WARRANTY DEPT.
FERRARI NORTH AMERICA INC.
250 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632-9988

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1394 ENGLEWOOD CLIFFS, NJ

NO POSTAGE
NECESSARY
IF MAILED
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UNITED STATES

FIRST CLASS
U.S. POSTAGE
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ROYAL OAK, MI

IMPORTANT!
SAFETY RECALL NOTICE

IMPORTANT SAFETY RECALL INFORMATION

U.S. Department of Transportation

Issued in Accordance With Federal Law

NHTSA
www.nhtsa.gov

[redacted]

Ferrari North America, Inc. *Takata Passenger Airbag Module (ZA)*

SECOND NOTICE - URGENT SAFETY RECALL

This notice applies to your vehicle (VIN: [redacted] **RC 60 / NHTSA 16V-341**

[redacted]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

Ferrari has decided that a defect which relates to motor vehicle safety exists in certain Model Year 2009-2011 California and Model Year 2010-2011 458 Italia vehicles equipped with a passenger-side front airbag manufactured and supplied by Takata Corporation. We want to assure you that your safety is our priority, and we are committed to correcting this condition in your vehicle.

Takata has reported that the passenger side front airbag could potentially rupture in vehicles involved in an incident in which the frontal airbags deploy. This risk is due to propellant degradation which may occur after long-term exposure to high temperatures, high absolute humidity and high temperature cycling causing the inflator to rupture in deployment. Metal fragments may pass through the airbag striking vehicle occupants, leading to serious injury or death.

Our records show that your vehicle has not yet received the free repair.

IMPORTANT – CONTACT YOUR DEALER TODAY

The National Highway Traffic Safety Administration (NHTSA) and the impacted vehicle manufacturers, including Ferrari, are prioritizing Takata airbag repairs to ensure that vehicles with airbags that pose a higher risk to safety are fixed first while simultaneously working to ensure that parts are available to repair every affected vehicle as quickly as possible. Based on NHTSA's criteria, your vehicle has been selected for this recall.

Final replacement airbags are now available in your area. Please make an appointment with your nearest dealer to have the FREE repair performed on your vehicle.

Ferrari will repair your vehicle free of charge. The repair involves replacing the Passenger Frontal Airbag Module. Please contact your Ferrari dealer at that time and make an appointment to have this repair performed. The time needed for this repair is estimated to be between 2 and 5 hours depending on the model; however, your dealer may need to keep your vehicle for a longer period of time. Please be prepared to leave your vehicle with your dealer for at least a full day.

Please also note that only the passenger frontal airbag is affected by this recall. The driver's frontal airbag is unaffected.

If you have any questions or concerns that your dealer is unable to resolve, please contact Ferrari North America, Inc. at +1(201) 816-2668 or NHTSA at +1(888) 327-4236.

Thank you for your attention to this important matter.

Technical Department
Ferrari North America, Inc.

PLEASE NOTE: Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee by First Class Mail within ten business days.

Owner Information Card

Takata Passenger Airbag Module
RC60 - NHTSA 16V-341

VIN: ZFF65LJA6A0175716

Please complete this following information and return this prepaid card to Ferrari North America, Inc.

- ☐ I currently own this vehicle
  Please enter your full contact information
- ☐ I currently own this vehicle but have moved
  Please enter your new contact information
- ☐ I no longer own this vehicle
  Please enter the new owner's information if known
- ☐ The vehicle was destroyed
- ☐ The vehicle was stolen

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home Telephone: _____

Mobile Telephone: _____

Owner's Signature: _____ Date: _____

United States Postal Service

Postage Statement — First-Class Mail and First-Class Package Service

Comments:
Job #51550 HS Global
Ferrari #60 Recall
2nd Notice

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

[redacted]

Name and Address of Mailing Agent *(If other than permit holder)*

Telephone ( )- -
Extension

CRID ____________

Name and Address of Mail Owner

[redacted]

Federal Agency Cost Code

Statement Seq. No. 51550

Weight of a Single Piece 0.0500 pounds

SSF Transaction ID#

Total Pieces 843

Total Weight 42.1500

Parcels Only
Hold For Pickup (HFPU)
No. of Pieces

2' MM Trays
2' EMM Trays
Total Trays
Flat Trays
Sacks
Pallets
Other

Letter or Flat-size mailpieces contain:
[ ] Round Trip ONLY: One DVD/CD or other disk

Customer Generated Electronic Labels
[ ] SigCon

This is a Political Campaign Mailing
[ ] Yes [X] No

For Auto Price Pieces, Enter Date of Address Matching and Coding
10/24/2017

This is Official Election Mail
[ ] Yes [X] No

Parts Completed (Select all that apply)
[ ] A [X] B [ ] C [ ] D [ ] S [ ] NSA

POSTAGE

1	**Subtotal Postage** *(Add parts totals)*	387.78
2	Price at Which Postage Affixed *(Check one)*. Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. [ ] Correct [ ] Lowest [ ] Neither pcs. x $ = **Postage Affixed**	
3	Incentive/Discount Flat Dollar Amount	
4	Fee Flat Dollar Amount	
5	**Permit #** ________ **Net Postage Due** *(Line 1 +/- Lines 2, 3, 4)*	387.78

USPS USE

Additional Postage Payment ***(State reason)***	
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. **Total Adjusted Postage Affixed**	
Postmaster: Report Total Postage in **AIC 121** **Total Adjusted Postage Permit Imprint**	

CERTIFICATION

Incentive/Discount Claimed: ____________ Type of Fee: ____________

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Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form	Telephone
	Allied Printing Co	(248)-541-0551 Extension 3206

USPS USE ONLY — NON-BPOS STATUS, POSTAL COMPLETE TO ESTIMATES LIST

Weight of a Single Piece ___.____ pound	Total Weight	Are postage figures at left adjusted from mailer's entries? [ ] Yes [ ] No If yes, reason:		Round Stamp (Required) Payment Date
Total Pieces	Total Postage			
Presort Verification Performed? (If required) [ ] Yes [ ] No				
I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		Date Mailer Notified	Contact	
		By (Initials)	Time AM PM	
USPS Employee's Signature		Print USPS Employee's Name		