attorney Fees (if applicable): \${Amount} |

TEAM LEAD APPROVING: {Name}

Date:{mm/dd/yy}

| COMPONENT | DESCRIPTION |
|----------------------------------|--|
| Axle | Includes all components related to the axle, differential, driveline, & rear end. |
| Body/ Trim | All body panels & associated mechanical hardware, including sunroof and T-tops (no Paint issues). All interior or exterior mirrors, moldings, cup holders, weather strips, cloth & leather fabric, seats & associated hardware components. |
| Brakes | All mechanical, electrical, or fluid related components of the Brake system. |
| Chassis | All frame, bumper and hitch components. |
| *Electrical | Specific electrical components of a vehicle. All indicators that provide the driver with operating characteristics of a vehicle. All Electrical lights that illuminate. All radio, CD/DVD, navigation, video, speakers, reception/antenna related components. All battery, spark plug/wire, glow plug, starting or charging system components. |
| Engine/Fuel & Exhaust | Internal and external mechanical components. Cooling system components including radiator, gaskets, thermostat, and water pump. All computers and sensors that affect or monitor engine operation. All air and fuel related components including tank, injectors, and lines. All exhaust related components, pipes, mufflers and cat converters. |
| Glass | All glass and window components. |
| HVAC | All components related to heating, air conditioning and temperature. |
| Paint | All paint specific issues (Not metal related). |
| Restraints | All SIR, airbags and seatbelt issues. |
| Steering | All steering related components including steering wheel & key, column, rack and pinion, pump assembly and Quadrateer. |
| Suspension | All suspension related components including ball joints, shocks, struts, tie rods, wheel bearings and alignment issues. |
| Transmission | All automatic & manual transmission, transfer case and 4 wheel drive component issues. |
| Wheels/Tires | All wheel covers, rims, hub caps, lug nuts, tire jack, regular and spare tire. |



General Motors Corporation
Business Resource Center
P.O. Box 33170
Detroit, MI 48232-5170

VIA FAX ONLY

September 25, 2009

Mitchel Luxenburg, Esq.
Luxenburg & Levin, LLC
23240 Chagrin Blvd Ste 601
Beachwood, OH 44122

RE: [REDACTED]
Service Request: 71-760755959
2006 Pontiac G6
Vehicle Identification Number: 1G2ZG558X64 [REDACTED]

Dear Mr. Luxenburg:

This is to advise that General Motors is in receipt of the above referenced case dated September 21, 2009. This case file has been assigned to General Motors' Early Resolution program, and you will be contacted in the next 10-15 calendar days for review. The Early Resolution program is designed to facilitate early settlement of warranty matters within a 45-day timeframe.

In order to do a thorough review and assessment of this case, General Motors would appreciate your prompt assistance in having the attached Release of Lien Information form completed and faxed to the number on the fax coversheet within the next five (5) days.

In addition, if any of the items below are marked, please send the requested information either to the fax number on the fax cover sheet, or to the address below as soon as possible.

| | | | |
|-------------------------------------|---|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Copy of owner's current title and/or registration | <input checked="" type="checkbox"/> | Finance agreement |
| <input checked="" type="checkbox"/> | Other: Release of Lien Form | <input checked="" type="checkbox"/> | Buyer's agreement |

General Motors Corporation
ATTN: BRC Legal
P.O. Box 33170
Detroit, MI 48232

If you have further questions, 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 the service request number above and a Customer Relationship Specialist will be happy to assist you.

Sincerely,

General Motors Corporation

RELEASE OF LIEN INFORMATION

I _____,
(Client's Name)

hereby authorize _____
(Lien holder Name)

(Lien holder Address) (Lien holder Phone Number)

to release any and all information regarding my loan account # _____
(Account Number)

with _____
(Lien holder Name)

to General Motors Corporation, including but not limited to a complete payment history of my account, a loan payoff amount, and per diem information.

Date _____.

VEHICLE INFORMATION

The current vehicle mileage is _____ Date mileage read: _____.

Signature

Signature



bryan.stephens@gm.com

09/25/2009 04:00 PM

To julia_rebollo@gmexpert.com

cc

bcc

Subject Re: BRC Legal: Customer Smith SR#71-760755959

D

Bryan M. Stephens
District Service Manager
General Motors Regional Consulting Center
Aerotek, Inc.
11700 Great Oaks Way
Alpharetta, GA. 30022
Phone: (678)-240 9858
Fax: (678)-240-9955

Nothing in this message is intended to constitute an electronic signature unless a specific statement to the contrary is included in this message.

Confidentiality Note: This message is intended only for the person or entity to which it is addressed. It may contain confidential and/or privileged material. Any review, transmission, dissemination or other use, or taking of any action in reliance upon this message by persons or entities other than the intended recipient is prohibited and may be unlawful. If you received this message in error, please contact the sender and delete it

from your computer.



General Motors Corporation
Business Resource Center
PO Box 351781
Detroit, MI 48232-5179

VIA FAX ONLY

September 25, 2009

Brandon McCroskey
Warner Pontiac
506 Eighth St.
Parkersburg, WV 26101

RE: [REDACTED]
Service Request: 71-760755959
2006 Pontiac G6
Vehicle Identification Number: 1G2ZG558X64 [REDACTED]
Customer Relationship Specialist: Julia Rebollo

Dear Brandon McCroskey:

This is a letter of notification regarding a not-in-suit-matter involving the above referenced customer. Please provide us with copies of all dealer sales and service documents regarding this vehicle. The specific documents needed **IMMEDIATELY** are:

- All sales purchase and finance agreements, including a conversion invoice (if any), the incentives acknowledgement form, and the Actual Cash Value statement of any trade.
- Service and body shop repair orders of all internal, customer pay, and warranty repair orders, (to include front and back as well as technician notes). Also, include any receipts for aftermarket or dealer add-ons.

Please fax them **IMMEDIATELY** to the number on the fax cover sheet. If there are any fax difficulties or the documents exceed 50 pages, please split the fax and send two or more faxes as appropriate.

In addition, should you be contacted by another party regarding this matter, you may want to consult your own attorney for further direction. Your cooperation is greatly appreciated. **If you have further questions, please contact me at 866-790-5600 ext.31403 and fax #866-874-5909 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.**

Sincerely,

General Motors Corporation

WARNER PONTIAC INC.
501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

52818SMI

| | | | | | | |
|------------------------------------|---------|------------------------|--------------|------------------|----------------|------------|
| [REDACTED] OH [REDACTED] BELPRE | | VEHICLE IDENTIFICATION | | MILEAGE IN | DATE IN/TIME | R.O. NO. |
| | | 1G2ZG558X64 [REDACTED] | | 43028 | 09/05/07 09:08 | 52818 |
| YEAR | | MAKE | | MODEL | COLOR | TAG NO. |
| 06 | | PONTIAC | | G6 SE 1 | BLUE | 00144 |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | IN-SERV DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | [REDACTED] | 3815310 | 09/11/06 | 44 8982 |
| CUST. LABOR RATE | | DELIV. DATE | DELIV. MILES | SERVICE CONTRACT | EXPIR. DATE | EXP. MILES |
| 0.00 | | 09/11/06 | 29406 | | 00/00/00 | |
| | | | | ENG. CODE 8 | | |

I 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. I hereby grant you permission to operate the vehicle herein on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto.

CUSTOMER SATISFACTION IS OUR #1 CONCERN

X

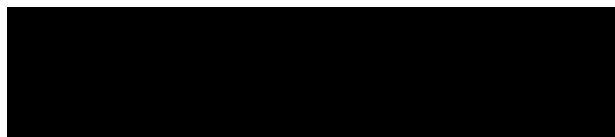
CASH CHARGE

LN TYPE OP-CODE

LABOR INSTRUCTIONS

A W. CUSTOMER STATES NOISE IN STEERING WHILE TURNING

E7700 (1.5)



9/5/07

SHOWN BELOW ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE

| R.O.# | DATE | MILES | S.A. | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC |
|-------|----------|-------|------|---------|------|------------------|---------|------|------------------|---------|------|------------------|
| 52404 | 8/ 2/07 | 41152 | 44 | I | | A60 CK FOR STEER | | | | | | |
| 50058 | 2/ 5/07 | 35599 | 44 | WE9740 | | A58 STEERING RAC | | | | | | |
| 49946 | 1/25/07 | 35184 | 52 | W | | A99 NOISE IN FRO | CF1 | | A72 LUBE OIL AND | | | |
| 48704 | 10/11/06 | 30931 | 44 | WE9740 | | A58 NOISE IN FRO | | | | | | |
| 48091 | 8/28/06 | 29150 | 44 | IF1 | | A60 LUBE OIL AND | ISI | | A46 W.V. STATE I | IFX | | A60 CHECK OUT VE |

BASED ON CURRENT MILEAGE THE MANUFACTURER RECOMMENDS THE FOLLOWING SERVICES

| MILES | MONTH | OP-CODE | DESCRIPTION | MILES | MONTH | OP-CODE | DESCRIPTION |
|-------|-------|---------|--------------------------------------|-------|-------|---------|----------------------------------|
| 3000 | 3 | 01 | INSPECTION WITH VIP DISCOUNT | 6000 | 6 | 02 | PERFORMED TIRE ROTATION |
| 12000 | 12 | 12MAX | ES;BALANCE 2 MOVED TO FRONT; WASH | 12000 | 12 | 12MINI | S. ROTATE TIRES. PERFORM MULTIPO |
| 15000 | 15 | 15MAX | N THROTTLE BODY, RPLC AIR FILTER, CL | 15000 | 15 | 15MINI | INCLUDING CABIN AIR FILTER AND W |

WARNER PONTIAC INC.

501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

✓ 9/6/07

✓ 166.47 P 131.64
(A) 830 L 29.83

52818SMI

| | | | | | | |
|----------------------|-------------|------------------------|------------|-------------|--------------|-------------|
| [REDACTED] | | VEHICLE IDENTIFICATION | | MILEAGE OUT | DATE OUT | INVOICE NO. |
| BELPRE OH [REDACTED] | | 1G2ZG558X64 [REDACTED] | | 43030 | 09/05/07 | 52818 |
| YEAR | MAKE | MODEL | | COLOR | TAG NO. | |
| 06 | PONTIAC | G6 SE 1 | | BLUE | 00144 | |
| CUST NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | PROD. DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | [REDACTED] | 3815310 | 00/00/00 | 44 8982 |
| CUST. LABOR RATE | DELIV. DATE | DELIV. MILES | MILEAGE IN | DATE IN | IN-SERV DATE | ENG. CODE 8 |
| 0.00 | 09/11/06 | 29406 | 43028 | 09/05/07 | 09/11/06 | |

ALL REPAIRS CARRY 12 MONTH OR 12000 MILE WARRANTY ON GM
REPLACEMENT PARTS AND THEIR ASSOCIATED LABOR
DON'T FORGET TO SEND YOUR SURVEY BACK TO GM

SERVICE HOURS: MON-FRI 8:00-5:00
NO SATURDAY HOURS
THANK YOU AND HAVE A WONDERFUL DAY!!!!!!

| LINE | OP. CODE | FAIL-CD | TECH. | HOURS/QTY | TYPE | AMOUNT |
|------|--|----------|-----------|-----------------|------|--------|
| A | CUSTOMER STATES NOISE IN STEERING WHILE TURNING | | | | | |
| | REPLACE STEERING SHAFT FOR NOISE | | | | | |
| * | RICH WE PUT STEERING RACK TWICE & IT STARTED MAKING NOISE & FOUND STEERING SHAFT IS MAKING NOISE | | | | | |
| | E7700 | NE/2W | A46 3571 | .50 | W | 29.83 |
| | | 22687711 | SHAFT KIT | 1 | W | 131.64 |
| | | | | | | 94.03 |
| | | | | Line Total..... | | 161.47 |
| | | | | | | 94.03 |

462 29.83- 12.00
480 131.64- 94.03
263 161.47

TOTAL-CASH 225 NoCharge

WARRANTY COPY - PAGE 01

STATEMENT OF DISCLAIMER

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

On behalf of servicing dealer, I hereby certify that the information contained
hereon is accurate unless otherwise shown. Warranty 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 Notifi-
cation at the servicing dealer for inspection by manufacturer's representative.

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

C Noise IN. Stearns

C I - Shift

R Rep Leo Shift. E1700 .5

WARNER PONTIAC INC.
501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

52404SMI

| | | | | | | |
|---|-------------|------------------------|------------------|-------------------------|----------------|------------|
| [REDACTED] BELPRE OH [REDACTED] | | VEHICLE IDENTIFICATION | | MILEAGE IN | DATE IN/TIME | R.O. NO. |
| | | 1G2ZG558X64 [REDACTED] | | 41152 | 08/02/07 09:00 | 52404 |
| | | YEAR | MAKE | MODEL | COLOR | TAG NO. |
| | | 06 | PONTIAC | G6 SE 1 | BLUE | 00013 |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | IN-SERV DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | [REDACTED] | 3815310 | 09/11/06 | 44 8982 |
| | | PROMISED | | | | |
| | | 12.00 | | | | |
| CUST. LABOR RATE | DELIV. DATE | DELIV. MILES | SERVICE CONTRACT | EXPIR-DATE | EXP-MILES | |
| 0.00 | 09/11/06 | 29406 | | 00/00/00 | | ENG.CODE 8 |
| I 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. I hereby grant you permission to operate the vehicle herein on streets, highways or elsewhere for the purpose of inspection. An express agreement to secure the vehicle is required. | | | | | | |
| CUSTOMER SATISFACTION IS OUR #1 CONCERN | | | | CASH _____ CHARGE _____ | | |

IN TYPE OP-CODE

LABOR INSTRUCTIONS

A C

CUSTOMER STATES CK FOR STEERING

SHOWN BELOW ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE

| R.O.# | DATE | MILES | S.A. | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC |
|-------|----------|-------|------|---------|------|--------------|---------|------|--------------|---------|------|--------------|
| 50058 | 2/ 5/07 | 35595 | 14 | WE9740 | A58 | STEERING RAC | | | | | | |
| 49946 | 1/25/07 | 35184 | 52 | W | A99 | NOISE IN PRO | CF1 | A72 | LUBE OIL AND | | | |
| 48704 | 10/11/05 | 30931 | 44 | WE9740 | A58 | NOISE IN PRO | | | | | | |
| 48091 | 8/28/05 | 29150 | 44 | IF1 | A60 | LUBE OIL AND | ISI | A46 | W.V. STATE I | IFX | A60 | CHECK OUT VE |

BASED ON CURRENT MILEAGE THE MANUFACTURER RECOMMENDS THE FOLLOWING SERVICES

| MILES | MONTH | OP-CODE | DESCRIPTION | MILES | MONTH | OP-CODE | DESCRIPTION |
|-------|-------|---------|------------------------------------|-------|-------|---------|------------------------------------|
| 3000 | 3 | 01 | INSPECTION WITH VIP DISCOUNT | 6000 | 6 | 02 | PERFORMED TIRE ROTATION |
| 12000 | 12 | 12MAX | ES;BALANCE 2 MOVED TO FRONT; WASH | 12000 | 12 | 12MINI | S. ROTATE TIRES. PERFORM MULTIPOIN |
| 15000 | 15 | 15MAX | N THROTTLE BODY,RPLC AIR FILTER,CL | 15000 | 15 | 15MINI | INCLUDING CABIN AIR FILTER AND WIF |

WARNER PONTIAC INC.
501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

50058SMI

| | | | | | | |
|------------------|-------------|------------------------|------------------|-------------|----------------|-------------|
| [REDACTED] | | VEHICLE IDENTIFICATION | | MILEAGE IN | DATE IN/TIME | R.O. NO. |
| | | 1G2ZG558X64 [REDACTED] | | 35599 | 02/05/07 07:52 | 50058 |
| BELPRE OH 45714 | | YEAR | MAKE | MODEL | COLOR | TAG NO. |
| | | 06 | PONTIAC | G6 SE 1 | BLUE | 00000 |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | IN-SERV DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | [REDACTED] | 3815310 | 09/11/06 | 44 8982 |
| CUST. LABOR RATE | DELIV. DATE | DELIV. MILES | SERVICE CONTRACT | EXPIR. DATE | EXP. MILES | ENG. CODE 8 |
| 0.00 | 09/11/06 | 29406 | | 00/00/00 | | |

I 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. I hereby grant you permission to operate the vehicle herein on streets, highways or elsewhere for the purpose of testing and/or inspection. An express amount to secure the

CUSTOMER SATISFACTION IS OUR #1 CONCERN

X

CASH CHARGE

LN TYPE OP. CODE

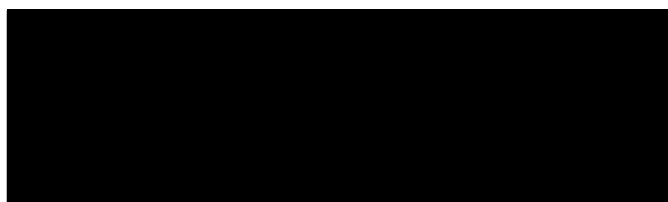
LABOR INSTRUCTIONS

A W 58

CUSTOMER STATES STEERING RACK LOOSE & MAKING NOISE

E9740 2.

Internal noise problem with rack



SHOWN BELOW ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE

| R.O.# | DATE | MILES | S.A. | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC |
|-------|----------|-------|------|---------|------|--------------|---------|------|-----------------------------------|
| 49946 | 1/25/07 | 35184 | 52 | W | A99 | NOISE IN PRO | CF1 | A72 | LUBE OIL AND |
| 48704 | 10/11/06 | 30931 | 44 | WE9740 | A58 | NOISE IN PRO | | | |
| 48091 | 8/28/06 | 29150 | 44 | IF1 | A60 | LUBE OIL AND | ISI | A46 | W.V. STATE I IFX A60 CHECK OUT VE |

BASED ON CURRENT MILEAGE THE MANUFACTURER RECOMMENDS THE FOLLOWING SERVICES

| MILES | MONTH | OP-CODE | DESCRIPTION |
|-------|-------|---------|-------------------------|
| 3000 | 3 | 01 | ECTION |
| 6000 | 6 | 02 | PERFORMED TIRE ROTATION |

WARNER PONTIAC INC. (169)

501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

370.50 P 223.20

L 119.30

168 12 - 37.00 net

407.50

50058SMI

| | | | | | | |
|------------------------------------|-------------|------------------------|------------|-------------|--------------|-------------|
| [REDACTED] BELPRE OH [REDACTED] | | VEHICLE IDENTIFICATION | | MILEAGE OUT | DATE OUT | INVOICE NO. |
| | | 1G2ZG558X64 [REDACTED] | | 35601 | 02/05/07 | 50058 A |
| | | YEAR | MAKE | MODEL | COLOR | TAG NO. |
| | | 06 | PONTIAC | G6 SE 1 | BLUE | 00000 |
| CUST NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | PROD. DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | [REDACTED] | 3815310 | 00/00/00 | 44 8982 |
| | | | | TERMS | | CASH |
| CUST LABOR RATE | DELIV. DATE | DELIV. MILES | MILEAGE IN | DATE IN | IN-SERV DATE | |
| 0.00 | 09/11/06 | 29406 | 35599 | 02/05/07 | 09/11/06 | ENG. CODE 8 |

ALL REPAIRS CARRY 12 MONTH OR 12000 MILE WARRANTY ON GM
REPLACEMENT PARTS AND THEIR ASSOCIATED LABOR
DON'T FORGET TO SEND YOUR SURVEY BACK TO GM

SERVICE HOURS: MON-FRI 8:00-5:00
NO SATURDAY HOURS
THANK YOU AND HAVE A WONDERFUL DAY!!!!!!

| LINE | OP. CODE | FAIL-CD | TECH. | HOURS/QT | TYPE | AMOUNT |
|--------|---|------------------|----------|-----------------|------|--------|
| ** | REPLACE STEERING RACK FOR THE SECOND TIME FOR NOISE. STEERING RACK HAS BEEN REDSIGNED | | | | | |
| A | CUSTOMER STATES STEERING RACK LOOSE & MAKING NOISE | | | | | |
| | REPLACE STEERING RACK FOR NOISE & BEING LOOSE | | | | | |
| | E9740 | NE/2W | A58 4852 | 2.00 | W | 119.30 |
| | | 15858369 | GEAR KIT | 1 | W | 223.20 |
| | SUBLET | MAHONE TIRE | | 1 | W | 28.00 |
| | SUBLET | ENTERPRIZE RETAL | | 1 | W | 37.00 |
| Z 1901 | | | | Line Total..... | | 407.50 |
| | | | | | | 224.43 |

462 119.30- 37.00
480 223.20- 159.43
466 65.00- 65.00
263 407.50

TOTAL-CASH 225 NoCharge

WARRANTY COPY - PAGE 01

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 any liability in

On behalf of servicing dealer, I hereby certify that the information contained herein is accurate unless otherwise shown. Warranty 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.

CUSTOMER SIGNATURE

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

14th & Liberty
485-6555
(Passenger Car
Service)

1615 14th Street
Parkersburg, WV 26101

485-7533
(Truck Service)

MAHONE

tire service

PARKERSBURG, WV 26101

CUSTOMER'S
ORDER NO.

DATE

2-5-07

SOLD TO

Warner Pontiac

ADDRESS

25 Pont. St

P.O. # 40522

| SOLD BY | CASH | CREDIT | CHARGE | ON ACCT | MOSE RETD | PAID OUT |
|---------|------|--------|--------|---------|-----------|----------|
| Charles | | | X | | | |

| QUAN. | DESCRIPTION | PRICE | AMOUNT |
|-------|----------------------|-------|--------|
| | Front Alignment | | 28.00 |
| | Mileage - 35,601 | | |
| | ROT # 50058 / 246 | | |
| | Job # 55-011-1957 DD | | |
| | WD - 1166720 | | |

Thank You!

Please keep this copy for reference.

ALL CLAIMS AND RETURNED GOODS

No. 714390

REC'D BY

C. R. MALCOM & ASSOCIATES P

1 800 rent-a-car

OF VEHICLE: ENTERPRISE RENT-A-CAR COMPANY OF KENTUCKY
 ANCH ADDRESS: 2723 MURDOCH AVE
 CANTERSBURG KY 40301-1028 604-865-2600

MO 8:00A- 6:00P TU 8:00A- 6:00P
 WE 8:00A- 6:00P TH 8:00A- 6:00P
 FR 8:00A- 6:00P SA 9:00A- 12:00P
 SU CLOSED

| | | | | | |
|----------------------------|-------------|--|--|-----------------|--|
| RENTAL TYPE VO | | SOURCE # H3312 | | ID # 033 | |
| START CHARGES IF DIFFERENT | | DAY = 24 HOUR PERIOD | | | |
| ORIGINAL VEHICLE | | NO CHARGE FOR MILES | | | |
| COLOR | LICENSE NO | HOURS @ 10.00/HOUR | | | |
| MODEL | YEAR | DAYS @ 30.00/DAY | | | |
| MILE-AGE | IN | 41.90 | | | |
| OUT | 42.40 | 39.00 | | | |
| DRIVEN | | 41 | | | |
| CONDITION AGREED TO | | BILL TO <input type="checkbox"/> COMPANY | | | |
| | | Y DOH WARNER PONTIAC-SERVICE** | | | |
| | | ATTN: BRANDON** | | | |
| | | REFERENCE NUMBER: | | | |
| | | ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. I REQUEST OWNER'S PERMISSION TO ALLOW NO OTHER DRIVER PERMITTED | | | |
| | | WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS rental Agreement (AGREEMENT) RIGHTS UNDER | | | |
| | | RENTER <input checked="" type="checkbox"/> | | | |
| | | PERMISSION GR <input type="checkbox"/> | | | |
| | | OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT. | | | |
| | | RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PAGE 2, PARAGRAPH 6 | | | |
| | | RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO THE RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 16. DW IS NOT INSURANCE | | | |
| | | RENTER <input checked="" type="checkbox"/> | | | |
| | | RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) | | | |
| | | RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 16 | | | |
| | | RENTER <input checked="" type="checkbox"/> | | | |
| | | RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) PARAGRAPH 7 | | | |
| | | RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE BELOW AND PAGE 3, PARAGRAPH 17 | | | |
| | | RENTER <input checked="" type="checkbox"/> | | | |
| | | RENTER'S SIGNATURE AND ADDRESS OF THE RENTER WHICH CONSISTS OF PAGES 1 THROUGH 4 AND AGREES TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4. BY SIGNING BELOW I AM THE RENTER UNDER THIS AGREEMENT. I AGREE TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) AND TO AUTHORIZE DEPOSITS AND CHARGES INCURRED AS WELL AS TO THE PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER IS NOT SUSPENDED, EXORCED, REVOKED, CANCELLED, OR | | | |
| REPLACEMENT VEHICLE | | RENTER <input checked="" type="checkbox"/> DATE 2/05/07 | | | |
| COLOR | LICENSE NO. | OWNER REP <input checked="" type="checkbox"/> Rene Hill EMPL # 732DK | | | |
| MODEL | YEAR | I WILL RETURN CAR BY: DATE 2/05/07 05:00P | | | |
| MILE-AGE | IN | DEPOSIT(S): AMOUNT PAID BY | | | |
| OUT | | ADDITIONAL INFORMATION | | | |
| DRIVEN | | <p>PO - 90819</p> <p>RO - 50058</p> <p>246</p> | | | |
| CONDITION AGREED TO | | | | | |
| | | OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F | | | |
| | | IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F | | | |
| | | No Gasoline Refund | | | |

| | |
|----------------------------|--|
| DAY = 24 HOUR PERIOD | |
| NO CHARGE FOR MILES | |
| HOURS @ 10.00/HOUR | |
| DAYS @ 30.00/DAY | |
| 41.90 | |
| 39.00 | |
| 41 | |
| DW 15.99/DAY | |
| PAI 2.00/DAY | |
| SLP 7.99/DAY | |
| FUEL @ 2.90/GALL | |
| MVLR TAX 1.00/DAY | |
| TAX 6.00 | |
| TOTAL CHARGES 37.00 | |
| DEPOSITS 37.00 | |
| REFUNDS 0.00 | |
| CASH REFUND | |

C. Noise in steering

C Internal Rack to pinion clearance

R Replaced steering Rack

| STRAIGHT TIME (HRS.) | FLAT RATE PRICE | R.O. NO. | TIME | OFF |
|-------------------------|--------------------|----------|----------|-----------------|
| 2.0 | | 50058 | 58 | SMITH 2/5/07 |
| | | EMP NO. | OPEN NO. | |

15858369

PARTS RETURNED INT.

[Signature]

WARNER PONTIAC INC.
 501 7TH STREET
 PARKERSBURG, WV 26101
 PHONE 304-422-3502
 www.warnerpontiac.com

49946SMI

| | | | | | | |
|--|-------------|------------------------|------------------|-------------------------|----------------|------------|
| [REDACTED] BELPRE OH [REDACTED] | | VEHICLE IDENTIFICATION | | MILEAGE IN | DATE IN/TIME | R.O. NO. |
| | | 1G2ZG558X64 [REDACTED] | | 35184 | 01/25/07 15:30 | 49946 |
| YEAR | MAKE | MODEL | | COLOR | TAG NO. | |
| 06 | PONTIAC | G6 SE 1 | | BLUE | 00051 | |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | IN-SERV DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | [REDACTED] | 3815310 | 09/11/06 | 52 8355 |
| PROMISED | | | | WAIT | | |
| CUST. LABOR RATE | DELIV. DATE | DELIV. MILES | SERVICE CONTRACT | EXPIR. DATE | EXP. MILES | ENG. CODE |
| 0.00 | 09/11/06 | 29406 | | 00/00/00 | | 8 |
| I 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. I hereby grant permission to operate the vehicle herein on streets, highways or other public places. An express warranty is given to secure the vehicle to secure the | | | | CASH _____ CHARGE _____ | | |

CUSTOMER SATISFACTION IS OUR #1 CONCERN

LN TYPE OP-CODE

LABOR INSTRUCTIONS

A W 72 CUSTOMER STATES NOISE IN FRONT END

PARTS ORDERED 1/25

SHOWN BELOW ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE

| R.O.# | DATE | MILES | S.A. | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC |
|-------|----------|-------|------|---------|------|--------------|---------|------|--------------|---------|------|--------------|
| 48704 | 10/11/06 | 30931 | 44 | WE9740 | A58 | NOISE IN FRO | | | | | | |
| 48091 | 8/28/06 | 29150 | 44 | IF1 | A60 | LUBE OIL AND | 1SI | A46 | W.V. STATE I | IFX | A60 | CHECK OUT VE |

BASED ON CURRENT MILEAGE THE MANUFACTURER RECOMMENDS THE FOLLOWING SERVICES

| MILES | MONTH | OP-CODE | DESCRIPTION |
|-------|-------|---------|--|
| 30000 | 04 | 3000 | 3K SSURE, INSPECT AIR FILTER AND FLUID |

| LABOR OP CODE | GREEN/YELLOW/RED |
|---------------|------------------|
| TIRE8 | Green |
| TIRE7 | Yellow |
| TIRE6 | Yellow |
| TIRE5 | Yellow |
| TIRE4 | Yellow |
| TIRE3 | Red |

* If tires are replaced this visit, measure and record the new parts readings.

| LABOR OP CODE | FRONT PADS | REAR PADS | REAR SHOES |
|----------------|------------|-----------|------------|
| 7mm or greater | Green | Green | Green |
| 6mm | Yellow | Green | Green |
| 5mm | Yellow | Green | Green |
| 4mm | Yellow | Yellow | Yellow |
| 3mm | Red | Red | Yellow |
| 2mm | Red | Red | Red |
| 1mm or less | Red | Red | Red |

** Since front pads wear faster, only enter rears as lowest readings if they measure yellow or red.

Name: [REDACTED] Year/Model: 06 G6 SE Date: 1-25-07Repair Order #: 49946 VIN (last 8 digits): 61 [REDACTED] Odometer: 35184 MI: MII: ☒ Checked and OK☐ May Require Attention Soon☐ Requires Immediate Attention

INTERIOR

☐  Subscription activated☐ Remaining engine oil life: 0 % Reset: 100 N/A:

WIPER BLADES

LF ☐ RF ☐
☐ ☐☐ Rear (If applicable)☐ Windshield conditionCracks Chips

CHECK TIRES AND TREAD DEPTH

(Check exterior condition)

8/32 or Greater ☒
7/32 to 4/32 ☐
3/32 or Less ☐Front PSI set to: 328/32 or Greater ☒
7/32 to 4/32 ☐
3/32 or Less ☐Rear PSI set to: 32Lowest Tread Depth: /32☐ Rotation needed
☐ Rotation performed☐ Alignment needed
☐ Alignment performed☐ Balance needed
☐ Balance performedLF ☐ LR ☐

Wear Pattern/Damage

RF ☐ RR ☐

CHECK BATTERY

☐ Battery condition☐ Battery cables and connections

CHECK FLUID LEVELS

| OK | FILLED | REQUIRES ATTENTION |
|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

CHECK BRAKES/MEASURE FRONT AND REAR LININGS

| | |
|-------------------------------------|-------------------------------|
| 7 mm (9/32) | RF |
| 6 mm (8/32) | RF |
| 3 mm | RF |
| 7 mm | RR |
| Lowest Front Lining | Lowest Rear Lining <u>7mm</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

☐ Brake system (also including lines, hoses and parking brake)

ADDITIONAL CHECKS

Inspect for visible leaks:

- ☐ Fuel system (also including gas cap seating)
- ☐ Engine, transmission, drive axle, transfer case
- ☐ Engine cooling system
- ☐ Shocks and struts - also check operation

Inspect visual condition:

- ☐ Belts: engine, accessory, serpentine, and/or V-drive
- ☐ Hoses: engine, power steering and HVAC
- ☐ Engine air filter and cabin air filters
- ☐ Steering components and steering linkage
- ☐ CV drive axle boots or driveshafts and U-joints
- ☐ Exhaust system components

COMMENTS

Consultant: Technician:

MAINTENANCE VISIT RECOMMENDATION

Date: Time: Reason for Maintenance:

SIMPLIFIED MAINTENANCE

MI ☐ Required ☐ PerformedMI ☐ Required ☐ Performed☐ Performed

WARNER PONTIAC INC.

501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

48704SMI

| | | | | | | |
|-------------------|-------------|------------------------|------------------|-------------|----------------|------------|
| BELPRE OH | | VEHICLE IDENTIFICATION | | MILEAGE IN | DATE IN/TIME | R.O. NO. |
| | | 1G2ZG558X64 | | 30931 | 10/11/06 10:17 | 48704 |
| YEAR | | MAKE | MODEL | COLOR | TAG NO. | |
| 06 | | PONTIAC | G6 SE 1 | BLUE | 00000 | |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | IN-SERV. DATE | SERV. ADV. |
| 3815310 | | | | 3815310 | 09/11/06 | 44 8982 |
| CUST. LABOR. RATE | DELIV. DATE | DELIV. MILES | SERVICE CONTRACT | EXPIR. DATE | EXP. MILES | ENG. CODE |
| 69.00 | 09/11/06 | 29406 | | 00/00/00 | | 8 |

I 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. I hereby grant you permission to operate the vehicle herein on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the

CUSTOMER SATISFACTION IS OUR #1 CONCERN

CASH CHARGE

LN TYPE OP-CODE LABOR INSTRUCTIONS

A W 46-016 CUSTOMER STATES NOISE IN FRONT END

58-R/R
SOP-RACK

Installed SOP Parts

Toe needs set

PARTS ORDERED

10/11

SHOWN BELOW ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE

| R.O.# | DATE | MILES | S.A. | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC |
|-------|---------|-------|------|---------|------|------------------|---------|------|------------------|---------|------|------------------|
| 48091 | 8/28/06 | 29150 | 44 | IF1 | | A60 LUBE OIL AND | ISI | | A46 W.V. STATE I | IFX | | A60 CHECK OUT VE |

BASED ON CURRENT MILEAGE THE MANUFACTURER RECOMMENDS THE FOLLOWING SERVICES

| MILES | MONTH | DESCRIPTION | PRICE | MILES | MONTH | DESCRIPTION | PRICE |
|-------|-------|-------------|------------|-------|-------|-------------|-------|
| 30000 | 04 | | 1.5 119.96 | | | | |

WARNER PONTIAC INC.

501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

| | | | | | | |
|------------------------------------|-------------|------------------------|------------|-------------|---------------|--------------------|
| [REDACTED] BELPRE OH [REDACTED] | | VEHICLE IDENTIFICATION | | MILEAGE OUT | DATE OUT | INVOICE NO |
| | | 1G2ZG558X64 [REDACTED] | | 30931 | 10/26/06 | 48704 B EOD - C |
| | | YEAR | MAKE | MODEL | COLOR | TAG NO. |
| | | 06 | PONTIAC | G6 SE 1 | BLUE | 00000 |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | PROD. DATE | SERV. ADV. |
| 3815310 | | [REDACTED] | | 3815310 | 00/00/00 | 44 8982 |
| | | | | | | TERMS |
| | | | | | | CASH |
| CUST. LABOR RATE | DELIV. DATE | DELIV. MILES | MILEAGE IN | DATE IN | IN-SERV. DATE | |
| 69.00 | 09/11/06 | 29406 | 30931 | 10/11/06 | 09/11/06 | ENG. CODE 8 |

ALL REPAIRS CARRY 12 MONTH OR 12000 MILE WARRANTY ON GM
REPLACEMENT PARTS AND THEIR ASSOCIATED LABOR
DON'T FORGET TO SEND YOUR SURVEY BACK TO GM

SERVICE HOURS: MON-FRI 8:00-5:00
NO SATURDAY HOURS
THANK YOU AND HAVE A WONDERFUL DAY!!!!!!

| LINE | OP. CODE | FAIL-CD | TECH. | HOURS/QTY | TYPE | AMOUNT |
|------|---|----------|----------|-----------------|------|--------|
| A | CUSTOMER STATES NOISE IN FRONT END GEAR ASSEMBLY, POWER STEERING - REPLACE | | | | | |
| ** | E2020 TO SET TOE AS CLOSE AS POSSIBLE .3 | | | | | |
| | E9740 | | A58 4852 | 1.00 W | | 57.51 |
| | | 15216792 | GEAR KIT | 1 W | | 217.34 |
| | | | | | | 155.24 |
| | | | | Line Total..... | | 274.85 |
| | | | | | | 155.24 |

462 57.51- 18.50
480 217.34- 155.24
263 274.85

TOTAL-CASH 225 NoCharge

ACCOUNTI COPY - PAGE 01

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

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty 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)

WARNER PONTIAC INC.

501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

✓ 10/26/06
✓ 274.85 P 217.34
Ⓐ 139 L 57.51

48704SMI

| | | | | |
|------------------------|-------------|--------------|------------|-------------|
| VEHICLE IDENTIFICATION | | MILEAGE OUT | DATE OUT | INVOICE NO. |
| 1G2ZG558X64 | | 30931 | 10/25/06 | 48704 |
| YEAR | MAKE | MODEL | COLOR | TAG NO. |
| 06 | PONTIAC | G6 SE 1 | BLUE | 00000 |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. |
| 315310 | | | | B815310 |
| PROD. DATE | | SERV. ADV. | TERMS | |
| 00/00/00 | | 44 8982 | CASH | |
| UNIT LABOR RATE | DELIV. DATE | DELIV. MILES | MILEAGE IN | DATE IN |
| 69.00 | 09/11/06 | 29406 | 30931 | 10/11/06 |
| IN-SERV DATE | | ENG. CODE 8 | | |
| 09/11/06 | | | | |

ALL REPAIRS CARRY 12 MONTH OR 12000 MILE WARRANTY ON GM
REPLACEMENT PARTS AND THEIR ASSOCIATED LABOR
DON'T FORGET TO SEND YOUR SURVEY BACK TO GM

SERVICE HOURS: MON-FRI 8:00-5:00
NO SATURDAY HOURS
THANK YOU AND HAVE A WONDERFUL DAY!!!!!!

| LINE | OP. CODE | FAIL-CD | TECH | HOURS/QTY | TYPE | AMOUNT |
|------|--|----------|----------|-----------------|------|--------|
| A | CUSTOMER STATES NOISE IN FRONT END | | | | | |
| | GEAR ASSEMBLY, POWER STEERING - REPLACE | | | | | |
| * | E2020 TO SET TOE AS CLOSE AS POSSIBLE .3 | | | | | |
| | E9740 | | A58 4852 | 1.00 | W | 57.51 |
| | | 15216792 | GEAR KIT | 1 | W | 217.34 |
| | | | | | | 155.24 |
| | | | | Line Total..... | | 274.85 |
| | | | | | | 155.24 |

462 57.51- 18.50
480 217.34- 155.24
263 274.85

TOTAL-CASH 225 NoCharge

Left with sales for after hours pick up.

WARRANTY COPY - PAGE 01

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

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty 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)

C Noise in Front End

C steering rack noisy

R Replaced steering Rack

| STRAIGHT TIME (HRS.) | FLAT RATE PRICE | R.O. NO. 48704 | TIME | OFF |
|-------------------------|--------------------|----------------|------|-------|
| 7 | | EMP NO. 58 | | SMITH |
| | | OPEN NO. | | ON 66 |

| STRAIGHT TIME (HRS.) | FLAT RATE PRICE | R.O. NO. 48704 | TIME | OFF |
|-------------------------|--------------------|----------------|------|-------------|
| 3 | | EMP NO. 46 | | SMITH |
| | | DIAG 10-11-06 | | ON 66 |
| | | | | STEERING RK |

15816792

PARTS RETURNED INT.

97

WARNER PONTIAC INC.

501 7TH STREET
PARKERSBURG, WV 26101
PHONE 304-422-3502
www.warnerpontiac.com

48091USE

| | | | | | | | | | | |
|---|-------------|---------------------------------------|------------------|--|------------|------------|----------------|-------------|----------|--|
| USED INVENTORY | | | | VEHICLE IDENTIFICATION | | MILEAGE IN | DATE IN/TIME | | R.O. NO. | |
| | | | | 1G2ZG558X64 | | 29150 | 08/28/06 10:42 | | 48091 | |
| | | | | YEAR | MAKE | MODEL | COLOR | TAG NO. | | |
| 06 | | PONTIAC | G6 SE 1 | BLUE | 00000 | | | | | |
| CUST. NO. | LICENSE | HOME PHONE | WORK PHONE | STOCK NO. | PROD. DATE | SERV. ADV. | PROMISED | | | |
| | | - | - | 8815310 | 00/00/00 | 44 8982 | | | | |
| CUST. LABOR RATE | DELIV. DATE | DELIV. MILES | SERVICE CONTRACT | EXPIR. DATE | EXP. MILES | | | | | |
| 69.00 | 00/00/00 | 29150 | | 00/00/00 | | | | | | |
| CUSTOMER SATISFACTION IS OUR #1 CONCERN | | | | I 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. I hereby grant you permission to operate the vehicle herein on streets, highways or elsewhere. An express warranty is hereby given. An express warranty is hereby given. An express warranty is hereby given. | | | | | | |
| | | | | X <input type="checkbox"/> CASH <input type="checkbox"/> CHARGE | | | | | | |
| LN TYPE OF CODE | | LABOR INSTRUCTIONS | | | | | | | | |
| A I FL #60 | | LUBE OIL AND FILTER CHANGE Air Filter | | | | | | | | |
| B I SI (46) | | W.V. STATE INSPECTION ST # 211796 | | | | | | | | |
| C I FX #60 | | CHECK OUT VEHICLE | | | | | | | | |
| SHOWN BELOW ARE THE MOST RECENT SERVICES PERFORMED ON YOUR VEHICLE | | | | | | | | | | |
| R.O.# | DATE | MILES | S.A. | OP-CODE | TECH | DESC | OP-CODE | TECH | DESC | |
| BASED ON CURRENT MILEAGE THE MANUFACTURER RECOMMENDS THE FOLLOWING SERVICES | | | | | | | | | | |
| MILES | MONTH | DESCRIPTION | | | PRICE | MILES | MONTH | DESCRIPTION | | |
| | | | | | | | | | | |



Julia Rebollo/Austin/GM1

09/25/2009 03:00 PM

To bryan.stephens@gm.com

cc

bcc

Subject BRC Legal: Customer Smith SR#71-760755959

DVM Bryan Stephens:

Hi, my name is Julia Rebollo. This email is to follow up on my voicemail regarding Service Request 71-760755959 for customer [REDACTED]. The customer's vehicle is a 2006, Pontiac G6. The VIN is 1G2ZG558X64 [REDACTED]. The customer has been working with the following dealerships:

Warner Pontiac
Parkersburg, WV
BAC:115771

Summer Motor Sales
Marietta, OH
BAC: 115847

Due to time constraints, your response to this e-mail is required within **48** hours.

This is a Not in Suit Matter. This means a demand letter has been sent to our office by the customer's attorney indicating that the customer may pursue a lawsuit unless GM can resolve the customer's vehicle concern. We are reviewing this case for possible settlement in our Early Resolution program. The settlements offers can range from denial up to repurchase, depending on the severity of the concerns. Because of this, we would like you to review the following options:

A) I have information on this case that may assist in your review (please provide in your reply). I will review any repurchase or replacement offer before it is made. I would also like to be notified of the BRC decision to offer cash or other goodwill settlement.

B) I am not aware of this vehicle or customer's concerns. However, I will review any repurchase or replacement offer before it is made. I would also like to be notified of the BRC decision to offer cash or other goodwill settlement.

C) I have information on this case that may assist in your review (please provide in your reply). However, I agree to cede the final decision on this case to the Early Resolution program (You will be notified of the resolution after the settlement has been reached).

D) I am not aware of this vehicle or customer's concerns. I agree to cede the final decision on this case to the Early Resolution program (You will be notified of the resolution after the settlement has been reached).

*If a response is not received within 48 hours the default assumption will option "B".

Please reply only by email with one of the above options within **48** hours. Your written feedback will be documented and e-mail attached to our case, and is an important step in our accurate and timely case resolution.

