

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

GM DealerWorld - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Print Mail

Address [Redacted]

Vehicle Category:	GM, Used	Plan Customer:	Individual
Division:	Chevrolet	Customer Type:	Owner
VIN:	1G1ZT61866F [Redacted]	[Redacted]	[Redacted]
		Anderson, Indiana , United States	[Redacted]
		Evening Phone:	
		Primary Language:	English
		Secondary Language:	

Sales Information

Dealer Code:	32888
Action:	Add Protection Plan
Odometer:	29509
Delivery Date:	05/01/2008

Plan Lienholder

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

Protection Plans

Plan Purchase Date:	05/01/2008
In Service Date:	05/01/2008
Plan Type:	Smart Care Retail
Term:	12
Mileage Limit:	12000
Deductible:	0
Rental Type:	None
Plan Price:	\$ 0.00
Tax:	\$ 0.00
Total:	\$ 0.00

Done

start | Internet Explorer | Re: 5/5/2008 GMP... | GMPPentries.xls | Microsoft Office



Transaction Details

Report Veh Information

Vehicle & C

This screen is th
submit a request
customer inform
report.

Transaction M

Online

Vehicle Identif

Vehicle Catego

GM, Used

Division*:

Chevrolet

VIN*:

Full VIN

Dealer Identifi

Division*:

Chevrolet

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

VIN: 1G1ZT61866F [REDACTED]	Status: Pending
Dealer Code: 32888	User ID: 1wG2mf
Transaction Date: 05/01/2008	User Role: Central Office Administrator
Transaction Type: GM Protection Plan	Timestamp Date: 2008-05-05-15.01.31.382000
Transaction Messages: 1097 - GMPP sent to MIC	

March 21, 2011

[REDACTED]
Anderson, IN [REDACTED]

Service Request: 71-623677341
Customer Relationship Specialist: MaryAnn Whelan

Dear [REDACTED]

Thank you for your support of Chevrolet. As we agreed, the necessary paperwork has been completed and forwarded to General Motors Protection Plan (GMPP). The processing time will take approximately eight weeks. The Smart Care Plan for your 2006 Chevrolet Malibu MAXX, Vehicle Identification Number 1G1ZT61866F[REDACTED] is for the following:

- 12 months or 12,000 miles, whichever occurs A \$0.00 deductible
- first, beginning on May 1, 2008 and ending on May 1, 2009 and begins with 29, 509 miles and ends with 41, 509 odometer miles

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

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

Thank you for allowing us the opportunity to assist you.

Sincerely,

Chevrolet Customer Assistance Center

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

Pinckney, MI

APR 25 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: April 23, 200817-Digit Vehicle Identification Number (VIN): 1G1ZU64805F [REDACTED]Mileage at Time of Repair: 61465 Date of Repair: 6/4/07

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Pimckney State: MI ZIP Code: [REDACTED]

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

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

Amount of Reimbursement Requested: \$ 765.58

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).





CHAMPION CHEVROLET, Inc.

LOCATED BETWEEN BRIGHTON AND HOWELL

5000 E. GRAND RIVER (517) 545-8800

HOWELL, MICHIGAN 48843-9101



Goodwrench

CUSTOMER NO. 84420	ADVISOR JEFFREY FREESE	455	TAG NO. 371	INVOICE DATE 06/04/07	INVOICE NO. CVCS252641
PINCKNEY, MI	LABOR RATE	LICENSE NO.	MILEAGE 61,465	COLOR BLUE/	STOCK NO.
	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/4DR			DELIVERY DATE 07/22/05	DELIVERY MILES
	VEHICLE I.D. NO. 1G1ZU64805F			SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	P.O. DATE 06/04/07		
BUSINESS PHONE	COMMENTS				

LABOR & PARTS
 J# 1 15CVZ ~~DIAG STEERING SYSTEM~~ TECH(S) 364 312.99
 PLEASE CHECK AND ADVISE ON REASON FOR LOSS OF POWER STEERING ASSIST.
 SCAN CHECK, DIAGNOSE AND FOUND C0545, TRACED AND FOUND A FAILURE IN THE TROQUE SENSOR. NECESSARY TO REPLACE THE COLUMN ASSEMBLY. RECALIBRATE AS NEEDED AND RECHECK FINE.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	15926870	COLUMN 6.518	409.26	
				JOB # 1 TOTAL PARTS	409.26
				JOB # 1 TOTAL LABOR & PARTS	722.25

STATE REG. NO. F133899
 FED I.D. NO. 38-2760523

CERTIFICATION
 ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT. (P.A. 300)

REPAIRS PROPERLY COMPLETED AND CHECKED BY
 X

J# 2 14CVZEXTRIM ~~EXTERIOR TRIM~~ TECH(S) 364 45.99
 PLEASE CHECK AND ADVISE ON REASON REAR WIPER ARM IS LOOSE / INOP.
 INSPECTED AND FOUND NECESSARY TO REPLACE THE BROKEN ARM AND RECHECK FINE.

