DATE OPENED P/S: _12-30-94_   6421

LAST NAME: _McBride Gun Shop_

FIRST NAME: _____

STREET: _2915 Sam Gabriel_ CITY: _Austin_ STATE: _TX_ ZIP: _78205_

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: _94 35135_

DATE OPENED REM: _12-7-94_ DATE OF INCIDENT: _____ DATE CLOSED: _12-30-94_

MFD. BY: _Rem_ CALIBER: _270_ MODEL: _700_

SERIAL _6558049_ RAMAC: _____ DATE CODE: _XW_ DATE MFD: _5-72_

_____ OBSOLETE? X BULLET WEIGHT: _____

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

CONCERN CODE: _1007_ CUSTOMER'S CONCERN: _fire when taken off safe_

PROBLEM CODE: _4040_ PROBLEM: _____

CAUSE CODE: _4006 & 4015_ CAUSE: _____

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 DETAIL: _Repaired at special price_

SETTLEMENT AMOUNT: _$28.00_

CUSTOMER CONCERN: _____

_____

_____

_____

_____

COMMENTS: _____

_____

_____

_____

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