Thank you,

Julia Rebollo

Business Resource Center
Aditya Birla Minacs

Phone: 866.790.5600 ext.31403
Fax: 866.874.5909
Email: julia_rebollo@gmexpert.com

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VIA FAX ONLY

October 9, 2009

Mitchel Luxenburg, Esq.
Luxenburg & Levin, LLC
23240 Chagrin Blvd Ste 601
Beachwood, OH 44122

RE:

Service Request: 71-760755959

2006 Pontiac G6

Vehicle Identification Number: 1G2ZG558X64

Customer Relationship Specialist: James Hardin

Dear Mr. Luxenburg:

After careful research and evaluation of the above case by General Motors Company, our research indicates the following facts that lead to the denial of your request:

- ◆ We have factually investigated this matter and at this time have concluded that General Motors has fulfilled its obligations as contained in its written limited warranty.
- ◆ General Motors has reviewed the additional information you have provided and our position remains the same.

General Motors Company would like to assist you in addressing any outstanding concerns in accordance with the terms of the existing warranty coverages. Should subsequent factual developments warrant, we would be willing to consider a renewed request for assistance.

If you have further questions, 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 the service request number above and a Customer Relationship Specialist will be happy to assist you.

Sincerely,

James Hardin
Aditya Birla Minacs
james.hardin@gmexpert.com
866-790-5700 x41111

LG0007
V10012009

GM Vehicle Inquiry System Summary

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) -
[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

| | |
|--------------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|--------------|------------------------|

VEHICLE INFORMATION

| | | | | | | | | | | |
|------------------------------|----|--|----|-------------------------|----------------------------------|---------------------|------|--------------|--|--|
| Merchandising Model : | | 2ZG69 -2006 G6 - 6CYL SEDAN | | | Warranty Start Date : | | | 06/14/2005 | | |
| BARS Order Type : | | 50 - FLEET | | | | | | | | |
| Delivering Dealer : | | WALDEN FLEET GROUP, INC. 6 SYLVAN WAY PARSIPPANY , NJ 07054-3826 | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | Site Code : | | | 14040 | | |
| | | | | | Business Associate Code : | | | 111571 | | |
| Service Contract : | No | Branded Title : | No | Warranty Block : | No | PDI Status : | Paid | | | |

REQUIRED FIELD ACTIONS

| Type | Number | Description | Posted Date | Status |
|------|--------------|--|-------------|--------|
| RC | <u>05094</u> | SUN VISOR MIRROR COVER NONFUNCTIONAL/BREAKAGE *IN EFFECT UNTIL DEC. 31, 2006* | N/A | Closed |

SERVICE INFORMATIONAL ITEMS

| |
|---|
| Vehicle Has No Current Record Of Outstanding Service Information |
|---|

ON STAR AND XM SATELLITE RADIO INFORMATION

| |
|---|
| Vehicle Has No Associated On Star or XM Radio Information. |
|---|

APPLICABLE WARRANTIES

| Description | Effective Date | Effective Odometer | End Date | End Odometer |
|--|----------------|--------------------|------------|--------------|
| 36/36000 BUMPER TO BUMPER LIMITED WARRANTY | 06/14/2005 | 10 miles | 06/14/2008 | 36010 miles |
| 72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY | 06/14/2005 | 10 miles | 06/14/2011 | 100010 miles |
| 96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM | 06/14/2005 | 10 miles | 06/14/2013 | 80010 miles |
| 36/36000 FEDERAL EMISSION | 06/14/2005 | 10 miles | 06/14/2008 | 36010 miles |

CLAIM HISTORY

| R.O Date | R.O Number | Type | Labor Operation | Odometer Reading |
|------------|------------|------|-----------------------------------|------------------|
| 03/30/2009 | 022761 | # | E9740 - STEERING GEAR REPLACEMENT | 66703 miles |
| | | | | |

| | | | | |
|------------|--------|---|--|-------------|
| 09/05/2007 | 052818 | # | E7700 - SHAFT, STEERING INTERMEDIATE - REPLACE | 43030 miles |
| 02/05/2007 | 050058 | # | E9740 - STEERING GEAR REPLACEMENT | 35601 miles |
| 02/05/2007 | 050058 | # | Z7901 - 1-DAY COURTESY TRANSPORTATION | 35601 miles |
| 10/11/2006 | 048704 | # | E9740 - STEERING GEAR REPLACEMENT | 30931 miles |
| 01/29/2006 | 015441 | # | V1427 - 05094 - REPLACE BOTH MIRROR ASSEMBLIES | 15060 miles |
| 08/22/2005 | 011812 | # | B0485 - FRONT AIR DEFLECTOR REPLACEMENT | 3694 miles |
| 06/09/2005 | A23664 | I | Z7000 - PRE-DELIVERY INSPECTION - BASE TIME | 0 miles |

CHECK HISTORY INFORMATION**Vehicle Has No Associated Check History Information.**

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GM Vehicle Inquiry System Claim History

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| | |
|-------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|-------|------------------------|

CLAIM HISTORY

| | | | | | | | | | | | |
|---------------------|--|------------|------|-----------------------------------|--|---------------------------|--|--------------------|--------------|-------------|----------|
| Repair Order Date : | | 03/30/2009 | | Repair Order Number : | | 022761 | | Odometer Reading : | | 66703 miles | |
| Serviced By : | SUMMERS MOTOR SALES, INC. 1000 PIKE STREET MARIETTA, OH 45750-3500 (740) 373-0635 | | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 06899 | | |
| | | | | | | Business Associate Code : | | | 115847 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | Comments |
| 04/07/2009 | 993 | 01 | # | E9740 - STEERING GEAR REPLACEMENT | | N/A | | A | N/A | \$ 110.26 | <u>Y</u> |

| | | | | | | | | | | | |
|---------------------|---|------------|------|--|--|---------------------------|--|--------------------|--------------|-------------|----------|
| Repair Order Date : | | 09/05/2007 | | Repair Order Number : | | 052818 | | Odometer Reading : | | 43030 miles | |
| Serviced By : | WARNER PONTIAC, INC. 506 EIGHTH ST PARKERSBURG, WV 26101-4646 (304) 422-3502 | | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 06330 | | |
| | | | | | | Business Associate Code : | | | 115771 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | Comments |
| 09/14/2007 | 830 | 01 | # | E7700 - SHAFT, STEERING INTERMEDIATE - REPLACE | | 22687711 - SHAFT KIT | | A | N/A | \$ 161.47 | <u>Y</u> |

| | | | | | | | | | | | |
|---------------------|---|------------|------|-----------------------|--|---------------------------|--|--------------------|--------------|-------------|----------|
| Repair Order Date : | | 02/05/2007 | | Repair Order Number : | | 050058 | | Odometer Reading : | | 35601 miles | |
| Serviced By : | WARNER PONTIAC, INC. 506 EIGHTH ST PARKERSBURG, WV 26101-4646 (304) 422-3502 | | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 06330 | | |
| | | | | | | Business Associate Code : | | | 115771 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | Comments |
| 02/13/2007 | 769 | 01 | # | E9740 - STEERING | | 15858369 - | | B | N/A | \$ 370.50 | <u>Y</u> |

| | | | | | | | | | |
|------------|-----|----|---|---|----------|-----|-----|----------|----------|
| | | | | GEAR REPLACEMENT | GEAR KIT | | | | |
| 02/09/2007 | 768 | 02 | # | Z7901 - 1-DAY COURTESY TRANSPORTATION | N/A | N/A | N/A | \$ 37.00 | <u>Y</u> |

| | | | | | | | | | | | |
|---------------------|---|------------|------|-----------------------------------|--|---------------------------|--|--------------------|--------------|-------------|----------|
| Repair Order Date : | | 10/11/2006 | | Repair Order Number : | | 048704 | | Odometer Reading : | | 30931 miles | |
| Serviced By : | WARNER PONTIAC, INC. 506 EIGHTH ST PARKERSBURG, WV 26101-4646 (304) 422-3502 | | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 06330 | | |
| | | | | | | Business Associate Code : | | | 115771 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | Comments |
| 10/31/2006 | 739 | 01 | # | E9740 - STEERING GEAR REPLACEMENT | | 15216792 - GEAR KIT | | N/A | N/A | \$ 274.85 | N |

| | | | | | | | | | | | |
|---------------------|--|------------|------|--|--|---------------------------|--|--------------------|--------------|-------------|----------|
| Repair Order Date : | | 01/29/2006 | | Repair Order Number : | | 015441 | | Odometer Reading : | | 15060 miles | |
| Serviced By : | AVIS RENT A CAR 6 SYLVAN WAY PARSIPPANY, NJ 07054-3826 | | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 71112 | | |
| | | | | | | Business Associate Code : | | | 126368 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | Comments |
| 02/28/2006 | 669 | 01 | # | V1427 - 05094 - REPLACE BOTH MIRROR ASSEMBLIES | | 15803234 - SS- MIRROR | | N/A | N/A | \$ 57.70 | N |

| | | | | | | | | | | | |
|---------------------|--|------------|------|---|--|---------------------------|--|--------------------|--------------|------------|----------|
| Repair Order Date : | | 08/22/2005 | | Repair Order Number : | | 011812 | | Odometer Reading : | | 3694 miles | |
| Serviced By : | AVIS RENT A CAR 6 SYLVAN WAY PARSIPPANY, NJ 07054-3826 | | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 71112 | | |
| | | | | | | Business Associate Code : | | | 126368 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | Comments |
| 09/02/2005 | 618 | 01 | # | B0485 - FRONT AIR DEFLECTOR REPLACEMENT | | N/A | | N/A | N/A | \$ 15.55 | N |

| | | | | | | | | |
|----------------------------|---------------------------------|------------|------------------------------|--|-------------------------|---------------------------|--------------|---------|
| Repair Order Date : | | 06/09/2005 | Repair Order Number : | | A23664 | Odometer Reading : | | 0 miles |
| Serviced By : | AVIS RENT A CAR 6 SYLVAN WAY | | | | Selling Source : | | 16 - PONTIAC | |
| | | | | | | | | |

| | | PARSIPPANY, NJ 07054-3826 | | | Site Code : | | 71112 | | |
|-------------------|------------------|---------------------------|-------------|---|----------------------------------|------------------|--------------------|-------------------|-----------------|
| | | | | | Business Associate Code : | | 126368 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | Part | Auth Code | Person Code | Line Total | Comments |
| 06/14/2005 | 595 | 01 | I | Z7000 - PRE-DELIVERY INSPECTION - BASE TIME | N/A | N/A | N/A | \$ 65.51 | N |

CHECK HISTORY**Vehicle Has No Associated Check History.**

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GM Vehicle Inquiry System

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| | |
|-------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|-------|------------------------|

LINE COMMENTS

| | | | | | | | | | | | |
|---------------------|-----------|--|------|-----------------------------------|--|---------------------------|------|--------------------|--------------|-------------|------------|
| Repair Order Date : | | 03/30/2009 | | Repair Order Number : | | 022761 | | Odometer Reading : | | 66703 miles | |
| Serviced By : | | SUMMERS MOTOR SALES, INC. 1000 PIKE STREET MARIETTA, OH 45750-3500 | | | | Selling Source : | | | 16 - PONTIAC | | |
| | | | | | | Site Code : | | | 06899 | | |
| | | | | | | Business Associate Code : | | | 115847 | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | | Part | | Auth Code | Person Code | Line Total |
| 04/07/2009 | 993 | 01 | # | E9740 - STEERING GEAR REPLACEMENT | | | N/A | | A | N/A | \$ 110.26 |
| Comments | | SPOKE WITH BRYAN STEPHENS 3-31-09 CUSTOMER SATISFACTION PREVIOUS CONCERNS WITH STEERING GEAR. BEARING BAD STUB SHAFT | | | | | | | | | |

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| | |
|-------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|-------|------------------------|

LINE COMMENTS

| | | | | | | | | | | | |
|---------------------|-----------|---|------|--|--|---------------------------|--|--------------------|-------------|-------------|--|
| Repair Order Date : | | 09/05/2007 | | Repair Order Number : | | 052818 | | Odometer Reading : | | 43030 miles | |
| Serviced By : | | WARNER PONTIAC, INC. 506 EIGHTH ST PARKERSBURG, WV 26101-4646 | | | | Selling Source : | | 16 - PONTIAC | | | |
| | | | | | | Site Code : | | 06330 | | | |
| | | | | | | Business Associate Code : | | 115771 | | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | Part | | Auth Code | Person Code | Line Total | |
| 09/14/2007 | 830 | 01 | # | E7700 - SHAFT, STEERING INTERMEDIATE - REPLACE | | 22687711 - SHAFT KIT | | A | N/A | \$ 161.47 | |
| Comments | | REPLACED STEERING SHAFT FOR NOISE. HAD REPLACED STEERING RACK TWICE PREVIOUSLY. THIS REPAIR NOISE COMING FROM STEERING SHAFT. | | | | | | | | | |

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| | |
|-------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|-------|------------------------|

LINE COMMENTS

| | | | | | | | | | | | |
|---------------------|-----------|--|------|-----------------------------------|--|---------------------------|---------------------|--------------------|-----------|-------------|------------|
| Repair Order Date : | | 02/05/2007 | | Repair Order Number : | | 050058 | | Odometer Reading : | | 35601 miles | |
| Serviced By : | | WARNER PONTIAC, INC. 506 EIGHTH ST PARKERSBURG, WV 26101-4646 | | | | Selling Source : | | 16 - PONTIAC | | | |
| | | | | | | Site Code : | | 06330 | | | |
| | | | | | | Business Associate Code : | | 115771 | | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | | Part | | Auth Code | Person Code | Line Total |
| 02/13/2007 | 769 | 01 | # | E9740 - STEERING GEAR REPLACEMENT | | | 15858369 - GEAR KIT | | B | N/A | \$ 370.50 |
| Comments | | STEERING RACK LOOSE AND MAKING NOISE. REPLACED STEERING RACK. SUBLET TO MAHONE TIRE FOR FRONT END ALIGN AFTER REPLACE. | | | | | | | | | |

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GM Vehicle Inquiry System

Line Comments

[Home](#) - [Back](#) - [Help](#)

| | |
|-------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|-------|------------------------|

LINE COMMENTS

| | | | | | | | | | | | |
|---------------------|--|------------|------|---------------------------------------|--|---------------------------|------|--------------------|-----------|-------------|------------|
| Repair Order Date : | | 02/05/2007 | | Repair Order Number : | | 050058 | | Odometer Reading : | | 35601 miles | |
| Serviced By : | WARNER PONTIAC, INC. 506 EIGHTH ST PARKERSBURG, WV 26101 -4646 | | | | | Selling Source : | | 16 - PONTIAC | | | |
| | | | | | | Site Code : | | 06330 | | | |
| | | | | | | Business Associate Code : | | 115771 | | | |
| Cycle Date | Cycle Nbr | Case | Type | Labor Operation | | | Part | | Auth Code | Person Code | Line Total |
| 02/09/2007 | 768 | 02 | # | Z7901 - 1-DAY COURTESY TRANSPORTATION | | | N/A | | N/A | N/A | \$ 37.00 |
| Comments | SUBLET ENTERPRISE RENTAL 37.00. | | | | | | | | | | |

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GM Vehicle Inquiry System Vehicle Build

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) - [Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

| | | | |
|-----|-------------|--|--|
| VIN | 1G2ZG558X64 | | |
|-----|-------------|--|--|

VEHICLE BUILD

| | | | |
|--------------------------------------|-----------------------------|-----------------------|--------|
| Merchandising Model : | 2ZG69 -2006 G6 - 6CYL SEDAN | | |
| Gross Vehicle Weight Rating : | 1988 kg (4384 lb) | Order Number : | JFDCNZ |
| Build Date : | 06/09/2005 | Build Plant : | 164Z |

GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

OPTION CODES

| | |
|---|--|
| AK5 - FRONT SIDE IMPACT AIR BAGS | AP9 - CARGO NET |
| A51 - SEAT, FRONT 45/45 BUCKET | BQ2 - FLT-AVIS RENT A CAR |
| B0E - VEHICLE GM PROD WEEK 23 | B37 - FLOOR MATS, CARPET |
| C60 - AIR CONDITIONING, CUSTOM | DL5 - DECAL ROADSIDE SERVICE |
| D49 - POWER OUTSIDE REAR VIEW-MIRRORS | FE0 - SUSPENSION, TOURING |
| FE9 - 50-STATE EMISSIONS | FLT - FLT-FLEET ORDERS |
| F83 - AXLE RATIO 3.05 | IBB - TRIM INTERIOR DESIGN |
| JF4 - PWR ADJ BRAKE & ACCEL. PEDALS | J65 - BRAKES, 4-WHEEL DISC |
| KG7 - GENERATOR 125 AMP | LX9 - ENGINE, 3.5L V6 SFI |
| MN5 - TRANSMISSION 4SPEED | MX0 - AUTOMATIC TRANSMISSION |
| NT7 - FED EMIS SYS, TIER 2 | N46 - STEERING WHEEL, 4-SPOKE |
| ORN - ORION ASSY | PCI - DRIVER'S PACKAGE INCLUDES: * PWR ADJ BRAKE & ACCEL. PEDALS * FLOOR MATS, CARPET * CARGO NET * (4) 16" PAINTED ALLOY WHEELS |
| PDD - CONVENIENCE PACKAGE INCLUDES: * POWER ADJ BRAKES & ACCEL. PEDALS * FLOOR MATS, CARPET * CARGO NET | PF9 - (4) WHEELS, 16" PAINTED ALLOY |
| QPE - (4) P215/60/16 TOURING TIRES | R6F - IDENTIFY B CODE USERS |
| R6P - PREMIUM PAINT | R9C - ALLOW NON RETAIL REQ. FOR FLEET |
| T43 - SPOILER | UZ6 - 6 SPEAKER SOUND SYSTEM |
| U1C - AM/FM CD STEREO W/CLOCK & DRIVER | U77 - REAR WINDOW ANTENNA |

| | |
|---------------------------------------|---------------------------------------|
| INFORMATION CENTER | |
| VK3 - LICENSE PLATE BRACKET, FRONT | VM3 - BUMPER STD IMPACT 5 MPH FRT &RR |
| VN9 - DAILY RENTAL REPURCHASE PROGRAM | V2G - CREDIT IN LIEU OF FUEL |
| V73 - VEHICLE CERTIFICATION U.S. | 1SZ - OPTION PACKAGE DISCOUNT |
| 19B - EBONY | 19I - TRIM, EBONY |
| 46U - STEALTH GRAY METALLIC | 6AR - COMPUTER SELECTED SUSPENSION |
| 7AR - COMPUTER SELECTED SUSPENSION | 8AB - COMPONENT RR LH COMPUT SEL SUS |
| 9AB - COMPONENT RR RH COMPUT SEL SUS | |

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GM Vehicle Inquiry System

Service Contract

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) -
[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

| | |
|-----|------------------------|
| VIN | 1G2ZG558X64 [REDACTED] |
|-----|------------------------|

SERVICE CONTRACT

| |
|---|
| Vehicle Has No GM Service Contracts. |
|---|

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GM Vehicle Inquiry System

Warranty Block

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) -
[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

| | | |
|-------|-------------|--|
| VIN : | 1G2ZG558X64 | |
|-------|-------------|--|

WARRANTY BLOCK

| |
|--|
| Vehicle Has No Current Record of Blocked Warranties |
|--|

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GM Vehicle Inquiry System Branded Title

[Home](#) - [Summary](#) - [Claim History](#) - [Vehicle Build](#) - [Vehicle Component](#) - [Delivery Information](#) - [Dealer Information](#) -
[Service Contract](#) - [Warranty Block](#) - [Branded Title](#)

[Help](#)

| | |
|-------|------------------------|
| VIN : | 1G2ZG558X64 [REDACTED] |
|-------|------------------------|

BRANDED TITLE

No Current Record of Vehicle Title Branding.

The VIN information contained herein and information derived therefrom is the proprietary property of The Polk Company and is to be used only for the purpose of warranty verification and shall not be used for any other purpose whatsoever.

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| | | | |
|---------------------------|-----------|--|-----------------------------|
| 2006 G6 - 6CYL SEDAN | | | PONTIAC/GMC DIVISION |
| 46U STEALTH GRAY METALLIC | /V6G | | GENERAL MOTORS CORPORATION |
| 19B EBONY | | | 100 RENAISSANCE CENTER |
| ORDER NO. JFDCNZ/FDR | STOCK NO. | | DETROIT MI 48243-1114 |
| VIN 1G2 ZG55 8X 64 | | | VEHICLE INVOICE 2AD51578498 |
| ***** | | | 16*14040S |

| MODEL & FACTORY OPTIONS | MSRP | INV AMT | FLEET |
|-------------------------------------|----------|----------|------------------|
| 2ZG69 G6 - 6CYL SEDAN | 20030.00 | 17926.85 | INVOICE 06/13/05 |
| BQ2 FLT-AVIS RENT A CAR | 0.00 | 0.00 | SHIPPED 06/09/05 |
| FE9 50-STATE EMISSIONS | N/C | N/C | EXP I/T 06/11/05 |
| F83 AXLE RATIO 3.05 | N/C | N/C | INT COM 06/22/05 |
| LX9 ENGINE, 3.5L V6 SFI | N/C | N/C | PRC EFF 05/13/05 |
| MX0 AUTOMATIC TRANSMISSION | 0.00 | 0.00 | KEYS G0025 G0025 |
| PCI DRIVER'S PACKAGE INCLUDES: | 650.00 | 520.00 | WFP-S QTR OPT-1 |
| * PWR ADJ BRAKE & ACCEL. PEDALS | | | FAN: 000801033 |
| * FLOOR MATS, CARPET | | | BANK: GMAC - 007 |
| * CARGO NET | | | CHG-TO 14-040 |
| * (4) 16 PAINTED ALLOY WHEELS | | | SHIP-TO 75-119 |
| T43 SPOILER | 225.00 | 180.00 | AVIS RENT A CAR |
| VK3 LICENSE PLATE BRACKET, FRONT | N/C | N/C | VANDALIA OH |
| VN9 DAILY RENTAL REPURCHASE PROGRAM | 0.00 | 0.00 | |
| V2G CREDIT IN LIEU OF FUEL | 0.00 | 24.99- | SHIP WT: 3350 |
| | | | HP: 32.9 |
| | | | MRM: 21530.00 |
| | | | CUST PO NUMBER: |
| | | | 6009939N0500000 |
| | | | DAN: 03004 |
| | | | MEMO 1045.25 |

| | | | |
|-----------------------|----------|----------|------------------|
| TOTAL MODEL & OPTIONS | 20905.00 | 18601.86 | ACT 231 19226.86 |
| DESTINATION CHARGE | 625.00 | 625.00 | |

| | | | |
|-------|----------|----------|------------------|
| TOTAL | 21530.00 | 19226.86 | PAY 310 19226.86 |
|-------|----------|----------|------------------|

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

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

| | |
|--------------------------|-----------------------------|
| WALDEN FLEET GROUP, INC. | REMIT TO GMAC NO. 007 |
| | VIN 1G2ZG558X64 |
| | \$ 19226.86 INV 2AD51578498 |
| | DUE 06/22/05 DEALER 14-040 |


WARNER PONTIAC, INC.

501 7th Street 304-422-3502

PARKERSBURG, WEST VIRGINIA 26101

21219

MOTOR VEHICLE PURCHASE AGREEMENT

| | | | |
|--|---------------|---------------------------------------|--------------------------------------|
| PURCHASER'S NAME | | DATE 9 / 11 / 2006 | |
| ADDRESS | | BELPRE OH 45714 | |
| RESIDENCE PHONE | | BUSINESS PHONE | |
| SALES REPRESENTATIVE JOHN S SHEPARD | | | |
| Please enter my order for one | NEW | USED X | YEAR 2006 |
| COLOR BLUE | TOP | MAKE PONTIAC | MODEL G6 SE 1 |
| VIN 162ZG558X64 | MILEAGE 29406 | STOCK NO. 3815310 | TO BE DELIVERED ON OR ABOUT 09/11/06 |
| REMARKS: | | CASH PRICE OF VEHICLE \$ 13650.00 | |
| | | CAPITAL ONE AUTO FINANCE | |
| | | PO BOX 255605 | |
| | | SACRAMENTO CA 95865 | |
| | | 14.50 22160.88 307.79 | |
| | | 0000 | |
| NEGATIVE EQUITY: I am aware the balance owed on my trade-in vehicle exceeds the trade-in allowance from Dealer and, as a result, I have requested that \$ NA of negative equity from my trade-in be included in the cash price of the vehicle. | | | |
| Description of trade-in: Year | Make | Total cash price (1 thru 12) | 13650.00 |
| Model | VIN | Less trade-in \$ NA | |
| Title No. | Mileage | Difference (13 minus 14) | 13650.00 |
| Balance owed to: | | Total taxable amount | 13650.00 |
| Address | | Plus balance owed \$ NA | 13650.00 |
| Account No. | Good till / / | 955.50 | |
| ODOMETER MILEAGE STATEMENT | | Privilege tax 7% | \$ 1023.75 |
| THE ODOMETER OF THE ABOVE DESCRIBED VEHICLE NOW READS | | Title fee | 10.00 |
| CHECKED BELOW. | | Lien fee | 5.00 |
| <input type="checkbox"/> ODOMETER MILEAGE IS NOT ACCURATE. REFER TO THE FEDERAL MILEAGE STATEMENT FOR FULL DISCLOSURE. | | Transfer fee | NA |
| Dealer hereby warrants this vehicle for _____ months or _____ miles, whichever comes first. If this vehicle falls in normal service within that period, dealer will perform repairs in accordance with the attached limited warranty. All warranties, if any, by a manufacturer or supplier other than dealer are theirs, NOT dealers, and only such manufacturer or other supplier shall be liable for performance under such warranties, express or implied. | | Additional weight fee | NA |
| The front and back of this Order and the attached limited warranty comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into, or will be recognized. If this agreement is for a used vehicle see contractual disclosure statement below. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as it appears in writing on the face of this agreement. I have read the matter printed on the back hereof and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am at least 18 years old, and hereby acknowledge receipt of a copy of this order. | | License fee | NA |
| CONTRACTUAL DISCLOSURE STATEMENT | | Insurance fee | NA |
| (USED VEHICLES ONLY) THE INFORMATION YOU SEE ON THE BUYER'S GUIDE FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE BUYER'S GUIDE OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE. | | Temporary plate fee | 3.00 |
| THIS ORDER IS NOT VALID UNLESS SIGNED AND ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. | | Litter fee | NA |
| | | Other | NA |
| | | Total taxes & fees (19 thru 28) | 1041.75 |
| | | Documentary Fee | 50.00 |
| | | Documentary Fee Tax | 3.00 |
| | | | NA |
| | | Mechanical service contract | NA |
| | | Other | NA |
| | | Total (17 plus 29 thru 34) | 14744.75 |
| | | Deposit (cash down payment) | NA |
| | | Balance due on delivery (35 minus 36) | \$ 14744.75 |

HEATHER D. SMITH

3415310

CUSTOMER'S NAME

STOCK NO.

ODOMETER DISCLOSURE STATEMENT

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

WARNER PONTIAC, INC.

Transferor's name (Print)

I state that the odometer now reads 10,445 miles and I am not aware of any knowledge that it does not reflect the actual mileage of the vehicle described below, unless one of the following statements is checked:

☐ I am not sure that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of a mechanical limit.

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

NAME HEATHER D. SMITH MODEL 2009 BODY TYPE 4DR
 VEHICLE IDENTIFICATION NUMBER 1G1ZC5E1520000000 YEAR 2009

TRANSFEROR'S SIGNATURE Heather D. SmithPRINTED NAME HEATHER D. SMITHADDRESS (STREET) 501 SEVENTH STREETCITY POWERSVILLE STATE MO ZIP CODE 64679DATE OF STATEMENT 09/28/2009

**SUMMERS MOTOR SALES Inc.**1000 Pike Street
MARIETTA, OH. 45750
740-373-0635**25533****25533****RECOMMENDED SERVICES**

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|------------|-----------------------|-------|-------|-----------|-----------------------|-------|-------|
| 04PNZTR72K | 72K TI ROTATE | MI | | | | | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|----------|--------------|---------|---------|------------|--------|---------------------|----------------------------|
| 03/30/09 | 21 | 66703 | 142 | 169 169 | W C | 45PNZNF 40PNZBRK | NOISE IN FT SUSP BRAKES |

SALESPERSON NO.

| | | | | | | | | | | | | | |
|--------------------------------------|--|-----------------------|--|-----------------------------|--|------------------------|--|--|--|-----------------------|--|--------------------|--|
| TERMS | | VEHICLE ID NO. | | YEAR/MAKE/MODEL | | PRODUCTION DATE | | STOCK NO. | | LICENSE NO. | | P.O. NO. | |
| <input type="checkbox"/> CASH | | 1G22G558X | | 06/PONTIAC/G6/4DR SDN W/1SV | | | | | | | | 25533 | |
| <input type="checkbox"/> CHARGE | | | | CUSTOMER NO. 12885 | | SERVICE CONTRACT | | DELIVERY DATE | | DELIVERY MILES | | SELLING DEALER NO. | |
| <input type="checkbox"/> CHECK | | | | COLOR | | CONTRACT NO. | | EXPIRATION DATE | | EXPIRATION MILES | | R.O. DATE | |
| <input type="checkbox"/> CREDIT CARD | | MARIETTA, OH | | TURBO N | | M/MC PNZZ | | AIR COND. Y | | P.S. Y | | TRANS A | |
| SELLING DEALER | | | | BUSINESS PHONE | | MILEAGE 71,241 | | ADVISOR NO. 58 | | ADVISOR DAVID CALHOUN | | TAG NO. | |
| YES <input type="checkbox"/> | | TIME RECEIVED 08:24am | | DATE/TIME 08/27/09 06:00pm | | PRIORITY | | 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 not 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. | | | | | |
| NO <input type="checkbox"/> | | | | | | | | | | | | | |
| POINTMENT | | | | LABOR RATE | | | | | | | | | |
| <input type="checkbox"/> Yes | | | | | | | | | | | | | |
| <input type="checkbox"/> No | | | | | | | | | | | | | |

C * 45PNZS**CLUNK NOISE WHEN YOU TURN STEERING TURNING INTO PARKING LOT, OR WHEN TURN BACK AND FORTH**

Steering knut & beam are tight at this time. do not feel any excess play in steering.

noise maybe coming from internet shaft. Est. 60.00 GO Lube

- Revised - 89.95

STEERING/SUSPENSION

ESTIMATE - UNDER OHIO LAW YOU HAVE THE RIGHT TO AN ESTIMATE IF THE EXPECTED COST OF REPAIRS OR SERVICES WILL BE MORE THAN TWENTY-FIVE DOLLARS. INITIAL YOUR CHOICE.

| | | | | | |
|-------------------------|--------------------------|-------------------------|------|-------------------------------------|----|
| WRITTEN ESTIMATE | | ORAL ESTIMATE | | I DO NOT REQUEST AN ESTIMATE | |
| 1. ORIGINAL ESTIMATE | 2. CUSTOMER'S ACCEPTANCE | 3. AUTHORIZED ADDITIONS | DATE | TIME | BY |
| \$ | (INITIALS) | \$ | | | |

SHOP MATERIALS

A token charge equivalent to 5% of the total labor charge up to \$5.00 is included for supplies used on your vehicle. Applicable supply items include but are not limited to: reasonable amounts of nuts, bolts, washers, tape, pins, aerospray, solvents, rags, cleaners, towels, lubricants etc.

WE HONOR:



SUMMERS MOTOR SALES Inc.

1000 Pike Street
MARIETTA, OH. 45750
740-373-0635



| | | | | | | | | |
|--------------|-------|---------------------|-----------------------------|-------------|---------|--------------------|-----------------|-----------|
| CUSTOMER NO. | 12885 | ADVISOR | DAVID CALHOUN | 58 | TAX NO. | 08/27/09 | INVOICE NO. | PNC525533 |
| | | LABOR RATE | | LICENSE NO. | | MILEAGE | 71,241 | COLOR |
| | | YEAR / MAKE / MODEL | 06/PONTIAC/G6/4DR SDN W/1SV | | | DELIVERY DATE | DELIVERY MILES | |
| | | VEHICLE I.D. NO. | 1 G 2 Z G 5 5 8 X 6 4 | | | SELLING DEALER NO. | PRODUCTION DATE | |
| | | F.T.E. NO. | | | | P.O. NO. | R.O. DATE | |
| | | BUSINESS PHONE | | | | 08/27/09 | | |
| | | COMMENTS | | | | | | |

MO: 71241

LABOR & PARTS
J# 1 45PNZS

STEERING/SUSPENSION

CLUNK NOISE WHEN YOU TURN STEERING TURNING INTO PARKING LOT.
OR WHEN TURN BACK AND FORTH
STEERING GEAR AND SHFT DOES NOT HAVE ANY EXCESSIVE PLAY AT
THIS TIME NOISE MAYBE COMING FROM INTERM. SHAFT NEEDING
LUBED.. EST. 1.00 TO LUBE

JOB # 1 TOTAL LABOR & PARTS 0.00

TOTALS:

IF YOU HAD WARRANTY WORK PERFORMED DURING YOUR VISIT,
YOU WILL BE RECEIVING A SURVEY IN THE MAIL FROM THE
MANUFACTURER. WE NEED YOU TO FILL IT OUT AND RETURN IT AS
SOON AS POSSIBLE. IF YOU DO NOT FILL OUT THE SURVEY
"COMPLETELY SATISFIED" OR ANY OTHER QUESTION, PLEASE CALL:
DAVE CALHOUN AT 373-0635 OR 1-800-808-6612

PARTS DESIGNATED WITH AN ASTERISK [*] INDICATE LIMITED
LIFETIME SERVICE GUARANTEE. APLIES FOR CUSTOMER PAY REPAIRS.
ALL OTHER PARTS HAVE 12 MONTH, OR 12,000 MILE WARRANTY

[] CASH [] CHECK [] CREDIT CARD [] M/C [] VISA

CUSTOMER SIGNATURE

SHOP MATERIALS

A token charge equivalent to 5% of the total labor charge up to \$5.00 is included for supplies used on your vehicle. Applicable supply items include but are not limited to: reasonable amounts of nuts, bolts, washers, tape, pine, aerospray, solvents, rags, cleaners, towels, lubricants etc.

WE HONOR:



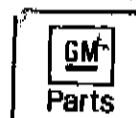
TOTAL INVOICE \$ 0.00



SUMMERS MOTOR SALES Inc.

1000 Pike Street
MARIETTA, OH. 45750
740-373-0635

22761



22761

RECOMMENDED SERVICES

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|-----------|-----------------------|-------|-------|-----------|-----------------------|-------|-------|
| | | | | | | | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|------|--------------|---------|---------|------------|------|-----------|-----------------------|
| | | | | | | | |

SALESPERSON NO.

SERVICE

STATE REG# 3

| | | | | | |
|---|---------------------------------|--|-------------------------|---------------------------|---|
| TERMS <input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD | VEHICLE NO. TG22G558X | YEAR/MAKE/MODEL 06/PONTIAC/G6/4DR SDN W/1SV | PRODUCTION DATE | STOCK NO. | LICENSE NO. 22761 |
| SELLING DEALER | MARIETTA, OH | CUSTOMER NO. 12885 | SERVICE CONTRACT | DELIVERY DATE | DELIVERY MILES |
| | | COLOR | CONTRACT NO. | EXPIRATION DATE | EXPIRATION MILES |
| | | TURBO <input type="checkbox"/> AIR COND. <input type="checkbox"/> P.S. <input type="checkbox"/> TRANS <input type="checkbox"/> | MILEAGE 66703 | ADVISOR NO. 142 | TECHNICIAN JEREMY C ARMSTRONG |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | BUSINESS PHONE | 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 not 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 you may inspect such vehicle. | | | |
| POINTMENT Yes <input type="checkbox"/> No <input type="checkbox"/> | TIME RECEIVED 08:00am | DATE 03/27/09 | TIME 06:00pm | PRIORITY | LABOR RATE |

C 45PNZNF

NOISE IN FT SUSP

TEST DRIVE with cust. noise is whenever
TURN STEERING WHEEL LEFT OR RIGHT. Steering
Binds slow parking lot maneuvers.
NEEDS Tires

Bearing @ sub shaft bad -
Installed Bearing

ack-inspiration, rear pads turned
rotors
169 Bill

3-31-10 10:00 spoke to Brian
Stephens (Rep) about steering gear
For cust satisfaction
Pay for Parts GM will
cover The Labor. Del

ESTIMATE - UNDER OHIO LAW YOU HAVE THE RIGHT TO AN
ESTIMATE IF THE EXPECTED COST OF REPAIRS OR SERVICES
WILL BE MORE THAN TWENTY-FIVE DOLLARS.
INITIAL YOUR CHOICE.

| | | | |
|-------------------------|---|----------------------------|---------------------------------|
| WRITTEN ESTIMATE | | ORAL ESTIMATE | I DO NOT REQUEST AN ESTIMATE |
| 1. ORIGINAL ESTIMATE | 2. CUSTOMER'S ACCEPTANCE (INITIALS) | 3. AUTHORIZED ADDITIONS | DATE TIME BY |

SHOP MATERIALS
A token charge equivalent to 5% of the total labor charge up to
\$5.00 is included for supplies used on your vehicle. Applicable
supply items include but are not limited to: reasonable amounts
of nuts, bolts, washers, tape, pins, aerospray, solvents, rags,
cleaners, towels, lubricants etc.

WE HONOR:



06899 - Dave - Customer
6m GEMUS
SPD - 10780987 -
CAS Tech Assist

Electrize - 13

169 Bill



SUMMERS MOTOR SALES Inc.

1000 Pike Street
MARIETTA, OH. 45750
740-373-0635



| CUSTOMER NO. 12885 | ADVISOR JEREMY G ARMSTRONG 142 | TAG NO. | INVOICE DATE 03/31/09 | INVOICE NO. PNC522761 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|---------------------------------|---------------------------------|----------------|---------------|---------------|-----|---|-------------|------------|-------|---------|---|-----|-----|--|----------------|--------|--------|----------------------------|---|-----|-----|--|-------------|--------------|--------------|--|---|-----|-----|--|-------------|---------------|---------------|----------------------------|--|--|--|--|--|---------------|---------------|--|--|--|--|--|--|---------------|---------------|
| [REDACTED] MARIETTA, OH | LABOR RATE | LICENSE NO. | MILEAGE 66,703 | COLOR / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YEAR / MAKE / MODEL 06/PONTIAC/G6/4DR SDN W/1SV | DELIVERY DATE | | DELIVERY MILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VEHICLE I.D. NO. 1 G 2 Z G 5 5 8 X 6 4 | SELLING DEALER NO. | | PRODUCTION DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | F.T.E. NO. | R.O. NO. | R.O. DATE 03/30/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENCE PHONE 336-5999 | BUSINESS PHONE | COMMENTS Art. code A | MO: 66703 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LABOR & PARTS J# 1 45PNZNF NO. IN FT SUSP FOUND BEARING AT STUB SHAFT BAD REMOVED AND REPLACED RACK ALIGN TO SPEC OK NOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TECH(S): 103 169 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARRANTY SHOP MATERIALS A token charge equivalent to 5% of the total labor charge up to \$5.00 is included for supplies used on your vehicle. Applicable supply items include but are not limited to: reasonable amounts of nuts, bolts, washers, tape, pins, aerospray, solvents, rags, cleaners, towels, lubricants etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WE HONOR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: Spoke w/ Bryan Stephens 3-31 Cust. Satisfaction Previous concerns w/ Steering Gear. Bearing MR Bad stub shaft. 8-1 PAID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTS <table border="1"> <thead> <tr> <th>JOB #</th> <th>QTY</th> <th>FP</th> <th>NUM</th> <th>R</th> <th>DESCRIPTION</th> <th>UNIT PRICE</th> <th>PRICE</th> </tr> </thead> <tbody> <tr> <td>JOB # 1</td> <td>1</td> <td>158</td> <td>369</td> <td></td> <td>GEAR KIT 6.508</td> <td>341.00</td> <td>341.00</td> </tr> <tr> <td>JOB # 1</td> <td>1</td> <td>890</td> <td>561</td> <td></td> <td>FLUID 8.800</td> <td>9.00</td> <td>9.00</td> </tr> <tr> <td>JOB # 1</td> <td>1</td> <td>158</td> <td>369</td> <td></td> <td>CORE RETURN</td> <td>100.00</td> <td>100.00</td> </tr> <tr> <td colspan="6">JOB # 1 TOTAL PARTS</td> <td>250.00</td> <td>250.00</td> </tr> <tr> <td colspan="6">JOB # 1 TOTAL LABOR & PARTS</td> <td>250.00</td> <td>250.00</td> </tr> </tbody> </table> | | | | | JOB # | QTY | FP | NUM | R | DESCRIPTION | UNIT PRICE | PRICE | JOB # 1 | 1 | 158 | 369 | | GEAR KIT 6.508 | 341.00 | 341.00 | JOB # 1 | 1 | 890 | 561 | | FLUID 8.800 | 9.00 | 9.00 | JOB # 1 | 1 | 158 | 369 | | CORE RETURN | 100.00 | 100.00 | JOB # 1 TOTAL PARTS | | | | | | 250.00 | 250.00 | JOB # 1 TOTAL LABOR & PARTS | | | | | | 250.00 | 250.00 |
| JOB # | QTY | FP | NUM | R | DESCRIPTION | UNIT PRICE | PRICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 1 | 1 | 158 | 369 | | GEAR KIT 6.508 | 341.00 | 341.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 1 | 1 | 890 | 561 | | FLUID 8.800 | 9.00 | 9.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 1 | 1 | 158 | 369 | | CORE RETURN | 100.00 | 100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 1 TOTAL PARTS | | | | | | 250.00 | 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 1 TOTAL LABOR & PARTS | | | | | | 250.00 | 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J# 2+40PNZBRK REAR BRAKES FOUND NEED REAR BRAKES REMOVED AND REPLACED REAR PADS REMOVED AND MACHINED REAR ROTORS OK NOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TECH(S): 169 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTS <table border="1"> <thead> <tr> <th>JOB #</th> <th>QTY</th> <th>FP</th> <th>NUM</th> <th>R</th> <th>DESCRIPTION</th> <th>UNIT PRICE</th> <th>PRICE</th> </tr> </thead> <tbody> <tr> <td>JOB # 2</td> <td>1</td> <td>192</td> <td>450</td> <td></td> <td>PAD KIT 5.017</td> <td>59.95</td> <td>59.95</td> </tr> <tr> <td colspan="6">JOB # 2 TOTAL PARTS</td> <td>59.95</td> <td>59.95</td> </tr> <tr> <td colspan="6">JOB # 2 TOTAL LABOR & PARTS</td> <td>199.95</td> <td>199.95</td> </tr> </tbody> </table> | | | | | JOB # | QTY | FP | NUM | R | DESCRIPTION | UNIT PRICE | PRICE | JOB # 2 | 1 | 192 | 450 | | PAD KIT 5.017 | 59.95 | 59.95 | JOB # 2 TOTAL PARTS | | | | | | 59.95 | 59.95 | JOB # 2 TOTAL LABOR & PARTS | | | | | | 199.95 | 199.95 | | | | | | | | | | | | | | | | |
| JOB # | QTY | FP | NUM | R | DESCRIPTION | UNIT PRICE | PRICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 2 | 1 | 192 | 450 | | PAD KIT 5.017 | 59.95 | 59.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 2 TOTAL PARTS | | | | | | 59.95 | 59.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JOB # 2 TOTAL LABOR & PARTS | | | | | | 199.95 | 199.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS: GM COVERED LABOR ON STEERING GEAR REPAIR AND ALIGN. CUST TO PAY FOR PART | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS IF YOU HAD WARRANTY WORK YOU WILL BE RECEIVING A SURVEY IN THE MAIL FROM THE MANUFACTURER. WE NEED IT TO FILL IT OUT AND RETURN IT AS SOON AS POSSIBLE. IF YOU CANNOT FILL OUT THE SURVEY EVERY QUESTION, PLEASE CALL: DAVE CALHOUN AT 373-0632 OR 1-800-808-6612 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERFORMED DURING YOUR VISIT. TOTAL LABOR... 140.00 TOTAL PARTS... 309.95 TOTAL SUBLET... 0.00 TOTAL G.O.G... 0.00 TOTAL MISC CHG... 0.00 TOTAL MISC DISC... 0.00 TOTAL TAX... 38.50 TOTAL INVOICE \$ 488.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTS DESIGNATED WITH A LIFETIME SERVICE GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS. MONTH. OR 12,000 MILE WARRANTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] CASH [] CHECK [] CHARGE [] M/C [] VISA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PART # | DESC | PRICE | LABOR TIME | PRICE | TECH | JOB# | TIME | TIME PUNCH |
|----------|-------|--|------------|--|------|------|------|------------|
| | Labor | 250.00 81.40 <u>59.95</u> 500 ⁰⁰ | | \$59.95 <u>140.00</u> 200. ⁰⁰ | | | | E-8 09 |
| 19201450 | | | | \$450 Plus Tax | | | | |

RCMPR010 VEHICLE DELIVERY/INCENTIVE HISTORY 11/22/08
PROCESSING SOURCE: PONTIAC 13:43:01
PAGE: 1

VIN: 1G2ZG558X 64 [REDACTED] SELLG SCE: 16 MDL YR: 06 ORD NO: JFDCNZ

ODATE: 05/13/05 ORDER FAN: 000801033 OTYPE: 050 DLVY SS/SITE CD: 16 14040
DDATE: 06/14/05 DLVY FAN: 000801033 DTYPE: 020 SRVC TYPE: MILEAGE:

DLVY DOE: 06/14/05 ORDER BY: AVIS RENT-A-CAR
CANC:
CANC DOE:
TRADE: DLVY TO: AVIS RENT A CAR SYSTEM, INC.
TRD DOE: 900 OLD COUNTRY RD
SRVC IN: GARDEN CITY NY 11530
SRVC OUT: CANC SRVC IN:
BFSO ORD DT: BFSO CUST:
PRICE ASSUR DT: PRICE ASSUR RT:

--INCENTIVES--

| CODE | PAY | SS/SITE | INV/INC NO | DATE | AMOUNT | MTHD | DLR | SHR | STAT |
|------|-----|----------|-------------|----------|--------|------|-----|------|------|
| MXA | 01 | 16 99002 | 00028459492 | 07/06/05 | 0.00 | OA | | 0.00 | 9 |

PROCESS TYPE: 001 CHECK NO: SSN:
DATA SCE: FLT INC MEMO NO: 00028459492 AUTH PUR CD:
MISC DATE: MISC: 00300
POLICY PYMT CMNT: ACTV TYPE: 6

| CODE | PAY | SS/SITE | INV/INC NO | DATE | AMOUNT | MTHD | DLR | SHR | STAT |
|------|-----|----------|-------------|----------|--------|------|-----|------|------|
| MXG | 01 | 16 99002 | 00030885333 | 08/31/06 | 0.00 | OA | | 0.00 | 9 |

PROCESS TYPE: 001 CHECK NO: SSN:
DATA SCE: FLT INC MEMO NO: 00030885333 AUTH PUR CD:
MISC DATE: MISC: 00300
POLICY PYMT CMNT: ACTV TYPE: 6

| CODE | PAY | SS/SITE | INV/INC NO | DATE | AMOUNT | MTHD | DLR | SHR | STAT |
|------|-----|----------|--------------|----------|-----------|------|-----|------|------|
| REP | 02 | 16 99002 | 000030745596 | 08/05/06 | 15,688.28 | CA | | 0.00 | 9 |

PROCESS TYPE: 007 CHECK NO: SSN:
DATA SCE: AUC INC MEMO NO: 000030745596 AUTH PUR CD:
MISC DATE: MISC: 0403=NBR DAYS IN SERVICE
POLICY PYMT CMNT: ACTV TYPE: 8

PAYEE NAME: AESOP LEASING LP/HARRIS TR
STREET: 311 W MONROE, 7FL, REMPR, BX71589
CITY: CHICAGO ST/PROV: IL ZIP: 60606

VIN: 1G2ZG558X 64 [REDACTED] SELLG SCE: 16 MDL YR: 06 ORD NO: JFDCNZ

| CODE | PAY | SS/SITE | INV/INC NO | DATE | AMOUNT | MTHD | DLR | SHR | STAT |
|------|-----|----------|-------------|----------|--------|------|-----|------|------|
| VN9 | 01 | 16 14040 | 2AD51578498 | 06/15/05 | 0.00 | IC | | 0.00 | 9 |

PROCESS TYPE: 014 CHECK NO: SSN:
DATA SCE: HOU INC MEMO NO: 2AD51578498 AUTH PUR CD:
MISC DATE: MISC: VN9
POLICY PYMT CMNT: ACTV TYPE: 6



VIA FAX ONLY

October 9, 2009

Mitchel Luxenburg, Esq.
Luxenburg & Levin, LLC
23240 Chagrin Blvd Ste 601
Beachwood, OH 44122

RE:

Service Request: 71-760755959
2006 Pontiac G6
Vehicle Identification Number: 1G2ZG558X64
Customer Relationship Specialist: James Hardin

Dear Mr. Luxenburg:

After careful research and evaluation of the above case by General Motors Company, our research indicates the following facts that lead to the denial of your request:

- ◆ We have factually investigated this matter and at this time have concluded that General Motors has fulfilled its obligations as contained in its written limited warranty.
- ◆ General Motors has reviewed the additional information you have provided and our position remains the same.

