DATE OPENED P/S: 11-10-95

LAST NAME: MARR

FIRST NAME: JACK

STREET: 4101 S. Hoyd St. CITY Spokane STATE Wa ZIP: 99223

HOME PHONE: 509-326-8438 WORK PHONE: _____ A.S. REPAIR: 95 28381

DATE OPENED REM: 11-10-95 DATE OF INCIDENT: _____ DATE CLOSED: 11-17-95

MFD. BY: Rem CALIBER: 7MM Mag MODEL: 700

SERIAL A6357100 RAMAC: ____ DATE CODE: ____ DATE MFD: ____

____ OBSOLETE? X BULLET WEIGHT: ____

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

CONCERN CODE: 1008 CUSTOMER'S CONCERN: would fire intermittently when hitting the target

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4015 CAUSE: poor maintenance

DATE TO ANALYSIS: _____ CUSTODY: ____ DATE FROM ANALYSIS ____

ASSIGNED TO: _____ CLASSIFICATION: (UNJ) UNC UND J

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

SETTLEMENT AMOUNT: ~~Agreed price to repair~~ $28.00

CUSTOMER CONCERN: _____

COMMENTS: _____

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