DATE OPENED P/S: 12/6/95

LAST NAME: AHLMANS

FIRST NAME:

STREET: Rt 1 box 20 CITY: Wykeston STATE: MN ZIP: 55092

HOME PHONE: WORK PHONE: A.S. REPAIR: E023582

DATE OPENED REM: 9/25 DATE OF INCIDENT: DATE CLOSED: 12/7

MFD. BY: Rem CALIBER: 308 MODEL: 700

SERIAL 6531337 RAMAC: DATE CODE: KW DATE MFD: 5/73

_____OBSOLETE? X BULLET WEIGHT:

PRODUCT TYPE: (F) A T O (Circle one) TYPE CONCERN: PI PD P(S) C P/S

CONCERN CODE: 1025 CUSTOMER'S CONCERN: UD

PROBLEM CODE: PROBLEM:

CAUSE CODE: 4006 CAUSE: AA

DATE TO ANALYSIS: CUSTODY: DATE FROM ANALYSIS

ASSIGNED TO: Kurt CLASSIFICATION: (UNI) UNC UND I

PRELITIGATION: X (If yes, circle the x) LITIGATION: X (If yes, circle the X)

SETTLEMENT DETAIL: Repair spot/price

SETTLEMENT AMOUNT:

CUSTOMER CONCERN:

COMMENTS:

ATTITUDE: IRATE---- ANGRY---- CALM---- PLEASED----