General Motors Company would like to assist you in addressing any outstanding concerns in accordance with the terms of the existing warranty coverages. Should subsequent factual developments warrant, we would be willing to consider a renewed request for assistance.

If you have further questions, 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 the service request number above and a Customer Relationship Specialist will be happy to assist you.

Sincerely,

James Hardin
Aditya Birla Minacs
james.hardin@gmexpert.com
866-790-5700 x41111

LG0007
V10013009

VIN: 1G2ZG558X 64 [REDACTED] SELLG SCE: 16 MDL YR: 06 ORD NO: JFDCNZ
VIN TYPE: N

| EVENT DESC | SS/ SITE CD | DOCUMENT NUMBER | I S | EVENT DT | INC CD | AMOUNT | |
|-----------------|----------------|--------------------|--------|----------|-----------|-----------|----|
| INCENTIVE MEMO | 16 99002 | 00030885333 | | 08/31/06 | MXG | 0.00 | |
| INCTV PAYMENT | 16 99002 | 00030885333 | | 08/31/06 | MXG | 0.00 | |
| INCTV APPLICATN | 16 99002 | 00030885333 | | 08/31/06 | MXG | 0.00 | |
| INCTV AUC SOLD | | | | 08/16/06 | REP | 4,232.20 | |
| INCTV CHK REQST | 16 99002 | 000030745596 | | 08/05/06 | REP | 15,688.28 | |
| INCENTIVE MEMO | 16 99002 | 000030745596 | | 08/05/06 | REP | 15,688.28 | |
| INCTV PAYMENT | 16 99002 | 000030745596 | | 08/05/06 | REP | 15,688.28 | |
| INCTV APPLICATN | 16 99002 | 000030745596 | | 08/02/06 | REP | 15,688.28 | |
| INCENTIVE MEMO | 16 99002 | 00028459492 | | 07/06/05 | MXA | 0.00 | |
| INCTV PAYMENT | 16 99002 | 00028459492 | | 07/06/05 | MXA | 0.00 | |
| INCTV APPLICATN | 16 99002 | 00028459492 | | 07/06/05 | MXA | 0.00 | |
| SETTLEMENT DATE | 16 14040 | 2AD51578498 | | 06/18/05 | | 19,226.86 | CR |
| INCENTIVE MEMO | 16 14040 | 2AD51578498 | | 06/15/05 | VN9 | 0.00 | |
| INCTV PAYMENT | 16 14040 | 2AD51578498 | | 06/15/05 | VN9 | 0.00 | |
| INCTV APPLICATN | 16 14040 | 2AD51578498 | | 06/15/05 | VN9 | 0.00 | |
| DELIVERY D.O.E. | 16 14040 | | | 06/14/05 | | 0.00 | |
| DELIVERY TO CUS | 16 14040 | | | 06/14/05 | | 0.00 | |
| REPLACEMENT LAB | 16 14040 | | | 06/14/05 | | 21,530.00 | |
| ORIGINAL INVOIC | 16 14040 | 2AD51578498 | | 06/13/05 | | 19,226.86 | |
| COV/NVIS DATE | 16 14040 | 2AD51578498 | | 06/13/05 | | 0.00 | |
| BAILMENT RELEAS | 16 14040 | 2AC03081088 | B | 06/13/05 | | 19,875.56 | CR |
| EXPIRATION TRAN | 16 14040 | 2AD51578498 | | 06/11/05 | | 0.00 | |
| BAILMENT DATE | 16 14040 | 2AD51557815 | B | 06/09/05 | | 19,875.56 | |
| SHIPMENT DATE | 16 75119 | | | 06/09/05 | | 0.00 | |
| PRODUCTION (BUI | 16 14040 | | | 06/09/05 | | 0.00 | |
| PREFERENCE TO P | 16 14040 | | | 05/17/05 | | 0.00 | |
| GM ORDER ACCEPT | 16 14040 | | | 05/13/05 | | 0.00 | |
| GM ORDER ACCEPT | | | | 05/13/05 | | 0.00 | |

Luxenburg & Levin, LLC
23240 Chagrin Blvd.
Suite 601
Beachwood, OH 44122

CLEVELAND OH 441

22 SEP 2009 PM 7:17



09-24-09A

General Motors Corporation
Attn: Legal Department
P.O. Box 33170
Detroit, MI 48232-52170

48232+3170



Mitchel E. Luxenburg (Ohio*)
David B. Levin (Ohio, West Virginia, Illinois*)
M. Lynette Hartsell, Of Counsel (North Carolina*)
Jonathan E. Agin, Of Counsel (Maryland, DC*)

* licensed in these states

September 21, 2009

General Motors Corporation
Attn: Legal Department
P.O. Box 33170
Detroit, MI 48232-52170

RE: [REDACTED] v. General Motor Corporation

Vehicle: 2006 Pontiac G6
VIN: 1G2ZG558X64 [REDACTED]

Dear Sir or Madam:

Please be advised we have been retained by the above-named individual regarding claims against your company, based upon violations of the Ohio Lemon Law and the Federal Magnuson-Moss Warranty Act. All future contacts and correspondence should be directed to our attention.

Our client's vehicle has been at an authorized dealership of General Motors on repeated occasions for attempted repairs to non-conformities that have caused a substantial impairment to the use, value and/or safety of the vehicle. These non-conformities, which have caused our client to justifiably lose confidence in the vehicle, include, but are not limited to those listed on the enclosed repair history.

Ohio Revised Code § 1345.72 states:

If the manufacturer, its agent, or its authorized dealer is unable to conform the motor vehicle to any applicable express warranty by repairing or correcting any defect or condition that substantially impairs the use, safety, or value of the motor vehicle to the consumer after a reasonable number of repair attempts, the manufacturer shall, at the consumer's option, and subject to division (D) of this section replace the motor vehicle with a new motor vehicle acceptable to the consumer or accept return of the vehicle from the consumer and refund [the] full purchase price....

Based upon the repair history of this vehicle, General Motors has been unable to repair our client's vehicle within a reasonable number of attempts. Our client's repair history clearly

23240 Chagrin Boulevard | Suite 601 | Beachwood, Ohio 44122
(888) 595-9111, ext. 712 | fax (866) 382-0092 | Mitch@LuxenburgLevin.com

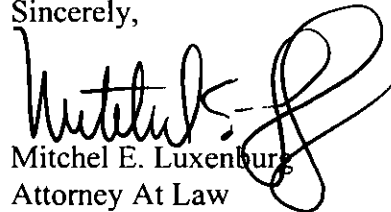
shows a violation of the Ohio Lemon Law as well as a breach of both the written and implied warranties. Accordingly, you are hereby notified that our client is revoking acceptance of this vehicle.

To avoid any litigation, our client has authorized us to demand that you accept return of the vehicle and refund (1) the full purchase price, including all collateral charges, sales tax, finance charges, license and registration fees, etc.; (2) the down payment; and (3) all incidental and consequential damages. This demand is in addition to payment of our client's attorneys' fees pursuant to the fee-shifting provisions of the Ohio Lemon Law and the Federal Magnuson-Moss Warranty Act. The attorneys' fees at this stage are minimal and our client would prefer to resolve this matter without the need for any more time spent on our part or by your attorneys. A great deal of time, money and effort could be saved by all parties involved with a quick resolution of this claim.

Pursuant to Ohio Revised Code §. 1345.75(A) and 15 U.S.C. § 2310(d), you are hereby notified that any settlement made with our client requires payment of our client's attorneys' fees. If you settle directly with our client and do not make arrangements for payment of our client's attorneys' fees, we will file suit against you. In addition, you are hereby notified of our attorneys' lien.

If you wish to resolve this matter amicably, please contact us within 14 days. Please let us know as soon as possible if you need additional information. Should you fail to contact us, we will be left with no alternative but to commence legal proceedings.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitchel E. Luxenburg", with a large, stylized flourish extending from the end of the signature.

Mitchel E. Luxenburg
Attorney At Law

MEL/js

Enclosure (1 page)

cc: [REDACTED] (w/o enclosure)

GM Vehicle Inquiry System - Summary

Page 1 of 1

GM Vehicle Inquiry System
Summary

Attn: Mitch Lexington

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

Helm

| | |
|-------|-------------|
| VIN : | 1G2ZG558X64 |
|-------|-------------|

VEHICLE INFORMATION

| | | | |
|-----------------------|---|---------------------------|--------------|
| Merchandising Model : | 2ZG69 -2006 G6 - 6CYL SEDAN | Warranty Start Date : | 06/14/2005 |
| BARS Order Type : | 50 - FLEET | | |
| Delivering Dealer : | WALDEN FLEET GROUP, INC. 6 SYLVAN WAY PARSIPPANY, NJ 07054-3826 | Selling Source : | 16 - PONTIAC |
| | | Site Code : | 14040 |
| | | Business Associate Code : | 111571 |
| Service Contract : | No | Branded Title : | No |
| Warranty Block : | No | PDI Status : | Paid |

REQUIRED FIELD ACTIONS

| Type | Number | Description | Posted Date | Status |
|------|--------|---|-------------|--------|
| RC: | 05094 | SUN VISOR MIRROR COVER NONFUNCTIONAL/BREAKAGE *IN EFFECT UNTIL DEC. 31, 2006* | N/A | Closed |

SERVICE INFORMATIONAL ITEMS

Vehicle Has No Current Record Of Outstanding Service Information

ON STAR AND XM SATELLITE RADIO INFORMATION

Vehicle Has No Associated On Star or XM Radio Information.

APPLICABLE WARRANTIES

| Description | Effective Date | Effective Odometer | End Date | End Odometer |
|--|----------------|--------------------|------------|--------------|
| 36/36000 BUMPER TO BUMPER LIMITED WARRANTY | 06/14/2005 | 10 miles | 06/14/2008 | 36010 miles |
| 72/100000 SHEET METAL COVERAGE RUST THROUGH LIMITED WARRANTY | 06/14/2005 | 10 miles | 06/14/2011 | 100010 miles |
| 96/80000 FEDERAL EMISSION CATALYTIC CONV. AND PCM | 06/14/2005 | 10 miles | 06/14/2013 | 80010 miles |
| 36/36000 FEDERAL EMISSION | 06/14/2005 | 10 miles | 06/14/2008 | 36010 miles |

CLAIM HISTORY

| R.O Date | R.O Number | Type | Labor Operation | Odometer Reading |
|------------|------------|------|--|------------------|
| 03/30/2009 | 022761 | # | E9740 - STEERING GEAR REPLACEMENT | 66703 miles |
| 09/05/2007 | 032818 | # | E7700 - SHAFT, STEERING INTERMEDIATE - REPLACE | 43030 miles |
| 02/05/2007 | 050058 | # | E9740 - STEERING GEAR REPLACEMENT | 35601 miles |
| 02/05/2007 | 050058 | # | Z7901 - 1-DAY COURTESY TRANSPORTATION | 35601 miles |
| 10/11/2006 | 048704 | # | E9740 - STEERING GEAR REPLACEMENT | 30931 miles |
| 01/29/2006 | 015441 | # | V1427 - 05094 - REPLACE BOTH MIRROR ASSEMBLIES | 15060 miles |
| 08/22/2005 | 011812 | # | H0485 - FRONT AIR DEFLECTOR REPLACEMENT | 3694 miles |
| 06/09/2005 | A23664 | I | Z7000 - PRE-DELIVERY INSPECTION - BASE TIME | 0 miles |

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8/31/2009

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

November 10, 2009

David Gorberg, Esq.
David J Gorberg & Associates
32 Parking Plaza, Suite 700
Ardmore, PA 19003

RE: [REDACTED] v. General Motors
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Customer Relationship Specialist: Danielle

Dear Mr. Gorberg:

Enclosed please find a check in the amount of \$4,900.00 made payable to [REDACTED]
[REDACTED] and David J Gorberg & Associates to settle the above-referenced case.

If you have further questions, 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 the service request number above and a Customer Relationship Specialist will be happy to assist you.

Sincerely,

General Motors

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



CHECK No. [redacted] 50-937 213

DATE 11/13/09 *****4,900 DOLLARS *****00 CENTS *****4,900.00 AMOUNT

PAY TO THE ORDER OF

[redacted]
ARDMORE PA

North American Operations
General Motors Corporation
Disbursement Account

Prin D. Albee
SIGNATURE

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

AUDIT

[redacted]

ENDOR UNS NO. BB 000000010
ENDOR NAME [redacted]

1

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

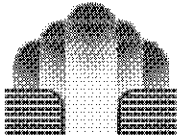
DETACH BEFORE DEPOSITING CHECK

CHECK NO. [redacted]
PAYMENT DATE 11/13/09

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|-----------------------------|----------------------------|-------------------------|---------|----------------|--------------|------------|
| 1G1ZH57B48F [redacted] | 11/12/09 71-761092406.1 | VM 1-CRI8QH 1-CRI8QH | 00.0000 | 4,900.00 | .00 | 4,900.00 |
| TOTAL | | | | 4,900.00 | .00 | 4,900.00 |

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

W3



Cynthia Reyes/Austin/GM1
09/28/2009 02:41 PM

To joe.wilson@gm.com
cc
bcc
Subject DVM notification - Please reply SR#71-761092406 -
[REDACTED]

DVM Region 40 Joe Wilson:

Hi, my name is Cynthia Reyes. This email is to follow up on my voicemail regarding Service Request 71-761092406 for customer [REDACTED]. The customer's vehicle is 2008, Chevrolet Malibu with 14,030 miles. The VIN is 1G1ZH57B48F[REDACTED]. The customer has been working with Carfagno Chevrolet in Plymouth Meeting, PA. Due to time constraints, your response to this e-mail is required within 48 hours.

This is a Not in Suit Matter. This means a demand letter has been sent to our office by the customer's attorney indicating that the customer may pursue a lawsuit unless GM can resolve the customer's vehicle concern. We are reviewing this case for possible settlement in our Early Resolution program. The settlements offers can range from denial up to repurchase, depending on the severity of the concerns. Because of this, we would like you to review the following options:

A) I have information on this case that may assist in your review (please provide in your reply). I will review any repurchase or replacement offer before it is made. I would also like to be notified of the BRC decision to offer cash or other goodwill settlement.

B) I am not aware of this vehicle or customer's concerns. However, I will review any repurchase or replacement offer before it is made. I would also like to be notified of the BRC decision to offer cash or other goodwill settlement.

C) I have information on this case that may assist in your review (please provide in your reply). However, I agree to cede the final decision on this case to the Early Resolution program (You will be notified of the resolution after the settlement has been reached).

D) I am not aware of this vehicle or customer's concerns. I agree to cede the final decision on this case to the Early Resolution program (You will be notified of the resolution after the settlement has been reached).

*If a response is not received within 48 hours the default assumption will option "B".

Please reply only by email with one of the above options within 48 hours. Your written feedback will be documented and e-mail attached to our case, and is an important step in our accurate and timely case resolution.

Thank you,

Cynthia Reyes
Aditya Birla Minacs
cynthia_reyes@gmexpert.com
866-790-5600 ext. 11153



GENUINE CHEVROLET

CARFAGNO CHEVROLET

1230 E. Ridge Pike • P.O. Box 530
PLYMOUTH MEETING, PA. 19462-0530Phone (610) 275-0507
www.carfagnochevrolet.com

GENUINE CHEVROLET

| | | | | | |
|------------------------------|--|-------------|--------------------------|----------------------------------|----------------------------------|
| CUSTOMER NO. 40417 | ADVISOR VINCE | 40031 | TAG NO. 1482 | INVOICE DATE 10/12/09 | INVOICE NO. CVCS158786 |
| PHILADELPHIA, PA | LABOR RATE | LICENSE NO. | MILEAGE 14,867 | COLOR BLK GRANITE | STOCK NO. 223910 |
| | YEAR / MAKE / MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | | | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 |
| | VEHICLE I.D. NO. 1G1ZH57B48F | | | SELLING DEALER NO. | PRODUCTION DATE |
| | F.T.C. NO. | G.O. NO. | | R.O. DATE 10/12/09 | |
| | COMMENTS | | | | |

MO: 14870

JOB# 1 CHARGES

LABOR.....
J# 1 24CVZ0003 NO START
NO START AT TIMES
SHORTED BATTERY FAILED TEST CODE 041RJ
REPLACE BATTERY

| PARTS | QTY | FP NUMBER | DESCRIPTION | UNIT PRICE | WARRANTY |
|---------------|-----|-----------|-------------|------------|----------|
| | 1 | 89022163 | BATTERY | | 0.00 |
| TOTAL - PARTS | | | | | |

| SUBLET | PO# | VEND INV# | INV DATE | DESCRIPTION | WARRANTY |
|----------------|------|-----------|----------|-------------|----------|
| | 6833 | | | GM WARRANTY | 0.00 |
| TOTAL - SUBLET | | | | | |

JOB# 1 TOTALS.....

JOB# 2 CHARGES.....

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

LABOR.....
J# 2 98CVZ0001 RENTAL CAR
RENTAL CAR/ ALTERNATE TRANSPORTATION
ONE DAY RENTAL

JOB# 2 TOTALS.....

JOB# 3 CHARGES.....

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 0.00

LABOR.....
J# 3 36CVZ0001 CHASSIS ELECTRICAL
DASH LIGHTS FLASHING
PERFORM SYMPTOM DIAGNOSIS AND PERFORM BULLETIN SEARCH AND
CONTACT TAC CASE #11064496 CONNECTION AT DIM SWITCH LOOSE
RECONNECTED DIM SWITCH CONNECTOR

JOB# 3 TOTALS.....

JOB# 3 JOURNAL PREFIX CVCS JOB# 3 TOTAL 0.00

ESTIMATE.....
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

SERVICE & PARTS HOURS

Monday — Friday
7:30 A.M. - 5:00 P.M.
Saturday
8:00 A.M. - 3:00 P.M.

EARLY BIRD/LATE NIGHT
DROP OFF AVAILABLE

YOUR STATE INSPECTION

IS DUE / /



Goodwrench Service

- ASE CERTIFIED TECHNICIANS
- CONVENIENT SERVICE HOURS
- COMPETITIVE UP FRONT PRICING
- COURTESY TRANSPORTATION
- LIMITED LIFETIME SERVICE GUARANTEE

LIMITED LABOR WARRANTY
THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 12 MONTHS OR 12,000 MILES FROM THE DATE SUCH REPAIRS WERE COMPLETED. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEMS WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CONSUMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.
THE PARTS(S) IS/ARE SOLD "AS IS". THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER(S). THE SELLING DEALER 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 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 OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. IN ADDITION, EXPRESSLY EXCLUDED IS ANY DEALER LIABILITY FOR DEFECTS PERTAINING TO SAFETY OR PERFORMANCE, BY WAY OF STRICT LIABILITY, NEGLIGENCE OR OTHERWISE.

*Thank you very much for
bringing your vehicle home
for service — It was a
privilege to have served you!*

CARFAGNO CHEVROLET
(610) 275-0507

RELEASE OF CLAIM

I, [REDACTED] (hereinafter referred to as "Releasor(s)"), on behalf of myself and my assigns, heirs and executors, in consideration of \$4,900.00 paid by General Motors Company, hereby release(s) and discharge(s) General Motors Corporation, Motors Liquidation Company, General Motors Company, their subsidiaries, their authorized independent dealers, any designers and suppliers of vehicles, parts and components that are distributed by them, and their respective agents and employees (hereinafter referred to as "Releasees") from any and all claims, causes of action, demands, damages, and claims for attorney's fees and costs which directly or indirectly arise from, are related to, or are in any way associated with the purchase, repair, maintenance, operation, alteration, or use of Releasor(s) 2008 Chevrolet Malibu bearing Vehicle Identification Number 1G1ZH57B48F [REDACTED] ("Subject Vehicle"), including but not limited to any claims based on any alleged defects in the subject vehicle. This Release of Claim shall not be construed to release any of the above named persons or entities from any liability regarding claims of personal injury or products liability arising out of the use or operation of the Subject Vehicle after the date of execution of this release. Notwithstanding the above, General Motors Company agrees to honor the remaining term of the manufacturer's express limited warranty and any applicable GM Protection Plans which accompanied the sale of the subject vehicle. If Releasor(s) has/have initiated any court, arbitration or other proceeding against Releasees, Releasor(s) immediately will dismiss the proceeding with prejudice.

The subject vehicle's mileage is _____ on the date of the signing of this release.

Releasor(s) has/have carefully read and understand(s) this release. Releasor(s) agree(s) and acknowledge(s) that this Release constitutes the entire agreement between Releasor(s) and Releasees, and Releasor(s) is/are not relying on any representations, promises or inducements other than those stated in this release.

PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, YOU ARE SIGNIFYING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ITS TERMS.

I/We agree to the terms of this Release of All Claims

DATE SIGNED: _____

Claimant's Signature

Claimant's Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by [REDACTED].

Signature of Notary Public

Print, type or stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced identification _____

Type of identification _____

My commission expires: _____

CC: File



VIA FAX ONLY

October 20, 2009

David Gorberg, Esq.
David J Gorberg & Associates, PC
1234 Market St Ste 2040
Philadelphia, PA 19107

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Customer Relationship Specialist: Danielle Rocha

Dear Mr. Gorberg:

We regret that your client is dissatisfied with his 2008 Chevrolet Malibu and that several attempts by the dealer to resolve the concerns have not met your client's expectations. General Motors takes great pride in the service we provide to our customers, and we apologize for any inconvenience and frustration experienced by your client.

After careful review of this case, Chevrolet Division of General Motors would like to make the following voluntary settlement offer for all defendants. This offer is being made in an effort to reach an early resolution that will be equitable to your client and reinforce General Motors' commitment to its customers. General Motors requests you make this offer available to your client at the earliest possible opportunity.

A cash settlement of \$4,900.00.

The above offer is inclusive of any and all costs, fees, expenses, and attorney's fees, known or unknown, that are associated with the above-referenced vehicle and is contingent upon receipt of a copy of the current registration (valid for at least 30 days beyond the date this letter is signed by your client) to show proof of ownership.

Your client would retain the vehicle.

If this offer is acceptable to your client, please have your client sign this offer letter as well as the attached release and return them to us at the fax number shown on the fax cover sheet. This offer is good for 10 calendar days from the date of this letter. If your client do not agree with the terms of this offer, we ask that you contact us immediately to further discuss resolution of this matter.

Furthermore, this settlement offer is contingent upon General Motors receiving a completed W-9 containing your Federal Tax ID. Failure to return the W-9 will result in a delay of processing this offer. To assist in ensuring the security of this information, the W-9 form needs to be faxed back to GM separately from all other settlement documents. The W-9 form can be downloaded from the IRS website at www.irs.gov. In addition, the IRS website will provide instructions for completing the W-9.

Please refer to the service request number above when contacting our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.

Sincerely,

General Motors Corporation

cc: FILE

Odometer

Client's Signature

Date

Client's Signature

Date



VIA FAX ONLY

October 20, 2009

David Gorberg, Esq.
David J Gorberg & Associates, PC
1234 Market St Ste 2040
Philadelphia, PA 19107

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Customer Relationship Specialist: Danielle Rocha

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A cash settlement of \$4,400.00.

The above offer is inclusive of any and all costs, fees, expenses, and attorney's fees, known or unknown, that are associated with the above-referenced vehicle and is contingent upon receipt of a copy of the current registration (valid for at least 30 days beyond the date this letter is signed by your client) to show proof of ownership.

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Sincerely,

General Motors Corporation

cc: FILE

Odometer

Client's Signature

Date

Client's Signature

Date

RELEASE OF CLAIM

I, [REDACTED] (hereinafter referred to as "Releasor(s)"), on behalf of ourselves and our assigns, heirs and executors, in consideration of \$4,900.00 paid by General Motors Company, hereby release(s) and discharge(s) General Motors Corporation, Motors Liquidation Company, General Motors Company, their subsidiaries, their authorized independent dealers, any designers and suppliers of vehicles, parts and components that are distributed by them, and their respective agents and employees (hereinafter referred to as "Releasees") from any and all claims, causes of action, demands, damages, and claims for attorney's fees and costs which directly or indirectly arise from, are related to, or are in any way associated with the purchase, repair, maintenance, operation, alteration, or use of Releasor(s) 2008 Chevrolet Malibu bearing Vehicle Identification Number 1G1ZH57B48F [REDACTED] ("Subject Vehicle"), including but not limited to any claims based on any alleged defects in the subject vehicle. This Release of Claim shall not be construed to release any of the above named persons or entities from any liability regarding claims of personal injury or products liability arising out of the use or operation of the Subject Vehicle after the date of execution of this release. Notwithstanding the above, General Motors Company agrees to honor the remaining term of the manufacturer's express limited warranty and any applicable GM Protection Plans which accompanied the sale of the subject vehicle. If Releasor(s) has/have initiated any court, arbitration or other proceeding against Releasees, Releasor(s) immediately will dismiss the proceeding with prejudice.

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PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, YOU ARE SIGNIFYING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ITS TERMS.

We agree to the terms of this Release of All Claims

DATE SIGNED: _____

Claimant's Signature

Claimant's Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by [REDACTED]

Signature of Notary Public

Print, type or stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced identification _____

Type of identification _____

My commission expires: _____

CC: File



10/20/2009 02:20 PM

To <danielle_rocha@gmexpert.com>
cc
bcc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can couter with 6900inc. Please advise.

Thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: lapplegate@mylemon.com

Sent: Tuesday, October 20, 2009 7:45 AM

Subject: Re: [REDACTED] 71-761092406



Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

This email message may contain proprietary, private and confidential information. The information transmitted is intended only for the person(s) or entities to which it is addressed. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited and may be illegal. If you received this in error, please contact the sender and delete the message from your system.



10/14/2009 02:09 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can make a counter offer in the amount of 7900inc.

thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Friday, October 09, 2009 10:20 AM

Subject: Re: [REDACTED] 71-761092406

Yes Ma'am I do. No start, shortage. Wiring was repaired.

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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"Laura Applegate" <lapplegate@mylemon.com>

10/09/2009 12:18 PM

To <danielle_rocha@gmexpert.com>

cc

Subject Re: [REDACTED] 71-761092406

do you have the r/o from 9-14-09?

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: lapplegate@mylemon.com

Sent: Friday, October 09, 2009 9:55 AM

Subject: [REDACTED] 71-761092406



Same situation. Please let me know before 2 PM or I will email on the 19th. Thanks.

(Sorry, I have to do this for every case)

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.

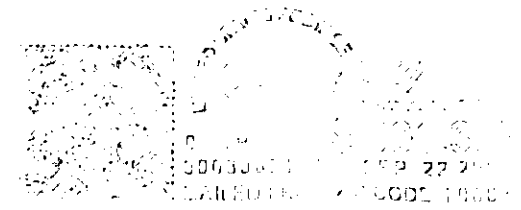
Checked by AVG - www.avg.com

Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00



LAW OFFICES
DAVID J. GORBERG & ASSOCIATES, P.C.
700 TIMES BUILDING
SUBURBAN SQUARE
ARDMORE, PA 19003

FIRST CLASS MAIL

GENERAL MOTORS CORPORATION
CHEVROLET DIVISION
P O BOX 33170
DETROIT, MI 48232-5170



DAVID J. GORBERG & ASSOCIATES, P.C.

DAVID J. GORBERG†
TAMMY J. SCHMITT
LAURA L. APPELEGATE
NICOLE VITALE*

*MEMBER OF PA AND NJ BARS
†MEMBER OF PA AND NY BARS

700 TIMES BUILDING
SUBURBAN SQUARE
ARDMORE, PA 19003

1 (800) MY-LEMON
1 (800) 695-3666

(215) 665-7660
FAX (215) 563-8738

www.MyLemon.com

NEW JERSEY OFFICE

100 CENTURY PARKWAY
SUITE 305
MT. LAUREL, NJ 08054
(856) 797-0703
FAX (856) 983-6123

PITTSBURGH OFFICE

2325 GRANT BLDG.
330 GRANT STREET
PITTSBURGH, PA 15219
(412) 894-9970
FAX (412) 894-9983

September 22, 2009

GENERAL MOTORS CORPORATION
CHEVROLET DIVISION
P O BOX 33170
DETROIT, MI 48232-5170

RE: Our Client: [REDACTED]
Vehicle: 2007 Jeep Grand Cherokee
Vin #: 1J8GR48K47C [REDACTED]

Dear Legal Department:

Please be advised this office represents the above individual under any and all of the following claims:

Pennsylvania's Automobile Lemon Law Act, Magnuson-Moss Act, Uniform Commercial Code and Unfair Trade Practices Act.

Having been formally notified of our representation, you are instructed not to contact our client under any circumstances. Direct all inquiries to this office.

The Primary non-conformities for which relief is sought include the following:

4x losing power

Kindly confirm receipt of this letter, and have a representative contact our office to discuss this matter at your first convenience.

Very truly yours,

DAVID J. GORBERG

DJG/mk

**CARFAGNO CHEVROLET**

1230 E. Ridge Pike • P.O. Box 530
PLYMOUTH MEETING, PA. 19462-0530
610-275-0507
FAX - 610-275-4828
www.carfagnochevy.com



| PLEASE ENTER MY ORDER FOR THE FOLLOWING | | | | | | NAME | DATE | |
|--|--------------------|-----------------------------|-------------------------------------|-------------------------------|---------------|--|------|--|
| <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> DEMO <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK | | | | | | 03/29/2008 | | |
| YR. | MAKE | MODEL | TYPE | STREET | CITY | STATE | ZIP | |
| COLOR | CHEVROLET | TRIM | MILEAGE | 400 SDN | PHILADELPHIA | PA | | |
| VIN | VIN | | | PHONE | PHONE | | | |
| STOCK NO. | SALESMAN | TO BE DELIVERED ON OR ABOUT | | AGE | DATE OF BIRTH | | | |
| DESCRIPTION OF TRADE IN #1 | | | | PRICE OF VEHICLE | | | | |
| YR. | MAKE | MODEL | TYPE | | | | | |
| COLOR | TRIM | MILEAGE | | | | | | |
| VIN | VIN | | | | | | | |
| TITLE NO. | PLATE NO. | EXP. DATE | | | | | | |
| OWNER | LOAN # | | | | | | | |
| LIENHOLDER | AMOUNT | | | | | | | |
| DESCRIPTION OF TRADE IN #2 | | | | | | | | |
| YR. | MAKE | MODEL | TYPE | | | | | |
| COLOR | TRIM | MILEAGE | | | | | | |
| VIN | VIN | | | | | | | |
| TITLE NO. | PLATE NO. | EXP. DATE | | | | | | |
| OWNER | LOAN # | | | | | | | |
| LIENHOLDER | AMOUNT | | | | | | | |
| COLLISION COVERAGE | | | | EXTENDED SERVICE CONTRACT | | | | |
| NAME OF AGENT | PHONE | | MONTHS | | | | | |
| ADDRESS | (800) 572-9566 | | MILES | | | | | |
| POLICY NUMBER | ENTER PO BOX 15510 | | Cash Price of Vehicle & Accessories | | | | | |
| INSURANCE CO. | SPOKE WITH | | Sales Tax | | | | | |
| EFFECTIVE DATE | EXP. DATE | VERIFIED BY | DOCUMENTARY Fee | | | | | |
| WARRANTY INFORMATION | | | | Notary Fee | | | | |
| <input type="checkbox"/> FACTORY WARRANTY - The manufacturer's warranty constitutes all of the warranties with respect to the sale of this vehicle. The seller hereby expressly disclaims all warranties, either expressed 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 this vehicle. | | | | OTHER CHARGES | | | | |
| <input type="checkbox"/> USED CAR WARRANTY - Used car is covered by a limited warranty detailed in a separate document. You may obtain a full copy of any applicable warranty from us. | | | | Online Dealer Service Fee | | | | |
| <input type="checkbox"/> AS IS - THIS MOTOR VEHICLE IS SOLD "AS IS" WITHOUT ANY WARRANTY EITHER EXPRESSED OR IMPLIED. THE PURCHASER WILL BEAR THE ENTIRE EXPENSE OF REPAIRING OR CORRECTING ANY DEFECT THAT PRESENTLY EXISTS OR THAT MAY OCCUR IN THE VEHICLE. | | | | Total Price | | | | |
| USED CAR BUYERS GUIDE: THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THE CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE. | | | | TOTAL CREDIT | | | | |
| GUÍA PARA COMPRADORES DE VEHÍCULOS USADOS. LA INFORMACIÓN QUE VE EN EL FORMULARIO DE LA VENTANILLA PARA ESTE VEHÍCULO FORMA PARTE DEL PRESENTE CONTRATO. LA INFORMACIÓN DEL FORMULARIO DE LA VENTANILLA DEJA SIN EFECTO TODA DISPOSICIÓN EN CONTRARIO CONTENIDA EN EL CONTRATO DE VENTA. | | | | Trade-In | | | | |
| | | | | Payoff Amount | | | | |
| | | | | Less Payoff * | | | | |
| | | | | Net Trade In | | | | |
| | | | | Deposit | | | | |
| | | | | Cash on Delivery | | | | |
| | | | | Total Down Payment | | | | |
| | | | | Unpaid Balance of Total Price | | | | |
| Buyer agrees that this Agreement includes all of the terms and conditions on the front and back side hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date below comprises, with any retail installment sale contract the complete and exclusive statement of the terms of the agreement relating to the subject matters covered by this Agreement. Buyer, by signing this Agreement, acknowledges that he has read its terms and has received a true copy of this Agreement. | | | | | | | | |
| This Agreement is not binding upon either Dealer or Buyer until signed by an authorized Dealer representative. YOU, THE BUYER, MAY CANCEL THIS AGREEMENT AND RECEIVE A FULL REFUND ANY TIME BEFORE RECEIPT OF A COPY OF THE AGREEMENT SIGNED BY AN AUTHORIZED DEALER REPRESENTATIVE BY GIVING WRITTEN NOTICE OF CANCELLATION TO DEALER. | | | | | | | | |
| <input type="checkbox"/> BUYER ACKNOWLEDGES THAT IF THIS BOX IS CHECKED, THIS AGREEMENT CONTAINS AN ARBITRATION CLAUSE. | | | | | | | | |
| BUYER HAS READ ALL PAGES OF THIS AGREEMENT AND AGREES TO ALL TERMS AND CONDITIONS IN THIS AGREEMENT. | | | | | | | | |
| BUYER SIGNS X | | | | | | DATE 03/29/2008 | | |
| MANAGER'S APPROVAL | | | | | | (Must be Accepted By An Authorized Representative of the Dealer) | | |
| CO-BUYER SIGNS X | | | | | | DATE 03/29/2008 | | |

GMAC SMARTLEASE® AGREEMENT — Monthly Payment

LESSEE (and CO-LESSEE) ("You") name and address, including county

PHILADELPHIA PA

Garaging address (if different)

N/A

Principal driver (if business use)

N/A

LESSOR (Retailer)

CARFAGNO CHEVROLET
1230 E. RIDGE PK.
PLYMOUTH MEETING PA 19462

This is an agreement to lease a vehicle. This is not a purchase agreement. You are not buying the vehicle. By signing this lease, you agree to everything on the front and back. "We," "us," and "our" refer to Lessor named above and any assignee. An "assignee" is a person to whom this lease is assigned (if it is assigned).

☒ If this box is checked, Lessor (Retailer) will assign this lease and sell the vehicle to GMAC.

☐ If this box is checked, GMAC helped to arrange this lease and Lessor (Retailer) will assign it and sell the vehicle to Central Originating Lease Trust.

☐ If this box is checked, Lessor (Retailer) will assign this lease and sell the vehicle to N/A.

☐ If this box is checked, Lessor (Retailer) intends not to assign this lease.

THE VEHICLE YOU ARE LEASING

| New/Used | Year | Make & Model | Body Style | Vehicle ID # | Mileage | Primary Use |
|--------------------------------------|------|------------------|------------|----------------|---------|---|
| NEW | 2008 | CHEVROLET MALIBU | 4DR SDN | LT 1G1ZH57B42E | 74 | <input checked="" type="checkbox"/> Personal, Family, or Household <input type="checkbox"/> Commercial, Business, or Agricultural |
| Dealer Installed Options: <u>N/A</u> | | | | | | <input type="checkbox"/> Public Conveyance |

GVW (if truck)

FEDERAL CONSUMER LEASING ACT DISCLOSURES

1. Amount Due at Lease Signing or Delivery (Itemized Below)*

\$ 513.48

2. Monthly Payments

Your first monthly payment of \$ 380.83 is due on 03/29/2008, followed by 47 payments of \$ 380.83 due on the 29th of each month.
The total of your monthly payments is \$ 18279.84.

3. Other Charges (not part of your monthly payment)

Disposition fee (if you do not purchase the vehicle) N/A

Total \$ N/A

4. Total of Payments (The amount you will have paid by the end of the lease.)

\$ 18793.32

***Itemization of Amount Due at Lease Signing or Delivery**

5. Amount Due at Lease Signing or Delivery:

| | |
|---|------------------|
| a. Capitalized cost reduction | \$ <u>N/A</u> |
| b. First monthly payment | \$ <u>380.83</u> |
| c. Refundable security deposit | \$ <u>N/A</u> |
| d. Title fees | \$ <u>22.50</u> |
| e. Registration fees | \$ <u>N/A</u> |
| f. Sales/use tax | \$ <u>N/A</u> |
| g. <u>ON-LINE FEE</u> | \$ <u>29.15</u> |
| h. <u>DOC=55.00 TRANS=6.00</u> | \$ <u>61.00</u> |
| i. <u>ENC=5.00 TIRE=5.00 WTRY=10.00</u> | \$ <u>20.00</u> |
| j. Total | \$ <u>513.48</u> |

6. How the Amount Due at Lease Signing or Delivery will be paid:

| | |
|--------------------------------|------------------|
| a. Net trade-in allowance | \$ <u>N/A</u> |
| b. Rebates and noncash credits | \$ <u>N/A</u> |
| c. Amount to be paid in cash | \$ <u>513.48</u> |

d. Total \$ 513.48

7. Your monthly payment is determined as shown below:

| | |
|---|--------------------|
| a. Gross capitalized cost. The agreed upon value of the vehicle (\$ <u>22253.00</u>) and any items you pay for over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance) | \$ <u>23338.00</u> |
| b. Capitalized cost reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the gross capitalized cost | \$ <u>N/A</u> |
| c. Adjusted capitalized cost. The amount used in calculating your base monthly payment | \$ <u>23338.00</u> |
| d. Residual value. The value of the vehicle at the end of the lease used in calculating your base monthly payment | \$ <u>9471.00</u> |
| e. Depreciation and any amortized amounts. The amount charged for the vehicle's decline in value through normal use and for other items paid over the lease term | \$ <u>13867.00</u> |
| f. Rent charge. The amount charged in addition to the depreciation and any amortized amounts | \$ <u>7751.08</u> |
| g. Total of base monthly payments. The depreciation and any amortized amounts plus the rent charge | \$ <u>16618.08</u> |

f. Optional service contract + \$ 490.00
g. Optional maintenance contract + \$ N/A
h. Optional life insurance + \$ N/A
i. Optional disability insurance + \$ N/A
j. + \$ N/A
k. + \$ N/A
l. Gross Capitalized Cost = \$ 12,120.00

12. THE VEHICLE YOU ARE TRADING.

| | (year) | (make) | (model) |
|----------------------|--------|--------|----------|
| Gross trade-in value | | | \$ N/A |
| Payoff | | | - \$ N/A |
| Net trade-in value | | | = \$ N/A |

13. OFFICIAL FEES AND TAXES. You will pay all government license, title, registration, testing, and inspection fees for the vehicle. You will pay all taxes on the lease or the vehicle that the government levies on you, the vehicle, or us (except our net income taxes). We may change your monthly payment if taxes change. We may bill you separately for official fees and taxes.

