DATE OPENED P/S: 11/25/95 6505

LAST NAME: Natale

FIRST NAME: Mark

STREET: Box 1014 477 Smith rd CITY: Troy STATE: MI ZIP: 59935

HOME PHONE: _____ WORK PHONE: _____ A.S. REPAIR: 5-5 6091

DATE OPENED REM: _____ DATE OF INCIDENT: _____ DATE CLOSED: _____

MFD. BY: Rem CALIBER: 30-06 MODEL: 700

SERIAL G5560522 RAMAC: ____ DATE CODE: CW DATE MFD: 4/92

_____ 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: FSE

PROBLEM CODE: _____ PROBLEM: _____

CAUSE CODE: 4006 CAUSE: AP

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

ASSIGNED TO: Kent CLASSIFICATION: (UNI) UNC UND J

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

SETTLEMENT DETAIL: Kept spot price

SETTLEMENT AMOUNT: _____

CUSTOMER CONCERN: _____

_____

_____

_____

COMMENTS: _____

_____

_____

_____

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

PS04513