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	1	15216566	ARM R/WDO 12.188	49.42	49.42
				JOB # 2 TOTAL PARTS	49.42
				JOB # 2 TOTAL LABOR & PARTS	95.41

WARRANTY INFORMATION ON REVERSE SIDE

*INDICATES A LIFETIME GUARANTEE PART, MUST BE CUSTOMER PAY

G.O.G. & SUPPLIES
 JOB # 1 1.0 SHOP SUPPLIES @ 25.00 /UNIT TOTAL - GOG 25.00

SERVICE DEPT. HOURS

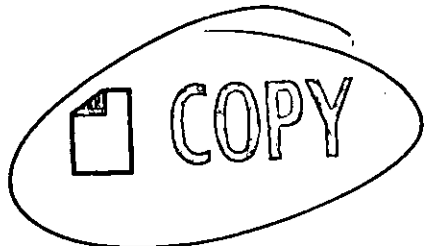
MONDAY 7:00 A.M. - 7:30 P.M.
 TUES - FRI 7:00 A.M. - 6:00 P.M.
 SATURDAY 8:00 A.M. - 4:00 P.M.

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$155.00 (+TAX)
 APPROVED REVISED ESTIMATE (# 1) OF \$871.69 (+TAX) ON 06/04/07 AT 05:47pm
 BY CHRISTOPHER THORNTON COMMENTS JA
 COMMENTS
 TOW IN

BODY SHOP HOURS

MONDAY 8:00 A.M. - 7:30 P.M.
 TUES - FRI 8:00 A.M. - 6:00 P.M.
 SATURDAY 8:00 A.M. - 4:00 P.M.

TECHNICIAN CERTIFICATION
 364 PATRICK MITCHELL M210569



CHAMPION CHEVROLET, Inc.
 (517) 545-8800

Thank You

Reynolds and Reynolds PRAIRIEVILLE CO21583-D (06/03)

765.58



CHAMPION CHEVROLET, Inc.

LOCATED BETWEEN BRIGHTON AND HOWELL

5000 E. GRAND RIVER (517) 545-8800

HOWELL, MICHIGAN 48843-9101



Goodwrench

CUSTOMER NO. 84420	ADVISOR JEFFREY FREESE	455	TAG NO. 371	INVOICE DATE 06/04/07	INVOICE NO. CVCS252641
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 61,465	COLOR BLUE/	STOCK NO.
PINCKNEY, MI	YEAR/MAKE/MODEL 05/CHEVROLET/MALIBU/4DR			DELIVERY DATE 07/22/05	DELIVERY MILES
	VEHICLE I.D. NO. 1G1ZU64805F			SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.		06/04/07	
	BUSINESS PHONE	COMMENTS			

TOTALS

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS	TOTAL LABOR....	358.98
	TOTAL PARTS....	458.68
	TOTAL SUBLET....	0.00
	TOTAL G.O.G....	25.00
	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX.....	29.03
	TOTAL INVOICE \$	871.69

STATE REG. NO. F133899
FED I.D. NO. 38-2760523

CERTIFICATION
ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT. (P.A. 300)

REPAIRS PROPERLY COMPLETED AND CHECKED BY
Jan Adams

CUSTOMER SIGNATURE

COPY

PAID
JUN 4 2007
BY *[Signature]*
MC 364954

WARRANTY INFORMATION ON REVERSE SIDE

*INDICATES A LIFETIME GUARANTEE PART, MUST BE CUSTOMER PAY

SERVICE DEPT. HOURS

MONDAY 7:00 A.M. - 7:30 P.M.
TUES - FRI 7:00 A.M. - 6:00 P.M.
SATURDAY 8:00 A.M. - 4:00 P.M.