TOTAL ESTIMATED FEES AND TAXES YOU MUST PAY DURING LEASE \$ 1,340.00

The actual total of fees and taxes may be higher or lower depending on tax rates in effect or the vehicle value when a fee or tax is assessed.

| | |
|--|-----------|
| a. Title/lien fees | \$ 12.50 |
| b. Registration fees/taxes | \$ 20.00 |
| c. License fees/taxes | \$ N/A |
| d. Sales/use taxes (including tax on capitalized cost reduction) | \$ 150.00 |
| e. Excise taxes | \$ N/A |
| f. Property taxes | \$ N/A |
| g. Other (describe) PLATE TRANSFER FEE | \$ 6.00 |
| h. Other (describe) ON-LINE FEE | \$ 20.00 |
| i. Other (describe) N/A | \$ N/A |

14. MILEAGE.

Base Mileage Allowance. ☐ 15,000 miles/year. ☐ Low mileage: 12,000 miles/year.
☐ Medium-duty truck (gasoline): 25,000 miles/year
☐ Medium-duty truck (diesel): 35,000 miles/year

Extra Miles. You are buying N/A extra miles at \$ per mile. If this lease ends on or after the last scheduled payment is due, we will credit you with \$ per mile for each unused extra mile. There will be no credit if the lease ends early, you buy the vehicle, or the vehicle is a total loss.

Total Allowed Mileage on the Odometer at Lease End is 48074 miles.

| | | |
|---------------------------|----------------|-------|
| Starting odometer mileage | | miles |
| Base mileage allowance | + <u>48000</u> | miles |
| Purchased extra miles | + <u>N/A</u> | miles |

Excess Mileage Charge. The excess mileage charge is \$ 0.20 per mile for each mile beyond the total allowed miles, plus tax. If the lease ends early and the vehicle is not a total loss, any excess mileage and wear charge will not be more than residual value minus the vehicle sale price. There is no excess mileage charge if you buy the vehicle.

15. LATE CHARGE. If you do not pay a monthly payment in full within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late.

THIS IS THE ENTIRE AGREEMENT. This lease, including the front and back of this form, contains the entire agreement between you and us relating to the lease of the vehicle. Any change to the terms of this lease must be in writing and signed by you and us. No oral changes are binding.

LESSEE: X [Signature] BY: X [Signature]

the eighth day after scheduled lease end date.

19. REQUIRED VEHICLE INSURANCE INFORMATION. You affirm that liability and physical damage policies that meet our requirements (see the other side) are in force on the date of this lease as follows:

Insurance company name: ALL
Insurance agency name: DIRECT
Agency address: 1000 CENTER PG BOX 15510 WILMINGTON DE 19850
Agency phone no.: (800) 677-9569
Agent's name: FLANN

Policy no.: [Redacted] ☐ Liability ☒ Physical damage
Deductibles: Collision \$ 500 Comprehensive \$ 500

Insurance company name: N/A
Insurance agency name: N/A
Agency address: N/A
Agency phone no.: N/A
Agent's name: N/A

Policy no.: N/A ☐ Physical damage
Deductibles: Collision \$ N/A Comprehensive \$ N/A

20. OPTIONAL LIFE AND DISABILITY INSURANCE. We do not require life or disability insurance. If you sign below, we will try to get the coverage(s) checked for the lease term. We will include the premium in your base monthly payment. A notice you receive when you sign this lease describes the coverage(s). The insurance may not cover taxes and other amounts due besides the base monthly payment.

Insurer name: N/A
Address: N/A

| | | |
|---|------------------------|---------------|
| <input type="checkbox"/> Life insurance (<input type="checkbox"/> Lessee <input type="checkbox"/> Co-Lessee <input type="checkbox"/> Both) | Premium | \$ <u>N/A</u> |
| | Coverage limit | \$ <u>N/A</u> |
| <input type="checkbox"/> Disability insurance (Lessee only) | Premium | \$ <u>N/A</u> |
| | Monthly coverage limit | \$ <u>N/A</u> |

LESSEE'S SIGNATURE: X N/A Age N/A

CO-LESSEE'S SIGNATURE: X N/A Age N/A

21. WARRANTY AND EXCLUSION OF WARRANTY. You have the benefit of any warranty checked below.

☒ Standard manufacturer's warranty
☐ N/A

Warranty papers that are separate from this lease state any coverage limits. The law gives you a warranty that the vehicle conforms to the description in this lease.

THERE ARE NO OTHER EXPRESS WARRANTIES ON THE VEHICLE. WE MAKE NO IMPLIED WARRANTY OF MERCHANTABILITY. THERE IS NO WARRANTY THAT THE VEHICLE IS FIT FOR A PARTICULAR PURPOSE.

22. OPTIONAL SERVICE AND MAINTENANCE CONTRACTS.

| | |
|-----------------|---|
| Name <u>GM</u> | Term <u>48</u> months, <u>48000</u> miles |
| Name <u>N/A</u> | Term <u>N/A</u> months, <u>N/A</u> miles |

If you are buying a service or maintenance contract now, you may pay for it at lease signing. If you do not, the price will be in the capitalized cost and you will pay rent charges on the price.



CARFAGNO CHEVROLET

1230 E. Ridge Pike . P.O. Box 530
PLYMOUTH MEETING, PA. 19462-0530
Phone (610) 275-0507
www.carfagnochevy.com



| | | | | | | | | | | |
|--------------|-------|---------------------|--------------------------------|-------|-------------|------|--------------------|----------|-----------------|------------|
| CUSTOMER NO. | 40417 | ADVISOR | VINCE | 40031 | TAG NO. | 1600 | INVOICE DATE | 06/01/09 | INVOICE NO. | CVCS155271 |
| | | LABOR RATE | | | LICENSE NO. | | STOCK NO. | 223910 | | |
| | | YEAR / MAKE / MODEL | 08/CHEVROLET/MALIBU/4DR SDN LT | | | | DELIVERY DATE | 03/31/08 | DELIVERY MILES | 74 |
| | | VEHICLE I.D. NO. | 1 G 1 Z H 5 7 B 4 8 F | | | | SELLING DEALER NO. | | PRODUCTION DATE | |
| | | F.T.E. NO. | | | P.O. NO. | | R.O. DATE | 06/01/09 | | |
| | | COMMENTS | | | | | | | | |

JOB# 1 CHARGES

MO: 10558

LABOR
J# 12CVZ4 STABILITY LIGHT ON
CUSTOMER STATES STABILITY LIGHT ON
CHECKED AND FOUND CODE C0131. CHECKED BRAKE PEDAL PRESSURE
SENSOR OPERATION. WORKING AS DESIGNED. CHECKED FOR BULLETINS
AND PIS. NONE RELEVANT. FOUND UPDATE AVAILABLE FOR EBCM
REPROGRAMMED ELECTRONIC BRAKE CONTROL MODULE

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL

0.00

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

TOTALS

\$ PAYMENT METHOD \$
\$ [] Cash [] Charge [] Check# \$
\$ [] C/Card By: Date: / / \$

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

TOTAL INVOICE \$ 0.00

SERVICE & PARTS HOURS

Monday — Friday
7:30 A.M. - 5:00 P.M.
Saturday
8:00 A.M. - 3:00 P.M.

EARLY BIRD/LATE NIGHT
DROP OFF AVAILABLE

YOUR STATE INSPECTION

IS DUE / /



- ASE CERTIFIED TECHNICIANS
- CONVENIENT SERVICE HOURS
- COMPETITIVE UP FRONT PRICING
- COURTESY TRANSPORTATION
- LIMITED LIFETIME SERVICE GUARANTEE

LIMITED LABOR WARRANTY
THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 12 MONTHS OR 12,000 MILES FROM THE DATE SUCH REPAIRS WERE COMPLETED. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEMS WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CUSTOMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.
THE PART(S) IS SOLD "AS IS". THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER(S). THE SELLING DEALER 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 THIS PART(S). THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. IN ADDITION, EXPRESSLY EXCLUDED IS ANY DEALER LIABILITY FOR DEFECTS PERTAINING TO SAFETY OR PERFORMANCE BY WAY OF "STRICT LIABILITY", NEGLIGENCE OR OTHERWISE.

*Thank you very much for
bringing your vehicle home
for service — It was a
privilege to have served you!*

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(610) 275-0507

CUSTOMER SIGNATURE



CARFAGNO CHEVROLET

1230 E. Ridge Pike . P.O. Box 530
PLYMOUTH MEETING, PA. 19462-0530
Phone (610) 275-0507
www.carfagnochevy.com



| | | | | | | | | | |
|--------------------|--|--|--|------------------------------|--|------------------------|--|------------------------|--|
| CUSTOMER NO. 40417 | | ADVISOR ZANFRA | | TAG NO. 2089 | | INVOICE DATE 08/11/09 | | INVOICE NO. CVCS157080 | |
| PHILADELPHIA, PA | | LABOR RATE | | LICENSE NO. | | MILEAGE 13,110 | | COLOR BLK GRANITE | |
| | | YEAR / MAKE / MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | | VEHICLE I.D. NO. 1G1ZH57B48F | | DELIVERY DATE 03/31/08 | | STOCK NO. 223910 | |
| | | F.T.E. NO. | | P.O. NO. | | SELLING DEALER NO. | | DELIVERY MILES 74 | |
| | | COMMENTS | | R.O. DATE 08/10/09 | | PRODUCTION DATE | | | |

MO: 13111

LABOR...
J# 1 12CVZ4 STABILITY LIGHT ON TECH(S):41384 WARRANTY
CUSTOMER STATES STABILITY LIGHT IS ON
CODE C0131 IN EBCM
REPLACED SHORTED BRAKE PEDAL POSITION SWITCH
CLEARED CODE

| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | WARRANTY |
|-------------------|-----|-----------|---------------------|---------------|----------|
| | 1 | 22666955 | SENSOR KI 4.625 Z50 | | 0.00 |
| G.O.G. & SUPPLIES | | | | TOTAL - PARTS | 0.00 |
| FREIGHT (PARTS) | | | | TOTAL - GOG | 0.00 |

JOB# 1 TOTALS
J# 2 01CVZZZ012000 12,000 MILE SERVICE TECH(S):41384
Change Engine Oil & Filter, Lubricate Chassis, Check Tire
Pressure, Check All Fluid Levels, Check Belts & Hoses,
... Reset Oil Life Monitor If Equipped...
THANK YOU

| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | WARRANTY |
|-------------|-----|-----------|--------------|---------------|----------|
| | 1 | PK457-5 | | | |
| | 1 | 12605566 | FILTER 1.836 | 11.45 | 11.45 |
| | 5 | 12345616 | OIL 8.800 | **** | **** |
| | 1 | KIT | 110/203 | **** | **** |
| J# 2 TOTALS | | | | TOTAL - PARTS | 23.75 |
| | | | | LABOR | 47.68 |
| | | | | PARTS | 35.20 |
| | | | | TOTAL | 82.88 |

JOB# 3 CHARGES
LABOR...
J# 3+03CVZ STEERING SYSTEM TECH(S):41384 WARRANTY
CUSTOMER STATES STEERING WHEEL SHAKES
SCAN TESTED FOR CODES FOUND CODE C0457
CONTACTED TAN CASE # 10981306
REPLACED POWER STEERING CONTROL MOTOR
CLEARED CODE

| PARTS | QTY | FP-NUMBER | DESCRIPTION | UNIT PRICE | WARRANTY |
|---------------|-----|-----------|-------------------|------------|----------|
| | 1 | 25805894 | MOTOR 6.605 Z5001 | | 0.00 |
| TOTAL - PARTS | | | | | 0.00 |

SERVICE & PARTS HOURS

Monday — Friday
7:30 A.M. - 5:00 P.M.
Saturday
8:00 A.M. - 3:00 P.M.

EARLY BIRD/LATE NIGHT
DROP OFF AVAILABLE

YOUR STATE INSPECTION

IS DUE / /



Goodwrench Service

- ASE CERTIFIED TECHNICIANS
- CONVENIENT SERVICE HOURS
- COMPETITIVE UP FRONT PRICING
- COURTESY TRANSPORTATION
- LIMITED LIFETIME SERVICE GUARANTEE

LIMITED LABOR WARRANTY
THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 12 MONTHS OR 12,000 MILES FROM THE DATE SUCH REPAIRS WERE COMPLETED. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEM WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CUSTOMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.
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Phone (610) 275-0507
www.carfagnochevy.com



Genuine Chevrolet

| | | | | | |
|--------------------|--|-------------|----------------|------------------------|------------------------|
| CUSTOMER NO. 40417 | ADVISOR VINCE | 40031 | TAG NO. 2277 | INVOICE DATE 08/19/09 | INVOICE NO. CVCS157320 |
| PHILADELPHIA, PA | LABOR RATE | LICENSE NO. | MILEAGE 13,111 | COLOR BLK GRANITE | STOCK NO. 223910 |
| | YEAR / MAKE / MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | | | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 |
| | VEHICLE I.D. NO. 1G1Z H 5 7 B 4 8 F | | | SELLING DEALER NO. | PRODUCTION DATE |
| | F.T.E. NO. | P.O. NO. | | RECEIVED DATE 08/18/09 | |
| | COMMENTS | | | | |

MO: 13111

LABOR - J# 1.03CVZ
STEERING SYSTEM
CHECK STEERING STABILITY LIGHT COMES ON
PERFORM SYMPTOM DIAGNOSIS FOUND BCM MODULE SHORT UP DATE
AS PER TAC CASE #10981306
REPLACE BODY CONTROL MODULE
TECH(S): 41384

SERVICE & PARTS HOURS

Monday — Friday
7:30 A.M. - 5:00 P.M.
Saturday
8:00 A.M. - 3:00 P.M.

EARLY BIRD/LATE NIGHT
DROP OFF AVAILABLE

YOUR STATE INSPECTION

IS DUE / /



- ASE CERTIFIED TECHNICIANS
- CONVENIENT SERVICE HOURS
- COMPETITIVE UP FRONT PRICING
- COURTESY TRANSPORTATION
- LIMITED LIFETIME SERVICE GUARANTEE

LIMITED LABOR WARRANTY
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Phone (610) 275-0507
www.carfagnochevy.com



| | | | | | | | |
|-------------------|--|--|-------------|----------------|-------------------|------------------------|----------------------|
| CUSTOMER NO 40417 | | ADV/SOR VINCE | | 40031 | TAG NO. 2277 | INVOICE DATE 08/19/09 | INVOICE NO. CVCS1573 |
| PHILADELPHIA, PA | | LABOR RATE | LICENSE NO. | MILEAGE 13,111 | COLOR BLK GRANITE | STOCK NO. 223910 | |
| | | YEAR / MAKE / MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | | | | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 |
| | | VEHICLE I.D. NO. 1G1Z H 5 7 B 4 8 F | | | | SELLING DEALER NO. | PRODUCTION DATE |
| RES. TO | | F.T.E. NO. | | | | P.O. NO. | R.O. DATE 08/18/09 |
| | | COMMENTS | | | | | |

MO: 1311

\$ PAYMENT METHOD \$
\$ [] Cash [] Charge [] Check# \$
\$ [] C/Card By: Date:/...../..... \$

TOTAL LABOR.... 0.00
TOTAL PARTS.... 0.00
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 0.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 0.00
TOTAL INVOICE \$ 0.00

SERVICE & PARTS HOURS

Monday — Friday
7:30 A.M. - 5:00 P.M.
Saturday
8:00 A.M. - 3:00 P.M.

EARLY BIRD/LATE NIGHT
DROP OFF AVAILABLE

YOUR STATE INSPECTION

IS DUE / /



Goodwrench Service

- ASE CERTIFIED TECHNICIANS
- CONVENIENT SERVICE HOURS
- COMPETITIVE UP FRONT PRICING
- COURTESY TRANSPORTATION
- LIMITED LIFETIME SERVICE GUARANTEE

LIMITED LABOR WARRANTY
THE REPAIR FACILITY GUARANTEES THE LABOR USED IN PERFORMING THE REPAIRS LISTED ON THIS REPAIR ORDER FOR A PERIOD OF 12 MONTHS OR 12,000 MILES, FROM THE DATE SUCH REPAIRS WERE COMPLETED. THIS LIMITED WARRANTY SPECIFICALLY EXCLUDES FRONT END ALIGNMENTS, ELECTRICAL WIRING AND SHORTS, AND FUEL SYSTEM WHEN DUE TO CONTAMINATION. THIS LIMITED WARRANTY IS EXTENDED TO THE VEHICLE OWNER/CUSTOMER AND IS NOT TRANSFERABLE TO, NOR ENFORCEABLE BY, ANY OTHER PERSON.
THE PART(S) IS SOLD "AS IS". THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER(S). THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND 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 OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. IN ADDITION, EXPRESSLY EXCLUDED IS ANY DEALER LIABILITY FOR DEFECTS PERTAINING TO SAFETY OR PERFORMANCE, BY WAY OF "STRICT LIABILITY", NEGLIGENCE OR OTHERWISE.

*Thank you very much for
bringing your vehicle home
for service — It was a
privilege to have served you!*

CARFAGNO CHEVROLET
(610) 275-0507

No. 00558

www.dmv.state.pa.us

MV - 1 (5-05)

| A. MAKE OF VEHICLE | | VEHICLE IDENTIFICATION NUMBER (VIN). IF TRACING REQUIRED, TAPE SECURELY TO REVERSE OF THIS COPY | | BODY TYPE (SDN, TK, BUS, ETC.) | | MODEL YEAR | | I. TAX / FEES | |
|--|--|--|---|---|--|--|---------------------------|---|--|
| VEHICLE DESCRIPTION | GROSS VEHICLE WT. RATING | FUEL TYPE: <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> HYBRID <input type="checkbox"/> OTHER | DIN/MECHANIC # | AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME) | | PURCHASE PRICE | | LESS TRADE-IN | |
| | CHECK THE APPROPRIATE BLOCK IF THE VEHICLE IS TO BE USED OR WAS FORMERLY USED AS A TAXI <input type="checkbox"/> OR A <input type="checkbox"/> POLICE VEHICLE (IF APPLICABLE) | | | I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct. | | SIGN HERE | | TAXABLE AMOUNT | |
| APPLICANT INFORMATION | LAST NAME (OR FULL BUSINESS NAME) | | | FIRST NAME | MIDDLE INITIAL | DATE ACQUIRED/ PURCHASED | | X 6% (.08) SALES TAX X 7% (.07) (See note on reverse) | |
| | CO-PURCHASER | | | DEALER ID NUMBER (IF APPLICABLE) | | LESS TAX CREDIT | | SALES TAX DUE | |
| | STREET | | | STATE | | ZIP | COUNTY CODE | 1. SALES TAX DUE | |
| NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate.) | | | | | | | | 1A. Exemption Reason Code (must be a number from 1 to 26 or 0) | |
| NOTE: IF THE VEHICLE IS TO BE USED AS A DAILY RENTAL OR LEASED VEHICLE, CHECK THIS BLOCK <input type="checkbox"/> . IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-1L. | | | | | | | | 1B. EXEMPTION NO. 02-780127 | |
| MILEAGE INFORMATION | <input type="checkbox"/> REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS | | | <input type="checkbox"/> IS NOT THE ACTUAL MILEAGE WARNING: ODOMETER DISCREPANCY | | ODOMETER READING | | 1C. (PTA) NO. | |
| | WARNING: FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT. | | | | | TENTHS | | 2. TITLE FEE | |
| LIEN INFORMATION | 1ST LIEN DATE: 03/23/2003 | | | IF NO LIEN, CHECK <input type="checkbox"/> | | 2ND LIEN DATE: | | IF NO LIEN, CHECK <input type="checkbox"/> | |
| | 1ST LIEN HOLDER | | | 2ND LIEN HOLDER | | STREET | | 3. LIEN FEE | |
| | CITY | | | CITY | | STATE | | 4. REGISTRATION OR PROCESSING FEE | |
| VEHICLE INFORMATION | MAKE OF VEHICLE | | | VIN | | IF THIS IS AN ELT, CHECK HERE <input type="checkbox"/> NOTE: FIN IS REQUIRED | | Fee Exempt Number as assigned by the Bureau | |
| | BODY TYPE (SDN, BUS, TK, ETC.) | | | MODEL YEAR | | 5. DUPLICATE REG. FEE | | NO. OF CARDS | |
| ADDITIONAL VEHICLE INFORMATION | PASSENGER TAXI/BUS | | | CONDITION OF VEHICLE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR | | 6. TRANSFER FEE | | 7. INCREASE FEE | |
| | MOTORCYCLE | | | CYLINDER CAPACITY 50CC OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO | | BRAKE HORSEPOWER 1.5 OR LESS <input type="checkbox"/> 1.6 TO 5.0 <input type="checkbox"/> OVER 5.0 | | 8. REPLACEMENT FEE | |
| | MOTOR HOME | | | CHASSIS MFR: | | BODY MAKE: | | 9. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount | |
| APPLICATION FOR REGISTRATION | ORIGINAL PLATE <input checked="" type="checkbox"/> Check One | | | TRANSFER OF PREVIOUSLY ISSUED PLATE | | TRANSFER & RENEWAL OF PLATE | | REASON FOR REPLACEMENT | |
| | PLATE TO BE ISSUED BY BUREAU (PROOF OF INSURANCE MUST BE ATTACHED.) | | | TRANSFER & REPLACEMENT OF PLATE | | TRANSFER OF PLATE & REPLACEMENT OF STICKER | | EXPIRES | |
| | EXCHANGE PLATE TO BE ISSUED BY BUREAU | | | TEMPORARY PLATE ISSUED BY FULL AGENT (NOTE: THIS PLATE WILL EXPIRE 90 DAYS FROM DATE OF ISSUANCE.) | | LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DEFACED <input type="checkbox"/> NEVER REC'D (LOST IN MAIL) <input type="checkbox"/> | | NOTE: IF "NEVER RECEIVED" block is checked, applicant must complete Form MV-44. | |
| TEMP. PLATE NO. | | | SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT): | | SIGN HERE | | RELATIONSHIP TO APPLICANT | | |
| ISSUING AGENT INFORMATION | | | I CERTIFY THAT ON MONTH DAY YEAR I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT, IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE VEHICLE CODE AND DEPARTMENT REGULATIONS. | | ISSUING AGENT (PRINT NAME) | | AGENT NO. | | |
| SUBSCRIBED AND SWORN TO BEFORE ME: | | | SIGNATURE OF PERSON ADMINISTERING OATH | | SIGNATURE OF CO-OWNER/TITLE OF AUTHORIZED SIGNER | | TELEPHONE NO. | | |
| SIGN IN PRESENCE OF NOTARY | | | If your registration documents are not received within 90 days, please... | | | | | | |

Contract Registration

GMPP

☒ MRP

Medium
Duty

GM Cert

MRP LW

Vehicle Information

VEHICLE IDENTIFICATION NUMBER (must be 17 characters)

AGREEMENT PURCHASE DATE

1 6 3 2 H 5 7 8 4 8 F [REDACTED] / 3 2 / 9 0 8
YEAR MAKE MODEL CURRENT ODOMETER 4 WHEEL DRIVE
2 0 0 8 CHEVROLET MALIBU 7 4

Customer

FIRST NAME M.I. LAST NAME FLEET GM EMPLOYEE

NAME OF BUSINESS OR MUNICIPALITY

AREA CODE & PHONE NUMBER

MAILING ADDRESS (must include apt. or suite #, if applicable)

CITY

STATE

ZIP CODE

[REDACTED] PHILADELPHIA PA [REDACTED]

The Agreement provider is authorized to charge my account for the cost of the Agreement(s) and my share of any subsequent cancellation(s).

DEALER NAME

DEALER CODE (Required)

PROMOTION CODE

CARFAGNO CHEVROLET

1 5 0 0 7

ADDRESS

CITY

STATE

ZIP CODE

1230 E. RIDGE PK.

PLYMOUTH MEETING

PA

19462

Dealer

Lienholder

GMAC SPP NAME

XX OR

OR

ADDRESS

CITY

STATE

ZIP CODE

PO BOX 8140

COCKEYSVILLE

MD

21030

LEASE

RETAIL

MAJOR GUARD

VALUE GUARD

BASIC GUARD

SMART PROTECTION

MDT-PT+

MDT-E&T

MDT-E

XX

XX

Plan Coverage and Price

MECHANICAL

THE TERM OF THIS AGREEMENT MAY INCLUDE ALL OR PART OF THE TERM OF THE NEW VEHICLE LIMITED WARRANTY IF STILL IN EFFECT.

The term of your Agreement will begin on the Agreement purchase date and odometer mileage at the Agreement purchase date. The term of your Agreement will end at the earlier of the time and mileage option you have selected. Your deductible is referenced below.

NEW

XX USED

VEHICLE IN SERVICE DATE
(In-Warranty vehicles)

TERM-MO./MI. (IN 000'S)

DEDUCTIBLE (Required)

0 / 3 2 / 9 0 8 4 / 8 4 8 \$0 XX \$50 \$100 \$200 \$, 4 9 0 0 0
BUSINESS HUMMER EMERGENCY SNOWPLOW

SURCHARGES

(Select all that apply)

\$, . 0 0

TAX \$, 4 4 . 3

MECHANICAL TOTAL \$, 5 3 4 . 1

MAINTENANCE

The term of your Smart Care will begin on the Agreement purchase date and odometer mileage at the Agreement purchase date. The term of your Smart Care will end at the earlier of the time and mileage option you have selected. The term of your Goodwrench Care will be based on the specified number of services listed herein and performed within 4 years of the Agreement purchase date.

SMART CARE

TERM-MO./MI.
(IN 000'S)

GOODWRENCH CARE

OF SERVICES

\$, . 0 0

By signing this, I agree to all the terms and conditions on this form. I acknowledge that purchase of this Agreement is not required in order to purchase or obtain financing for a motor vehicle. I understand that, upon acceptance of this registration, an Agreement will be mailed to the address indicated above.

TAX \$, .

MAINTENANCE TOTAL \$, .

GRAND TOTAL \$, 5 3 4 . 1

DATE

0 / 3 2 / 9 0 8

Sample Agreements are available online at www.gmprotectionplan.com/agreements.htm

NOTE: IF YOU DON'T RECEIVE YOUR AGREEMENT IN 60 DAYS, CALL 1-800-631-5590

XZILON™ PROGRAM

XPG 254023

LIMITED WARRANTY

SELECT YOUR AUTO PROTECTION TERM (Check One Only)

NEW VEHICLE

☐ 1 year ☐ 2 Year ☐ 3 year ☐ 5 year

PRE-OWNED

☐ 1 year ☐ 2 Year ☐ 3 year

AUTO & INTERIOR PROTECTION

(Check Coverages Requested)

☐ Paint Protection

☐ Fabric Protector

☒ Vinyl/Leather Protector

☐ Ultimate Interior Protection

(Covers Burns, Punctures, Rips & Tears)

CHEVROLET Make MA118H Model 4DR SDN LT 1G1ZH5ZR48F VIN [REDACTED] Year 2008

Issuing Dealer CARFAGNO CHEVROLET

Dealer's Address 1230 E. RIDGE PK Street PLYMOUTH MEETING City PA State 19462 Zip

Dealer's Signature [REDACTED] Date 03/29/2008

Vehicle Buyer [REDACTED]

Buyer's Address [REDACTED] Street PHILADELPHIA City PA State [REDACTED] Zip

Buyer's Signature [REDACTED] Date 03/29/2008

The vehicle buyer acknowledges that he/she has read the agreement on the reverse side, understands it, and agrees to be bound by its terms and conditions.

XZILON™ MOLECULAR ADHESION: Xzilon Products, Inc. hereby guarantees to the original purchaser that the treated surface of their vehicle will retain its high luster and shine from the day of application and is enforceable from the date of purchase except where otherwise noted. Two coat application required in love bug areas. Should the original painted finish be damaged by weather-induced fading, oxidation or loss of gloss, water spotting, bird droppings, tree sap, acid rain, love bug damage, or industrial fallout, Xzilon Products will repair such condition completely free of charge. Xzilon Products reserves the right to attempt to repair any such damage through professional detailing prior to repainting any surface.

XZILON™ FABRIC & CARPET PROTECTOR: Xzilon Products, Inc. hereby guarantees to the original purchaser that the treated fabric of their vehicle will remain free of permanent stains from the date of application and is enforceable from the date of purchase except where otherwise noted. Should permanent staining occur to the interior fabric of the owner's vehicle properly treated with XZILON™ Fabric & Carpet Protector, the stained area will be repaired completely free of charge. Xzilon Products reserves the right to attempt to remove any stain through professional cleaning prior to the replacement of any fabric.

XZILON™ MINK OIL FOR LEATHER: Xzilon Products, Inc. hereby guarantees to the original purchaser that the treatment of XZILON™ Mink Oil for Leather to the surface of the leather and vinyl interior will prevent damage caused by sun or temperature extremes and is enforceable from the date of purchase, except where otherwise noted. Should leather and/or vinyl of the owner's vehicle treated with XZILON™ Mink Oil for Leather be damaged by environmental conditions causing fading, discoloring or cracking of the dash, Xzilon Products will repair such condition completely free of charge. Xzilon Products reserves the right to attempt to correct any such damage through professional reconditioning prior to the replacement of any surface.

XZILON™ ULTIMATE INTERIOR PROTECTION: Xzilon Products, Inc. hereby guarantees to the original new owner that the treated interior areas of their new vehicle will assist in the prevention of accidental rips, tears, burns and punctures from the date of application and is enforceable from the date of purchase except where otherwise noted. Should a rip, tear or puncture occur to the interior covered areas of the original purchaser's vehicle properly treated with an applicable XZILON™ interior protectant, the damaged area will be repaired and/or replaced with either an upholstery insert or replacement seating component.

XZILON PRODUCTS, INC., 11022 Vulcan Street, South Gate, CA 90280 Call (562) 923-5438

Customer Name [REDACTED] Date of Purchase 03/23/2008 Dealer Name CARFAGNO CHEVROLET

TOP COPY - XZILON

YELLOW COPY - DEALER

BLUE COPY and CARE & MAINTENANCE TIPS - CUSTOMER



GM CUSTOMER INCENTIVE AND ONSTAR ACKNOWLEDGMENT



GMC HUMMER



(excludes Saturn)

CUSTOMER NAME: _____

VIN: _____

1. Customer Incentive

I assign the total amount of customer incentive(s) listed to the dealer named below and request that the available customer incentive(s) be applied: (a) _____ to the down payment of this vehicle, (b) ^{XX} _____ where permissible by law, as a price reduction (Bill of Sale indicates pre-incentive price, amount of incentive, and final price with incentive applied), or (c) _____ a check be issued in my name by Dealer named below:

| <u>Incentive Program Reference</u> | <u>Amount</u> | <u>GM Incentive Code</u> |
|------------------------------------|---------------|--------------------------|
| _____ | \$ _____ N/A | _____ |
| _____ | \$ _____ N/A | _____ |
| _____ | \$ _____ N/A | _____ |
| _____ | \$ _____ N/A | _____ |
| _____ | \$ _____ N/A | _____ |
| Total Incentive Amount Received | | \$ _____ N/A |


2. Other Program Selection (Which may or may not be in lieu of customer incentive programs; for example, Division supported financing/leasing, etc.)

- a. I elect to receive _____
in lieu of _____
- b. I elect to receive SMARTLEASE and/or _____

- CUSTOMER AND DEALER ACKNOWLEDGMENT FOR INCENTIVES AND ONSTAR SERVICE -

- a. Vehicle Incentive Acknowledgment. I am the ultimate retail purchaser or lessee of the vehicle bearing this vehicle identification number, which was sold/leased to me by the Dealer, named below. This vehicle was purchased/leased for personal/business use and not resale and I took delivery on 03/29/08. I acknowledge receipt of incentive(s) as described in Item _____ and release GM Division from any future claim or obligation for incentive(s) on this unit.

Is vehicle equipped with OnStar? ^{XX} Yes _____ No _____

- b.  Terms and Conditions Acknowledgment. I acknowledge that I have received the Terms and Conditions under which the OnStar service in my vehicle is provided (copies are available in the vehicle glovebox, from the dealer, at www.onstar.com, or by contacting OnStar as described below).

I understand that in order to cancel the OnStar service in my vehicle, I must press the blue OnStar button in my vehicle or call 1.888.4OnStar (1.888.466.7827) or TTY 1.877.248.2080 and request that my Services be cancelled.

Purchaser/Lessee Signature: _____

Date: 03/29/2008

The undersigned person, as Dealer representative, certifies that the information on this application is true and correct, and the incentive(s) described in Item _____ and the OnStar Terms and Conditions have been provided to the said purchaser/lessee who has taken delivery of the referenced unit through this dealership; and that properly completed accurate delivery data has been forwarded to General Motors or Saab Cars USA.

Authorized Dealer Signature: CAROLAN CHEVROLET
Dealership Name: _____

Date: 03/29/2008
Dealer Code: _____

Dealer Note: This is a required document and it must be completed, signed, and retained in EVERY DEAL FILE for new retail customers even if there are no incentives or rate support available. A copy of the completed form should be provided to the customer.

OnStar Subscription Confirmation

(Please give a copy to your customer)



WELCOME!

Follow the simple steps below to begin enjoying the safety and convenience of OnStar right away!

TWO THINGS YOU NEED TO DO TO GET THE COMPLETE PROTECTION OF ONSTAR:

1 PRESS YOUR BLUE ONSTAR BUTTON WITHIN THE NEXT 24 HOURS TO:

- Sign up for OnStar Vehicle Diagnostics¹ at no extra cost.
- Receive a special introductory offer for Hands-Free Calling minutes.
- Reset your PIN - your OnStar password (needed for Remote Door Unlock and Stolen Vehicle Location has been preset using the last four digits of your phone number)



welcome call

2 ONSTAR HANDS-FREE CALLING

You receive 30 complimentary OnStar Hands-Free Calling minutes, good for two months, upon OnStar activation.

ONSTAR HANDS-FREE CALLING IS EASY TO USE.

- Press the Phone button
- OnStar system will say "OnStar ready" *my NUMBER.*
- Say "Dial"
- OnStar system will say "Phone number to dial, please"
- Say the full 10-digit number at once without pauses
- OnStar system will repeat the 10-digit number, then ask, "Yes or No"
- Say "Yes" (or "No" to try again)
- OnStar system will say "Dialing" - your call will be connected



SUBSCRIPTION PLAN

Vehicle purchase includes one year of the OnStar Directions & Connections Plan - a \$399 value.

Service Includes:

- OnStar Hands-Free Calling
- OnStar Vehicle Diagnostics¹
- Automatic Crash Response
- Automatic Airbag Deployment Response
- Remote Door Unlock³
- Roadside Assistance
- Crisis Assist
- Emergency Services
- Stolen Vehicle Location Assistance³
- Driving Directions
- Restaurant and hotel reservations via your OnStar Advisor
- Names, phone numbers and addresses for millions of businesses

¹ Available on 2004 MY & newer GM models delivered after 4-21-04 and equipped with the GM Oil Life System. Diagnostics not available on Cadillac Catera, Pontiac Vibe and Saab 9-3 and 9-5. Diagnostic services vary on Cadillac SRX V8, Saturn VUE, Ion and L-Series, Chevy Silverado diesel and GMC Sierra diesel. For details, call 1-888-4-ONSTAR (1-888-466-7827).

² OnStar Hands-free Calling requires an Hands-Free Calling enabled vehicle, existing OnStar service contract and PrePaid Minute Package or enrollment in America's Choice Plan with OnStar. Not available in certain markets. Calls may be made to the U.S. and Canada only. OnStar voice recognition system may not work with some voices.

³ "Success varies with conditions. Not available on Saab 9-3 and 9-5 and Pontiac Vibe."

VEHICLE INFORMATION

MAKE: Chevrolet
MODEL: Malibu
YEAR: 2008
VIN: 1G1ZH57B48F

ONSTAR HANDS-FREE CALLING

RETAIL PACKAGE PRICING

30 Minutes - \$13.99 + Tax
100 Minutes - \$39.99 + Tax
300 Minutes - \$114.99+ Tax
Special Introductory offer for first package purchase. Push the Blue OnStar Button to receive this offer.

All OnStar Hands-Free Calling minute packages are good for one year with an active OnStar subscription.

14.95 - 100 minutes

INSURANCE DISCOUNT

Some insurance companies offer a discount for vehicles equipped with OnStar.

Take this coupon to your insurance provider to see if you are eligible.



VEHICLE INFORMATION

VIN: 1G1ZH57B48F

Customer Name:

Activation Date:
March 29, 2008



DELIVERY RECEIPT

1230 E. Ridge Pike • Plymouth Meeting, PA 19462
610-275-0507 • Fax 610-275-4828
www.carfagnochevy.com

V.I.N. No. _____

COD Due \$ _____

Receipt No. _____



22 010

2000 1 1 50

CUSTOMER

STOCK NO.

SALESMAN

It is our sincere desire that there be no misunderstanding regarding any part of your vehicle purchase. As a benefit to you and to us, please answer the following questions and please do not complete delivery until you are certain you understand all phases of this sale. (Please initial the following)

____ I have purchased a ☐ New ☐ Used Year _____

Make CHEVROLET Model TRAILBLAZER Mileage _____

____ I have received an exact copy of the following items which were filled out in full and signed by me and I fully understand the transaction.

- ☐ conditional sales contract
- ☐ retail order for a motor vehicle
- ☐ new vehicle warranty and manual
- ☐ used vehicle warranty
- ☐ federal price sticker affixed to car window
- ☐ estimated gas mileage sticker on car window
- ☐ copy of Pennsylvania Automobile Lemon Law Rights
- ☐ receipt for all monies paid by certified check or cash
- ☐ two sets of keys (new cars)

____ Nothing has been promised me that is not written on my contract or retail order.

I have inspected my ☐ new ☐ used vehicle, and find it in perfect condition. (Except for the following items, if any)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

____ I have traded to Carfagno a year _____ make _____ mileage _____

____ I understand that Carfagno does not provide loaner vehicles due to insurance restrictions.

IMPORTANT: For service appointments please call 610-275-0507. We ask that you contact service directly rather than the sales department to avoid any misunderstanding of your repair request. This is to allow us to serve you better.

ALL ADJUSTMENTS MUST BE MADE WITHIN (20) DAYS OF DELIVERY _____ (DATE)

Customer's Signature _____

(Management only) _____

White - Office Copy
Yellow - Service Dept.
Pink - Customer Copy

CUSTOMER'S NAME

STOCK NO.

ODOMETER DISCLOSURE STATEMENT

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

I, CARFAGNO, CHEVROLET (transferor's name, Print)

state that the odometer now reads 74 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

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

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

WARNING - ODOMETER DISCREPANCY

| MAKE | MODEL | BODY TYPE |
|-------------------------------|--------|------------|
| CHEVROLET | MALIBU | 4DR CRN LT |
| VEHICLE IDENTIFICATION NUMBER | | YEAR |
| 1G1ZH57B48E | | 2000 |

X TRANSFEROR'S SIGNATURE

PRINTED NAME

TRANSFEROR'S ADDRESS (STREET)

PLYMOUTH MEETING

CITY

PA
STATE

ZIP CODE

DATE

DA

X TRANSFEREE'S SIGNATURE

PRINTED NAME

V. A. U. I. TRUST

TRANSFEREE'S NAME

TRANSFEREE'S ADDRESS (STREET)

HORSHAM

CITY

PA
STATE

LITHO IN U.S.A.



VIA FAX ONLY

October 20, 2009

David Gorberg, Esq.
David J Gorberg & Associates, PC
1234 Market St Ste 2040
Philadelphia, PA 19107

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Customer Relationship Specialist: Danielle Rocha

Dear Mr. Gorberg:

We regret that your clients are dissatisfied with their 2008 Chevrolet Malibu and that several attempts by the dealer to resolve the concerns have not met your client's expectations. General Motors takes great pride in the service we provide to our customers, and we apologize for any inconvenience and frustration experienced by your client.

After careful review of this case, Chevrolet Division of General Motors would like to make the following voluntary settlement offer for all defendants. This offer is being made in an effort to reach an early resolution that will be equitable to your clients and reinforce General Motors' commitment to its customers. General Motors requests you make this offer available to your client at the earliest possible opportunity.

A cash settlement of \$4,900.00.

The above offer is inclusive of any and all costs, fees, expenses, and attorney's fees, known or unknown, that are associated with the above-referenced vehicle and is contingent upon receipt of a copy of the current registration (valid for at least 30 days beyond the date this letter is signed by your client) to show proof of ownership.

Your client would retain the vehicle.

If this offer is acceptable to your clients, please have your clients sign this offer letter as well as the attached release and return them to us at the fax number shown on the fax cover sheet. This offer is good for 10 calendar days from the date of this letter. If your clients do not agree with the terms of this offer, we ask that you contact us immediately to further discuss resolution of this matter.

Furthermore, this settlement offer is contingent upon General Motors receiving a completed W-9 containing your Federal Tax ID. Failure to return the W-9 will result in a delay of processing this offer. To assist in ensuring the security of this information, the W-9 form needs to be faxed back to GM separately from all other settlement documents. The W-9 form can be downloaded from the IRS website at www.irs.gov. In addition, the IRS website will provide instructions for completing the W-9.

Please refer to the service request number above when contacting our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.

Sincerely,

General Motors Corporation

cc: FILE

15,426

(X)

Client's Signature

Client's Signature

Date

Date

Sworn to (or affirmed) and subscribed before me this 2nd day of November, 2009,
by [REDACTED]

Kristy L. King-Seher
Signature of Notary Public

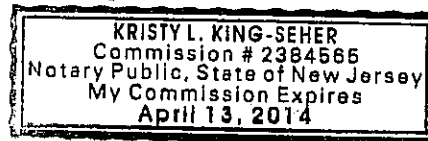
Print, type or stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced identification _____

Type of identification _____

My commission expires: _____

CC: File



RELEASE OF CLAIM

I, [REDACTED] hereinafter referred to as "Releasor(s)", on behalf of ourselves and our assigns, heirs and executors, in consideration of \$4,900.00 paid by General Motors Company, hereby release(s) and discharge(s) General Motors Corporation, Motors Liquidation Company, General Motors Company, their subsidiaries, their authorized independent dealers, any designers and suppliers of vehicles, parts and components that are distributed by them, and their respective agents and employees (hereinafter referred to as "Releasees") from any and all claims, causes of action, demands, damages, and claims for attorney's fees and costs which directly or indirectly arise from, are related to, or are in any way associated with the purchase, repair, maintenance, operation, alteration, or use of Releasor(s) 2008 Chevrolet Malibu bearing Vehicle Identification Number 1G1ZH57B48F [REDACTED] ("Subject Vehicle"), including but not limited to any claims based on any alleged defects in the subject vehicle. This Release of Claim shall not be construed to release any of the above named persons or entities from any liability regarding claims of personal injury or products liability arising out of the use or operation of the Subject Vehicle after the date of execution of this release. Notwithstanding the above, General Motors Company agrees to honor the remaining term of the manufacturer's express limited warranty and any applicable GM Protection Plans which accompanied the sale of the subject vehicle. If Releasor(s) has/have initiated any court, arbitration or other proceeding against Releasees, Releasor(s) immediately will dismiss the proceeding with prejudice.

The subject vehicle's mileage is 15,426 on the date of the signing of this release.

Releasor(s) has/have carefully read and understand(s) this release. Releasor(s) agree(s) and acknowledge(s) that this Release constitutes the entire agreement between Releasor(s) and Releasees, and Releasor(s) is/are not relying on any representations, promises or inducements other than those stated in this release.

PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, YOU ARE SIGNIFYING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ITS TERMS.

