

|  |  |   |   |
|--|--|---|---|
| Part Name <b>LEVER</b>   |  | Cust. Part Number <b>1353270_PIA42</b>  |   |
| Shown on Drawing No. <b>1353270_PIA42</b>  |  | Orig Part Number <b>1353270_PIA42</b>   |   |
| Engineering Change Level   | <b>2</b>   | Dated   | <b>23-Mar-06</b>  |
| Additional Engineering Changes   | <b>N/A</b>   | Dated   | <b>N/A</b>  |
| Safety and/or Government Regulation <input checked="" type="checkbox"/>  | No <input type="checkbox"/>  | Purchase Order No.  | Weight (kg) <b>0.072</b>  |
| Checking Aid No. <b>3215</b>   | Checking Aid Engineering Change Level  | <b>NOVE</b>   | Dated <b>NA</b>   |
| <b>ORGANIZATION MANUFACTURING INFORMATION</b>  |  | <b>CUSTOMER SUBMITTAL INFORMATION</b>   |   |
| Windsor Machine & Stamping <b>067308215</b>  |  | <b>WINDSOR MACHINE DE MEXICO</b>  |   |
| Organization Name & Supplier/Vendor Code   |  | Customer Name/DMaten  |   |
| <b>2888 Northline Road</b>   |  | <b>STEVE MARIC</b>  |   |
| Street Address   |  | Buyer / Buyer Code  |   |
| <b>Taylor, Michigan 49180</b>  |  | <b>US22</b>   |   |
| City   | Region   | Postal Code   | Country   |
|  |  |   |   |
| <b>MATERIALS REPORTING</b>   |  |   |   |
| Has customer-required Substance of Concern information been reported?  |  | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No <input type="checkbox"/> N/A  |
| Submitted by NADG or other Customer format   |  | <b>IMDS ID# 56382990</b>  |   |
| Are polymeric parts identified with appropriate ISO marking codes?   |  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                               |
| <b>REASON FOR SUBMISSION (Check at least one)</b>  |  |   |   |
| <input type="checkbox"/> Initial Submission  | <input type="checkbox"/> Change to Optional Construction or Material Supplier or Material Source Change      |   |   |
| <input type="checkbox"/> Engineering Change(s)   | <input type="checkbox"/> Change in Part Processing   |   |   |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Retool/Reheat, or Additional  | <input type="checkbox"/> Parts Produced at Additional Location   |   |   |
| <input type="checkbox"/> Correction of Discrepancy   | <input type="checkbox"/> Other (please specify below)  |   |   |
| <input type="checkbox"/> Tooling Inactive > than 1 year  |  |   |   |
| <b>REQUIRED SUBMISSION LEVEL (Check one)</b>   |  |   |   |
| <input type="checkbox"/> Level 1 -   | Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.     |   |   |
| <input checked="" type="checkbox"/> Level 2 -  | Warrant with product samples and limited supporting data submitted to customer.                              |   |   |
| <input type="checkbox"/> Level 3 -   | Warrant with product samples and complete supporting data submitted to customer.                             |   |   |
| <input type="checkbox"/> Level 4 -   | Warrant and other requirements as defined by customer.   |   |   |
| <input type="checkbox"/> Level 5 -   | Warrant with product samples and complete supporting data reviewed at organization's manufacturing location. |   |   |
| <b>SUBMISSION RESULTS</b>  |  |   |   |
| The results for  | <input type="checkbox"/> dimensional measurements  | <input checked="" type="checkbox"/> material & functional tests   | <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package |
| These results meet all drawing record requirements:  |  | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No (If "NO" Explanation Required)  |
| Mold / Clarity / Production Process  |  | <b>Clear Render</b>   |   |
| <b>DECLARATION</b>   |  |   |   |
| I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of 1000 / 8 hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below. |  |   |   |
| EXPLANATION/COMMENTS:  |  |   |   |
|  |  |   |   |
| Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |   |   |
| Organization Authorized Signatory  |  | Date <b>Aug 19, 08</b>  |   |
| Print Name <b>Bosnian Selarsky</b>   | Phone No <b>519-726-0613</b>   | FAX No <b>519-726-0652</b>  |   |
| Title <b>Quality Supervisor</b>  | E-mail <b>bselarsk@windsormachine.com</b>  |   |   |
| <b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>   |  |   |   |
| PPAP Warrant Disposition   |  | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Out |   |
| Customer Signature <b>[Signature]</b>  |  | Date <b>August 26th 08</b>  |   |
| Print Name <b>[Signature]</b>  |  | Customer Tracking Number (Optional)   |   |