BODY SHOP HOURS

MONDAY 8:00 A.M. - 7:30 P.M.
TUES - FRI 8:00 A.M. - 6:00 P.M.
SATURDAY 8:00 A.M. - 4:00 P.M.

IMPORTANT

You may receive a questionnaire from the manufacturer in the next few weeks. If for any reason you cannot grade as "Completely Satisfied", please contact our Department Manager. Thank You.

CHAMPION CHEVROLET, Inc.
(517) 545-8800

Thank You

Reynolds and Reynolds PRINTING CO. 02/21/06 (0603)

543684394228541
CHAMPION CHEVROLET INC
5000 E GRAND RIVER
HOWELL, MI 48843
517-545-8800

MERCHANT 3005 000000002133 001
DATE : 06/04/07 02:39 PM

INVOICE: 252641
ACCOUNT #: [REDACTED]
TYPE: MASTERCARD

REF # 27
BATCH #: 155001
AUTH #: 364954

SALE \$ 871.69

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

X

[REDACTED]
SIGNATURE

MEMBER OF MICHIGAN
RETAILERS ASSOCIATION

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

March 21, 2011

[REDACTED]
Pinckney, MI [REDACTED]

Service Request: 71-623986407
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 MAXX. We apologize for any inconvenience you have experienced as a result of this special coverage.

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

We have reviewed your request for reimbursement on the column 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 \$773.15.

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



CHECK No. [REDACTED]

50-937
213

DATE
05/05/08

*****773 DOLLARS

****15 CENTS

AMOUNT
*****773.15

[REDACTED]
 PINCKNEY MI [REDACTED]

North American Operations
 General Motors Corporation
 Disbursement Account

PAY
TO THE
ORDER
OF

Ribal
 SIGNATURE

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

AUDIT

[REDACTED]

North American Operations

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

DETACH BEFORE DEPOSITING CHECK

VENDOR DUNS NO. BB 000000015

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

PAYMENT DATE 05/05/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G1ZU64805F [REDACTED]	05/02/08 71-623986407	VH 1-ABRMAV 1-ABRMAV	00.0000	773.15	.00	773.15
TOTAL				773.15	.00	773.15

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 21, 2011

[REDACTED]
Fort Gratiot, MI [REDACTED]

Service Request: 71-625513489
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 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 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



CHECK No. [REDACTED]

50-937
213

DATE 05/09/08 *****100 DOLLARS *****00 CENTS *****100.00 AMOUNT

North American Operations
 General Motors Corporation
 Disbursement Account

FORT GRATIOT MI [REDACTED]

Ribal
 SIGNATURE

PAY TO THE ORDER OF

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 000000090 1

CHECK NO. [REDACTED]

VENDOR NAME [REDACTED]

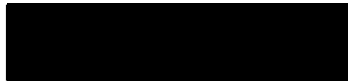
PAYMENT DATE 05/09/08

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
1G2ZG528854	05/08/08 71-625513489	VM-1-ACEXCH 1-ACEXCH	00.0000	100.00	.00	100.00
TOTAL				100.00	.00	100.00

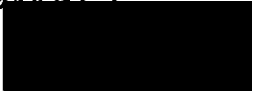
ACCEPTANCE OF THIS CHECK CONSTITUTES FULL RESOLUTION FOR REIMBURSEMENT OR QUESTIONS CALL 800-462-8782

H3

43034

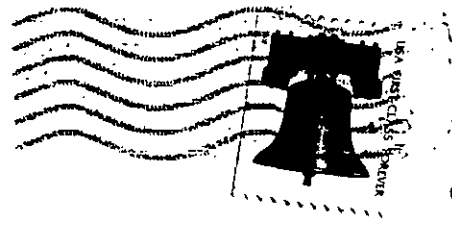


77.6ranis MI



LANSING MI 486

03 MAY 2005 PM 3 T
MAY 05 2000



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: 4-26-08

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

Mileage at Time of Repair: 43,649 Date of Repair: 6-28-07

Claimant Name (please print): XXXXXXXXXXXXXXXXXXXX

Street Address or PO Box Number: XXXXXXXXXXXXXXXXXXXX

City: Fort Gratiot State: MI ZIP Code: XXXXXX

Daytime Telephone Number (include Area Code): XXXXXXXXXXXX

Evening Telephone Number (include Area Code): XXXXXXXXXXXX

Amount of Reimbursement Requested: \$ 100⁰⁰

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: XXXXXXXXXXXXXXXXXXXX

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 *

RINKE PONTIAC-GMC CO.
 P.O. BOX 749
 WARREN, MI 48090-0749
 F-101982
 586-756-5100
 THANK YOU & HAVE A NICE DAY!