We agree to the terms of this Release of All Claims

DATE SIGNED: 11/3/07

(X)

Claimant's Signature

Claimant's Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

STATE OF

COUNTY OF

New Jersey
Camden

2008 MALIBU 1LT
58U BLACK GRANITE METALLIC /L4G
83B TITANIUM
ORDER NO. MMNW5K/TRE STOCK NO.
VIN 1G1 ZH57 B4 8F

GENERAL MOTORS CORPORATION
& SUBSIDIARIES
RENAISSANCE CENTER
DETROIT MI 48243-1114
VEHICLE INVOICE 1AD20291091

*****13*15087S

| MODEL & FACTORY OPTIONS | MSRP | INV AMT | RETAIL - STOCK |
|----------------------------------|----------|----------|------------------|
| 1ZH69 MALIBU 1LT | 20630.00 | 19495.35 | INVOICE 02/20/08 |
| B86 BODY COLOR BODYSIDE MOLDINGS | 150.00 | 124.50 | SHIPPED 02/20/08 |
| LE5 ENGINE, 2.4L DOHC MFI | N/C | N/C | EXP I/T 03/03/08 |
| MN5 4-SPEED AUTO TRANSMISSION | 0.00 | 0.00 | INT COM 03/03/08 |
| NE1 50-STATE EMISSIONS | N/C | N/C | PRC EFF 02/20/08 |
| 58U BLACK GRANITE METALLIC | 95.00 | 78.85 | KEYS G1185 G1185 |
| | | | WFP-F QTR OPT-1 |
| | | | BANK: GMAC - 020 |
| | | | CHG-TO 15-087 |
| | | | SHIP WT: 3376 |
| | | | HP: 19.3 |
| | | | GMS: 19872.45 |
| | | | SUPPLR: 20759.96 |
| | | | MRM: 21525.00 |
| | | | DAN: 1LT |
| | | | MEMO 893.75 |

| | | | | |
|-------------------------|----------|----------|---------|----------|
| TOTAL MODEL & OPTIONS | 20875.00 | 19698.70 | ACT 231 | 19722.45 |
| DESTINATION CHARGE | 650.00 | 650.00 | H/B 261 | 626.25 |
| LAM DEALER CONTRIBUTION | | 208.75 | ADV 261 | 208.75 |
| LAM GROUP CONTRIBUTION | | 208.75 | EXP 65A | 208.75 |

TOTAL 21525.00 20766.20 PAY 310 20766.20
MEMO: TOTAL LESS HOLDBACK AND
APPROX WHOLESALE FINANCE CREDIT 19727.35

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

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

CARFAGNO CHEVROLET
REMIT TO GMAC NO. 020
VIN 1G1ZH57B48F
\$ 20766.20 INV 1AD20291091
DUE 03/03/08 DEALER 15-087

VIN: 1G1ZH57B4 8F [REDACTED] SELLG SCE: 13 MDL YR: 08 ORD NO: MMNW5K

ODATE: 11/15/07 ORDER FAN: OTYPE: 070 DLVY SS/SITE CD: 13 15087
DDATE: 03/29/08 DLVY FAN: DTYPE: 015 SRVC TYPE: MILEAGE:

DLVY DOE: 03/31/08 ORDER BY:

CANC:

CANC DOE:

TRADE: DLVY TO: [REDACTED]

TRD DOE:

SRVC IN:

PHILA

PA [REDACTED]

SRVC OUT:

CANC SRVC IN:

BFSO ORD DT:

BFSO CUST:

PRICE ASSUR DT:

PRICE ASSUR RT:

--INCENTIVES--

| CODE | PAY | SS/SITE | INV/INC NO | DATE | AMOUNT | MTHD | DLR | SHR | STAT |
|------|-----|----------|-------------|----------|--------|------|-----|------|------|
| FFC | 01 | 13 15087 | 00034181385 | 04/02/08 | 36.78 | OA | | 0.00 | 9 |

PROCESS TYPE: 001

CHECK NO:

SSN:

DATA SCE: DLVY

INC MEMO NO: 00034181385

AUTH PUR CD:

MISC DATE:

MISC:

POLICY PYMT CMNT:

ACTV TYPE: 6

| CODE | PAY | SS/SITE | INV/INC NO | DATE | AMOUNT | MTHD | DLR | SHR | STAT |
|------|-----|----------|------------|----------|----------|------|-----|------|------|
| XJC | 01 | 13 15087 | 204556 | 04/02/08 | 3,862.15 | OP | | 0.00 | 9 |

PROCESS TYPE: 004

CHECK NO:

SSN:

DATA SCE: GMAC

INC MEMO NO: 204556

AUTH PUR CD:

MISC DATE: 03/29/08

MISC: 0000047446MEA0

POLICY PYMT CMNT:

ACTV TYPE: 6

VIN: 1G1ZH57B4 8F [REDACTED] SELLG SCE: 13 MDL YR: 08 ORD NO: MMNW5K
VIN TYPE: N

| EVENT DESC | SS/ SITE CD | DOCUMENT NUMBER | I S | EVENT DT | INC CD | AMOUNT | |
|-----------------|----------------|--------------------|--------|----------|-----------|-----------|----|
| INCENTIVE MEMO | 13 15087 | 204556 | | 04/02/08 | XJC | 3,862.15 | |
| INCTV PAYMENT | 13 15087 | 204556 | | 04/02/08 | XJC | 3,862.15 | |
| INCTV APPLICATN | 13 15087 | 204556 | | 04/02/08 | XJC | 3,862.15 | |
| INCENTIVE MEMO | 13 15087 | 00034181385 | | 04/02/08 | FFC | 36.78 | |
| INCTV PAYMENT | 13 15087 | 00034181385 | | 04/02/08 | FFC | 36.78 | |
| INCTV APPLICATN | 13 15087 | 00034181385 | | 04/02/08 | FFC | 36.78 | |
| DELIVERY D.O.E. | 13 15087 | | | 03/31/08 | | 0.00 | |
| DELIVERY TO CUS | 13 15087 | | | 03/29/08 | | 0.00 | |
| EXPIRATION TRAN | 13 15087 | 1AD20291091 | | 03/03/08 | | 0.00 | |
| APPLICATION DAT | | | | 03/03/08 | | 0.00 | |
| SETTLEMENT DATE | 13 15087 | 1AD20291091 | | 03/01/08 | | 20,766.20 | CR |
| ORIGINAL INVOIC | 13 15087 | 1AD20291091 | | 02/20/08 | | 20,766.20 | |
| COV/NVIS DATE | 13 15087 | 1AD20291091 | | 02/20/08 | | 0.00 | |
| SHIPMENT DATE | 13 15087 | | | 02/20/08 | | 0.00 | |
| PRODUCTION (BUI | 13 15087 | | | 02/20/08 | | 0.00 | |
| PREFERENCE TO P | 13 15087 | | | 02/05/08 | | 0.00 | |
| GM ORDER ACCEPT | 13 15087 | | | 11/15/07 | | 0.00 | |
| GM ORDER ACCEPT | | | | 11/15/07 | | 0.00 | |

Fax Server

9/28/2009 2:23:35 PM PAGE 2/002 Fax Server



General Motors Corporation
Business Resource Center
PO Box 33170
Detroit, MI 48233-5170

VIA FAX ONLY

September 28, 2009

Joe Burns
Carfagno Chevrolet
PO Box 530
Plymouth Meeting, PA. 19462-0530

RE:

Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Legal Research Specialist: Cynthia Reyes

Dear Mr. Burns:

This is a letter of notification regarding a not-in-suit-matter involving the above referenced customer. Please provide us with copies of all dealer sales and service documents regarding this vehicle. The specific documents needed are:

- All sales purchase and finance agreements, including a conversion invoice (if any), the incentives acknowledgement form, the Actual Cash Value statement of any trade, and application of title.
- Service and body shop repair orders of all internal, customer pay, and warranty repair orders, (to include front and back as well as technician notes). Also, include any receipts for aftermarket or dealer add-ons.

Please fax them to the number on the fax cover sheet. If there are any fax difficulties or the documents exceed 50 pages, please split the fax and send two or more faxes as appropriate.

In addition, should you be contacted by another party regarding this matter, you may want to consult your own attorney for further direction. Your cooperation is greatly appreciated. If you have further questions, 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.

Sincerely,

General Motors Corporation



Fax Server

9/28/2009 2:23:35 PM PAGE 1/002 Fax Server

**GMC****HUMMER****General Motors Business Resource Center****FAX****To: Joe Burns**

Company:

Fax: (610) 275-4868

Phone:

From: Cynthia Reyes

Fax: 866-363-8695

Phone: 866-790-5600 ext. 11153

E-mail:

CC:

NOTES:



CARFAGNO CHEVROLET

1230 E. Ridge Pike • P.O. Box 530
PLYMOUTH MEETING, PA. 19462-0530
610-275-0507
FAX - 610-275-4828
www.carfagnochevy.com



| | | | | | | | |
|---|--|--|--|---|--|--------------------------|--|
| LEASE # 91494 | | | | NAME [REDACTED] | | DATE 03/29/2008 | |
| PLEASE ENTER MY ORDER FOR THE FOLLOWING | | | | STREET [REDACTED] | | CITY [REDACTED] | |
| <input type="checkbox"/> NEW or <input type="checkbox"/> USED <input type="checkbox"/> DEMO <input checked="" type="checkbox"/> CAR <input type="checkbox"/> TRUCK R. MAKE [REDACTED] MODEL [REDACTED] TYPE [REDACTED] | | | | STATE [REDACTED] | | ZIP [REDACTED] | |
| 2008 CHEVROLET MALIBU 4DR SDN | | | | PHILADELPHIA PA | | PHONE RES. [REDACTED] | |
| BLK GRANITE MET TITANIUM C | | | | 74 | | PHONE BUS. [REDACTED] | |
| 1 6 1 2 4 5 7 8 4 8 F | | | | AGE 47 | | DATE OF BIRTH 08/08/1960 | |
| TOK NO. [REDACTED] | | | | SEC. NO. [REDACTED] | | 09/24/1964 | |
| SALESMAN JAMES E. PAUL 02/29/2008 | | | | PRICE OF VEHICLE | | | |
| DESCRIPTION OF TRADE IN #1 | | | | | | | |
| R. MAKE [REDACTED] MODEL [REDACTED] TYPE [REDACTED] | | | | | | | |
| COLOR [REDACTED] TRIM [REDACTED] MILEAGE [REDACTED] | | | | | | | |
| IN [REDACTED] | | | | | | | |
| TITLE NO. [REDACTED] PLATE NO. [REDACTED] EXP. DATE [REDACTED] | | | | | | | |
| OWNER [REDACTED] LOAN # [REDACTED] | | | | | | | |
| FINHOLDER [REDACTED] AMOUNT [REDACTED] | | | | | | | |
| DESCRIPTION OF TRADE IN #2 | | | | | | | |
| R. MAKE [REDACTED] MODEL [REDACTED] TYPE [REDACTED] | | | | | | | |
| COLOR [REDACTED] TRIM [REDACTED] MILEAGE [REDACTED] | | | | | | | |
| IN [REDACTED] | | | | | | | |
| TITLE NO. [REDACTED] PLATE NO. [REDACTED] EXP. DATE [REDACTED] | | | | | | | |
| OWNER [REDACTED] LOAN # [REDACTED] | | | | | | | |
| FINHOLDER [REDACTED] AMOUNT [REDACTED] | | | | | | | |
| COLLISION COVERAGE | | | | V.A.U.L. TRUST: 48 PAYMENTS OF 380.88 | | | |
| NAME OF AGENT [REDACTED] PHONE (800)672-9569 | | | | EXTENDED SERVICE CONTRACT GMPP INCLUDED | | | |
| ADDRESS DIRECT 1 BIG CENTER PO BOX 15510 | | | | MONTHS N/A MILES | | | |
| POLICY NUMBER 3058744 | | | | Cash Price of Vehicle & Accessories | | | |
| INSURANCE AIG | | | | Sales Tax | | | |
| EFFECTIVE DATE 02/02/2008 EXP. DATE 09/03/2008 | | | | REGISTRATION TITLE TRANSFER ENCUMBRANCE | | | |
| SPOKE WITH ELAINE | | | | Documentary Fee | | | |
| VERIFIED BY | | | | Notary Fee | | | |
| WARRANTY INFORMATION | | | | OTHER CHARGES | | | |
| <input type="checkbox"/> FACTORY WARRANTY - The manufacturer's warranty constitutes all of the warranties with respect to the sale of this item. The seller hereby expressly disclaims all warranties, either expressed 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 this item/item. | | | | Online Dealer Service Fee | | | |
| <input type="checkbox"/> USED CAR WARRANTY - Used car is covered by a limited warranty detailed in a separate document. You may obtain a full copy of any applicable warranty from us. | | | | Total Price | | | |
| <input type="checkbox"/> AS IS - THIS MOTOR VEHICLE IS SOLD "AS IS" WITHOUT ANY WARRANTY EITHER EXPRESSED OR IMPLIED. THE PURCHASER WILL BEAR THE ENTIRE EXPENSE OF REPAIRING OR CORRECTING ANY DEFECT THAT PRESENTLY EXISTS OR THAT MAY OCCUR IN THE VEHICLE. | | | | TOTAL CREDIT Trade-In Less Payoff * Verification Net Trade in Deposit Cash on Delivery Net Trade + Deposit + Cash on Delivery Total Down Payment Unpaid Balance of Total Price | | | |
| USED CAR BUYERS GUIDE: THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THE CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE. GUIA PARA COMPRADORES DE VEHICULOS USADOS. LA INFORMACION QUE VE EN EL FORMULARIO DE LA VENTANILLA PARA ESTE VEHICULO FORMA PARTE DEL PRESENTE CONTRATO. LA INFORMACION DEL FORMULARIO DE LA VENTANILLA DEJA SIN EFECTO TODA DISPOSICION EN CONTRARIO CONTENIDA EN EL CONTRATO DE VENTA. | | | | | | | |

GM CUSTOMER INCENTIVE AND ONSTAR ACKNOWLEDGMENT



GMC HUMMER



(excludes Saturn)
 GERARD J. GAYDOSH
 CHARLENE GAYDOSH

CUSTOMER NAME:

VIN: 1 G 1 Z H 5 7 B 4 8 F

1. Customer Incentive

I assign the total amount of customer incentive(s) listed to the dealer named below and request that the available customer incentive(s) be applied: (a) ___ to the down payment of this vehicle, (b) XX where permissible by law, as a price reduction (Bill of Sale indicates pre-incentive price, amount of incentive, and final price with incentive applied), or (c) ___ a check be issued in my name by Dealer named below:

| Incentive Program Reference | Amount | GM Incentive Code |
|---------------------------------|--------|-------------------|
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| Total Incentive Amount Received | | \$ N/A |

2. Other Program Selection (Which may or may not be in lieu of customer incentive programs; for example, Division supported financing/leasing, etc..)

- a. I elect to receive _____
 in lieu of SMARTLEASE and/or _____
- b. I elect to receive _____

- CUSTOMER AND DEALER ACKNOWLEDGMENT FOR INCENTIVES AND ONSTAR SERVICE -

- a. Vehicle Incentive Acknowledgment. I am the ultimate retail purchaser or lessee of the vehicle bearing this vehicle identification number, which was sold/leased to me by the Dealer, named below. This vehicle was purchased/leased for personal/business use and not resale and I took delivery on 03-29-08. I acknowledge receipt of incentive(s) as described in Item ___ and release GM Division from any future claim or obligation for incentive(s) on this unit.

Is vehicle equipped with OnStar? XX Yes _____ No _____

- b. OnStar Terms and Conditions Acknowledgment. I acknowledge that I have received the Terms and Conditions under which the OnStar service in my vehicle is provided (copies are available in the vehicle glovebox, from the dealer, at www.onstar.com, or by contacting OnStar as described below).

I understand that in order to cancel the OnStar service in my vehicle, I must press the blue OnStar button in my vehicle or call 1.888.4OnStar (1.888.466.7827) or TTY 1.877.248.2080 and request that my Services be cancelled.

Purchaser/Lessee Signature: _____

Date: 03/29/2008

The undersigned person, as Dealer representative, certifies that the information on this application is true and correct, and the incentive(s) described in Item ___ and the OnStar Terms and Conditions have been provided to the said purchaser/lessee who has taken delivery of the referenced unit through this dealership, and that properly completed accurate delivery data has been forwarded to General Motors or Saab Cars USA.

Authorized Dealer Signature: _____

Dealership Name: _____

CARFAGNO CHEVROLET

Date: 03/29/2008Dealer Code: 15087

Dealer Note: This is a required document and it must be completed, signed, and retained in EVERY DEAL FILE for new retail customers even if there are no incentives or rate support available. A copy of the completed form should be provided to the customer.



WID08092 3400 016519-001

New Title Number: 65808772/07-APR-08

General Systems Solutions On-Line Registration System

Pennsylvania Department of Transportation Applicant Summary Statement

| | | | | | |
|--|--|--|--|--|--|
| Transaction: New Title/Transfer Reg | | Processor: CARFAGNO CHEVROLET/00856518 | | Processed By: ELAINE TABITA | |
| Purchase Date: Mar 29, 2008 | | Process Date: Apr 01, 2008/ | | Temp Reg Date: Mar 29, 2008 | |
| Prev Title No: None | | Prev Dup Title Count: 0 | | State of Origin: None | |
| VIN: 1G1ZH57B48F | | Stock No: 223910 | | PennDOT Fees | |
| Vehicle Type: PASSENGER | | Condition: <input type="checkbox"/> Police | | Sales/Use Tax: 0.00 | |
| YR/Make: 2008/CHEV | | Body: SDN | | Title Fee: 22.50 | |
| Odom Reading: 74 | | Fuel: G | | Lien Fee: 5.00 | |
| Purchase Price: \$0.00 | | Odom Qual: ACTUAL MILEAGE | | Reg/Proc Fee: 0.00 | |
| Owner Information: | | Lessee Information: | | Dup Reg Fee: 0.00 | |
| [REDACTED] | | GERARD J & CHARLENE GAYDOOSH/S | | Transfer Fee: 6.00 | |
| [REDACTED] | | [REDACTED] | | Increase Fee: 0.00 | |
| [REDACTED] | | [REDACTED] | | Replacement Fee: 0.00 | |
| [REDACTED] | | [REDACTED] | | Other Fee: 0.00 | |
| [REDACTED] | | [REDACTED] | | Total: \$33.50 | |
| Trade In #1 Information: | | Lien Holder #1 Information: | | Fees & Sales Tax Information: | |
| VIN: None | | GMAC | | Tax exempt Reason: RENTAL AND LEASING/02 | |
| YR: None | | PO BOX 8140 | | Tax Exempt No: 02780127 | |
| Make: None | | COCKEYSVILLE/MD | | Taxable Sale Price: | |
| Condition: None | | 21030 | | [REDACTED] Local Sales Tax Override? | |
| Allowance: None | | [REDACTED] ELT | | Rate: 0.05 | |
| Trade In #2: None | | Lien Holder #2: | | | |
| Allowance: None | | Lien Holder #3: | | | |
| Trade In #3: None | | | | | |
| Assigned Tag Type: | | Class: | | Assigned Exp Sticker No: | |
| Assigned Tag No: | | RRGW: | | Class Sticker No: | |
| Assigned Exp Mo/Yr: | | RRGW: | | Transferred Title No: 60849308 | |
| Signature of Person from Whom Tag is Being Transferred | | Relation To Applicant: Self | | Transferred Tag No: DPY2443 | |
| | | No of Dup Reg Cards: 0 | | [REDACTED] W/Renewal | |
| | | | | [REDACTED] W/Tag Replacement | |
| | | | | [REDACTED] W/Tag Exchange | |

[] - Request for Optional Registration At A Weight Exceeding the GVWR (MV-1005)

WARNING: The operation of a truck loaded beyond the manufacturer's Gross Vehicle Weight Rating (GVWR) may create unsafe conditions and also void the manufacturer's warranty if damage should result from such overloading. Check with your dealer or factory representative. You should also consult your insurer concerning possible adverse effects to your insurance coverage with respect to such overloading.

I/we request that the above described vehicle be registered at the gross vehicle weight (RRGW or RRGW) listed above under the provisions of Section 1916(b) of the Vehicle Code as amended by Act No. 8 (1980), approved 2-15-80. I/we acknowledge that I have been warned by the Department of Transportation that loading my truck beyond the manufacturer's gross weight rating may damage the truck and endanger its occupants, as well as other vehicles and their occupants and pedestrians, and I/we assume all risks connected with any such overloading of the truck.

I/we acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration(s) for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/we further acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two (2) years for any false statement that I/we may make on this form, and I/we certify that I/we have examined and signed this form after its completion, and, that, if an exemption from payment of sales tax is claimed, I am/we are authorized to claim this exemption. I/we further certify that all statements herein are true and correct and make application for certificate of title for the vehicle described above.

| | | | |
|---|--|---|--|
| Date Submitted and Sworn to: | | Signature of Applicant or Authorized Signer: | |
| Signature of Notary Administering Oath: | | Signature of Co-Owner/Title of Authorized Signer: | |
| S E A L | | <input type="checkbox"/> VIN/GVWR Certification or Tracing is Required. Place Signature of Person Verifying VIN/GVWR or the Tracing Here: I hereby certify that I have verified the VIN/GVWR of this vehicle and the VIN/GVWR listed above is correct SIGN: _____ DIN: _____ | |

Detach Here

01 of 01

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CARD

EXPIRY: DEC 31 2008

VALID: 04/01/08

PLATE:

TITLE:

VIN:

YR/MAKE:

TYPE:

WID:

1G1ZH57B48F

2008 CHEV

SDN

08092 3400 016519-001

EMISSION INSPECTION REQUIRED/DIESEL EXEMPT COUNTY: PHILADELPHIA

PHILADELPHIA PA

I hereby acknowledge this day that I have received notice of the provisions of Section 3703 of the Vehicle Code.

SIGNATURE

No. 2439558

www.dmv.state.pa.us

| MV - 1 (5-05) | | | | I. TAX / FEES | |
|--------------------------------|--|---|---|--|---|
| VEHICLE DESCRIPTION | MAKE OF VEHICLE CHEVROLET | VEHICLE IDENTIFICATION NUMBER (VIN) IF TRACING REQUIRED, TAPE IT TO THIS COPY 1G1ZU548X4F | BODY TYPE (SDN, TK, BUS, ETC.) sdn | MODEL YEAR 2008 | PURCHASE PRICE (See note on reverse) N/A |
| | GROSS VEHICLE WT. RATING 1 | FUEL TYPE: <input checked="" type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> HYBRID <input type="checkbox"/> OTHER | DIN/MECHANIC # 866518 | AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME) ELAINE S TABATA | LESS TRADE-IN N/A |
| APPLICANT INFORMATION | CHECK THE APPROPRIATE BLOCK IF THE VEHICLE IS TO BE USED OR WAS FORMERLY USED AS A TAXI <input type="checkbox"/> OR A POLICE VEHICLE (IF APPLICABLE) <input type="checkbox"/> | | I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct. | | TAXABLE AMOUNT N/A |
| | B. LESSEE(S) [REDACTED] | | DATE ACQUIRED/PURCHASED 03/29/2008 | | X 8% (.06) SALES TAX X 7% (.07) (See note on reverse) N/A |
| MILEAGE INFORMATION | C. REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS <input type="checkbox"/> IS NOT THE ACTUAL MILEAGE WARNING: ODOMETER DISCREPANCY | | ODOMETER READING 72,145 | | 1. SALES TAX DUE N/A |
| | WARNING: FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT. | | REFER TO COUNTY CODES LISTING ON REVERSE SIDE OF YELLOW COPY | | 1A. Exemption Reason Code (must be a number from 1 to 26 or 0) #2 |
| LIEN INFORMATION | D. 1ST LIEN DATE: 03/29/2008 IF NO LIEN, CHECK <input type="checkbox"/> 2ND LIEN DATE: 03/29/2008 IF NO LIEN, CHECK <input type="checkbox"/> | | CO-PURCHASER LESSEE(S) | | 1B. EXEMPTION NO. 02-780127 |
| | 1ST LIEN HOLDER GMAC | | DEALER ID NUMBER (IF APPLICABLE) [REDACTED] | | 2. TITLE FEE 22.50 |
| VEHICLE INFORMATION | E. MAKE OF VEHICLE CHEVROLET | | MODEL YEAR 2008 | | 3. LIEN FEE 5.00 |
| | BODY TYPE (SDN, BUS, TK, ETC.) sdn | | CONDITION OF VEHICLE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR | | 4. REGISTRATION OR PROCESSING FEE N/A |
| ADDITIONAL VEHICLE INFORMATION | F. PASSENGER TAXI/BUS <input type="checkbox"/> PASSENGER <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> MASS TRANSIT <input type="checkbox"/> OTHER <input type="checkbox"/> SEATING CAPACITY 5000 OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO | | MAX DESIGN SPEED 25 MPH OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO | | 5. DUPLICATE REG. FEE N/A |
| | MOTORCYCLE MOTOR DRIVEN CYCLE MOPED <input type="checkbox"/> OPERABLE PEDALS <input type="checkbox"/> YES <input type="checkbox"/> NO | | DESIGNED/ALTERED FOR ROAD USE <input type="checkbox"/> YES <input type="checkbox"/> NO | | 6. TRANSFER FEE 6.00 |
| APPLICATION FOR REGISTRATION | G. ORIGINAL PLATE <input checked="" type="checkbox"/> Check One | | REASON FOR REPLACEMENT | | 7. INCREASE FEE N/A |
| | PLATE NO. 60849308801 | | EXPIRES 12 2008 | | 8. REPLACEMENT FEE N/A |
| TITLE | H. IWE ACKNOWLEDGE THAT IWE MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION(S) FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION. IWE FURTHER ACKNOWLEDGE THAT IWE MAY BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 AND IMPRISONMENT OF NOT MORE THAN TWO (2) YEARS FOR ANY FALSE STATEMENT THAT IWE MAKE ON THIS APPLICATION, AND IWE CERTIFY THAT IWE HAVE EXAMINED AND SIGNED THIS FORM AFTER ITS COMPLETION, AND THAT, IF AN EXEMPTION FROM PAYMENT OF SALES TAX IS CLAIMED, I AM NOT AUTHORIZED TO CLAIM THIS EXEMPTION. IWE | | SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT): [REDACTED] | | 9. TOTAL PAID (ADD 1 THRU 8) Send One Check in This Amount 33.50 |
| | ISSUING AGENT INFORMATION ELAINE S TABATA | | ISSUING AGENT SIGNATURE [REDACTED] | | TELEPHONE NO. 610-275-0507 |

NOTARIAL SEAL

ELAINE S TABATA

Notary Public

PHILADELPHIA CITY, PHILADELPHIA COUNTY

My Commission Expires

IN PRESENCE OF NOTARY

MESSENGER NUMBER:

MV-1L (05-03)

Department of Transportation
Bureau of Motor Vehicles
1101 S. Front Street
Harrisburg, PA 17104-2516

APPLICATION FOR LESSEE INFORMATION

FOR DEPARTMENT USE ONLY

APPLICATION TO ADD, CHANGE OR DELETE LESSEE INFORMATION FOR A LEASED VEHICLE

CHECK ☒ THE APPROPRIATE BLOCK:☐ Daily Rental Vehicle - Complete Sections A, B and E.☒ Leased Vehicle - Check the appropriate box below and complete sections indicated:☐ Add Lessee Information - Complete Sections A through E.☐ Change Lessee Information - Complete Sections A and C (if changed), D (if changed) and E.☐ Delete Lessee Information - Complete Sections A and E.

NOTE: Any changes in this information provided at time of the the original application will require a new MV-1L to be completed and returned to the Department (i.e., daily rental to long term lease, long term to daily rental).

A VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER

1G1ZH57B48F

TITLE NUMBER

REGISTRATION PLATE NUMBER

B VEHICLE OWNER INFORMATION - NOTE: The title will always be in the name of the owner and mailed to the owner or encumbrance holder.

LAST NAME OR FULL BUSINESS NAME

FIRST NAME

MIDDLE INITIAL

CITY

HORSHAM

STATE

PA

ZIP CODE

C LESSEE INFORMATION - Person/Company leasing the vehicle from the vehicle owner.

APPLICANT LAST NAME OR FULL BUSINESS NAME

FIRST NAME

MIDDLE INITIAL

CITY

FIRST NAME

MIDDLE INITIAL

CITY

PHILADELPHIA

STATE

PA

D MAILING INFORMATION - Please read each column heading.

Check the appropriate block to indicate the proper combination

Registration owner - who keeps the registration plate when the lease expires.

Registration document recipient - who will receive the registration plate, card, sticker, weight class decal, and VIN plate.

Application to renew recipient - who will receive the registration renewal application.

0



VEHICLE OWNER

VEHICLE OWNER

VEHICLE OWNER

1



VEHICLE OWNER

LESSEE

VEHICLE OWNER

5



VEHICLE OWNER

VEHICLE OWNER

LESSEE

6



LESSEE

LESSEE

VEHICLE OWNER

7



LESSEE

VEHICLE OWNER

LESSEE

2



LESSEE

LESSEE

LESSEE

E CERTIFICATION

I certify all information listed above is true and correct.

03/29/2008

X

Signature of Vehicle Owner

Date

CERTIFICATE OF ORIGIN FOR A VEHICLE

2098

DATE

02/20/08

VEHICLE IDENTIFICATION NO.

1G1ZH57B48F

BODY TYPE

MALIBU 4-DOOR SEDAN

H.P. (S.A.E.)

19.3

G.V.W.R.

4416

YEAR

2008

NO. CYLS.

04

RBLPD019

INVOICE NO.

1AD20291091

MAKE

CHEVROLET

SHIPPING WEIGHT

3376

SERIES OR MODEL

1ZH69

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

NAME OF DISTRIBUTOR, DEALER, ETC.

15087 MMNW5K

CARFAGNO CHEVROLET
PO BOX 530
PLYMOUTH MEETING

PA 19462-0530

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

* THIS VEHICLE *
* HAS A *
* 50-STATE *
* EMISSION *
* SYSTEM *

GENERAL MOTORS CORPORATION
& SUBSIDIARIES

BY:

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(AGENT)

G52317412

DETROIT

MI 48243-1114

CITY - STATE

8391

| | |
|---|--|
| DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 1 | <p>Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of the law that the vehicle is new and has not been registered in this or any state at the time of delivery. If the vehicle is not subject to any security interests other than those disclosed herein and warrants title to the vehicle, (SIGNED ON THE PAGE OF THIS CERTIFICATE TO)</p> <p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>City of _____ State of _____</p> <p>DEALER _____ BY _____</p> <p>State of _____ County of _____</p> <p>Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, 2008.</p> <p>Notary Public _____</p> |
| DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 2 | <p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>City of _____ State of _____</p> <p>DEALER _____ BY _____</p> <p>State of _____ County of _____</p> <p>Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, 2008.</p> <p>Notary Public _____</p> |
| DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 3 | <p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>City of _____ State of _____</p> <p>DEALER _____ BY _____</p> <p>State of _____ County of _____</p> <p>Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, 2008.</p> <p>Notary Public _____</p> |
| DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 4 | <p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>City of _____ State of _____</p> <p>DEALER _____ BY _____</p> <p>State of _____ County of _____</p> <p>Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, 2008.</p> <p>Notary Public _____</p> |
| OEMETER DISCLOSURE FOR RETAIL SALE | <p>Federal law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to complete or provide a false statement may result in fines and/or imprisonment.</p> <p>City of _____ State of _____</p> <p>Signature of Seller _____ Date of Signature _____</p> <p>Printed Name of Seller _____</p> <p>Printed Name of Purchaser _____</p> <p>Company Name of Applicant _____</p> <p>Address of Purchaser _____</p> <p>Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, 2008.</p> <p>Notary Public _____</p> |
| LIE/HOLDER | <p>To be filled in favor of _____</p> <p>whose address is _____</p> <p>and be in favor of _____</p> <p>whose address is _____</p> <p>GMAC PO Box 8140 Cockeysville MD 21030</p> |

GMAC SMARTLEASE® AGREEMENT — Monthly Payment

LESSEE (and CO-LESSEE) ("You") name and address, including county

[REDACTED]
PHILADELPHIA PA

Garaging address (if different)

N/A

Principal driver (if business use)

N/A

LESSOR (Retailer)

CARFAGNO CHEVROLET
1230 E. RIDGE PK.
PLYMOUTH MEETING PA 19462

This is an agreement to lease a vehicle. This is not a purchase agreement. You are not buying the vehicle. By signing this lease, you agree to everything on the front and back. "We," "us," and "our" refer to Lessor named above and any assignee. An "assignee" is a person to whom this lease is assigned (if it is assigned).

☐ If this box is checked, Lessor (Retailer) will assign this lease and sell the vehicle to GMAC.

☐ If this box is checked, GMAC helped to arrange this lease and Lessor (Retailer) will assign it and sell the vehicle to Central Originating Lease Trust.

☐ If this box is checked, Lessor (Retailer) will assign this lease and sell the vehicle to N/A

☐ If this box is checked, Lessor (Retailer) intends not to assign this lease.

THE VEHICLE YOU ARE LEASING

| New/Used | Year | Make & Model | Body Style | Vehicle ID # | Mileage | Primary Use |
|-------------------------------|------|------------------|------------|------------------------|---------|---|
| NEW | 2008 | CHEVROLET MALIBU | 4DR SHN LT | 1G1ZH57B48E [REDACTED] | 74 | <input checked="" type="checkbox"/> Personal, Family, or Household <input type="checkbox"/> Commercial, Business, or Agricultural |
| Dealer Installed Options: N/A | | | | | | <input type="checkbox"/> GVW (if truck) <input type="checkbox"/> Public Conveyance |

FEDERAL CONSUMER LEASING ACT DISCLOSURES

1. Amount Due at Lease Signing or Delivery (Itemized Below)*

\$ 513.48

2. Monthly Payments

Your first monthly payment of \$ 380.83 is due on 03/29/2008, followed by 47 payments of \$ 380.83 due on the 29th of each month.
The total of your monthly payments is \$ 18279.84

3. Other Charges (not part of your monthly payment)

Disposition fee (if you do not purchase the vehicle) \$ N/A
\$ N/A
Total \$ N/A

4. Total of Payments

(The amount you will have paid by the end of the lease.)

\$ 18412.49

***Itemization of Amount Due at Lease Signing or Delivery**

5. Amount Due at Lease Signing or Delivery:

a. Capitalized cost reduction \$ N/A
b. First monthly payment \$ 380.83
c. Refundable security deposit \$ N/A
d. Title fees \$ 22.50
e. Registration fees \$ N/A
f. Sales/use tax \$ N/A
g. ON-LINE FEE \$ 29.15
h. DOC=55.00 TRANS=6.00 \$ 61.00
i. ENC=5.00 TIRE=5.00 NTRY=10.00 \$ 20.00
j. Total \$ 513.48

6. How the Amount Due at Lease Signing or Delivery will be paid:

a. Net trade-in allowance \$ N/A
b. Rebates and noncash credits \$ N/A
c. Amount to be paid in cash \$ 513.48
d. Total \$ 513.48

7. Your monthly payment is determined as shown below:

a. Gross capitalized cost. The agreed upon value of the vehicle (\$ 22253.00) and any items you pay for over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance) \$ 23338.00
b. Capitalized cost reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the gross capitalized cost \$ N/A
22253.00

c. **Adjusted capitalized cost.** The amount used in calculating your base monthly payment = \$ 22253.00
d. **Residual value.** The value of the vehicle at the end of the lease used in calculating your base monthly payment = \$ 9471.00
e. **Depreciation and any amortized amounts.** The amount charged for the vehicle's decline in value through normal use and for other items paid over the lease term = \$ 13067.00
f. **Rent charge.** The amount charged in addition to the depreciation and any amortized amounts + \$ 2751.00
g. **Total of base monthly payments.** The depreciation and any amortized amounts plus the rent charge = \$ 16618.00
h. **Lease payments.** The number of payments in your lease ÷ 48
i. **Base monthly payment** = \$ 346.21
j. **Monthly sales/use tax (estimated)** + \$ 34.62
k. N/A + \$ N/A
l. **Total monthly payment** = \$ 380.83

Early Termination. You may have to pay a substantial charge if you end this lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the lease is terminated. The earlier you end the lease, the greater this charge is likely to be.

8. **Excessive Wear and Use.** You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 12000 miles per year at the rate of \$ 0.20 per mile.
9. **Purchase Option at End of Lease Term.** You have an option to buy the vehicle at the end of the lease term for \$ 9971.00, plus official fees and taxes.
10. **Other Important Terms.** See your lease documents for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, and insurance.

11. ITEMIZATION OF GROSS CAPITALIZED COST.

a. Agreed upon value of the vehicle \$ 22253.00
b. GMAC administrative fee + \$ 595.00
c. License/registration/title fees + \$ N/A
d. Sales tax + \$ N/A
e. Other tax (describe) N/A + \$ N/A
f. Optional service contract + \$ 490.00
g. Optional maintenance contract + \$ N/A
h. Optional life insurance + \$ N/A
i. Optional disability insurance + \$ N/A
j. + \$ N/A
k. + \$ N/A
l. **Gross Capitalized Cost** = \$ 23338.00

12. THE VEHICLE YOU ARE TRADING.

| | (year) | (make) | (model) |
|----------------------|--------|--------|-----------------|
| Gross trade-in value | | | \$ <u>N/A</u> |
| Payoff | | | \$ <u>N/A</u> |
| Net trade-in value | | | = \$ <u>N/A</u> |

13. **OFFICIAL FEES AND TAXES.** You will pay all government license, title, registration, testing, and inspection fees for the vehicle. You will pay all taxes on the lease or the vehicle that the government levies on you, the vehicle, or us (except our net income taxes). We may change your monthly payment if taxes change. We may bill you separately for official fees and taxes.

TOTAL ESTIMATED FEES AND TAXES YOU MUST PAY DURING LEASE \$ 1739.41
The actual total of fees and taxes may be higher or lower depending on tax rates in effect or the vehicle value when a fee or tax is assessed.
a. Title/lien fees \$ 22.50
b. Registration fees/taxes \$ 20.00
c. License fees/taxes \$ N/A
d. Sales tax (including tax on capitalized cost reduction) \$ N/A

16. **CHARGE FOR FINES.** If the government places a fine on the vehicle and you do not pay it promptly, we may pay it. Each time we pay a fine, you will pay us the fine plus \$20.

17. **SCHEDULED LEASE END DATE.** This lease is scheduled to end 03/29/2012. You are scheduled to return the vehicle on this date. (month) (day) (year)

18. **LEASE END DAILY EXTENSION CHARGE.** \$ 25.00 per day (plus tax), beginning on the eighth day after scheduled lease end date.

19. **REQUIRED VEHICLE INSURANCE INFORMATION.** You affirm that liability and physical damage policies that meet our requirements (see the other side) are in force on the date of this lease as follows:

Insurance company name: AIG
Insurance agency name: DIRECT
Agency address: 1 BIG CENTER PO BOX 15510 WILMINGTON DE 19860
Agency phone no.: (800)672-9569
Agent's name: CLARE
Policy no.: 3068744 ☐ Liability ☒ Physical damage
Deductibles: Collision \$ 500 Comprehensive \$ 500
Insurance company name: N/A
Insurance agency name: N/A
Agency address: N/A
Agency phone no.: N/A
Agent's name: N/A
Policy no.: N/A ☐ Physical damage
Deductibles: Collision \$ N/A Comprehensive \$ N/A

20. **OPTIONAL LIFE AND DISABILITY INSURANCE.** We do not require life or disability insurance. If you sign below, we will try to get the coverage(s) checked for the lease term. We will include the premium in your base monthly payment. A notice you receive when you sign this lease describes the coverage(s). The insurance may not cover taxes and other amounts due besides the base monthly payment.

Insurer name: N/A
Address: N/A
N/A

c. Excess mileage _____ \$ _____ N/A
 f. Property taxes _____ \$ _____ N/A
 g. Other (describe) PLATE TRANSFER FEE _____ \$ 6.00
 h. Other (describe) ON-LINE FEE _____ \$ 29.15
 i. Other (describe) N/A _____ \$ _____ N/A

14. MILEAGE.

Base Mileage Allowance. ☐ 15,000 miles/year. ☒ Low mileage: 12,000 miles/year.
☐ Medium-duty truck (gasoline): 25,000 miles/year
☐ Medium-duty truck (diesel): 35,000 miles/year

Extra Miles. You are buying N/A extra miles at \$ _____ per mile. If this lease ends on or after the last scheduled payment is due, we will credit you with \$ _____ per mile for each unused extra mile. **There will be no credit if the lease ends early, you buy the vehicle, or the vehicle is a total loss.**

Total Allowed Mileage on the Odometer at Lease End is 48074 miles.
 Starting odometer mileage _____ 74 miles
 Base mileage allowance _____ + 48000 miles
 Purchased extra miles _____ + N/A miles

Excess Mileage Charge. The excess mileage charge is \$ _____ per mile for each mile beyond the total allowed miles, plus tax. If the lease ends early and the vehicle is not a total loss, any excess mileage and wear charge will not be more than residual value minus the vehicle sale price. There is no excess mileage charge if you buy the vehicle.

15. LATE CHARGE. If you do not pay a monthly payment in full within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late.

THIS IS THE ENTIRE AGREEMENT. This lease, including the front and back of this form, contains the entire agreement between you and us relating to the lease of the vehicle. Any change to the terms _____

LESSEE: _____ BY: X _____ CO-LESSEE: _____
 We may delay or refrain from entering into any other agreements under this lease without losing them.

NOTICE TO LESSEE. 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT. 2. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT.

YOU SIGNED THIS AGREEMENT AND RECEIVED A COPY AT _____ PLYMOUTH MEETING PA _____ ON 03 29 2008
 (city) (state) (month) (day) (year)

LESSEE: _____ BY: X _____
 LESSOR: CARFAGNO CHEVROLET SIGNATURE AND TITLE: X _____

Lessor assigns all right, title, and interest in this lease to the party identified in this lease as the intended assignee, under the terms of the Lease Plan Dealer Agreement in effect from time to time with the assignee (the "Dealer Agreement"). Lessor also assigns all right, title, and interest in the leased vehicle to the party identified in this lease as the intended assignee, or its designee, under the terms of the Dealer Agreement.

LESSOR: CARFAGNO CHEVROLET BY: X _____ TITLE: _____

SEE OTHER SIDE FOR OTHER IMPORTANT AGREEMENTS INCLUDING A PROHIBITION OF TRANSFER OF YOUR INTEREST.

671 MONTHLY 6/2006
 Copyright 2006 GMAC. All Rights Reserved.

TRIPLICATE ORIGINAL - DEALER

Lease Agreement 9

a. **Gross capitalized cost.** The agreed upon value of the vehicle (\$ 22253.00) and any items you pay for over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance) _____ \$ 23338.00
 b. **Capitalized cost reduction.** The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the gross capitalized cost _____ \$ N/A
 \$ 22253.00

Coverage limit \$ _____ N/A

Premium \$ _____ N/A

Monthly coverage limit \$ _____ N/A

☐ Disability insurance (Lessee only)

LESSEE'S SIGNATURE: X _____ N/A Age _____ N/A

CO-LESSEE'S SIGNATURE: X _____ N/A Age _____ N/A

21. WARRANTY AND EXCLUSION OF WARRANTY. You have the benefit of any warranty checked below.

☒ Standard manufacturer's warranty

☐ N/A

Warranty papers that are separate from this lease state any coverage limits. The law gives you a warranty that the vehicle conforms to the description in this lease.

THERE ARE NO OTHER EXPRESS WARRANTIES ON THE VEHICLE. WE MAKE NO IMPLIED WARRANTY OF MERCHANTABILITY. THERE IS NO WARRANTY THAT THE VEHICLE IS FIT FOR A PARTICULAR PURPOSE.

22. OPTIONAL SERVICE AND MAINTENANCE CONTRACTS.

Name GMPP Term 48 months, 48000 miles

Name N/A Term N/A months, N/A miles

If you are buying a service or maintenance contract now, you may pay for it at lease signing. If you do not, the price will be in the capitalized cost and you will pay rent charges on the price.



10/13/2009 10:09 AM

To <danielle_rocha@gmexpert.com>
cc
bcc
Subject gaydosh

Attached is the most recent repair to the vehicle.

