

**CHEVROLET**  
 7300 S. 27th Street  
 Lincoln, Nebraska 68512  
 Phone: 402-420-3300  
 Fax: 402-420-3399  
 email: chevrolet@duteau.com

**DUTEAU**  
*Driven by you.*

www.duteau.com

**SUBARU**  
 2750 Jamie Lane  
 Lincoln, Nebraska 68518  
 Phone: 402-420-4850  
 Fax: 402-420-4679  
 email: subaru@duteau.com

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

ORDER NO. [REDACTED]	BUYER NAME <b>MATT HENDERSON</b>	FIN NO. <b>1281</b>	2320	ORDER DATE <b>10/28/21</b>	[REDACTED]
[REDACTED]	CASH PRICE <b>140.00</b>	[REDACTED]	REBATE <b>25,277</b>	VEHICLE <b>KINTIC BLUE</b>	FIN PLAN NO.
LINCOLN, NE [REDACTED]	YEAR MAKE MODEL <b>16/CHEVROLET/VOLT/5DR HB PREMIER</b>	DELIVERY DATE <b>12/31/15</b>	DEALER INVOICE NO.	DEALER INVOICE NO.	<b>20</b>
[REDACTED]	[REDACTED]	FINANCE START DATE <b>08/06/21</b>	FINANCE END DATE <b>12/18/15</b>	FINANCE MONTHS	<b>12/18/15</b>
[REDACTED]	COMMENTS				

MO: 25287

SUBLET JOB # 4 [REDACTED] 10/28/21 ALL DAYS WARRANTY

TOTAL - SUBLET WARRANTY 0.00

**DISCLAIMER OF WARRANTIES**  
 Any warranties on the products sold hereby and those made by the manufacturers of those products. This dealership hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and that dealership neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

**Service & Parts Hours**  
 M - F 7:00 - 5:30 PM  
 Sat 8:00 - NOON

**Body Shop Hours**  
 M - F 7:00 - 5:30 PM

**THANK YOU**  
**WE APPRECIATE**  
**YOUR CONFIDENCE**  
**IN OUR DEALERSHIP**

If for any reason you are not **COMPLETELY SATISFIED !!!** we would like an opportunity to meet your expectations.



**SUBARU**



**CHEVROLET**

\*\*\*\*\*  
 \* TOTAL LABOR..... 0.00  
 \* TOTAL PARTS..... 0.00  
 \* CASH \$..... CHECK \$..... CHECK #..... \* TOTAL SUBLET... 0.00  
 \* MASTER CARD... VISA... DISCOVER... AMER EXPRESS \* TOTAL G.O.C.... 0.00  
 \* CHARGE..... GRIP..... INSURANCE..... INTERNAL \* TOTAL MISC CHG. 0.00  
 \* \* \* \* \* TOTAL MISC DISC 0.00  
 \* \* \* \* \* TOTAL TAX..... 0.00  
 \* \* \* \* \* TOTAL INVOICE \$ 0.00  
 \* \* \* \* \*

RECEIVED [REDACTED]  
 \*\*\*\*\*  
 DUPLICATE INVOICE \*\*\*\*\*