 * G.M.C. *

CUSTOMER NO. 22072	REPAIRS PROPERLY COMPLETED & CHECKED BY: VALERIE BIELACZYC 296	CARD NO. 5447	INVOICE DATE 06/28/07	INVOICE NO. PONT1969603
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE 43649	COLOR BLACK/
	YEAR / MAKE / MODEL 05/PONTIAC/G6/4 DOOR SEDAN			IN SERVICE DATE 12/02/04
	VEHICLE ID. NO. 110220528854	SELLING DEALER NO.		PRODUCTION DATE
FORT GRATROIT, MI [REDACTED]	F.T.E. NO.	P.O. NO.	R.O. DATE 06/28/07	
RESIDENCE PHONE [REDACTED]	BUSINESS PHONE [REDACTED]			

TOTALS--

000 THANK YOU FOR SERVICING YOUR VEHICLE AT WWW
 RINKE PONTIAC-GMC CO.
 WHERE WE APPRECIATE YOUR BUSINESS AND
 LOOK FORWARD TO SERVING YOU AGAIN IN
 THE NEAR FUTURE
 FLAT RATE HR. BASED ON THE GUIDE; MAY NOT REFLECT ACTUAL HRS
 REPAIRS LISTED ABOVE WERE COMPLETED PROPERLY
 UNLESS OTHERWISE NOTED

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

DEALER AUTHORIZED SIGNATURE

* DESIGNATES "GOODWRENCH SERVICE PLUS PART"
 LIFETIME GUARANTEE ON THESE SELECT GM PARTS:GM WILL WARRANTY
 COST OF PART:--APPLIES TO CUSTOMER PAY REPAIRS--

CUSTOMER SIGNATURE

PAID

CASH \$ _____
 CHECK \$ _____
 # _____
 CHARGE 100.00

NO RETURNS ON ELECTRICAL COMPONENTS.
 NO RETURNS AFTER 10 DAYS - NO RETURNS ON
 SPECIAL ORDERS 25% HANDLING CHARGE ON ALL
 RETURNS SPECIAL ORDER PARTS MUST BE PAID IN
 ADVANCE
 PAGE 2 OF 2

THE ONLY WARRANTIES APPLYING TO THE 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 ENDORSES ANY
 OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THIS PART(S) AND 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

CLAIMS FOR WORK
 PERFORMED MUST BE
 MADE WITHIN 90 DAYS OR
 1000 MILES FROM DATE
 OF WORK

05:41pm

 * PONTIAC *

REPAIRS PONTIAC-CHEV CO.
 500 SUN 745
 WARREN, MI 48090-0719
 F-101882
 586-734-5100
 THANK YOU & HAVE A NICE DAY!

 * G.M.C. *

CUSTOMER NO. 22072	REPAIRS PROPERLY COMPLETED & CHECKED BY: VALERIE BLODZYC 296	CARD NO. 5417	INVOICE DATE 06/28/07	INVOICE NO. 5493
	LABOR RATE	LICENSE NO.	MILEAGE 13042	COLOR BLACK
	YEAR / MAKE / MODEL 05/PONTIAC/G6/G6 DOOR SEDAN		IN SERVICE DATE 12/02/04	STOCK NO.
	VEHICLE ID. NO. 1C0Z092334	SELLING DEALER NO.		DELIVERY MILES
	F.T.E. NO.	PO. NO.	R.O. DATE 06/23/07	PRODUCTION DATE
RESIDENCE PHONE		BUSINESS PHONE		

LABOR & PARTS
 JOB # 3051Z

DIAGNOSTICS
 "SPECIAL" DIAGNOSIS ONLY INSPECTION
 359.25
 GUEST STATES THAT SERVICE STEERING LOCKING ON
 AND HORN COVER STEERING WHEELS (MOPAR
 MADE WHEN DRIVING IN FROM PARKING LOT THIS MORN.
 STEERING WAS WORKING)
 PERF. DIAG. TEST DROV. FOUND CODES C0343 AND C0176, CHECKED
 CIRCUITS AND CONNECTIONS-INTERMITTENT PROBLEM. TORQUE SENSOR
 PER FLOW CHART. REPLACED STEERING COLUMN. REPROGRAMMED AND
 CALIBRATE AND RETEST DROVE. ---MS