 Esquire


Pittsburgh, PA 

Phone: 

Fax:   SCAN6628_000.pdf

PRIVILEGED & CONFIDENTIAL - PREPARED FOR COUNSEL

BRC CASE ASSESSMENT

Latest Revision Date:

By: [Cynthia Reyes / Legal Research](#) State: [PA](#)
Negotiator: [Danielle Rocha](#)

Customer Last Name: [REDACTED] Service Request: [71-761092406](#)

Vehicle ID No.: [1G1ZH57B48F](#) [REDACTED] In Service Date: [3/29/2008](#) Vehicle is: [New](#) BAC Code: [113793](#)

Year, Make & Model: [2008 Chevrolet Malibu](#)
Current Mileage: [14,425](#)

Dealer Name : [Carfagno Chevrolet](#)

Sale Type: Purchase ☐ Lease ☒ Other ☐

CAM Name: [Craig Joseph](#)
Phone Number: [914-244-6130](#)

Lien holder: GMAC ☒ Other ☐

DVM Name: [Joseph Wilson](#)
Phone/Cell Number: [610-458-9958](#)

Purchase Price of Vehicle: \$ [22,253](#)

Was TAC contacted for this vehicle? : [Yes](#)

DVM requests involvement?: [No](#)

Attorney Involvement: [David J Gorberg & Associates](#)
Phone Number : [\(215\) 665-7660](#)
Fax Number : [\(215\) 563-8738](#)

Service Manager Name: [Joe Burns](#)
Phone Number : [\(610\) 275-0507](#)

If TAC was contacted, what did they say? (Include TAC case #)
[Case#10981306 Replace BCM. Replace power steering motor.](#)

DVM/DSM Notified Regarding TAC Involvement? [No](#)

VEHICLE REPAIR HISTORY:

Throughout the entire form, use an asterisk (*) if day(s) out of service are already counted in another category.

☒ **Verified: Once completed, please enter an "X" this box to verify that the following listing has been compared to GMVIS for accuracy.**

☐ Brakes

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|----------|--------|-----------|----------|---|
| 06/01/09 | 155271 | 1 | 10,558 | C/S Stability light on/ Checked and found code C0131. Checked brake pedal pressure sensor operation. Working as designed. Checked for bulletins and P.I.'S., none relevant. Found update available for EBCM – Reprogrammed electronic brake control module. |
| 08/10/09 | 157080 | 2 | 13,110 | C/S Stability light is on. / Code C0131 in EBCM. – Replaced shorted brake pedal position switch. Cleared code (Rental) |

☐ Steering

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|----------|--------|-----------|----------|--|
| 08/10/09 | 157080 | * | 13,110 | C/S Steering wheel shakes/ Scan tested for codes found code C0457. Contacted TAN Case#10981306 – Replaced power steering control motor. |

☒ Electrical

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|----------|--------|-----------|----------|--|
| 08/28/09 | 157320 | 2 | 13,111 | C/S Steering stability light comes on/ Perform diagnosis found BCM module short. Update ad per TAC Case#10981306 – Replace body control module. (Rental) One remote inoperative/ Shorted module – Replace one remote. |
| 09/14/09 | 158048 | 1 | 14,030 | C/S No start battery need to be jump and light on dash. Door locks inoperative/ Shorted in dome light – Repaired wiring. |
| 10/12/09 | 158786 | 1 | 14,867 | C/S No start at times/ Shorted battery failed test code 041RJ – Replaced battery. (Rental) |

ACCIDENT / INSURANCE INFORMATION:

Repeat as necessary

Has the vehicle ever been involved in an accident? (Y or N)
Did you confirm your answer with the dealer/Customer (if
ADR)/attorney (if Legal)? (Y or N)

No

Yes-Dealer

AFTERMARKET MODIFICATIONS:

Are there any Aftermarket Modifications to the Vehicle? (Y or N)
Have you confirmed modification with the dealership? (Y or N)

No

Yes

PERTINENT FACTS FROM ALL SR's RELATED TO THIS VIN:

Concern: N/A

Date & Offer/Result: {TEXT}

Customer/Plaintiff Seeks:

Repurchase

Customer/Plaintiff Theory:

Describe customer's theory of case from Demand and CAC notes (if applicable), include any specific allegations regarding # of repair visits, days out of service, or specific alleged violations.

Customer requesting repurchase because the stabilitrack light came on 3 times

***This Section to be completed for legal cases only**

Is Lemon Law Pled/Alleged?: Yes

Under what State? PA

Claimed Presumptive? Yes

Does Purchase Qualify? Yes

If not, why?

State Presumption Is:

| | | | |
|-------------------------------------|-------|------------------------------------|--------|
| # of Visits for a Non-Conformity? | 3 | # of Days out of Service? | 30 Cal |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 3 |
| Must Complaint Continue to Exist? | Yes | Final Repair/Arbitration Required? | No |
| Time Period for filing a Claim? | 12/12 | | |

Vehicle Service History (During Presumptive Period) is:

| | | | |
|-------------------------------------|----|------------------------------------|----|
| # of Visits for a Non-Conformity? | 0 | # of Days out of Service? | 0 |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 0 |
| Complaint appears to Continue? | No | Final Repair/Arbitration Complete? | No |

Does History appear Presumptive: No

Vehicle Service History (During Limited Warranty Period) is:

| | | | |
|-------------------------------------|-----|------------------------------------|----|
| # of Visits for a Non-Conformity? | 4 | # of Days out of Service? | 6 |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 4 |
| Must Complaint Continue to Exist? | Yes | Final Repair or Arbitration Req'd? | No |

Related Repairs beyond NVLW: No

| | | |
|---------------------------------|----|------------------------------------|
| Customer Pay? | No | If no, identify responsible party: |
| Additional Days out of Service? | | Additional # of Repair Visits? |

Other Considerations: No

| | |
|---------------------------------------|----|
| Outcome/Findings of Arb/Final Repair: | |
| Prior Goodwill/reimbursement: | No |
| Out of Pocket Expenses: | No |

RECOMMENDATION AND RATIONALE:

Reminder: This section must reflect the data and evaluations above. Take into consideration Field and Service Manager information and recommendations.

Pertinent vehicle information provided by DVM/DSM/CAM:

None Provided

Pertinent vehicle information provided by dealer Service Manager:

None Provided

Identify at least three main strengths of the customer's case?

Customer seems to be having electrical concerns; causing stabilitrack light to come on

Identify at least three main weaknesses of the customer's case?

None of the customer complaints are the same
Customer does not appear to meet presumption
Customer is still under B2B if he has further concerns

Are there any considerations to be made under other applicable laws? (Explain in detail)

None

Recommendation:

Denial

10/06/09 Empowered for \$3400-\$3900

10/19/09 – Asking new empowerment. Customer has just been to the dealer for new electrical concern. Empowerment for \$3,400 - \$5,400

Rationale:

Customer does not appear to meet presumption as none of the customer complaints are the same.
 Customer is still under B2B. Customer needed a new battery last week.

Settlement/Defense Strategy:

Customer is still under the B2B warranty to have vehicle concerns addressed.

HISTORY OF SETTLEMENT DISCUSSIONS – Legal Cases Only

Record all recommendation throughout the life of the case. Each offer or counter offer should be recorded in order to review case progression.

***Trade Repurchase offers should specify Trade Retail, Trade Collateral, or Trade New Finance.**

***Add additional lines for additional offers/counter offers.**

| | | |
|--|--|-----------|
| Plaintiff's Original Demand: Repurchase Amount to Plaintiff/Atty: Inclusive Offer: | Settlement Type: Repurchase Date: 9/25/09 | Countered |
| CRS Intial Offer: Amount to Plaintiff/Atty: Inclusive Offer: \$3,400 inclusive | Settlement Type: Cash Date: 10/06/09 | Countered |
| Plaintiff Counter: Amount to Plaintiff/Atty: Inclusive Offer: \$7,900 inclusive | Settlement Type: Cash Date: 10/19/09 | Countered |
| CRS Counter: Amount to Plaintiff/Atty: Inclusive Offer: \$3,900 inclusive | Settlement Type: Cash Date: 10/20/09 | Countered |
| Plaintiff Counter: Amount to Plaintiff/Atty: Inclusive Offer: \$6,900 inclusive | Settlement Type: Cash Date: 10/20/09 | Countered |
| CRS Counter: Amount to Plaintiff/Atty: Inclusive Offer: \$4,400 inclusive | Settlement Type: Cash Date: 10/20/09 | Countered |
| PLAINTIFF Final Offer: Amount to Plaintiff/Atty: Inclusive Offer: \$5,900 inclusive | Settlement Type: Cash Date: 10/20/09 | Countered |
| CRS Final Offer: Amount to Plaintiff/Atty: Inclusive Offer: \$4,900 inclusive | Settlement Type: Cash Date: 10/20/09 | Accepted |

VIA FAX ONLY

October 20, 2009

David Gorberg, Esq.
David J Gorberg & Associates, PC
1234 Market St Ste 2040
Philadelphia, PA 19107

RE:

Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F
Customer Relationship Specialist: Danielle Rocha

Dear Mr. Gorberg:

We regret that your client is dissatisfied with his 2008 Chevrolet Malibu and that several attempts by the dealer to resolve the concerns have not met your client's expectations. General Motors takes great pride in the service we provide to our customers, and we apologize for any inconvenience and frustration experienced by your client.

After careful review of this case, Chevrolet Division of General Motors would like to make the following voluntary settlement offer for all defendants. This offer is being made in an effort to reach an early resolution that will be equitable to your client and reinforce General Motors' commitment to its customers. General Motors requests you make this offer available to your client at the earliest possible opportunity.

A cash settlement of \$4,900.00.

The above offer is inclusive of any and all costs, fees, expenses, and attorney's fees, known or unknown, that are associated with the above-referenced vehicle and is contingent upon receipt of a copy of the current registration (valid for at least 30 days beyond the date this letter is signed by your client) to show proof of ownership.

Your client would retain the vehicle.

If this offer is acceptable to your client, please have your client sign this offer letter as well as the attached release and return them to us at the fax number shown on the fax cover sheet. This offer is good for 10 calendar days from the date of this letter. If your client do not agree with the terms of this offer, we ask that you contact us immediately to further discuss resolution of this matter.

Furthermore, this settlement offer is contingent upon General Motors receiving a completed W-9 containing your Federal Tax ID. Failure to return the W-9 will result in a delay of processing this offer. To assist in ensuring the security of this information, the W-9 form needs to be faxed back to GM separately from all other settlement documents. The W-9 form can be downloaded from the IRS website at www.irs.gov. In addition, the IRS website will provide instructions for completing the W-9.

Please refer to the service request number above when contacting our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.

Sincerely,

General Motors Corporation

cc: FILE

15,095
Odometer

[Redacted Signature]

Client's Signature

Client's Signature

10/21/07
Date

Date

RELEASE OF CLAIM

I, [REDACTED] (hereinafter referred to as "Releasor(s)"), on behalf of myself and my assigns, heirs and executors, in consideration of \$4,900.00 paid by General Motors Company, hereby release(s) and discharge(s) General Motors Corporation, Motors Liquidation Company, General Motors Company, their subsidiaries, their authorized independent dealers, any designers and suppliers of vehicles, parts and components that are distributed by them, and their respective agents and employees (hereinafter referred to as "Releasees") from any and all claims, causes of action, demands, damages, and claims for attorney's fees and costs which directly or indirectly arise from, are related to, or are in any way associated with the purchase, repair, maintenance, operation, alteration, or use of Releasor(s) 2008 Chevrolet Malibu bearing Vehicle Identification Number 1G1ZH57B48F [REDACTED] ("Subject Vehicle"), including but not limited to any claims based on any alleged defects in the subject vehicle. This Release of Claim shall not be construed to release any of the above named persons or entities from any liability regarding claims of personal injury or products liability arising out of the use or operation of the Subject Vehicle after the date of execution of this release. Notwithstanding the above, General Motors Company agrees to honor the remaining term of the manufacturer's express limited warranty and any applicable GM Protection Plans which accompanied the sale of the subject vehicle. If Releasor(s) has/have initiated any court, arbitration or other proceeding against Releasees, Releasor(s) immediately will dismiss the proceeding with prejudice.

The subject vehicle's mileage is 15,095 on the date of the signing of this release.

Releasor(s) has/have carefully read and understand(s) this release. Releasor(s) agree(s) and acknowledge(s) that this Release constitutes the entire agreement between Releasor(s) and Releasees, and Releasor(s) is/are not relying on any representations, promises or inducements other than those stated in this release.

PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, YOU ARE SIGNIFYING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ITS TERMS.

I/We agree to the terms of this Release of All Claims

DATE SIGNED 10/21/09

[REDACTED]

Claimant's Signature

[REDACTED]

Address

Phila A [REDACTED]

City, State, Zip Code

Claimant's Signature

Address

City, State, Zip Code

STATE OF New Jersey
COUNTY OF Camden

2009, Sworn to (or affirmed) and subscribed before me this 21st day of October,
by [REDACTED]

Kristy L King-Seher
Signature of Notary Public

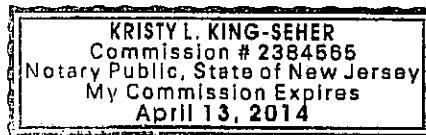
Print, type or stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced identification

Type of identification _____

My commission expires: _____

CC: File



UNSUBSTANTIATED

COMMITTEE ON PENNSYLVANIA REGISTRATION CREDENTIALS

EXPIRY: DEC 31 2009 INVALID: 09/23/09

PLATE: 1512H57B

TYPE: 2008 CHEVROLET

VIN: 1G1ZB57B78F22391

YR/MAKE: 2008 CHEVROLET

TYR/ST: SDN

WID: 09264-0015-050802-001

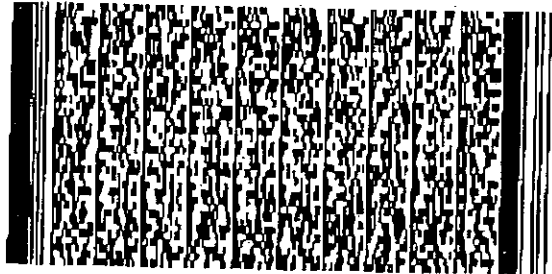
EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: PHILADELPHIA

PHILADELPHIA PA

UNSUBSTANTIATED

SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.





10/20/2009 03:59 PM

To <danielle_rocha@gmexpert.com>
cc
bcc
Subject Re: [REDACTED] 71-761092406

History: [REDACTED] This message has been replied to.

Danielle,
I can counter offer with 5900inc please advise.

Thanks.

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Tuesday, October 20, 2009 1:43 PM

Subject: Re: [REDACTED] 71-761092406

[REDACTED]

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

This email message may contain proprietary, private and confidential information. The information transmitted is intended only for the person(s) or entities to which it is addressed. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited and may be illegal. If you received this in error, please contact the sender and delete the message from your system.

[REDACTED]

10/20/2009 02:20 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can counter with 6900inc. Please advise.

Thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Tuesday, October 20, 2009 7:45 AM

Subject: Re: [REDACTED] 71-761092406

[REDACTED]

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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"Laura Applegate" <lapplegate@mylemon.com>

10/14/2009 02:09 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can make a counter offer in the amount of 7900inc.

thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Friday, October 09, 2009 10:20 AM

Subject: Re: [REDACTED] 71-761092406

Yes Ma'am I do. No start, shortage. Wiring was repaired.

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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[REDACTED]

10/09/2009 12:18 PM

To <danielle_rocha@gmexpert.com>

cc

Subject Re: [REDACTED] 71-761092406

do you have the r/o from 9-14-09?

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Friday, October 09, 2009 9:55 AM

Subject: [REDACTED] 71-761092406

[REDACTED]

Same situation. Please let me know before 2 PM or I will email on the 19th. Thanks.

(Sorry, I have to do this for every case)

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00



VIA FAX ONLY

October 20, 2009

David Gorberg, Esq.
David J Gorberg & Associates, PC
1234 Market St Ste 2040
Philadelphia, PA 19107

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Customer Relationship Specialist: Danielle Rocha

Dear Mr. Gorberg:

We regret that your clients are dissatisfied with their 2008 Chevrolet Malibu and that several attempts by the dealer to resolve the concerns have not met your client's expectations. General Motors takes great pride in the service we provide to our customers, and we apologize for any inconvenience and frustration experienced by your client.

After careful review of this case, Chevrolet Division of General Motors would like to make the following voluntary settlement offer for all defendants. This offer is being made in an effort to reach an early resolution that will be equitable to your clients and reinforce General Motors' commitment to its customers. General Motors requests you make this offer available to your client at the earliest possible opportunity.

A cash settlement of \$4,900.00.

The above offer is inclusive of any and all costs, fees, expenses, and attorney's fees, known or unknown, that are associated with the above-referenced vehicle and is contingent upon receipt of a copy of the current registration (valid for at least 30 days beyond the date this letter is signed by your client) to show proof of ownership.

Your client would retain the vehicle.

If this offer is acceptable to your clients, please have your clients sign this offer letter as well as the attached release and return them to us at the fax number shown on the fax cover sheet. This offer is good for 10 calendar days from the date of this letter. If your clients do not agree with the terms of this offer, we ask that you contact us immediately to further discuss resolution of this matter.

Furthermore, this settlement offer is contingent upon General Motors receiving a completed W-9 containing your Federal Tax ID. Failure to return the W-9 will result in a delay of processing this offer. To assist in ensuring the security of this information, the W-9 form needs to be faxed back to GM separately from all other settlement documents. The W-9 form can be downloaded from the IRS website at www.irs.gov. In addition, the IRS website will provide instructions for completing the W-9.

Please refer to the service request number above when contacting our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.

Sincerely,

General Motors Corporation

cc: FILE

Odometer

Client's Signature

Date

Client's Signature

Date



VIA FAX ONLY

October 20, 2009

David Gorberg, Esq.
David J Gorberg & Associates, PC
1234 Market St Ste 2040
Philadelphia, PA 19107

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Customer Relationship Specialist: Danielle Rocha

Dear Mr. Gorberg:

We regret that your client is dissatisfied with his 2008 Chevrolet Malibu and that several attempts by the dealer to resolve the concerns have not met your client's expectations. General Motors takes great pride in the service we provide to our customers, and we apologize for any inconvenience and frustration experienced by your client.

After careful review of this case, Chevrolet Division of General Motors would like to make the following voluntary settlement offer for all defendants. This offer is being made in an effort to reach an early resolution that will be equitable to your client and reinforce General Motors' commitment to its customers. General Motors requests you make this offer available to your client at the earliest possible opportunity.

A cash settlement of \$3,900.00.

The above offer is inclusive of any and all costs, fees, expenses, and attorney's fees, known or unknown, that are associated with the above-referenced vehicle and is contingent upon receipt of a copy of the current registration (valid for at least 30 days beyond the date this letter is signed by your client) to show proof of ownership.

Your client would retain the vehicle.

If this offer is acceptable to your client, please have your client sign this offer letter as well as the attached release and return them to us at the fax number shown on the fax cover sheet. This offer is good for 10 calendar days from the date of this letter. If your client do not agree with the terms of this offer, we ask that you contact us immediately to further discuss resolution of this matter.

Furthermore, this settlement offer is contingent upon General Motors receiving a completed W-9 containing your Federal Tax ID. Failure to return the W-9 will result in a delay of processing this offer. To assist in ensuring the security of this information, the W-9 form needs to be faxed back to GM separately from all other settlement documents. The W-9 form can be downloaded from the IRS website at www.irs.gov. In addition, the IRS website will provide instructions for completing the W-9.

Please refer to the service request number above when contacting our Business Resource Center at 1-800-231-1841 Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time.

Sincerely,

General Motors Corporation

cc: FILE

Odometer

Client's Signature

Date

Client's Signature

Date



>

10/20/2009 04:59 PM

To <danielle_rocha@gmexpert.com>
cc
bcc
Subject Re: [REDACTED] 71-761092406

Danielle,
Your offer in the amount of 4900inc is accepted.

Thanks- [REDACTED]

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Tuesday, October 20, 2009 2:05 PM

Subject: Re: [REDACTED] 71-761092406



Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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10/20/2009 03:59 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can counter offer with 5900inc please advise.

Thanks.

----- Original Message -----

From: danielle_rocha@gmexpert.com
To: lapplegate@mylemon.com
Sent: Tuesday, October 20, 2009 1:43 PM
Subject: Re: [REDACTED] 71-761092406

Laura,

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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[REDACTED]
10/20/2009 02:20 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can coutner with 6900inc. Please advise.

Thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Tuesday, October 20, 2009 7:45 AM

Subject: Re: [REDACTED] 71-761092406

[REDACTED]

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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[REDACTED]

10/14/2009 02:09 PM

To <danielle_rocha@gmexpert.com>

cc

Subject Re: [REDACTED] 71-761092406

Danielle,
I can make a counter offer in the amount of 7900inc.

thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Friday, October 09, 2009 10:20 AM

Subject: Re: [REDACTED] 71-761092406

Yes Ma'am I do. No start, shortage. Wiring was repaired.

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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"Laura Applegate" <lapplegate@mylemon.com>

10/09/2009 12:18 PM

To <danielle_rocha@gmexpert.com>

cc

Subject Re: [REDACTED] 71-761092406

do you have the r/o from 9-14-09?

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Friday, October 09, 2009 9:55 AM

Subject: [REDACTED] 71-761092406

[REDACTED]

Same situation. Please let me know before 2 PM or I will email on the 19th. Thanks.

(Sorry, I have to do this for every case)

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00

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Checked by AVG - www.avg.com

Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00

CVCS158048

CVCS158048

40417

VINCE

40031

2882

09/14/09

CVCS158048

14,030

BLK GRANITE

223910

08/CHEVROLET/MALIBU/4DR SDN LT

03/31/08

74

1 G 1 Z H 5 7 B 4 8 F

09/14/09

MO: 14030

JOB# 1 CHARGES

LABOR
J# 1 24CVZ *DRIVEABILITY DIAG TECH(S):41384 WARRANTY
NO START BATTERY NEED TO BE JUMP AND LIGHT ON DASH
DOOR LOCKS INOP
SHORTED IN DOME LIGHT
REPAIRED WIRING

SUBLET PO# 6636 VEND INV# INV.DATE DESCRIPTION GMPP TOTAL - SUBLET WARRANTY 0.00

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES

LABOR
J# 2 9BCVZ RENTAL RENTAL CAR TECH(S):700 WARRANTY
RENTAL CAR/ ALTERNATE TRANSPORTATION
ONE DAY RENTAL (ENTER)

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 0.00

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

TOTALS

\$ P A Y M E N T M E T H O D \$
\$ [] Cash [] Charge [] Check# \$
\$ [] C/Card By: Date: / / \$
\$

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

TOTAL INVOICE \$ 0.00

CARFAGNO CHEVROLET IS WHERE FRIENDS AND FAMILY BUY !!
SERVICE OPEN MON. THRU FRI. 7:30--6:00 SAT 8:00--3:00
CALL OUR SERVICE CONSULTANTS VINCE CAPIZZI AND ZANFRA MAJOR
FOR A CONVENIENT APPOINTMENT. CARFAGNO'S SERVICE TEAM OF
VINCE, ZANFRA, ANGELINA, AND JOE BURNS WOULD LIKE TO SAY:
*** THANK YOU FOR YOUR BUSINESS *****

CUSTOMER SIGNATURE

CARFAGNO CHEVROLET

1230 E. Ridge Pike • P.O. Box 530

PLYMOUTH MEETING, PA. 19462-0530

Phone (610) 275-0507

www.carfagnochevy.com

RECOMMENDED SERVICES

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|--------------------------|--|----------|-------|-------------------------|-------------------------------|----------|-------|
| 01CVZZZ015000 01CVZ32 | 15,000 MILE SERVICE *REPL FUEL FILTER | MI MO | | 01CVAIR 75CVZREMIND3 | *AIR FILTER SPRING SERVICE | MI MI | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|----------|--------------|---------|---------|----------------------------------|------------------|---|--|
| 08/18/09 | 157320 | 13111 | 40031 | 41384 700 | W W | 03CVZ 98CVZRENTAL | STEERING SYSTEM RENTAL CAR |
| 08/10/09 | 157080 | 13110 | 41202 | 41384 41384 41384 41384 | W W C W | 50CVZ14 12CVZ4 01CVZZZ012000 03CVZ | KEYLESS ENTRY SYSTEM STABILITY LIGHT ON 12,000 MILE SERVICE STEERING SYSTEM |

SALESPERSON NO. 654 JAMES E PAUL

SERVICE

STATE REG# X973

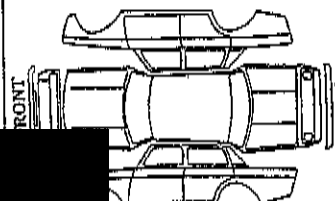
| | | | | | |
|--|--------------------------------------|--|----------------------------------|-----------------------------------|------------------------------------|
| TERMS CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> (PRIOR APPROVAL) OTHER <input type="checkbox"/> | VEHICLE ID NO. 1G1ZH57B48F | YEAR/MAKE/MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | PRODUCTION DATE 223910 | LICENSE NO. 158048 | R.O. NO. 09/14/09 |
| CALL WHEN READY <input type="checkbox"/> YES <input type="checkbox"/> NO | PHILADELPHIA, PA | CUSTOMER NO. 40417 | SERVICE CONTRACT GMPP | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 |
| SAVE REMOVED PARTS FOR CUSTOMER <input type="checkbox"/> YES <input type="checkbox"/> NO | TIME RECEIVED 08:26am | DATE/TIME PROMISED 09/14/09 06:00pm | PRIORITY | CONTRACT NO. 14036 | EXPIRATION DATE 03/29/12 |
| APPOINTMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | LABOR RATE | LABOR INSTRUCTIONS | TURBO CVZZ | EXPIRATION MILES 48,074 | TAG NO. 2882 |
| I hereby authorize the repair work hereinafter 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 vehicle to secure the amount of repairs therefor. | | | STATE INSUR # SSION # | | |

ORIGINAL CUSTOMER ESTIMATE: PARTS 0.00 LABOR 0.00 TOTAL 0.00

1 **W 24CVZ** *DRIVEABILITY DIAG
NO START BATTERY NEED TO BE JUMP AND LIGHT ON DASH
DOOR LOCKS INOP

N6604.5

2 **W * 98CVZRENTAL** RENTAL CAR
RENTAL CAR/ ALTERNATE TRANSPORTATION



RADIO: factory aftermarket
cassette c/d both

Customer states that all valuables have been removed from vehicle and all damage to vehicle has been noted prior to write up. The customer is aware that Carfagno Chevrolet is not responsible for any lost, stolen or missing items left in vehicle.

Customer Signature _____

| | | |
|-------------------|--------------------------|------------------------------|
| ORIGINAL ESTIMATE | AUTHORIZED ADD'L REPAIRS | ADD'L REPAIRS OK'D BY |
| \$ | \$ | |
| DATE | TIME | EMPLOYEE RECEIVING AUTHORITY |
| | | |

SPECIFIC AUTHORIZATION GIVEN:

MEMO:

CM WARRANT

4700

ENTERED

RENTAL

CUSTOMER COPY

158048

1. Complaint _____

Cause _____

BCm 31480 00

Correction _____

B2555 05
B1325 03

SIR

2. Complaint _____

B1001 00

Cause _____

Correction _____

Dry Done Cap will not

Turn off fuel switch

Shut to Gnd Low

3. Complaint _____

Cap on

Repair short to Gnd

Cause _____

Done Cap operation Good

Correction _____

4. Complaint _____

BC:Z 4-7-2009

Cause _____

Correction _____

5. Complaint _____

Cause _____

Correction _____

6. Complaint _____

Cause _____

Correction _____

7. Complaint _____

Cause _____

Correction _____

8. Complaint _____

Cause _____

Correction _____

9. Complaint _____

Cause _____

Correction _____

Mileage _____

License # _____

Tires

LF

LR

RF

RR

Brakes

LF

LR

RF

RR

Pass

Failed

☐☐

Tech Lic # _____

TIME CLOCK

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

CVCS157320

CVCS157320

40417

VINCE

40031

2277

08/19/09

CVCS157320

13,111 BLK GRANITE 223910

08/CHEVROLET/MALIBU/4DR SDN LT

03/31/08

74

1 G 1 Z H 5 7 B 4 8 F

08/18/09

MO: 13111

JOB# 1 CHARGES-----

LABOR-----
J# 1 03CVZ STEERING SYSTEM TECH(S):41384 WARRANTY
CHECK STEERING STABILITY LIGHT COMES ON
PERFORM SYMPTOM DIAGNOSIS FOUND BCM MODULE SHORT UP DATE
AS PER TAC CASE #10981306
REPLACE BODY CONTROL MODULE

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----
1 25940348 BCM 2.560 Z5000
TOTAL - PARTS

WARRANTY
0.00

SUBLET-----PO#-----VEND INV#-INV.DATE-DESCRIPTION-----
6457 GM WARRANTY
TOTAL - SUBLET

WARRANTY
0.00

G.D.G. & SUPPLIES-----
FREIGHT (PARTS)
TOTAL - GOG

WARRANTY
0.00

JOB# 1 TOTALS-----

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES-----

LABOR-----
J# 2 98CVZRENTAL RENTAL CAR TECH(S):700 WARRANTY
RENTAL CAR/ ALTERNATE TRANSPORTATION
ONE DAY RENTAL

JOB# 2 TOTALS-----

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 0.00

JOB# 3 CHARGES-----

LABOR-----
J# 3+50CVZ14 KEYLESS ENTRY SYSTEM TECH(S):41384 WARRANTY
ONE REMOTE INOP
SHORTED REMOTE
REPLACE ONE REMOTE

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-----
1 15252034 TRANSMITT 10.485
TOTAL - PARTS

WARRANTY
0.00

JOB# 3 TOTALS-----

JOB# 3 JOURNAL PREFIX CVCS JOB# 3 TOTAL 0.00

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

CVCS157320

CVCS157320

40417

VINCE

40031

2277

08/19/09

CVC5157320

13,111 BLK GRANITE 223910

08/CHEVROLET/MALIBU/4DR SDN LT

03/31/08

74

1 G 1 Z H 5 7 B 4 8 F

08/18/09

MO: 13111

TOTAL5.

[illegible]

| | |
|-----------------|------|
| TOTAL LABOR.... | 0.00 |
| TOTAL PARTS.... | 0.00 |
| TOTAL SUBLET... | 0.00 |
| TOTAL G.O.G.... | 0.00 |
| TOTAL MISC CHG. | 0.00 |
| TOTAL MISC DISC | 0.00 |
| TOTAL TAX..... | 0.00 |

| | |
|------------------|------|
| TOTAL INVOICE \$ | 0.00 |
|------------------|------|

CARFAGNO CHEVROLET IS WHERE FRIENDS AND FAMILY BUY !!
SERVICE OPEN MON. THRU FRI. 7:30--6:00 SAT 8:00--3:00
CALL OUR SERVICE CONSULTANTS VINCE CAPIZZI AND ZANFRA MAJOR
FOR A CONVENIENT APPOINTMENT. CARFAGNO'S SERVICE TEAM OF
VINCE, ZANFRA, ANGELINA AND JOE BURNS WOULD LIKE TO SAY:
***** THANK YOU FOR YOUR BUSINESS *****

CUSTOMER SIGNATURE

CARFAGNO CHEVROLET

1230 E. Ridge Pike • P.O. Box 530

PLYMOUTH MEETING, PA. 19462-0530

Phone (610) 275-0507

www.carfagnochevy.com

RECOMMENDED SERVICES

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|-----------|-----------------------|-------|-------|------------|-----------------------|-------|-------|
| 01CVZ32 | *REPL FUEL FILTER | MO | | 75CVZREMI3 | SPRING SERVICE | MI | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|----------------------|------------------|------------|----------------|--|----------------------------|--|---|
| 08/10/09 | 157080 | 13110 | 41202 | 41384 41384 41384 700 40837 89813 | W C W C W I | 12CVZ4 01CVZZZ012000 03CVZ 98CVZRENTAL 12CVZ4 01CVZ04 | STABILITY LIGHT ON 12,000 MILE SERVICE STEERING SYSTEM RENTAL CAR STABILITY LIGHT ON *STATE INSPECTION |
| 06/01/09 03/29/08 | 155271 145088 | 10558 4 | 40031 30991 | | | | |

SALESPERSON NO. 654

JAMES E PAUL

S E R V I C E

STATE REG#

| | | | | | |
|--|--------------------------------------|--|----------------------------------|-----------------------------------|------------------------------------|
| TERMS CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> (PRIOR APPROVAL) OTHER <input type="checkbox"/> | VEHICLE ID NO. 1G1ZH57B481 | YEAR/MAKE/MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | PRODUCTION DATE 223910 | STOCK NO. 223910 | LICENSE NO. 157320 |
| CALL WHEN READY <input type="checkbox"/> YES <input type="checkbox"/> NO | PHILADELPHIA, PA | CUSTOMER NO. 40417 | SERVICE CONTRACT GMPP | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 |
| SAVE REMOVED PARTS FOR CUSTOMER <input type="checkbox"/> YES <input type="checkbox"/> NO | TIME RECEIVED 02:36pm | DATE/TIME PROMISED 08/18/09 06:00pm | PRIORITY | CONTRACT NO. 13353 | EXPIRATION DATE 03/29/12 |
| APPOINTMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | LABOR RATE | ADVISOR NO. 40031 | ADVISOR VINCE | EXPIRATION MILES 48,074 | TAG NO. 2277 |

I hereby authorize the repair work hereinafter 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

STATE INSR #
EMISSION

JOB

LABOR INSTRUCTIONS

ORIGINAL CUSTOMER ESTIMATE: PARTS 0.00 LABOR 0.00 TOTAL 0.00

1 **W * 03CVZ STEERING SYSTEM**
CHECK STEERING STABILITY LIGHT COMES ON
41384 N4800.8

2 **W * 98CVZRENTAL RENTAL CAR**
RENTAL CAR/ ALTERNATE TRANSPORTATION

3 **ONE REMOTE FNDP**
R4490.3

RENTAL

RECEIVED

BCN

RENTAL

FRONT

REAR

RADIO, factory aftermarket cassette c/d both

Customer states that all valuables have been removed from vehicle and all damage to vehicle has been noted prior to write up. The customer is aware that Carfagno Chevrolet is not responsible for any lost, stolen or missing items left in vehicle.

Customer Signature *- CHECK PERM*

ORIGINAL ESTIMATE AUTHORIZED ADD'L CHG. REPAIRS OK'D BY

\$

DATE TIME

EMPLOYEE RECEIVING AUTHORITY

SPECIFIC AUTHORIZATION GIVEN:

MEMO:

INSPECTED BY

157320

25575

CVCS157080

CVCS157080

40417

ZANFRA

41202

2089

08/11/09

CVCS157080

13,110

BLK GRANITE

223910

08/CHEVROLET/MALIBU/4DR SDN LT

03/31/08

74

1 G 1 Z H 5 7 B 4 8 F

08/10/09

MO: 13111

JOB# 1 CHARGES-----

LABOR-----
 J# 1 12CVZ4 STABILITY LIGHT ON TECH(S):41384
 CUSTOMER STATES STABILITY LIGHT IS ON
 CODE C0131 IN EBCM
 REPLACED SHORTED BRAKE PEDAL POSITION SWITCH
 CLEARED CODE

WARRANTY

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-
 1 22666955 SENSOR KI 4.625 Z50
 TOTAL - PARTS

WARRANTY
0.00

G.O.G. & SUPPLIES-----

FREIGHT (PARTS)

TOTAL - GOG

WARRANTY
0.00

JOB# 1 TOTALS-----

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL

0.00

JOB# 2 CHARGES-----

LABOR-----
 J# 2 01CVZZ012000 12,000 MILE SERVICE TECH(S):41384 47.68
 Change Engine Oil & Filter, Lubricate Chassis, Check Tire
 Pressure, Check All Fluid Levels, Check Belts & Hoses,
 ... Reset Oil Life Monitor If Equipped...
 THANK YOU

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-
 1 PK457-5 11.45
 1 12605566 FILTER 1.B36 *****
 5 12345616 OIL 8.800 *****
 1 KIT 110/203 23.75
 TOTAL - PARTS 35.20

JOB# 2 TOTALS-----

LABOR 47.68
PARTS 35.20

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL

82.88

JOB# 3 CHARGES-----

LABOR-----
 J# 3+03CVZ STEERING SYSTEM TECH(S):41384 WARRANTY
 CUSTOMER STATES STEERING WHEEL SHAKES
 SCAN TESTED FOR CODES FOUND CODE C0457
 CONTACTED TAN CASE # 10981306
 REPLACED POWER STEERING CONTROL MOTOR
 CLEARED CODE

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE-
 1 25805894 MOTOR 6.605 Z5001
 TOTAL - PARTS

WARRANTY
0.00

CVCS157080

CVCS157080

40417

ZANFRA

41202

2089

08/11/09

CVCS157080

13,110

BLK GRANITE

223910

PHILADELPHIA, PA

08/CHEVROLET/MALIBU/4DR SDN LT

03/31/08

74

1 G 1 Z H 5 7 B 4 8 F

08/10/09

MO: 13111

JOB# 3 TOTALS-----

JOB# 3 JOURNAL PREFIX CVCS JOB# 3 TOTAL 0.00

JOB# 4 CHARGES-----

LABOR-----
J# 4+98CVZRENTAL RENTAL CAR TECH(\$):700 0.00
RENTAL CAR/ ALTERNATE TRANSPORTATION

JOB# 4 TOTALS-----

JOB# 4 JOURNAL PREFIX CVCS JOB# 4 TOTAL 0.00

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
JOB # A FLDREC WASTE DISPOSAL 2.00
TOTAL - MISC 2.00

ESTIMATE-----
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$0.00 (+TAX)

COMMENTS-----
RENTAL

TOTALS-----

\$
\$ PAYMENT METHOD \$
\$ [] Cash [] Charge [] Check# \$
\$ ip /Card Visa By: [Signature] Date: 8.../.../09 \$
\$ \$
\$

TOTAL LABOR.... 47.68
TOTAL PARTS.... 35.20
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 2.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 5.10

TOTAL INVOICE \$ 89.98

89.00

CARFAGNO CHEVROLET IS WHERE FRIENDS AND FAMILY BUY !!
SERVICE OPEN MON. THRU FRI. 7:30--6:00 SAT 8:00--3:00
CALL OUR SERVICE CONSULTANTS VINCE CAPIZZI AND ZANFRA MAJOR
FOR A CONVENIENT APPOINTMEANT. CARFAGNO'S SERVICE TEAM OF
VINCE,ZANFRA,ANGELINA,AND JOE BURNS WOULD LIKE TO SAY:

CUSTOMER SIGNATURE

CARFAGNO CHEVROLET

1230 E. Ridge Pike • P.O. Box 530

PLYMOUTH MEETING, PA. 19462-0530

Phone (610) 275-0507

www.carfagnochevy.com

RECOMMENDED SERVICES

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|-------------------------------|---------------------------------------|----------|-------|-----------|-----------------------|-------|-------|
| 01CVZZZ012000 75CVZREMIND3 | 12,000 MILE SERVICE SPRING SERVICE | MI MI | | 01CVZ32 | *REPL FUEL FILTER | MO | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|----------|--------------|---------|---------|------------|------|-----------|-----------------------|
| 06/01/09 | 155271 | 10558 | 40031 | 40837 | W | 12CVZ4 | STABILITY LIGHT ON |
| 03/29/08 | 145008 | 4 | 30991 | 89813 | I | 01CVZ04 | *STATE INSPECTION |
| | | | | 89813 | I | 01CVZ06 | *EMISSIONS EXEMPT |
| 03/04/08 | 144413 | 4 | 37649 | 34409 | I | 96CVZNPDI | NEW CAR P.D.I. |

SALESPERSON NO. 654 JAMES E PAUL

SERVICE

STATE REG#

| | | | | | |
|--|--------------------------------------|---|---------------------------|-----------------------------|----------------------------|
| TERMS CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> (PRIOR APPROVAL) OTHER <input type="checkbox"/> | VEHICLE ID NO. 1G12H57B48F | YEAR/MAKE/MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | PRODUCTION DATE 223910 | STOCK NO. 223910 | LICENSE NO. 157080 |
| CALL WHEN READY <input type="checkbox"/> YES <input type="checkbox"/> NO | PHILADELPHIA, PA | CUSTOMER NO. 40417 | SERVICE CONTRACT CMPP | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 |
| SAVE REMOVED PARTS FOR CUSTOMER <input type="checkbox"/> YES <input type="checkbox"/> NO | | COLOR BLK GRANITE MET/T | CONTRACT NO. | EXPIRATION DATE 03/29/12 | EXPIRATION MILES 48,074 |
| APPOINTMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | TURBO CVZZ | AIR COND. P.S. | TRANS | MILEAGE 13110 |
| | | | | ADVISOR NO. 41202 | ADVISOR ZANFRA |

I hereby authorize the repair work hereinafter 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 use vehicle for purpose of testing and/or inspection. An express mechanic's

TIME RECEIVED 08:41am DATE/TIME RECD 08/10/09 06:00pm

LABOR RATE

STATE INSP. #

EMISSION #

| | | | |
|---|-----------------|---|--------------------------|
| JOB | OR INSTRUCTIONS | ORIGINAL CUSTOMER ESTIMATE: PARTS 0.00 LABOR 0.00 TOTAL 0.00 | 41384 |
| COMMENTS: RENTAL | | C0131 EBCM program | |
| 1. W * 12CVZ4 STABILITY LIGHT ON RENTAL SCHEDULE STABILITY LIGHT ON AND STEERING WHEEL VIBRATION POWER STEERING MESSAGE COMING ON | | Customer states that all valuables have been removed from vehicle and all damage to vehicle has been noted prior to write up. The customer is aware that Carfagno Chevrolet is not responsible for any lost, stolen or missing items left in vehicle. | |
| 2. C * 01CVABA *LUBE OIL & FILTER Change Engine Oil & Filter, Lubricate Chassis, Check Tire Pressure, Check All Fluid Levels, Check Belts & Hoses ... Reset Oil Life Monitor If Equipped... | | Customer Signature _____ | |
| 4. RENTAL | | ORIGINAL ESTIMATE | AUTHORIZED ADD'L REPAIRS |
| 3. Steering wheel shakes | | DATE | TIME |
| 1682557B29F | | EMPLOYEE RECEIVING AUTHORITY | |
| RETURN | | SPECIFIC AUTHORIZATION GIVEN: | |
| RECEIVED | | MEMO: | |
| CUSTOMER COPY | | INSPECTED BY | |
| ST. M. T. L. S. | | x | |
| PAGE 1 OF 1 | | 157080 | |

CVCS155271

CVCS155271

40417

VINCE

40031

1600

06/01/09

CVCS155271

10,558 BLK GRANITE 223910

PHILADELPHIA, PA

08/CHEVROLET/MALIBU/4DR SDN LT

03/31/08

74

1 G 1 Z H 5 7 B 4 8 F

06/01/09

MO: 10558

JOB# 1 CHARGES

LABOR
 12CVZ4 STABILITY LIGHT ON TECH(5) 40837 WARRANTY
 CUSTOMER STATES STABILITY LIGHT
 ON
 CHECKED AND FOUND CODE C0131. CHECKED BRAKE PEDAL PRESSURE
 SENSOR OPERATION, WORKING AS DESIGNED. CHECKED FOR BULLETINS
 AND PIS, NONE RELEVANT. FOUND UPDATE AVAILABLE FOR EBCM
 REPROGRAMMED ELECTRONIC BRAKE CONTROL MODULE

JOB# 1 TOTALS

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
 ORIGINAL ESTIMATE OF \$0.00 (+TAX)

TOTALS

 \$ PAYMENT METHOD \$
 \$ [] Cash [] Charge [] Check# \$
 \$ [] C/Card By: Date: \$
 \$ *****

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

TOTAL INVOICE \$ 0.00

CARFAGNO CHEVROLET IS WHERE FRIENDS AND FAMILY BUY !!
 SERVICE OPEN MON. THRU FRI 7:30--6:00 SAT 8:00--3:00
 CALL OUR SERVICE CONSULTANTS VINCE CAPIZZI AND ZANFRA MAJOR
 FOR A CONVENIENT APPOINTMENT. CARFAGNO'S SERVICE TEAM OF
 VINCE, ZANFRA, ANGELINA AND JOE BURNS WOULD LIKE TO SAY:

CUSTOMER SIGNATURE

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PLYMOUTH MEETING, PA. 19462-0530

Phone (610) 275-0507

www.carfagnochevy.com

RECOMMENDED SERVICES

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|--------------------------|--|----------|-------|-------------------------|-------------------------------|----------|-------|
| 01CVZZZ015000 01CVZ32 | 15,000 MILE SERVICE *REPL FUEL FILTER | MI MI | | 01CVAIR 75CVZREMIND3 | *AIR FILTER SPRING SERVICE | MI MI | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|----------|--------------|---------|---------|----------------|------|--------------------|--|
| 03/29/08 | 145008 | 4 | 30991 | 89813 | | 01CVZ04 01CVZ06 | *STATE INSPECTION *EMISSIONS EXEMPT NEW CAR P.D.I. |
| 03/04/08 | 144413 | 4 | 37649 | 89813 34409 | | 96CVZNPDI | |

SALESPERSON NO. 654 JAMES E PAUL

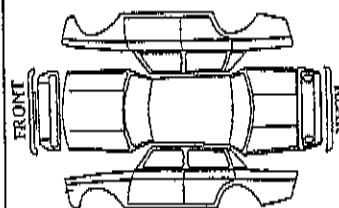
SERVICE

STATE REG#

| | | | | | |
|--|--|--|------------------------------------|-----------------------------------|---------------------------------------|
| TERMS CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> (PRIOR APPROVAL) OTHER <input type="checkbox"/> | VEHICLE ID NO. 1G1ZH57B48F | YEAR/MAKE/MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | PRODUCTION DATE 223910 | STOCK NO. 223910 | LICENSE NO. 155271 |
| CALL WHEN READY <input type="checkbox"/> YES <input type="checkbox"/> NO | CUSTOMER NO. 40417 | SERVICE CONTRACT GMPP | DELIVERY DATE 03/31/08 | DELIVERY MILES 74 | SELLING DEALER NO. 06/01/09 |
| SAVE REMOVED PARTS FOR CUSTOMER <input type="checkbox"/> YES <input type="checkbox"/> NO | COLOR BLK GRANITE MET/T | CONTRACT NO. 103580 | EXPIRATION DATE 03/29/12 | EXPIRATION MILES 48,074 | TAG NO. 1600 |
| APPOINTMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TURBO <input type="checkbox"/> M/MC <input type="checkbox"/> CVZZ <input type="checkbox"/> | AIR COND. <input type="checkbox"/> P.E. <input type="checkbox"/> | TRANS. <input type="checkbox"/> | ADVISOR NO. 40031 | ADVISOR VINCE |
| I hereby authorize the repair work hereinafter set forth to be done along with this 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 | | | | | |
| TIME RECEIVED 08:48am DATE/TIME PROMISED 06/01/09 09:00am PRIORITY | | | STATE INSP. # | | |
| LABOR RATE | | | EMISSION # | | |

| JOB | LABOR INSTRUCTIONS | ORIGINAL CUSTOMER ESTIMATE: | PARTS | LABOR | TOTAL |
|-----|--------------------|-----------------------------|-------|-------|-------|
| | | | 0.00 | 0.00 | 0.00 |

1 **W** 12CVZ4 **STABILITY LIGHT ON**
 CUSTOMER STATES STABILITY LIGHT ON **CO131**

RADIO: factory aftermarket
cassette c/d both

Customer states that all valuables have been removed from vehicle and all damage to vehicle has been noted prior to write up. The customer is aware that Carfagno Chevrolet is not responsible for any lost, stolen or missing items left in vehicle.

