

# FOREST RIVER WARRANTY CLAIM FORM

|                                  |            |                          |                   |
|----------------------------------|------------|--------------------------|-------------------|
| DEALER ACCOUNT #                 | 0009497    | CLAIM STATUS             | Paid              |
| GREENEWAY INC                    |            | CLAIM                    | 2356649           |
| DBA GREENEWAY RV SALES & SERVICE |            | CLAIM ORIGIN             | WEB               |
| 8220 STATE HWY 13 SOUTH          |            | ORIGINAL CLAIM ID        |                   |
| WISCONSIN RAPIDS, WI 54494       |            | VIN                      | 4X4TPUG24SP103689 |
| USA                              |            | CHASSIS VIN              |                   |
|                                  |            | MILEAGE                  | 0                 |
| Labor rate:                      | \$140.00   | SITE/WAREHOUSE           | 420 / 420         |
| OWNER INFORMATION                |            | ITEM #                   | PUT31QBBH         |
| DANIEL J TESSARO                 |            | DEALER RO #              | 11981B            |
| N9676 WILDFLOWER LN              |            | CLAIM START DATE         | 07/07/2025        |
| Berlin, WI 54923                 |            | CLAIM END DATE           | 07/07/2025        |
| USA                              |            |                          |                   |
| Retail Date of Purchase          | 04/17/2025 | WARRANTY EXPIRATION DATE | 04/17/2026        |

## Claim Line Details

### Labor

|         |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |      |                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------|------------------------|
| Line# 1 | Operation Code                                                                                                                                                                                                                                                                                                                                                                                                   | Operational Description                                                    |      |                        |
|         | 30-99-02-00-001018                                                                                                                                                                                                                                                                                                                                                                                               | Day Night Shade or Roller Shade - Interior/Soft Goods/Adjust/No Tread Code |      |                        |
|         | Complaint, Cause, Correction                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |      |                        |
|         | Original Note : greeneway@dealer-advisors.com, 2025-07-07 08:17:12 :: Complaint: Customer would like blinds looked at. The one above the dinette is giving them trouble, would like all blinds looked at. Cause: Blinds need to be adjusted. Correction: Adjustments made to window shade on dinette and the one shade in master bedroom. We also inspected others as well. All shades are now working properly. |                                                                            |      |                        |
|         | Model#                                                                                                                                                                                                                                                                                                                                                                                                           | Dlr Sub Hrs                                                                | 0.75 | Sub Labor Amt \$105.00 |
|         | Serial#                                                                                                                                                                                                                                                                                                                                                                                                          | Appr Hrs                                                                   | 0.40 | Appr Labor Amt \$56.00 |
|         | Notes                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |      |                        |
|         | flat rate to adjust                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |      |                        |
|         | .20 X 2                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |      |                        |

|           |                 |          |          |                 |         |
|-----------|-----------------|----------|----------|-----------------|---------|
| Submitted | Labor Amt       | \$105.00 | Approved | Labor Amt       | \$56.00 |
|           | Parts & Freight | \$0.00   |          | Parts & Freight | \$0.00  |
|           | Total           | \$105.00 |          | Total           | \$56.00 |

DEALER \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE  
I certify that I have performed these repairs consistent with Forest River Policies.

CUSTOMER \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE  
All repairs described have been inspected and are satisfactory.