ORIGINAL

WARRANTY

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	15926370	COLUMN 6.518	

JOB # 1 TOTAL PARTS 0.00
 JOB # 1 TOTAL LABOR & PARTS 0.00

JOB # 2 1714WZPP

CHPP AUTH LINE
 CHPP AUTHORIZATION LINE
 \$100.00 DEDUC.
 AUTHORIZED BY
 OPM E7380 COVERED 6-28-07 AT 11:14-UB
 GRM DEDUCTABLE

TECH(S):282

WARRANTY

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2				

JOB # 2 TOTAL PARTS 0.00
 JOB # 2 TOTAL LABOR & PARTS 0.00

JOB # 3+14PNZDOC

DOCUMENTATION ONLY
 Added Operation (128VBIELACZY @ 06/28/2007 08:17)
 NIGHT DROP

TECH(S):282
 100.00

INTERNAL

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 3				

JOB # 3 TOTAL PARTS 0.00
 JOB # 3 TOTAL LABOR & PARTS 0.00

MISC	CODE	DESCRIPTION	CONTROL NO	
JOB # 2	CHIC	GMC MTC WARRANTY		
			969603	100.00
			TOTAL - MISC	100.00

ESTIMATE
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
 ORIGINAL ESTIMATE OF \$100.00 (+TAX)

COMMENTS
 CUSTOMER NEEDS STEERING COLUMN COVERED 6-28-07-UB
 OK TO PICK UP 6-28-07 -UB

TECHNICIAN CERTIFICATION
 1352
 282
 GERALD B SPEARS
 MICHAEL KLOS
 1352
 R-160759

NO RETURNS ON ELECTRICAL COMPONENTS.
 90 DAYS AFTER 10 DAYS - NO RETURNS ON
 SPECIAL ORDERS 25% HANDLING CHARGE ON ALL
 SPECIAL ORDERS SPECIAL ORDER PARTS MUST BE PAID IN
 ADVANCE OF 2

THE ONLY WARRANTIES APPLYING TO THE 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 INCURRED ON NEXT

CLAIMS FOR WORK
 PERFORMED MUST BE
 MADE WITHIN 90 DAYS OR
 4000 MILES FROM DATE
 OF SERVICE

05441.00

ORIGINAL

RINKE PONTIAC
27100 VAN DYKE
WARREN NJ 08093
(586) 756-5100

6:30 PM 06/28/07



SALE TERM# 0001

AMOUNT \$ 100.00

REF #030 AP 08788C
BATCH #991
RD #969603

CUSTOMER COPY

INFORMATION Redacted PURSUANT TO THE FREEDOM OF**INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)****Northeast Region Enhanced Dealership Empowerment Process**

(Service Manager Template – revised 10/01/2005)

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

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

AVM's Name & Phone	MARSHA FUGG 978-652-1544
Service Manager's Name & Phone	DAVID OLAK 978-388-9700 x336
Dealership Name & BAC	Amesbury Chevrolet 221519
Customer Name (Mr., Ms., Mrs., Last, First, MI)	[REDACTED]
Customer Complete Mailing Address	[REDACTED] Amesbury MA [REDACTED]
Daytime phone number	[REDACTED]
Evening phone number	[REDACTED]
FULL VIN	1G1ZT61896F [REDACTED]
Current Mileage	25,992
Short explanation as to why the goodwill tool was offered to the customer (Specific information required)	THE CAR IS A 2006 MALIBU WITH A PROBLEM OF NO POWER STEERING WHEN COLD. WE FOUND A TSB 02-32-001C. AND DISCUSSED WITH TSB. PROCEEDED WITH BULLETIN TO REPAIR CAR. NOW IT IS WORKING AND HAVE NOT FEEL STEERING WOULD LIKE TO EXTEND WARRANTY ON STEERING SYSTEM
If subsequent owner, indicate date & mileage at time of purchase	

March 21, 2011

[REDACTED]
Amesbury, MA [REDACTED]

Service Request: 71-625562340
Customer Relationship Specialist: Maureen Cousineau

Dear [REDACTED]

Chevrolet is pleased to provide service coverage for the steering on your 2006 Chevrolet Malibu MAXX, Vehicle Identification Number 1G1ZT61896H [REDACTED]. This service coverage will commence upon the expiration of the applicable New Vehicle Limited Warranty and will continue until January 5, 2011, or 48,142 miles, whichever occurs first. Chevrolet will make repairs to correct defects related to materials or workmanship occurring during the coverage period specified above. The following items are covered:

Steering – Gear housing and all internal parts; rack and pinion; power steering pump; steering shaft couplings; seals and gaskets.