Customer Signature _____

| | | |
|-------------------|--------------------------|------------------------------|
| ORIGINAL ESTIMATE | AUTHORIZED ADD'L REPAIRS | ADD'L REPAIRS OK'D BY |
| \$ | \$ | |
| DATE | TIME | EMPLOYEE RECEIVING AUTHORITY |

SPECIFIC AUTHORIZATION GIVEN:

MEMO: **40837**
10588

INSPECTED BY

x **155271**

1. Complaint C/S Serviceability
lite onCause Light not on @ this timeCorrection Inst Tech 2 found2. Complaint DTC C0131 presentCause Checked for applicable TSB's
& PI's. - none relevantCorrection Checked Brake Pedal pressure3. Complaint Sensor operation - operating
as designed.Cause Installed MDI toCorrection Check for applicable4. Complaint ErBcm calibration updateCause Find update Prog SPSCorrection Program (warrcode
28989)

5. Complaint _____

Cause _____

Correction _____

6. Complaint _____

Cause _____

Correction _____

7. Complaint _____

Cause _____

Correction _____

8. Complaint _____

Cause _____

Correction _____

9. Complaint H2508
4

Cause _____

Correction _____

| | | | |
|--------------------------|--------------------------|-------------|-------|
| Mileage | | / License # | |
| Tires | LF | LR | RF RR |
| Brakes | LF | LR | RF RR |
| Pass | Failed | Tech Lic # | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |

TIME CLOCK

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

ON

JUN 1 10:09

JUN 1 10:50

12534 Pass Thru Final Instructions

Programming Complete.

Warranty Claim Code



Record this code on the warranty repair order (if applicable).

Post Programming Instructions:

Follow the Controller Specific Instructions below.

If there are no Controller Specific Instructions, turn ignition off for 30 seconds to reset the controller.



Controller Specific Instructions:

Clearing DTCs will erase stored history data from all controllers, and will reset the PCM I/M flags.

After successful programming, the HVAC module may need to be reset. Remove the HVAC CTRL (BATT) fuse, wait ten seconds, then replace it.

VME 1G1Z157B410F223310

Print

Clear DTCs

New

Cancel

CVIS145008

CVIS145008

100

THOMAS MACDONALD 30991

03/29/08 CVIS145008

4 BLK GRANITE 223910

PLYMOUTH MEETING, PA

08/CHEVROLET/MALIBU/4DR SDN LT

1 G 1 Z H 5 7 B 4 8 F

23-2385352

03/29/08

MO: 5

JOB# 1 CHARGES-----

LABOR-----
 J# 1 01CVZ04 *****STATE INSPECTION HOURS: 1.00 TECH(S):89813 26.95
 PERFORM STATE INSPECTION
 INCLUDES \$2.00 STICKER
 BRAKES--L/F--R/F--L/R--R/R--TIRES--L/F--R/F--L/R--R/R--
 PERFORMED PA STATE INSPECTION

MISC-----CODE-----DESCRIPTION-----CONTROL NO-----
 STATEINSP STATE INSPECTION STICKER CHARGE 2.00
 TOTAL - MISC 2.00

JOB# 1 TOTALS-----
 LABOR 26.95
 MISC 2.00

JOB# 1 JOURNAL PREFIX CVIS JOB# 1 TOTAL 28.95

JOB# 2 CHARGES-----

LABOR-----
 J# 2 01CVZ06 *****EMISSIONS EXEMPT HOURS: 1.00 TECH(S):89813 19.95
 REQUEST NEW CAR EXEMPT STICKER/WAIVER
 NEW CAR OR TRUCK AND OR LESS THAN 5000 MILES
 STICKER ISSUED

JOB# 2 TOTALS-----
 LABOR 19.95

JOB# 2 JOURNAL PREFIX CVIS JOB# 2 TOTAL 19.95

TOTALS-----

| CONTROL# | ACCOUNT NUMBER | AMOUNT.. | | |
|----------|----------------|----------|------------------|-------|
| 223910 | | | TOTAL LABOR.... | 46.90 |
| | | | TOTAL PARTS.... | 0.00 |
| | | | TOTAL SUBLET.... | 0.00 |
| | | | TOTAL G.O.G.... | 0.00 |
| | | | TOTAL MISC.CHG. | 2.00 |
| | | | TOTAL MISC.DISC | 0.00 |
| | | | TOTAL TAX..... | 0.00 |

TOTAL INVOICE \$ 48.90

APPROVED BY SIGNATURE

CARFAGNO CHEVROLET

1230 E. Ridge Pike • P.O. Box 530

PLYMOUTH MEETING, PA. 19462-0530

Phone (610) 275-0507

www.carfagnochevy.com

RECOMMENDED SERVICES

| OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL | OPERATION | OPERATION DESCRIPTION | MO/MI | TOTAL |
|--------------|-----------------------|-------|-------|-----------|-----------------------|-------|-------|
| 75CVZREMIND3 | SPRING SERVICE | MI | | | | | |

SERVICE HISTORY

| DATE | REPAIR ORDER | MILEAGE | ADVISOR | TECHNICIAN | TYPE | OPERATION | OPERATION DESCRIPTION |
|----------|--------------|---------|---------|------------|------|-----------|-----------------------|
| 03/04/08 | 144413 | 4 | 37649 | 34409 | I | 96CVZNPDI | NEW CAR P.D.I. |

SALESPERSON NO.

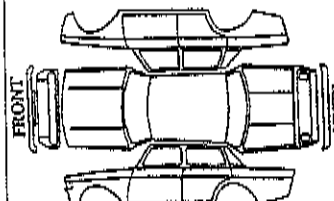
S E R V I C E

STATE REG#

| | | | | | |
|---|--|--|-----------------------------------|----------------------------|------------------------------|
| TERMS CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK (PRIOR APPROVAL) <input type="checkbox"/> OTHER <input type="checkbox"/> | VEHICLE ID NO. 1G1ZH57B48E | YEAR/MAKE/MODEL 08/CHEVROLET/MALIBU/4DR SDN LT | PRODUCTION DATE 223910 | STOCK NO. 223910 | LICENSE NO. 145008 |
| CALL WHEN READY <input type="checkbox"/> YES <input type="checkbox"/> NO | CARFAGNO CHEVROLET 1230 E RIDGE PIKE PLYMOUTH MEETING, PA 19462 | CUSTOMER NO. 100 | SERVICE CONTRACT | DELIVERY DATE | DELIVERY MILES |
| SAVE REMOVED PARTS FOR CUSTOMER <input type="checkbox"/> YES <input type="checkbox"/> NO | RESIDENCE PHONE [REDACTED] | BUSINESS PHONE [REDACTED] | COLOR BLK GRANITE MET/T | CONTRACT NO. | EXPIRATION DATE |
| APPOINTMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TIME RECEIVED 01:52pm | DATE/TIME PROMISED 03/29/08 03:00pm | TURBO CVZZ | AIR COND. P.S. | TRANS 4 |
| LABOR RATE | | | ADVISOR NO. 30991 | | |
| LABOR INSTRUCTIONS | | | ADVISOR THOMAS MACDONALD | | |
| ORIGINAL CUSTOMER ESTIMATE: PARTS LABOR TOTAL | | | STATE INSP. # | | |
| X | | | EMISSION | | |

LABOR INSTRUCTIONS

ORIGINAL CUSTOMER ESTIMATE: PARTS LABOR TOTAL

1. I 01CVZ04 *STATE INSPECTION
PERFORM STATE INSPECTION
INCLUDES \$2.00 STICKER2. I 01CVZ06 *EMISSIONS EXEMPT
REQUEST NEW CAR EXEMPT STICKER/WAIVERRADIO, factory aftermarket
cassette c/d both

Customer states that all valuables have been removed from vehicle and all damage to vehicle has been noted prior to write up. The customer is aware that Carfagno Chevrolet is not responsible for any lost, stolen or missing items left in vehicle.

Customer Signature _____

| | | |
|-------------------|--------------------------|------------------------------|
| ORIGINAL ESTIMATE | AUTHORIZED ADD'L REPAIRS | ADD'L. REPAIRS OK'D BY |
| \$ | \$ | |
| DATE | TIME | EMPLOYEE RECEIVING AUTHORITY |

SPECIFIC AUTHORIZATION GIVEN:

MEMO:

INSPECTED BY

X

89813

145008

1. Complaint ST
Cause In exact
Correction _____

2. Complaint _____
Cause _____
Correction _____

3. Complaint _____
Cause _____
Correction _____

4. Complaint _____
Cause _____
Correction _____

5. Complaint _____
Cause _____
Correction _____

6. Complaint _____

Cause _____

Correction _____

7. Complaint _____

Cause _____

Correction _____

8. Complaint _____

Cause _____

Correction _____

9. Complaint _____

Cause _____

Correction _____

| | | | | | |
|--------------------------|--------------------------|------------------|----|-----------------|--|
| Mileage _____ | | / | | License # _____ | |
| Tires | LF | LR | RF | RR | |
| Brakes | LF | LR | RF | RR | |
| Pass | Failed | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tech Lic # _____ | | | |

TIME CLOCK

OFF

ON

OFF

ON

OFF

ON

OFF

ON

GFF

ON

OFF

ON

OFF

ON

OFF

ONE

OFF

ON

OFF

ON

OFF

ON

OFF

ON

OFF

| CN

OFF

ONE

SEP-29-2009 11:31

DAVID J GORBERG AND ASSOC

215 563 8738

P.003

RELEASE OF LIEN INFORMATION



(Client's Name)

hereby authorize

GMAC Automotive Financing

(Lien holder Name)

P.O. Box 380901 Bloomington MN 55438 1-800-200-4622

(Lien holder Address)

(Lien holder Phone Number)

to release any and all information regarding my loan account #


(Account Number)

with


(Lien holder Name)

to General Motors Corporation, including but not limited to a complete payment history of my account, a loan payoff amount, and per diem information.

Date

9/30/09

VEHICLE INFORMATION

The current vehicle mileage is

14425

Date mileage read:

9/29/09
Signature

Signature

LG0006
V67092007

GMC



RAM



TOTAL P.003

TOTAL P.001



General Motors Corporation
Business Resource Center
PO Box 33170
Detroit, MI 48232-5170

VIA FAX ONLY

September 28, 2009

Joe Burns
Carfagno Chevrolet
PO Box 530
Plymouth Meeting, PA. 19462-0530

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]
Legal Research Specialist: Cynthia Reyes

Dear Mr. Burns:

This is a letter of notification regarding a not-in-suit-matter involving the above referenced customer. Please provide us with copies of all dealer sales and service documents regarding this vehicle. The specific documents needed are:

- **All sales purchase and finance agreements, including a conversion invoice (if any), the incentives acknowledgement form, the Actual Cash Value statement of any trade, and application of title.**
- **Service and body shop repair orders of all internal, customer pay, and warranty repair orders, (to include front and back as well as technician notes). Also, include any receipts for aftermarket or dealer add-ons.**

Please fax them to the number on the fax cover sheet. If there are any fax difficulties or the documents exceed 50 pages, please split the fax and send two or more faxes as appropriate.

In addition, should you be contacted by another party regarding this matter, you may want to consult your own attorney for further direction. Your cooperation is greatly appreciated. If you have further questions, 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.

Sincerely,

General Motors Corporation



RELEASE OF CLAIM

I, [REDACTED] (hereinafter referred to as "Releasor(s)"), on behalf of myself and my assigns, heirs and executors, in consideration of \$4,400.00 paid by General Motors Company, hereby release(s) and discharge(s) General Motors Corporation, Motors Liquidation Company, General Motors Company, their subsidiaries, their authorized independent dealers, any designers and suppliers of vehicles, parts and components that are distributed by them, and their respective agents and employees (hereinafter referred to as "Releasees") from any and all claims, causes of action, demands, damages, and claims for attorney's fees and costs which directly or indirectly arise from, are related to, or are in any way associated with the purchase, repair, maintenance, operation, alteration, or use of Releasor(s) 2008 Chevrolet Malibu bearing Vehicle Identification Number 1G1ZH57B48F [REDACTED] ("Subject Vehicle"), including but not limited to any claims based on any alleged defects in the subject vehicle. This Release of Claim shall not be construed to release any of the above named persons or entities from any liability regarding claims of personal injury or products liability arising out of the use or operation of the Subject Vehicle after the date of execution of this release. Notwithstanding the above, General Motors Company agrees to honor the remaining term of the manufacturer's express limited warranty and any applicable GM Protection Plans which accompanied the sale of the subject vehicle. If Releasor(s) has/have initiated any court, arbitration or other proceeding against Releasees, Releasor(s) immediately will dismiss the proceeding with prejudice.

The subject vehicle's mileage is _____ on the date of the signing of this release.

Releasor(s) has/have carefully read and understand(s) this release. Releasor(s) agree(s) and acknowledge(s) that this Release constitutes the entire agreement between Releasor(s) and Releasees, and Releasor(s) is/are not relying on any representations, promises or inducements other than those stated in this release.

PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, YOU ARE SIGNIFYING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ITS TERMS.

I/We agree to the terms of this Release of All Claims

DATE SIGNED: _____

Claimant's Signature

Claimant's Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by [REDACTED].

Signature of Notary Public

Print, type or stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced identification _____

Type of identification _____

My commission expires: _____

CC: File

RELEASE OF CLAIM

I, [REDACTED] (hereinafter referred to as "Releasor(s)"), on behalf of myself and my assigns, heirs and executors, in consideration of \$3,900.00 paid by General Motors Company, hereby release(s) and discharge(s) General Motors Corporation, Motors Liquidation Company, General Motors Company, their subsidiaries, their authorized independent dealers, any designers and suppliers of vehicles, parts and components that are distributed by them, and their respective agents and employees (hereinafter referred to as "Releasees") from any and all claims, causes of action, demands, damages, and claims for attorney's fees and costs which directly or indirectly arise from, are related to, or are in any way associated with the purchase, repair, maintenance, operation, alteration, or use of Releasor(s) 2008 Chevrolet Malibu bearing Vehicle Identification Number 1G1ZH57B48F [REDACTED] ("Subject Vehicle"), including but not limited to any claims based on any alleged defects in the subject vehicle. This Release of Claim shall not be construed to release any of the above named persons or entities from any liability regarding claims of personal injury or products liability arising out of the use or operation of the Subject Vehicle after the date of execution of this release. Notwithstanding the above, General Motors Company agrees to honor the remaining term of the manufacturer's express limited warranty and any applicable GM Protection Plans which accompanied the sale of the subject vehicle. If Releasor(s) has/have initiated any court, arbitration or other proceeding against Releasees, Releasor(s) immediately will dismiss the proceeding with prejudice.

The subject vehicle's mileage is _____ on the date of the signing of this release.

Releasor(s) has/have carefully read and understand(s) this release. Releasor(s) agree(s) and acknowledge(s) that this Release constitutes the entire agreement between Releasor(s) and Releasees, and Releasor(s) is/are not relying on any representations, promises or inducements other than those stated in this release.

PLEASE READ CAREFULLY BEFORE SIGNING. BY SIGNING THIS RELEASE, YOU ARE SIGNIFYING THAT YOU HAVE READ IT, UNDERSTAND IT, AND AGREE TO ITS TERMS.

I/We agree to the terms of this Release of All Claims

DATE SIGNED: _____

Claimant's Signature

Claimant's Signature

Address

Address

City, State, Zip Code

City, State, Zip Code

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by [REDACTED].

Signature of Notary Public

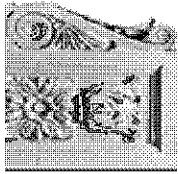
Print, type or stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced identification _____

Type of identification _____

My commission expires: _____

CC: File



Danielle Rocha/Austin/GM1
10/09/2009 10:55 AM

To [REDACTED]
cc [REDACTED]
bcc [REDACTED]
Subject [REDACTED] 71-761092406

[REDACTED]

Same situation. Please let me know before 2 PM or I will email on the 19th. Thanks.

(Sorry, I have to do this for every case)

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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Offer.doc



Release of Claim.doc

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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joe.wilson@gm.com
09/28/2009 07:05 PM

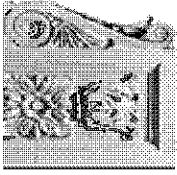
To cynthia_reyes@gmexpert.com
cc
bcc
Subject Re: DVM notification - Please reply SR#71-761092406 -
[REDACTED]

Cynthia,
My response to this case is option D.

Joe wilson

Nothing in this message is intended to constitute an electronic signature unless a specific statement to the contrary is included in this message.

Confidentiality Note: This message is intended only for the person or entity to which it is addressed. It may contain confidential and/or privileged material. Any review, transmission, dissemination or other use, or taking of any action in reliance upon this message by persons or entities other than the intended recipient is prohibited and may be unlawful. If you received this message in error, please contact the sender and delete it from your computer.



Danielle Rocha/Austin/GM1

10/29/2009 01:27 PM

To joe.wilson@gm.com

cc

bcc

Subject [REDACTED] 71-761092406

DVM Joseph Wilson:

This email is to follow up on Service Request 71-761092406 for customer Gaydosh. The customer's vehicle is a 2008 Chevrolet Malibu with 14,425 miles. The customer has been working with Carfagno Chevrolet in Plymouth Meeting, PA.

After negotiations with the plaintiff's counsel, the final offer of \$4,900 cash was accepted.

There is no need to reply to this email. It is sent for notification purposes only.

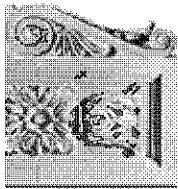
Thank you,

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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Danielle Rocha/Austin/GM1
10/26/2009 08:43 AM

To "Laura Applegate"
<lapplegate@mylemon.com>@SITEWCWEB
cc
bcc
Subject Re: [REDACTED] 71-761092406

Laura,

Still waiting on the signed offer and release. Do you know possibly when you would have those?

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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"Laura Applegate" <lapplegate@mylemon.com>



"Laura Applegate"
<lapplegate@mylemon.com>
>
10/20/2009 04:59 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
Your offer in the amount of 4900inc is accepted.

Thanks- [REDACTED]

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Tuesday, October 20, 2009 2:05 PM

Subject: Re: [REDACTED] 71-761092406



Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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10/20/2009 03:59 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can counter offer with 5900inc please advise.

Thanks.

----- Original Message -----

From: danielle_rocha@gmexpert.com
To: [REDACTED]
Sent: Tuesday, October 20, 2009 1:43 PM
Subject: Re: [REDACTED] 71-761092406

Laura,

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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10/20/2009 02:20 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can coutner with 6900inc. Please advise.

Thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com
To: [REDACTED]
Sent: Tuesday, October 20, 2009 7:45 AM
Subject: Re: [REDACTED] 71-761092406

Laura,

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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[REDACTED]
10/14/2009 02:09 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can make a counter offer in the amount of 7900inc.

thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com
To: [REDACTED]
Sent: Friday, October 09, 2009 10:20 AM
Subject: Re: [REDACTED] 1-761092406

Yes Ma'am I do. No start, shortage. Wiring was repaired.

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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"Laura Applegate" <lapplegate@mylemon.com>

10/09/2009 12:18 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re [REDACTED] 71-761092406

do you have the r/o from 9-14-09?

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: lapplegate@mylemon.com

Sent: Friday, October 09, 2009 9:55 AM

Subject: [REDACTED] 71-761092406

Laura,

Same situation. Please let me know before 2 PM or I will email on the 19th. Thanks.

(Sorry, I have to do this for every case)

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00

No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00

No virus found in this incoming message.
Checked by AVG - www.avg.com
Version: 8.5.422 / Virus Database: 270.14.23/2447 - Release Date: 10/20/09 03:55:00



10/14/2009 02:09 PM

To <danielle_rocha@gmexpert.com>
cc
bcc
Subject Re: [REDACTED] 71-761092406

Danielle,
I can make a counter offer in the amount of 7900inc.

thanks

----- Original Message -----

From: danielle_rocha@gmexpert.com

To: [REDACTED]

Sent: Friday, October 09, 2009 10:20 AM

Subject: Re: [REDACTED] 71-761092406

Yes Ma'am I do. No start, shortage. Wiring was repaired.

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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[REDACTED]
10/09/2009 12:18 PM

To <danielle_rocha@gmexpert.com>
cc
Subject Re: [REDACTED] 71-761092406

do you have the r/o from 9-14-09?

----- Original Message -----

From: danielle_rocha@gmexpert.com
To: [REDACTED]
Sent: Friday, October 09, 2009 9:55 AM
Subject: [REDACTED] 71-761092406

Laura,

Same situation. Please let me know before 2 PM or I will email on the 19th. Thanks.

(Sorry, I have to do this for every case)

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233
Fax: 866-476-8243
Email: danielle_rocha@gmexpert.com

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No virus found in this incoming message.

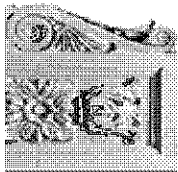
Checked by AVG - www.avg.com

Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.421 / Virus Database: 270.14.8/2425 - Release Date: 10/09/09 08:10:00



Danielle Rocha/Austin/GM1

11/06/2009 02:18 PM

To kristy@mylemon.com

cc

bcc

Subject Fw: [REDACTED] vs. General Motors Company

Hi Kristy,

I am just following up on the offer and release being signed. Thanks

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

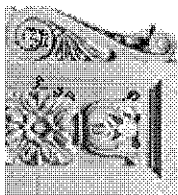
Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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----- Forwarded by Danielle Rocha/Austin/GM1 on 11/06/2009 02:17 PM -----



Danielle Rocha/Austin/GM1

10/29/2009 03:21 PM

To "Kristy King" <kristy@mylemon.com>@SITE LCWEB

cc

Subject Re: [REDACTED] vs. General Motors Company [REDACTED]

Hello Kristy,

I'm sorry to have to say that I need new signed letters. I received the registration that you sent with the client and his wife listed on it. In that case I have to have both signatures on it. I'm really sorry for the inconvenience

[attachment "Final Offer.doc" deleted by Danielle Rocha/Austin/GM1] [attachment "Final Release.doc" deleted by Danielle Rocha/Austin/GM1]

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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by persons or entities other than the intended recipient is prohibited and may be illegal. If you received this in error, please contact the sender and delete the message from your system.

"Kristy King" <kristy@mylemon.com>



"Kristy King"
<kristy@mylemon.com>

10/29/2009 12:41 PM

To "Danielle Rocha" <danielle_rocha@gmexpert.com>

cc

Subject [REDACTED] Gerard vs. General Motors Company

Hello Danielle!

Attached, please find the signed offer, release & registration for the above referenced matter, as well as our firm's W9. Kindly forward the check to our office at your earliest convenience.

Should you require anything further, please do not hesitate to contact me.

Thank You!!

Kristy King-Seher

Office Manager

David J. Gorberg & Associates, P.C.

Phone # 1.800.MYLEMON or 215.665.7660, ext. 288[attachment "SIGNED
OFFER,RELEASE & REGISTRATION.pdf" deleted by Danielle Rocha/Austin/GM1]
[attachment "W9.pdf" deleted by Danielle Rocha/Austin/GM1]



General Motors Corporation
Business Resource Center
PO Box 33170
Detroit, MI 48232-5170

VIA FAX ONLY

September 28, 2009

David Gorberg, Esq.
David J Gorberg & Associates
700 Times Building Suburban Square
Ardmore, PA 19003

RE: [REDACTED]
Service Request: 71-761092406
2008 Chevrolet Malibu
Vehicle Identification Number: 1G1ZH57B48F [REDACTED]

Dear Mr. Gorberg:

This is to advise that General Motors is in receipt of the above referenced case dated September 28, 2009. This case file has been assigned to General Motors' Early Resolution program, and you will be contacted in the next 10-15 calendar days for review. The Early Resolution program is designed to facilitate early settlement of warranty matters within a 45-day timeframe.

In order to do a thorough review and assessment of this case, General Motors would appreciate your prompt assistance in having the attached Release of Lien Information form completed and faxed to the number on the fax coversheet within the next five (5) days.

In addition, if any of the items below are marked, please send the requested information either to the fax number on the fax cover sheet, or to the address below as soon as possible.

☐
☒

Copy of owner's current title and/or registration
Other: Release of line

☐
☐

Finance agreement
Buyer's agreement

General Motors Corporation
ATTN: BRC Legal
P.O. Box 33170
Detroit, MI 48232

If you have further questions, 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 the service request number above and a Customer Relationship Specialist will be happy to assist you.

Sincerely,

General Motors Corporation



RELEASE OF LIEN INFORMATION

I _____,
(Client's Name)

hereby authorize _____
(Lien holder Name)

(Lien holder Address) (Lien holder Phone Number)

to release any and all information regarding my loan account # _____
(Account Number)

with _____
(Lien holder Name)

to General Motors Corporation, including but not limited to a complete payment history of my account, a loan payoff amount, and per diem information.

Date _____.

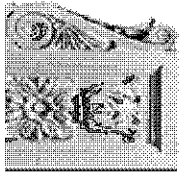
VEHICLE INFORMATION

The current vehicle mileage is _____ Date mileage read: _____.

Signature

Signature





Danielle Rocha/Austin/GM1

10/06/2009 09:26 AM

To lapplegate@mylemon.com

cc

bcc

Subject [REDACTED] 71-761092406



Offer.doc



Release of Claim.doc

Danielle Rocha
Business Resource Center

Aditya Birla Minacs

Phone: 866-790-5700 extension 41233

Fax: 866-476-8243

Email: danielle_rocha@gmexpert.com

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"Kristy King"
<kristy@mylemon.com>

10/29/2009 12:41 PM

To "Danielle Rocha" <danielle_rocha@gmexpert.com>
cc
bcc
Subject [REDACTED] vs. General Motors Company

Hello Danielle!

Attached, please find the signed offer, release & registration for the above referenced matter, as well as our firm's W9. Kindly forward the check to our office at your earliest convenience.

Should you require anything further, please do not hesitate to contact me.

Thank You!!

Kristy King-Seher

Office Manager

David J. Gorberg & Associates, P.C.



Phone # 1.800.MYLEMON or 215.665.7660, ext. 288 SIGNED OFFER, RELEASE & REGISTRATION.pdf



W9.pdf

DAVID J. GORBERG & ASSOCIATES, P.C.

DAVID J. GORBERG†
TAMMY J. SCHMITT
LAURA L. APPEGATE
NICOLE VITALE*

*MEMBER OF PA AND NJ BARS
†MEMBER OF PA AND NY BARS

700 TIMES BUILDING
SUBURBAN SQUARE
ARDMORE, PA 19003

1 (800) MY-LEMON
1 (800) 695-3666

(215) 665-7660
FAX (215) 563-8738

www.MyLemon.com

NEW JERSEY OFFICE

100 CENTURY PARKWAY
SUITE 305
MT. LAUREL, NJ 08054
(856) 797-0703
FAX (856) 983-6123

PITTSBURGH OFFICE

2325 GRANT BLDG.
330 GRANT STREET
PITTSBURGH, PA 15219
(412) 894-9970
FAX (412) 894-9983

September 25, 2009

**GENERAL MOTORS CORPORATION
CHEVROLET DIVISION
P O BOX 33170
DETROIT, MI 48232-5170**

RE: Our Client: [REDACTED]
Vehicle: 2008 Chevy Malibu
Vin #: 1G1ZH57B48F [REDACTED]

Dear Legal Department:

Please be advised this office represents the above individual under any and all of the following claims:

Pennsylvania's Automobile Lemon Law Act, Magnuson-Moss Act, Uniform Commercial Code and Unfair Trade Practices Act.

Having been formally notified of our representation, you are instructed not to contact our client under any circumstances. Direct all inquiries to this office.

The Primary non-conformities for which relief is sought include the following:

3x stabilitrack and various other problems

Kindly confirm receipt of this letter, and have a representative contact our office to discuss this matter at your first convenience.

Very truly yours,

DAVID J. GORBERG

DJG/nn

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Please print or type

Name (See Specific Instructions on page 2.)
David J. Gorbeg & Associates, P.C.

Business name, if different from above. (See Specific Instructions on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership ☐ Other

City, state, and ZIP code
 Ardmore, PA

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number
| | | - | | |

or

**Part II For U.S. Payees Exempt From
Backup Withholding (See the
instructions on page 2.)**

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here Signature of U.S. person Date 10/7/2009

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployment pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1993 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$300 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

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

May 5, 2011

[REDACTED]
Titusville, FL [REDACTED]

Dear [REDACTED]

We sincerely regret that you experienced a concern with your 2006 Chevrolet Malibu, which resulted in an unexpected repair expense to you.

We value you as a Chevrolet owner and your satisfaction with our products is a high priority. After consideration, we believe you are entitled to a reimbursement. We have enclosed a check in the amount of \$331.52. We hope this goodwill adjustment will offset, to some degree, the inconvenience that this repair may have caused you.

At Chevrolet, our commitment to customer satisfaction is a top priority. If you have future questions, please don't hesitate to email us using the Contact Us link at Chevrolet.com or call us at 1-800-222-1020.

Sincerely,

Chevrolet Customer Assistance Center
Service Request 71-761593727

Titusville, Fl.



10-19-29 AUG:43 RCVD

Mr. Matt Cali
Chevrolet Division
P.O. Box 33170
Detroit MI 48232

CASE #
71-761593727

4823235170 B050



[REDACTED]
Titusville FL [REDACTED]
[REDACTED]
CELL [REDACTED]

October 14, 2009

Mr. Matt Cali
Chevrolet Division
P.O. Box 33170
Detroit MI 48232

Re: Case No. 71-761593727

Dear Mr. Cali:

As we discussed, enclosed please find copies of invoices from Pat Fischer Chevrolet and Phil Smith Chevrolet for repairs made to my 2006 Malibu. You indicated that I would be reimbursed half of the money I paid for these repairs as a GM goodwill gesture. Please contact me at the cell phone number above if you have any questions or require any additional information.

Sincerely,

[REDACTED]

FLORIDA VEHICLE REGISTRATION

PLATE [REDACTED]

DECAL 01390425

Expires Midnigl

YR/MK 2006/CHEV

BODY 4D

VIN 1G1ZU53886F

NET WT 4293

Plate Type RGS

COLOR
TITLE

WHI [REDACTED]

DL/FEID [REDACTED]

Date Issued 12/29/2008

Plate Issued 1/10/2006

COPY

TITUSVILLE, FL [REDACTED]

CASE #

7/1-7/6/593727

Case # 71-761593727

UNIT# 6

117486

35345

PAT FISCHER CHEVROLET

1128 SOUTH HOPKINS AVE.

TITUSVILLE, FL 32780

(321) 269-3311

MV 01280



ACCOUNTING

PAGE 1

TITUSVILLE, FL

HOME: [REDACTED] BUS:

CELL: [REDACTED]

SERVICE ADVISOR: 7224 STEPHANIE L NEWMEYE

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN / OUT | TAG |
|-------------|------------|------------------|--------------------|---------|------------------|---------|
| WHITE | 06 | CHEVROLET MALIBU | 1G1ZU53886F | | 43284/43284 | T9642 |
| DEL. DATE | PRGR. DATE | WARR. EXP. | PROMISED | PO. NO. | RATE | PAYMENT |
| 30JUL06 IS | | | 17:00 15SEP09 | | | CASH |
| 30JUL06 DD | | | | | | 21SEP09 |
| R.O. OPENED | | READY | OPTIONS: STK:C6317 | | | |

13:02 11SEP09 08:36 21SEP09

| LINE | OPCODE | TECH | TYPE | A/HRS | S/HRS | COST | SALE | COMP | LIST | NET | TOTAL |
|------|--------|------|------|-------|-------|------|------|------|------|-----|-------|
|------|--------|------|------|-------|-------|------|------|------|------|-----|-------|

A CUST STATES INTERMITTENTLY POWER STEERING INOP. POWER STEERING MESSAGE COMES ON. HAS HAPPENED 3 TIMES. OCCURS MAINLY WHEN TURNING

CAUSE: c0545, internal motor fault.

MISC REPLACED POWER STEERING ASSIST MOTOR

| | | | | | | | | |
|-----|----|------|------|------|-------|--|--------|--------|
| 126 | CC | 1.35 | 2.00 | 4400 | 13995 | | 139.95 | 139.95 |
|-----|----|------|------|------|-------|--|--------|--------|

| | | | | | | | | | |
|---|----------|-------|--|-------|-------|---|--------|--------|--------|
| 1 | 25805894 | MOTOR | | 24090 | 42263 | 0 | 422.63 | 422.63 | 422.63 |
|---|----------|-------|--|-------|-------|---|--------|--------|--------|

| | | | | | | | |
|--------|--------|--------|--------|--------|------|---------------|--------|
| PARTS: | 422.63 | LABOR: | 139.95 | OTHER: | 0.00 | TOTAL LINE A: | 562.58 |
|--------|--------|--------|--------|--------|------|---------------|--------|

VERSION 1 (EMP# 126, 15SEP09 16:10): 43284 c0545, internal motor fault. 2:00 SCANNED VEH FOR DTC'S FOPUND DTC PRESENT IN POWER STEERING CONTROL MODULE FOR INTERNAL MOTOR FAULT. VERIFIED SIGNALS TO MOTOR AS WELL AS POWER AND GROUND AND PER DIAGNOSTICS REPLACED POWER STEERING ASSIST MOTOR. PERFORMED SETUP AND ROAD TESTED VEH FOUND OPERATION OK. CUSTOMER PAY MISC SHOP CHARGE FOR 7:00

| DATE | START | FINISH | DURATION | TYPE | TECH | LINE(S) | CHG |
|----------|-------|--------|----------|------|------|---------|-----|
| 09-11-09 | 13:58 | 15:17 | 1.31 | W | 126 | A | |
| 09-15-09 | 16:08 | 16:10 | 0.04 | W | 126 | A | |

| ACCOUNT | SALE | COST | CONTROL | ACCOUNT | SALE | COST | CONTROL |
|---------|-------|-------|---------|---------|-------|-------|---------|
| 46000 | 13995 | 4400 | | 46700 | 42263 | 24090 | |
| 6104 | 700 | 0 | | 32400 | 3416 | 0 | |
| 22500 | 60374 | ***** | | | | | |

COST, SALE, & COMP TOTALS 28490 56958 0

STORAGE CHARGES: The storage charges shall accrue or be due and payable for a period of 3 working days from the date you are notified that the work on your vehicle has been completed. After that date, the daily charge for storage of your vehicle will be \$5.00 per day.

CANCELLATION OF REPAIR: In the event the customer cancels the repair work, the vehicle shall be repossessed in a condition reasonably similar to when received except the customer retains responsibility for the repossessed vehicle until it is sold. The repair shop may charge for the cost of inspection, the cost of parts and labor to replace parts destroyed by vandalism and the cost to repossess the vehicle.

WARRANTY INFORMATION: All new parts on the this date repair are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not party to any such manufacturer's warranty.

THE 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 THESE PARTS AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

THE ONLY WARRANTIES APPLYING TO THE PART(S) INSTALLED ARE THOSE THAT MAY BE OFFERED BY THE MANUFACTURER.

| DESCRIPTION | TOTALS |
|------------------------|--------|
| LABOR AMOUNT | 139.95 |
| PARTS AMOUNT | 422.63 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| MISC. CHARGES | 7.00 |
| TOTAL CHARGES | 569.58 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 34.16 |
| PLEASE PAY THIS AMOUNT | 603.74 |

Payment Due Date
October 29, 2009

\$

Please make check payable to Discover Card or
pay online @ Discover.com.

00020011 01 AV 0.335 T9 03 SDS4RB02 104

TITUSVILLE FL

Will your payment get to us on time? Pay
your bill online and your payment can be
made to your account on the same day. Visit
Discover.com/payments today.

COPY

PO BOX 71084

CHARLOTTE NC 28272-1084

Address, e-mail or telephone change? Print change in space
above, or go to Discover.com. Print your e-mail address to
receive important Account information and special offers.

Discover More Card Account Summary

Cardmember since 1986

Closing Date: October 3, 2009

page 1 of 4

Account number ending in 5306
 Payment Due Date October 29, 2009
 Minimum Payment Due \$44.00
 Credit Limit \$15,000.00
 Credit Available \$12,179.00
 Cash Credit Limit \$7,500.00
 Cash Credit Available \$7,500.00

Previous Balance \$46.98
 Payments And Credits - 46.98
 Purchases + 2,157.61
 Cash Advances + 0.00
 Balance Transfers + 0.00
 Finance Charges + 0.00
 New Balance = \$2,157.61

You may be able to avoid Periodic Finance Charges, see the
reverse side for details.

Cashback Bonus®

Opening Cashback Bonus Balance \$ 37.53
 New Cashback Bonus This Period + 5.45
 Cashback Bonus Balance \$ 42.98

Cashback Bonus® Since Anniversary Date
of May 3: \$7.96How Can We Help You?
It's your choice - 3 ways to helpPlease have your Discover Card available.
For TDD (assistance for hearing impaired) see reverse side

1. Visit Discover.com to pay your bill for no cost, view your latest Account information, earn and redeem rewards and more
2. Call 1-800-DISCOVER (347-2683) for fast, easy self-service options or to speak with a Customer Service Account Manager
3. Write us at Discover Card, PO Box 30943, Salt Lake City, UT 84130

Transactions

\$0 Fraud Liability Guarantee Use your Discover Card with confidence.

| | Trans. Date | Post Date | | |
|----------------------|----------------|--------------|--|-----------|
| Payments and Credits | Sep 14 | Sep 14 | PAYMENT - THANK YOU | \$ -46.98 |
| Merchandise/Retail | Sep 28 | Sep 28 | TWX*AOL SERVICE 0909 800-827-6364 NY M9R0165588756610 | 9.99 |
| Other/Miscellaneous | Sep 13 | Sep 13 | IDENTITY THEFT PROTECT 800-347-3089 UT | 12.99 |
| Automotive | Sep 21 | Sep 21 | PAT FISCHER CHEVROLET TITUSVILLE FL | 603.74 |
| Travel/Entertainment | Sep 11 | Sep 11 | TRAVEL LYNX COCOA FL | 200.00 |
| | Sep 20 | Sep 20 | FREEDOM OF THE SEAS 800-327-6700 FL | 1,330.89 |

Case # 71-761593727

Finance Charge Summary

| | Average Daily Balances | Daily Periodic Rates | Nominal ANNUAL PERCENTAGE RATES | ANNUAL PERCENTAGE RATES | Periodic FINANCE CHARGES | Transaction Fee FINANCE CHARGES |
|--|------------------------------|----------------------------|--|-------------------------------|--------------------------------|--|
|--|------------------------------|----------------------------|--|-------------------------------|--------------------------------|--|

current billing period: 30 days

| | | | | | | |
|---------------|-----|----------|----------|--------|-----|-----|
| Purchases | \$0 | 0.03627% | 13.24% V | 13.24% | \$0 | \$0 |
| Cash Advances | \$0 | 0.06299% | 22.99% F | 22.99% | \$0 | \$0 |

SALES DRAFT

PHIL SMITH CHEVROLET
1640 N STATE RD 7
LAUDERHILL, FL 33311
TERMINAL 8807547

601101029837749
10/01/2009 09:23:20

CLSCVR

INVOICE 79002 H02
AUTH. CODE 001930

SALE TOTAL \$663.00

CUSTOMER COPY

COPY

Phil Smith



1640 N. State Road 7 (441) • Lauderhill, FL 33313
954-733-6000

COPY

| | | | | | | |
|----------------------------------|---|-------------|--------------------------|-----------------------|---------------------------------|---------------------------------|
| CUSTOMER NO 73035 | NAME DARRYL L. WILSON | | 627 | TAG NO 3522 | INVOICE DATE 10/01/09 | INVOICE NO BUCS539784 |
| ADDRESS TITUSVILLE, FL | LABOR RATE | LICENSE NO. | MILEAGE 43,407 | COLOR 7 | STOCK NO | |
| | YEAR / MAKE / MODEL 06/CHEVROLET/MALIBU/4DR SDN LTZ | | | | | DELIVERY DATE |
| | VEHICLE ID NO 1G1ZU53886F | | | | | DELIVERY MILES |
| | F.T.E. NO. | | P.O. NO. | | SELLING DEALER NO | PRODUCTION DATE |
| | BUSINESS PHONE | | | | 09/28/09 | |
| COMMENTS | | | | | | |

LABOR
J# 1 12CVZ SUSPENSION TECH(S):1170 336.00
CUSTOMER STATES HE KEEPS LOSEING THE STEERING
JUST HAS A P/S MOTOR PUT IN
CODE C0545 PSLM IN COLUMN OPEN
REPLACE STEERING COLUMN & PROGRAM

TOTAL - LABOR 336.00

| PARTS | QTY | FP | NUMBER | DESCRIPTION | UNIT PRICE |
|---------------|-----|----|----------|--------------|------------|
| JOB # 1 | 1 | | 25933396 | COLUMN 6.518 | 359.00 |
| TOTAL - PARTS | | | | | 359.00 |

| MISC | CODE | DESCRIPTION | CONTROL NO |
|--------------|------|--------------------|------------|
| JOB # 1 | 10L | 10% LABOR DISCOUNT | |
| JOB # 1 | 10P | 10% PARTS DISCOUNT | |
| TOTAL - MISC | | | -69.50 |

TOTALS

| | |
|--|--|
| PHIL SMITH CHEVROLET WE VALUE YOUR BUSINESS OUR GOAL IS FOR YOU TO BE COMPLETELY SATISFIED PARTS AND LABOR GUARANTEED FOR 12 MONTHS OR 12000 MILES WHICHEVER OCCURS FIRST AS A DEFECT IN MATERIALS OR WORKMANSHIP ON ALL GM CARS .NON GM CARS GUARANTEE IS 90 DAYS OR 3000 MILES WHICHEVER OCCURS FIRST *GM PARTS LIFE TIME SERVICE WARRANTY PARTS SALES ARE NON RETURNABLE ALL SALES ARE FINAL WWW.PHILSMITHCHEVROLET.COM | TOTAL LABOR.... 336.00 TOTAL PARTS.... 359.00 TOTAL SUBLET... 0.00 TOTAL G.O.G.... 0.00 TOTAL MISC CHG. 0.00 TOTAL MISC DISC -69.50 TOTAL TAX..... 37.53 |
|--|--|

TOTAL INVOICE \$ 663.03

**PLEASE DON'T
VISIT OUR BODY SHOP!**

BUT IF YOU NEED TO...

