

(Fold Here)



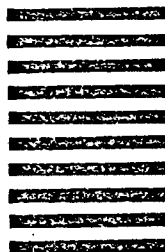
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT 170 NORWALK CT

POSTAGE WILL BE PAID BY ADDRESSEE

Remington Arms Company, Inc.  
94 East Avenue  
Norwalk, CT 06851



(wet and fold gummed area and seal here)

gummed area

**DEAR REMINGTON GUN BUYER:**

Enclosed please find your recently serviced Remington firearm. We trust you will find the service has corrected the difficulties you have encountered and apologize for any inconvenience that may have been created. We would very much appreciate obtaining your opinion regarding Remington firearms and our service effort per the following:

<b>1. PLEASE INDICATE MODEL SERVICED BELOW:</b>	<b>5. WAS THE WORK COMPLETED IN:</b>	<b>-13</b>
	2 weeks or less	<input type="checkbox"/> -1
	2-4 weeks	<input type="checkbox"/> -2
	4-6 weeks	<input type="checkbox"/> -3
	6-8 weeks	<input type="checkbox"/> -4
	Over 8 weeks	<input type="checkbox"/> -5
Model: _____		
<b>2. WAS THIS FIREARM PURCHASED IN NEW OR USED CONDITION?</b>	<b>6. HOW SATISFIED ARE YOU WITH THIS REPAIR WORK?</b>	<b>-14</b>
	Extremely satisfied	<input type="checkbox"/> -5
	Very satisfied	<input type="checkbox"/> -4
	Somewhat satisfied	<input type="checkbox"/> -3
	Somewhat dissatisfied	<input type="checkbox"/> -2
	Very dissatisfied	<input type="checkbox"/> -1
<b>3. WHAT MONTH AND YEAR DID YOU PURCHASE THIS FIREARM?</b>	<b>7. ARE YOU AWARE THAT REMINGTON HAS WARRANTY GUNSMITHS LOCATED IN YOUR AREA?</b>	<b>-15</b>
Month _____-10 Year _____-11	Yes	<input type="checkbox"/> -1
	No	<input type="checkbox"/> -2
<b>4. WAS THE WORK COMPLETED IN A SATISFACTORY TIME PERIOD?</b>	<b>8. WOULD YOU RECOMMEND A REMINGTON GUN TO A FRIEND?</b>	<b>-16</b>
	Yes	<input type="checkbox"/> -1
	No	<input type="checkbox"/> -2
<b>9. COMMENTS ON SERVICE PERFORMED:</b>		<b>17-</b>
_____		<b>18-</b>
_____		<b>19-</b>
_____		<b>20-</b>
_____		<b>21-</b>
_____		<b>22-</b>
<b>10. WAS THIS GUN PREVIOUSLY REPAIRED?</b>		<b>-23</b>
	Yes	<input type="checkbox"/> -1
	No	<input type="checkbox"/> -2
CUSTOMER NAME _____		
ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
SERIAL NUMBER _____ (80-1)		