Chevrolet will not be responsible for conditions arising from tampering, abuse, physical damage, or improper maintenance. This coverage is not transferable to any other vehicle or subsequent owner of your vehicle. Please keep this letter with your Malibu MAXX. Should your vehicle require repairs within the coverage period, present this letter to the Service Manager of an authorized Chevrolet Dealership.

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

Sincerely,

Chevrolet Customer Assistance Center

ATTENTION: DEALERSHIP SERVICE MANAGER
Component Service Coverage

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.

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

March 11, 2011

[REDACTED]
Krum, TX [REDACTED]

Service Request: 71-604173112
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 controller assembly that you had repaired. We regret that we are unable to reimburse you the amount you requested because the part replaced is not the part covered by this special coverage.

At 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

04 FEB 2008 PM 7 T
FEB 07 2008

"LET US DARE TO FEEL
THINK, SPEAK AND
John Adams, 1768
poweroftheletter.com
USA 41

Reimbursement Dept.
PO Box 33170
Detroit, MI 48232-5170

48232+5170 8030



CUSTOMER REIMBURSEMENT CLAIM FORM

This section to be completed by Claimant

Date Claim Submitted: Aug 21, 2007

17-Digit Vehicle Identification Number (VIN): 1G2Z4548054 [REDACTED]

Mileage at Time of Repair: 58252 Date of Repair: Aug 21, 2007

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: Krum State: TX 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

102723

391089



VISTA RIDGE

PONTIAC - BUICK - GMC TRUCK

2700 N. 135 E.

CARROLLTON, TX 75007

(972) 242-4000

INVOICE

DUPLICATE 1

PAGE 1

SERVICE ADVISOR: 3112 MICHAEL HIGGINS

CONZAERS, TX

HOME:

BUS:

CELL:

COLOR	YEAR	MAKE/MODL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
40 40	05	PONTIAC G6	1G2ZH548054		58252/58252	TB3466	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
27SEP05 IS			18:30 30AUG07			CASH	22AUG07

R.O. OPENED READY OPTIONS: STK:254332 DLR:21099 ENG: LX9 TRN: MXO

1) WCMP ROAD HAZAD

09:38 21AUG07 18:18 22AUG07

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CUSTOMER STATES NO POWER STEERING, POWER STEERING MESSAGE ON,

CAUSE: F

REPAIR MOTOR AND CONTROLLER ASSEMBLY, ELECTRONIC

POWER STEERING - REPLACE

119J WP4

1 25805894 MOTOR

FC PART# COUNT

CLAIM TYPE

AUTH CODE

(SB-06047) Onstar Upgrades to Digital

COPY (N/C) (N/C)

58252 CODE C0545 EVES1, A16 1.1 HRS. SCAN STEERING SYSTEM WITH TECH 2 CODE C0545, CK. AND TESTED STEERING SYSTEM FOUND MOTOR AND CONTROLLER SHORTING CAUSING CODES AND LIGHTS, REPLACE MOTOR AND CONTROLLER ASSEMBLY, REPROGRAM ALL 3 MODULES, CLEAR CODES AND DROVE VEH.

B GOODWILL CUSTOMER SATISFACTION MULTIPLE CONCERNS WITH THE STEERING

PER ARIEL DEL CASTILLO

II. INFORMATION LINE

58252

CC BY DT. RV

CUSTOMER PAY DEDUCTIBLE FOR LINE A

100.00

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/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	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

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

CUSTOMER SIGNATURE

PLEASE PAY THIS AMOUNT

100.00

CUSTOMER

VISTA RIDGE BUICK
2709 RD 1-35 E
CARROLLTON, TX 75007

TIME 2:57 PM DATE 08/22/07
TERMS 00766430 MER# 000304205027994
TRM TYPE SALE

CARD TYPE VISA
SER # 027
TICKET # 0000008564
AUTH CODE 724819

TOTAL \$100.00

CUSTOMER COPY