Our Collision and Paint Center
will handle all your needs.

**FROM MINOR DINGS
TO MAJOR HITS**

We are associated with all Insurance
companies licensed in Florida

**LOCATED RIGHT BEHIND OUR
SERVICE DEPARTMENT**

HV42236

CUSTOMER SIGNATURE

PAID

OCT 01 2009

Per *Discover*

THIS CHARGE REPRESENTS
COSTS AND PROFITS TO THE
MOTOR VEHICLE REPAIR FAC-
ILITY FOR ITEMS SUCH AS MIS-
CELLANEOUS SHOP SUPPLIES
AND/OR WASTE DISPOSAL.

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



CHECK No. [redacted]

50-937
213

DATE 11/09/09 AMOUNT *****331.52
*****331 DOLLARS *****52 CENTS

PAY
TO THE
ORDER
OF

[redacted]
TITUSVILLE FL [redacted]

North American Operations
General Motors Corporation
Disbursement Account

Brian D. Albee
SIGNATURE

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

AUDIT

[redacted]

ENDOR
JNS NO. BB 000000028
ENDOR 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 11/09/09

| REGISTER NO. DESCRIPTION | INVOICE DATE | DOC. REFERENCE NUMBER | % DISC. | INVOICE AMOUNT | DISC. AMOUNT | NET AMOUNT |
|-----------------------------|----------------------------|-------------------------|---------|----------------|--------------|------------|
| 1G1ZU53886F [redacted] | 11/06/09 71-761593727.1 | VM 1-CS0P1K 1-CS0P1K | 00.0000 | 331.52 | .00 | 331.52 |
| TOTAL | | | | 331.52 | .00 | 331.5 |

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

W3

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

May 5, 2011

[REDACTED]
Deerfield Beach, FL [REDACTED]

Dear [REDACTED],

We have received your request for assistance, but have been unable to contact you using the telephone number provided or any listed in our records.

If your situation has been resolved to your satisfaction, no further action is necessary. If it has not, we invite you call us at 1-800-553-6000. Please refer to the service request number listed below when you reach our representative.

Total customer satisfaction is important to us at Saturn. If we can be of any assistance, please don't hesitate to email us using the Contact Us link at Saturn.com or call us at 1-800-553-6000.

Sincerely,

Saturn Customer Assistance Center
Service Request Number: 71-763041166

**BBB AUTO LINE
Customer Claim Form**

Case number: SAT0945938
Contact Date: 10/01/09
Start Date: 10/01/09

Please make any necessary corrections to the information below, print or verify your VIN number and lienholder/leasing company information at the bottom of this page, and complete the missing information in Section 4 on the next page (attach additional sheets as needed).

SECTION 1: CUSTOMER INFORMATION

| | | | |
|-----------------------------|---------------------------|----------------------------|--|
| Titled owner: [REDACTED] | | | |
| Mailing address: [REDACTED] | | | |
| City: Deerfield Beach | State: FL | Zip code: [REDACTED] | |
| Day phone: [REDACTED] | Evening phone: [REDACTED] | Cell phone: [REDACTED] | |
| Fax: [REDACTED] | | E-mail address: [REDACTED] | |

SECTION 2: VEHICLE INFORMATION

| | | | |
|---|------------|--|--|
| Make: Saturn | Model: ION | Year: 2007 | Current mileage: 41000 |
| Name(s) that appears on the vehicle title: [REDACTED] | | | |
| Selling dealer/city/state: COCONUT CREEK SATURN, COCONUT CREEK, FL | | | |
| Primary Servicing dealer/city/state: SATURN OF DEERFIELD BEACH, | | | |
| Acquired as <input checked="" type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> demo <input type="checkbox"/> leased | | Is the vehicle in your possession? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| Purchase/lease date: 12/16/06 | | Mileage at purchase/lease: | |
| First repair attempt date: | | First repair attempt mileage: 0 | |
| How often is the vehicle used for business purposes (percentage): 0 % | | Number of vehicles owned or leased by the business: | Transmission type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual |
| Has the vehicle been in an accident/had body damage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | | Date of accident: |
| Description of damage: | | | |

SECTION 3: DESIRED OUTCOME (Describe what you want done to resolve your concern)

The customer would like the manufacturer to take the vehicle back into their possession and supply her with replacement vehicle that functions properly.

Please complete the missing information in the box below and on page 2.

VEHICLE IDENTIFICATION NUMBER 1G8AJ55S87Z [REDACTED]

Lienholder/Leasing Company _____ **Phone Number** _____

Account Number _____

SECTION 4: VEHICLE PROBLEMS (List primary problem first)

Case Number: SAT0945938

| Problem | Servicing dealer(s) | # of repair attempts | List the date, mileage, and days out of service for each repair attempt | Does the problem exist now? |
|---|-------------------------|----------------------|---|-----------------------------|
| Example: | | | | |
| A/C won't cool properly | Any Dealer, Inc. | 2 | 4/23/06 3,500 miles 5 days 6/10/07 12,700 miles 1 day | yes |
| The vehicle was damage due to a hurricane | | 1 | | yes |
| The vehicles engine flooded out during a storm | | 1 | | yes |
| The engine was replaced twice | | 1 | | yes |
| Loud clanking noise can be heard, when starting it | | 1 | | yes |
| Power steering unit has failed | | 1 | | yes |
| Strong odor of gas coming inside the interior area- | | 1 | | yes |
| gas tank repaired | | | | yes |
| Tires wearing out prematurely | | 1 | | yes |
| | | | | |

Total days out of service for all problems: _____

Signature of Titled Owner(s) _____ Date _____

Printed Name of Titled Owner(s) _____

I am submitting this dispute for resolution in the BBB AUTO LINE program, and I agree to arbitrate the dispute under the BBB AUTO LINE Arbitration Rules.

Please mail or fax this completed form with copies of all available repair orders, your vehicle registration, your sales agreement or lease agreement, and any other relevant documents (e.g., written correspondence with the manufacturer, etc.) to:

BBB AUTO LINE
4200 Wilson Blvd., Suite 800
Arlington VA, 22203-1838
Fax: 703-247-9700

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

May 5, 2011

[REDACTED]
Burlington, KY [REDACTED]

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) for the Smart Care plan on your 2006 Pontiac G6, Vehicle Identification Number 1G2ZF55BX64 [REDACTED]. The processing time will take approximately eight weeks.

You will be notified by GMPP once the plan has been processed and you will receive complete details on your plan's coverage at that time. This letter will serve as your policy until you receive your plan confirmation. Should you require service prior to receiving your plan confirmation from GMPP, simply bring this letter to your local Pontiac Dealership. Your complete satisfaction is very important to us at Pontiac. We hope the issuance of this GMPP demonstrates our appreciation of you as a valued customer.

At Pontiac, our commitment to customer satisfaction is a top priority. If you have future questions, please don't hesitate to email us using the Contact Us link at Pontiac.com or call us at 1-800-762-2737.

Sincerely,

Pontiac Customer Assistance Center
Service Request: 71-765276278

For more information regarding the maintenance and care of your vehicle, please visit www.gmownercenter.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

GM GlobalConnect - Microsoft Internet Explorer provided by GMCARS

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Go Links

Address [Redacted]

Default Transaction Mode : Online

| Vehicle Identifier | | Customer Information | |
|--------------------|----------------------|----------------------|---|
| Vehicle Category | GM Used | Plan Customer | Individual |
| Division | Pontiac | Customer Type | Owner |
| VIN | 1G2ZF55B76[Redacted] | | Burlington, Kentucky, United States - 41006 |
| | | Existing Phone | |
| | | Primary Language | English |
| | | Secondary Language | |

| Sales Information | |
|-------------------|---------------------|
| Dealer Code | 32998 |
| Action | Add Protection Plan |
| Order Number | 46251 |

| Plan Lineholder | |
|-----------------|---------------------------|
| Lineholder Type | Other |
| | Pontiac |
| | PO Box 33172 |
| | Detroit, Michigan - 48232 |

| Protection Plans | |
|--------------------|-------------|
| Plan Purchase Date | 12/04/2009 |
| In Service Date | 12/04/2009 |
| Schedule Type | GMPP Retail |
| Protection Code | |

| Plan Type | |
|---------------|-------------------|
| Plan Type | Smart Care Retail |
| Term | 12 |
| Mileage Limit | 12000 |
| Default Mile | 0 |
| Rental Type | None |
| Plan Price | \$ 0.00 |
| Tax | \$ 0.00 |
| Total | \$ 0.00 |

BACK CANCEL SUBMIT

Done

Start > Maint. Ltr A... GMPP Assign... Xref for 12 31... 14 - Goodwill... Siebel Antomo... GM GlobalC... Document24 - ... 1:18 PM

GM GlobalConnect - Microsoft Internet Explorer provided by GMCARS

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Go Links

Address [Redacted]

Global Connect

ORDERWORKBENCH

Report Vehicle GMPP: Vehicle and C Information

Vehicle & Customer GMPP

This screen is the first step to add GM Protection Plans for a vehicle. To submit a request to change or cancel an existing GM Protection Plan, click "Next" to go to the next step. Click report.

Transaction Mode: Online

Vehicle Identifier

Vehicle Category's: GM Used

Division's: Pontiac

VIN's: Full VIN 1G2ZF55B762451

Dealer Identifier

Division's: Pontiac

Sales Information

Action's: Add Protection Plan

Order Number's: 46251

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 | 1G2ZF55B76[Redacted] | Status | Pending |
| Dealer Code | 32998 | User ID | 1n0app |
| Transaction Date | 12/04/2009 | User Role | Central Office Administrator |
| Transaction Type | GM Protection Plan | Timestamp Date | 2010-01-04 13:18:54.885000 |
| Transaction Message | 1097 - GMPP sent to MIC | | |

Done

Done

Start > Maint. Ltr... GMPP Assi... Xref for 12... 14 - Goodw... Siebel Auto... GM Global... https://ww... Document2... 1:19 PM



GMC

HUMMER

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

GENERAL MOTORS BUSINESS RESOURCE CENTER

VIA FAX ONLY

November 10, 2009

Carolyn Hill
800-955-5100 EXT 509
Maryland

Re: [REDACTED]
BBB case # CHV0947011
2008 Chevrolet Malibu
VIN # 1G1ZG57B08F179441

To Whom It May Concern:

Manufacturer's Position:

General Motors regrets that [REDACTED] is dissatisfied with her 2008 Chevrolet Malibu. We have and will continue to address all concerns per the terms of the warranty.

All of the concerns that [REDACTED] have brought to the attention of the dealer have been corrected. The last time the vehicle was at a General Motors dealership was 10/8/09. [REDACTED] alleged that the steering wheel shake when braking, the steering wheel shake when vehicle in park and the key fob is inoperable. The dealership refaced both front rotors. They were unable to duplicate [REDACTED] alleged concern with the steering wheel. The dealership also replaced the key fob. All concerns were addressed and when released the vehicle was operating 100% as designed. If there are any current concerns on the vehicle we request that [REDACTED] make the vehicle available for repairs per the terms of the warranty.

We do not believe this vehicle meets the presumption of the Lemon Law or the Program Summary as there have been no more than two repairs to any one concern. [REDACTED] alleged concerns did not occur within the first year of ownership. As of the last time the vehicle was in a GM dealer the vehicle was operating as designed when released. There has been no loss of use, value or safety of the vehicle.

We ask that the customers request for repurchase be denied and that the customer continue to work with GM per the terms of the warranty.

Sincerely,

Felicia Williams
BRC Customer Relationship Specialist
Ph# 866-790-5600 EXT 11142
FAX# 866-485-4469

(For California cases, this will be done on their template)

Overallowance/Negative Equity/Incentives Form (Non-Florida)

| | | |
|-----------------------------|---------------------------|-------------------------|
| Customer: [REDACTED] | SR #: 71-765790151 | BBB#: CHV0947011 |
|-----------------------------|---------------------------|-------------------------|

This form may be used to identify possible Overallowance or Negative Equity and to determine any customer incentives which were paid but may not be easily identifiable on a Bill of Sale.

You must determine the TRUE purchase price of a vehicle and identify any Overallowance, Negative Equity, and/or Incentives prior to arbitration or voluntary repurchase.

Section 1

| | |
|---|------------|
| Purchase Price (from Bill of Sale, before tax, tag, title, etc.) | 20075.00 |
| MSRP (from BARS Invoice screen) | - 20075.00 |
| Subtract the MSRP from the Purchase Price (If positive, look for Overallowance) | = 0.00 |

If the Purchase Price is greater than the MSRP but there was no trade-in, have the Dealer explain why the customer paid more than MSRP.

Section 2

| | |
|---|-----------|
| Trade Allowance (from Bill of Sale) | 8970.00 |
| Actual Cash Value (ACV) (from ACV Statement) | - 7400.00 |
| Subtract the ACV from the Trade Allowance If positive, the Trade Allowance is higher than the ACV of the trade-in. This is Overallowance. | = 1570.00 |

Section 3

| | |
|---|-----------|
| Trade Allowance (from Bill of Sale) | 8970.00 |
| Payoff on Trade (from Bill of Sale) | - 9718.86 |
| Subtract the Payoff on Trade from the Trade Allowance If negative, the Payoff on the Trade is higher than the Trade Allowance. This is Negative Equity. | = 748.86 |

Section 4

| | |
|--|------------|
| Purchase Price (from Bill of Sale, before tax, tag, title, etc.) | 20075.00 |
| Incentives not included in the Purchase Price (from BARS and Incentive Acknowledgement sheet) Do not include fuel-fill credit or Dealer incentives. GM Card points must be included. | - 0.00 |
| Overallowance/Negative Equity (use the Overallowance from Section 2 or the Negative Equity from Section 3, whichever is larger) | - 1570.00 |
| Subtract the Incentives and the Overallowance/Negative Equity from the Purchase Price. This is the Actual price of the vehicle that should be presented to the BBB on the Agreement to Arbitrate (ATA). | = 18505.00 |

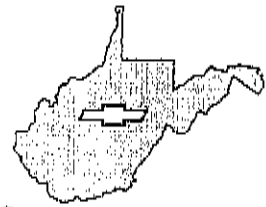
If Overallowance/Negative Equity and/or Incentives (not included in Purchase Price) are found, verify with Team Lead before submitting information to BBB.

**Mid-State Chevrolet-Olds-Buick**

1947 Sutton Lane • Sutton, WV 26601

at the Flatwoods exit of I-79

Phone: 304-765-3988 • Fax: 304-750-2008 • Toll Free: 800-439-4093

**FAX**DATE: 10/21/09TO: Felicia Williams
866-485-4469FROM: Kacie Vandyne - Cust-Relations
Fax 304-765-2008 or 304-765-52691 Pages including cover sheetEnclosed is the information requested
on/for [REDACTED] 2008 Malibu.**Wherever you are in West Virginia, we're not far away!**



HUMMER

GENERAL MOTORS BUSINESS RESOURCE CENTER

October 21, 2009

Mike Smith
Mid-State Automotive, Inc.
1947 Sutton Lane
Sutton, WV 26601

Re: [REDACTED]
Siebel Request: 71-765790151
2008 Chevrolet Malibu
VIN # 1G1ZG57B08F [REDACTED]

Dear Mr. Smith:

This is a letter of notification regarding a Better Business Bureau case involving the above referenced customer.

In order to perform a case assessment, please provide me with copies of all dealer sales and service documents regarding this vehicle within 24 hours. The specific documents needed are:

- All sales, purchase and finance agreements, including a conversion invoice (if applicable)
- The incentives acknowledgement form
- Copy of the Title and Registration
- The Actual Cash Value statement of any trade
- All service and body shop repair orders including all internal, customer pay, and warranty repair orders. (Please include front and backs of the shop copies).

Please fax them to the number found below. If there are any fax difficulties or the documents exceed 50 pages, please contact me as soon as possible.

Your cooperation is greatly appreciated. If you have any questions, feel free to contact me directly at the number below.

Sincerely,

Felicia Williams
BRC Customer Relationship Specialist
Ph# 866-790-5600 EXT 11142
FAX# 866-485-4469

1947 Sutton Lane • Sutton, WV 26601
at the Flatwoods exit of I-79

Phone: 304-765-3988 • Fax: 304-765-5269 • Toll Free: 800-439-4093

26795

MOTOR VEHICLE PURCHASE AGREEMENT

| | | | | |
|--|----------------|--|-------------|----|
| PURCHASER'S NAME | | DATE 01 / 05 / 08 | | |
| ADDRESS | | | | |
| RESIDENCE PHONE | BUSINESS PHONE | SALES REPRESENTATIVE | | |
| Please enter my order for one <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED | | 2008 CHEVROLET IMPALA | | |
| MARK GRAY | | TDP | | |
| 3047657903 | | MILEAGE 12 | | |
| REMARKS: | | TO BE DELIVERED ON OR ABOUT 01 / 05 / 08 | | |
| <p>281.20</p> <p>NEGATIVE EQUITY: I am aware the balance owed on my trade-in vehicle exceeds the trade-in allowance from Dealer and, as a result, I have requested that \$ 281.20 of negative equity from my trade-in be included in the cash price of the vehicle.</p> <p>Description of trade-in: Year 2004 Make CHEVROLET</p> <p>Model IMPALA VIN 2G1WF52E64</p> <p>Title No. Mileage 44464</p> <p>Balance owed to: M&T CREDIT CORPORATION</p> <p>Address PO BOX 62085 BALTIMORE MD 21264</p> <p>Account No. Good till 01 / 15 / 08</p> <p>ODOMETER MILEAGE STATEMENT</p> <p>THE ODOMETER OF THE ABOVE DESCRIBED VEHICLE NOW READS 44464 MILES/KILOMETERS AND IS ACCURATE UNLESS CHECKED BELOW.</p> <p><input type="checkbox"/> ODOMETER MILEAGE IS NOT ACCURATE. REFER TO THE FEDERAL MILEAGE STATEMENT FOR FULL DISCLOSURE.</p> <p>Dealer hereby warrants this vehicle for _____ months or _____ miles, whichever comes first. If this vehicle falls in normal service within that period, dealer will perform repairs in accordance with the attached limited warranty. All warranties, if any, by a manufacturer or supplier other than dealer are theirs, NOT dealers, and only such manufacturer or other supplier shall be liable for performance under such warranties, express or implied.</p> <p>The front and back of this Order and the attached limited warranty comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into, or will be recognized. If this agreement is for a used vehicle see contractual disclosure statement below. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as it appears in writing on the face of this agreement. I have read the matter printed on the back hereof and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am at least 18 years old, and hereby acknowledge receipt of a copy of this order.</p> <p>CONTRACTUAL DISCLOSURE STATEMENT</p> <p>(USED VEHICLES ONLY) THE INFORMATION YOU SEE ON THE BUYER'S GUIDE FOR THIS VEHICLE IS PART OF THIS CONTRACT. INFORMATION ON THE BUYER'S GUIDE OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.</p> <p>THIS ORDER IS NOT VALID UNLESS SIGNED AND ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE.</p> | | CASH PRICE OF VEHICLE | \$ 20075.00 | 1 |
| | | | | 2 |
| | | | | 3 |
| | | | | 4 |
| | | | | 5 |
| | | | | 6 |
| | | | | 7 |
| | | | | 8 |
| | | | | 9 |
| | | | | 10 |
| | | | | 11 |
| | | | | 12 |
| DOWN PAYMENT DISCLOSURE | | | | |
| 281.20 CASH | | | | |
| 281.20 TOTAL DOWN | | | | |
| Total cash price (1 thru 12) | | 20075.00 | 13 | |
| Less trade-in | | \$978.00 | 14 | |
| Difference (13 minus 14) | | 11185.00 | 15 | |
| Total taxable amount | | 11185.00 | 16 | |
| Plus balance owed | | \$9718.86 | 17 | |
| | | | 18 | |
| Privilege tax | | \$ 555.25 | 19 | |
| Title fee | | 10.00 | 20 | |
| Lien fee | | 5.00 | 21 | |
| Transfer fee | | N/A | 22 | |
| Additional weight fee | | N/A | 23 | |
| License fee | | 30.00 | 24 | |
| Insurance fee | | N/A | 25 | |
| Temporary plate fee | | 3.00 | 26 | |
| Litter fee | | N/A | 27 | |
| Other | | N/A | 28 | |
| Total taxes & fees (19 thru 28) | | 603.25 | 29 | |
| Documentary Fee | | 50.00 | 30 | |
| Documentary Fee Tax 6 % OF 50.00 | | 3.00 | 31 | |
| | | | 32 | |
| Mechanical service contract | | N/A | 33 | |
| Other | | | 34 | |
| Total (17 plus 29 thru 34) | | 21488.11 | 35 | |
| Deposit (cash down payment) | | 281.20 | 36 | |
| Balance due on delivery (35 minus 36) | | \$ 21196.91 | 37 | |

RETAIL INSTALLMENT SALE CONTRACT

GMAC FLEXIBLE FINANCE PLAN

Dealer Number: 322106 Contract Number

| | | | |
|---|--|---|--|
| Buyer (and Co-Buyer) - Name and address (include county and zip code) | | Creditor (Seller name and address) | |
| DILLIE MW CO. CLAY | | MID STATE CHEV OLDS BUICK INC. 1947 SUTTON LANE SUTTON WV 26601 | |

You, the Buyer (and Co-Buyer, if any), may buy the vehicle described below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay us, the Creditor, the Amount Financed and Finance Charge according to the payment schedule shown below. We will figure the Finance Charge on a daily basis.

| | | | | |
|-------------|------|----------------|----------------------------|---|
| New or Used | Year | Make and Model | Vehicle Identification No. | Primary Use for Which Purchased |
| NEW | 2009 | CHEVROLET | 16176378006 | <input checked="" type="checkbox"/> Personal, family, or household <input type="checkbox"/> Business <input type="checkbox"/> Agricultural <input type="checkbox"/> Motorcycle |

Your trade-in is a: Year 2004 Make CHEVROLET Model IMPALA

| FEDERAL TRUTH-IN-LENDING DISCLOSURES | | | | |
|---|---|--|---|---|
| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | Amount Financed The amount of credit provided to you or on your behalf. | Total of Payments The amount you will have paid after you have made all payments as scheduled. | Total Sale Price The total cost of your purchase on credit, including your downpayment of \$ 0.00. |
| 7.99% | \$ 1,153.26 | \$ 4,198.00 | \$ 4,227.00 | \$ 4,227.00 |

| Your Payment Schedule Will Be: | | |
|--------------------------------|--------------------|---------------------------------|
| Number of Payments | Amount of Payments | When Payments Are Due |
| 47 | \$ 365.26 | Monthly beginning 02/03/2010 |
| 1 | \$ 467.65 | Final payment due on 01/29/2012 |

Late Charge. If a payment is not received in full within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late. The charge will not exceed \$15 if you bought the vehicle primarily for personal, family, household, or agricultural use.

Prepayment. If you pay off all your debt early, you will not have to pay a penalty.

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

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

ITEMIZATION OF AMOUNT FINANCED

| | | |
|--|-------------|-----|
| 1 Cash price (including any accessories, services, taxes, N/A, N/A, and N/A) | \$ 4,227.00 | (1) |
| 2 Total downpayment = (1) \$ 0.00 and \$ 0.00 less 4H below | \$ 0.00 | |
| 3 Gross trade-in \$ 0.00 | | |
| 4 Net trade-in \$ 0.00 | | |
| 5 Other (describe) - 148.85 | \$ 148.85 | (2) |
| 6 Unpaid balance of cash price (1 minus 2) | \$ 4,227.00 | (3) |
| 7 Other charges including amounts paid to others on your behalf (Seller may keep part of these amounts): | | |
| A Cost of optional credit insurance paid to the insurance company or companies | | |
| Life | \$ 0.00 | |
| Disability | \$ 0.00 | |
| B Other insurance paid to the insurance company | \$ 0.00 | |
| C Official fees paid to government agencies | \$ 0.00 | |
| D Government taxes not included in cash price | \$ 0.00 | |
| E Government license and/or registration fees | \$ 0.00 | |
| F Government taxes not included in cash price | \$ 0.00 | |
| G Other charges (Seller must identify who is paid and describe purpose) | | |
| to N/A for N/A | \$ 0.00 | |
| to MID STATE CHEV for N/A FEE | \$ 0.00 | |
| to N/A for N/A | \$ 0.00 | |
| to N/A for N/A | \$ 0.00 | |
| to N/A for N/A | \$ 0.00 | |
| to N/A for N/A | \$ 0.00 | |
| H Net trade-in payoff to N/A | \$ 0.00 | |
| Total other charges and amounts paid to others on your behalf | \$ 467.65 | (4) |
| 9 Amount financed (3 + 4) | \$ 4,227.00 | |

If blank or "0", any indebtedness on the trade-in is to be paid by you.

Last Payment

THIS CONTRACT IS NOT PAYABLE IN INSTALLMENTS OF EQUAL AMOUNTS. AN INSTALLMENT OF \$ 365.26 WILL BE DUE ON 02/03/2010 (LAST SCHEDULED PAYMENT).

If you make every payment on its due date, however, the payment due at the end of the contract term may be more or less than the amount of the last scheduled payment. (See the section "How late payments or early payments change what you must pay" on the back of this contract.) You may meet your obligation to make the payment due at the end of the contract term by choosing one of the options on the back of this contract in the section "Your last payment options." The Excess Mileage Deduction used to figure the Sale Price in the section "Your option to sell" on the back will be \$ 0.00 per mile for each mile the vehicle is driven over 10,000 miles.

HOW THIS CONTRACT CAN BE CHANGED: Any agreement between you and us relating to this contract. Any change to the contract must be in writing and signed by both you and us. Buyer Signs X Co-Buyer Signs X

If any part of this contract is not valid, all other parts stay valid. We may delay or refrain from enforcing any of our rights under this contract without losing them. For example, we may extend the time for making some payments without extending the time for making others.

Insurance. You may buy the physical damage insurance this contract requires (see back) from anyone you choose who is acceptable to us. You are not required to buy any other insurance to obtain credit. Your decision to buy or not buy other insurance will not be a factor in the credit approval process.

If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and conditions.

Check the insurance you want and sign below:

Optional Credit Insurance.
☐ Credit Life; ☐ Buyer; ☐ Co-Buyer; ☐ Both
☐ Credit Disability (Buyer Only)

Premium:
 Credit Life \$ 0.00
 Credit Disability \$ 0.00

(Insurance Company)

(Home Office Address)

Credit life and credit disability insurance are not required to obtain credit. Your decision to buy or not buy credit life insurance and credit disability insurance will not be a factor in the credit approval process. They will not be provided unless you sign and agree to pay the extra cost. Credit life insurance pays only the amount you would owe if you paid all your payments on time. Credit disability insurance does not cover any increase in your payment or in the number of payments. Coverage for credit life insurance ends on the original due date for this last payment.

Credit disability insurance covers the first payment and does not cover the last scheduled payment.

Other Insurance.

☐ Type of Insurance Term

Premium \$ 0.00

(Insurance Company)

(Home Office Address)

I want the insurance checked above.

X Buyer Signature Date

X Co-Buyer Signature Date

ANY INSURANCE REFERRED TO IN THIS CONTRACT DOES NOT INCLUDE COVERAGE FOR BODILY INJURY AND/OR PROPERTY DAMAGE CAUSED TO OTHERS.

GM Exchange Reports Mailbox

Page 1 of 5

5000 5343

2008 MALIBU 1LS
 75U DARK GRAY METALLIC /L4G
 83B TITANIUM
 ORDER NO. MMDSX1/TRE STOCK NO.
 VIN 1G1 ZG57 B0 8F

GENERAL MOTORS CORPORATION
 & SUBSIDIARIES
 RENAISSANCE CENTER
 DETROIT MI 48243-1114
 VEHICLE INVOICE 1AD17226654

| MODEL & FACTORY OPTIONS | MSRP | INV AMT | RETAIL - STOCK |
|---------------------------------|----------|----------|------------------|
| 1ZG69 MALIBU 1LS | 19345.00 | 18281.03 | INVOICE 12/04/07 |
| B37 FLOOR MATS | 80.00 | 66.40 | SHIPPED 12/04/07 |
| FE9 50-STATE EMISSIONS | N/C | N/C | EXP I/T 12/14/07 |
| LE5 ENGINE, 2.4L DOHC MFI | N/C | N/C | INT COM 12/14/07 |
| MN5 4-SPEED AUTO TRANSMISSION | 0.00 | 0.00 | PRC EFF 12/04/07 |
| VK3 FRONT LICENSE PLATE BRACKET | 0.00 | 0.00 | KEYS G2961 G2961 |
| | | | WFP-S QTR OPT-1 |
| | | | BANK: GMAC - 004 |
| | | | CHG-TO 13-211 |

SHIP WT: 3342
 HP: 19.3
 GMS: 18564.68
 SUPPLR: 19393.34
 MRM: 20075.00
 MEMO 821.25

| | | | | |
|--------------------------|----------|----------|---------|----------|
| TOTAL MODEL & OPTIONS | 19425.00 | 18347.43 | ACT 231 | 18414.68 |
| DESTINATION CHARGE | 650.00 | 650.00 | H/B 261 | 582.75 |
| DEALER CO-OP ADVERTISING | | 194.25 | ADV 261 | 194.25 |

> 777.00

| | | | | |
|---------------------------------|----------|----------|---------|----------|
| TOTAL | 20075.00 | 19191.68 | PAY 310 | 19191.68 |
| MEMO: TOTAL LESS HOLDBACK AND | | | | |
| APPROX WHOLESALE FINANCE CREDIT | | 18318.75 | | |

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

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

MID-STATE CHEVROLET & BUICK

REMIT TO GMAC NO. 004
 VIN 1G1ZG57B08F
 \$ 19191.68 INV 1AD17226654
 DUE 12/14/07 DEALER 13-211

GM CUSTOMER INCENTIVE AND ONSTAR ACKNOWLEDGMENT



(excludes Saturn)

CUSTOMER NAME: SAMANTHA L ADKINS

VIN: 1 6 1 2 6 5 7 8 0 8 F

1. Customer Incentive

I assign the total amount of customer incentive(s) listed to the dealer named below and request that the available customer incentive(s) be applied: (a) _____ to the down payment of this vehicle, (b) _____ where permissible by law, as a price reduction (Bill of Sale indicates pre-incentive price, amount of incentive, and final price with incentive applied), or (c) _____ a check be issued in my name by Dealer named below:

| Incentive Program Reference | Amount | GM Incentive Code |
|---------------------------------|--------|-------------------|
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| _____ | \$ N/A | _____ |
| Total Incentive Amount Received | | \$ N/A |

2. Other Program Selection (Which may or may not be in lieu of customer incentive programs; for example, Division supported financing/leasing, etc..)

- a. I elect to receive _____ in lieu of _____ and/or _____
- b. I elect to receive _____

- CUSTOMER AND DEALER ACKNOWLEDGMENT FOR INCENTIVES AND ONSTAR SERVICE -

- a. **Vehicle Incentive Acknowledgment.** I am the ultimate retail purchaser or lessee of the vehicle bearing this vehicle identification number, which was sold/leased to me by the Dealer named below. This vehicle was purchased/leased for personal/business use and not resale and I took delivery on 01/05/08. I acknowledge receipt of incentive(s) as described in Item _____ and release GM Division from any future claim or obligation for incentive(s) on this unit.

Is vehicle equipped with OnStar? XX Yes _____ No

- b. **OnStar Terms and Conditions Acknowledgment.** I acknowledge that I have received the Terms and Conditions under which the OnStar service in my vehicle is provided (copies are available in the vehicle glovebox, from the dealer, at www.onstar.com, or by contacting OnStar as described below).

I understand that in order to cancel the OnStar service in my vehicle, I must press the blue OnStar button in my vehicle or call 1.888.4OnStar (1.888.466.7827) or TTY 1.877.248.2080 and request that my Services be cancelled.

Purchaser/Lessee Signature

Date: 01 05 08

The undersigned person, as Dealer representative, certifies that the information on this application is true and correct, and the incentive(s) described in Item _____ and the Onstar Terms and Conditions have been provided to the said purchaser/lessee who has taken delivery of referenced unit through this dealership, and that properly completed accurate delivery data has been forwarded to General Motors or Saab Cars USA.

Authorized Dealer Signature:
Dealership Name:

MID-STATE CHEV-OLDS BUICK INC.

Date: 01 05 08
Dealer Code: 13211

Dealer Note: This is a required document and it must be completed, signed, and retained in EVERY DEAL FILE for new retail customers even if there are no incentives or rate support available. A copy of the completed form should be provided to the customer.

STOCK NUMBER: 50005
01/05/2008

[REDACTED] DILLE WV [REDACTED]

Sold by: RAYMOND G NEIL

Purchasing: 2008 CHEVROLET MALIBU MALIBU 1LS 1G1ZG57B08F [REDACTED]
Trade-in: 2004 CHEVROLET IMPALA 4 DOOR SEDAN 2G1WF52E649 [REDACTED]

48 Regular Payments of \$306.26 Beggining on 02/20/2008

Contract with: GMAC

| | | |
|--------------------------|----------|----------|
| Customer Cash | 281.20 | |
| Contract in transit | 21198.91 | |
| Trade-In ACV | 7400.00 | |
| Finance Reserve | N/A | |
| TOTAL CASH OR EQUIVALENT | | 28880.11 |

| | | |
|------------------------|----------|----------|
| Vehicle Cost | 18414.68 | |
| Payoff | 555.25 | |
| Motor Vehicle Tax | 9718.86 | |
| Motor Vehicle Fees | 48.00 | |
| Temporary Registration | 3.00 | |
| Service Contract Cost | N/A | |
| GAP Agreement Cost | N/A | |
| Life Cost | N/A | |
| Disability Cost | N/A | |
| Other Add-On Cost | N/A | |
| Consumer Sales Tax | N/A | |
| COST OF SALE | | 28739.79 |

TOTAL GROSS PROFIT -9.68

SOURCE OF INCOME

| | | |
|------------------------|----------|----------|
| Selling Price | 20075.00 | |
| Trade Allowance | 8970.00 | |
| Difference (or Sale) | 11105.00 | |
| Trade-in ACV | 7400.00 | |
| Total Actual Sale | | 18505.00 |
| Vehicle Cost | | 18414.68 |
| Vehicle Gross | | 90.32 |
| Service Contract Gross | N/A | |
| GAP Agreement Gross | N/A | |
| Life Commission | N/A | |
| Disability Commission | N/A | |
| Other Add-On Gross | N/A | |
| Finance Reserve | N/A | |
| Total F&I Reserves | | N/A |
| Documentary Fee | | 50.00 |

DEAL TOTAL -9.68

PRIVILEGED & CONFIDENTIAL - PREPARED FOR COUNSEL
BRC CASE ASSESSMENT

Latest Revision Date:

All Fields Are Required

By: Felicia Williams BRC ADR
Negotiator: {Negotiator Name}

State: West Virginia

GM Legal File / BBB Case No.: CHV0947011

Customer Last Name: [REDACTED] Service Request: 71-765790151

Only customer's last name to be recorded. Do not include first name.

Vehicle ID No.: 1G1ZG57B08F [REDACTED] In Service Date: 1/5/2008

Vehicle is: New BAC Code: {Selling Dealer}

Year, Make & Model: 2008 Chevrolet Malibu

Vehicle Purchased Used on: N/A at odometer N/A

Current Mileage: 16300

Dealer Name : Mid-State Chevrolet

Sale Type: Purchase ☒ Lease ☐ Other ☐ : {Type}

CAM Name: Craig Joseph
Phone Number: {Number}

Lien holder: GMAC ☒ Other ☐ : {Name}

DVM Name: Lisa Coggins
Phone/Cell Number: 304-533-4722

Purchase Price of Vehicle: \$ 20075

Was TAC contacted for this vehicle (Y/N)? : No

DVM requests involvement?: Yes

Attorney Involvement: N/A
Phone Number : N/A
Fax Number : N/A

Service Manager Name: Mike Smith
Phone Number : (304) 765-3988

Are there **additional** field personnel involved? If Yes, List the name, including role (DVM, DSM, etc.) and phone number. Repeat as necessary.
N/A

Are there **additional** dealerships involved? If Yes, List the dealership name, contact name, and phone number. Repeat as necessary.
N/A

If TAC was contacted, what did they say? (Include TAC case #)
{TAC Detail}

If TAC was NOT contacted, why? (Ask Dealership) DVM/DSM MUST be notified if TAC has not been involved, regardless of dealership explanation.
{Explanation}

DVM/DSM Notified Regarding TAC Involvement? {Yes / No}

VEHICLE REPAIR HISTORY:

Throughout the entire form, use an asterisk (*) if day(s) out of service are already counted in another category.

☐ **Verified: Once completed, please enter an "X" this box to verify that the following listing has been compared to GMVIS for accuracy.**

PLACE A CHECKMARK IN THE BOX FOR THE PRIMARY CONCERN(S) AND **BOLD** THE REPAIR ORDER INFORMATION. BASED ON REPAIR ORDERS AND CUSTOMER/PLAINTIFF DEMAND. USE "N/A" IF THERE WERE NO REPAIRS FOR THE COMPONENT GROUP.

☐ Brakes

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|---------|--------|-----------|----------|--|
| 10/8/09 | 159567 | 8 | 163434 | Check for steering wheel shaking when braking DLR out of round; refaced both front rotors |

☐ Steering

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|---------|--------|-----------|----------|--|
| 6/22/09 | 155172 | 4 | 13276 | C/S check for hard steering intermittent Dlr replaced power steering motor and road tested |
| 10/8/09 | 159567 | *** | 16434 | C/S check steering wheel shaking when car is in park DLR cannot duplicate cust concern at this time |

☐ Electrical

| Date: | RO #: | Days Out: | Mileage: | Description of Complaint and Repair Performed: |
|---------|--------|-----------|----------|---|
| 10/8/09 | 159567 | *** | 16434 | C/S check for key fobs inop DLR inoperative; scanned and replaced transmitter and programmed |

Important: SES light is to be captured under affected component above.

ACCIDENT / INSURANCE INFORMATION:

Repeat as necessary

Has the vehicle ever been involved in an accident? (Y or N)
Did you confirm your answer with the dealer/Customer (if
ADR)/attorney (if Legal)? (Y or N)

Yes
Yes

What type of damage was sustained (example: front end collision)?
Bumper was damaged

Are the RO's attached if the vehicle was in an accident? (Y or N)
Has the customer filed any insurances claims on this Vehicle? (Y or N)
If Yes obtain the following information below

No
No

Insurance Company: _____ N/A

Insurance Rep : _____ N/A
(First and Last Name)

Phone # _____ N/A

Claim Made? (Y or N): _____ N/A

Claim Status: _____ N/A
Pending/Denied/NA

Claim # _____ N/A

Did Insurance Company refer customer to GM? (Y or N) N/A

If Yes. Did the insurance company deny the claim? (Y or N) N/A

AFTERMARKET MODIFICATIONS:

Are there any Aftermarket Modifications to the Vehicle? (Y or N) NO

If "Yes" to aftermarket, please list:

Be sure to note retailer installed or third party installed as well as date and mileage if known. Repeat as necessary. Include the name of the third party installer.

N/A

Have you confirmed modification with the dealership? (Y or N) N/A

PERTINENT FACTS FROM ALL SR's RELATED TO THIS VIN:

Concern: N/A

Date & Offer/Result: N/A

Concern: N/A

Date & Offer/Result: N/A

Concern: N/A

Date & Offer/Result: N/A

BBB PROGRAM SUMMARY ASSESSMENT:

*This section for ADR cases only

What State is BBB Case Filed In? West Virginia

What is the customer eligible for based on the BBB Program Eligibility Guidelines and the specific states lemon law requirements for meeting presumption? (Explain in Detail)

Unique GM Program Summary Requirements for Repurchase/Replacement in Applicable State:
N/A

**Unique GM Program Summary Requirements for Repairs/Reimbursement for Past Repairs in
Applicable State:**

N/A

Customer/Plaintiff Seeks:

{Remedy Sought – include offset if noted}

Customer/Plaintiff Theory:

Describe customer's theory of case from Demand and CAC notes (if applicable), include any specific allegations regarding # of repair visits, days out of service, or specific alleged violations.

{Text}

***This Section to be completed for legal cases only**

Is Lemon Law Pled/Alleged?: {Yes or No}

Under what State? {State} Claimed Presumptive? {Yes or No}

Does Purchase Qualify? {Yes or No} If not, why? {Used/Lease/GVWR/Etc}

State Presumption Is:

| | | | |
|-------------------------------------|--------|------------------------------------|----------|
| # of Visits for a Non-Conformity? | 3 | # of Days out of Service? | 30 |
| # of visits for a Safety Complaint? | 1 | # of Visits Total? | {Number} |
| Must Complaint Continue to Exist? | Yes | Final Repair/Arbitration Required? | Yes |
| Time Period for filing a Claim? | 1 year | | |

Vehicle Service History (During Presumptive Period) is:

| | | | |
|-------------------------------------|----|------------------------------------|----|
| # of Visits for a Non-Conformity? | 4 | # of Days out of Service? | 12 |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 2 |
| Complaint appears to Continue? | No | Final Repair/Arbitration Complete? | No |

Does History appear Presumptive: NO

Vehicle Service History (During Limited Warranty Period) is:

| | | | |
|-------------------------------------|----|------------------------------------|----|
| # of Visits for a Non-Conformity? | 4 | # of Days out of Service? | 12 |
| # of visits for a Safety Complaint? | 0 | # of Visits Total? | 2 |
| Must Complaint Continue to Exist? | No | Final Repair or Arbitration Req'd? | No |

Related Repairs beyond NVLW:

| | | | |
|---------------------------------|-----|------------------------------------|-----|
| Customer Pay? | N/A | If no, identify responsible party: | N/A |
| Additional Days out of Service? | N/A | Additional # of Repair Visits? | N/A |

Other Considerations:

| | |
|---------------------------------------|-----|
| Outcome/Findings of Arb/Final Repair: | N/A |
| Prior Goodwill/reimbursement: | N/A |
| Out of Pocket Expenses: | N/A |

RECOMMENDATION AND RATIONALE:

Reminder: This section must reflect the data and evaluations above. Take into consideration Field and Service Manager information and recommendations.

Pertinent vehicle information provided by DVM/DSM/CAM:

{TEXT}

Pertinent vehicle information provided by dealer Service Manager:

{TEXT}

Identify at least three main strengths of the customer's case?

{TEXT}

Identify at least three main weaknesses of the customer's case?

{TEXT}

Are there any considerations to be made under other applicable laws? (Explain in detail)

{TEXT}

Recommendation:

{TEXT}

Rationale:

{TEXT}

Settlement/Defense Strategy:

{TEXT}

HISTORY OF SETTLEMENT DISCUSSIONS – Legal Cases Only

Record all recommendation throughout the life of the case. Each offer or counter offer should be recorded in order to review case progression.

***Trade Repurchase offers should specify Trade Retail, Trade Collateral, or Trade New Finance.**

***Add additional lines for additional offers/counter offers.**

| | | |
|---|--|------------------------|
| Plaintiff's Original Demand: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| CRS Intial Offer: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| Plaintiff Counter:: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| CRS Counter: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Countered} |
| PLAINTIFF Final Offer: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Declined} |
| CRS Final Offer: Amount to Plaintiff/Atty: \${Amount}/\${Amount} Inclusive Offer: \${Amount} | Settlement Type: {Goodwill Type} Date: {mm/dd/yy} | {Accepted / Declined} |