

Part Submission Warrant

Part Name U251 3rdRow 2009MY 5V0 Headrestraint/Vinyl Cust. Part Number L0192036AA015V0
 Shown on Drawing No. L0020751AF Orig Part Number L0020751AF
 Engineering Change Level AA01 Dated _____
 Additional Engineering Changes _____ Dated _____
 Safety and/or Government Regulation Yes No Purchase Order No. _____ Weight (kg) _____
 Checking Aid No. _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION
Windsor Machine & Stamping 607396215
 Organization Name & Supplier/Vendor Code
26855 Northline Road
 Street Address
Taylor, Michigan 48180
 City Region Postal Code Country

CUSTOMER SUBMITTAL INFORMATION
Lear Louisville
 Customer Name / Division
Holly Curanovic
 Buyer / Buyer Code
 Application

MATERIALS REPORTING
 Has customer-required Substance of Concern Information been reported? Yes No n/a
 Submitted by IMDS or other Customer format: _____
 Are polymeric parts identified with appropriate ISO marking codes? Yes No n/a

REASON FOR SUBMISSION (Check at least one)
 Initial Submission Change to Optional Construction or Material Supplier or Material Source Change
 Engineering Change(s) Change in Part Processing
 Tooling: Transfer, Replacement, Refurbishment, or Additional Parts Produced at Additional Location
 Correction of Discrepancy Other-please specify below
 Tooling Inactive > than 1 year Color Addition - 2009 MY 5V0

REQUESTED SUBMISSION LEVEL(Check one)
 Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer
 Level 2 - Warrant with product samples and limited supporting data submitted to customer.
 Level 3 - Warrant with product samples and complete supporting data submitted to customer
 Level 4 - Warrant and other requirements as defined by customer.
 Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.

SUBMISSION RESULTS
 The results for dimensional measurements material & functional tests appearance criteria statistical process package
 These results meet all drawing record requirements: Yes No (If "NO" Explanation Required)
 Mold / Cavity / Production Process _____

DECLARATION
 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 _____ / _____ 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? Yes No n/a
 Organization Authorized Signature: _____ Date: _____
 Print Name Marilyn Clark Phone No 1-519-726-4000 FAX No 1-519-726-5368
 Title Program/Quality Manager E-mail mclark@windsormachine.com MClark 8/16/08

FOR CUSTOMER USE ONLY (IF APPLICABLE)
 PPAP Warrant Disposition: Approved Rejected Other _____
 Customer Signature Gregory W. Young Date: 1 Aug 08
 Print Name _____ Customer Tracking Number (Optional) _____