#### REIMBURSEMENT PLAN

#### **Requirements for Reimbursement**

If you meet all of the following requirements, you are eligible to receive reimbursement under this plan:

- An authorized Mazda dealer has inspected your vehicle and completed the 2003 Protegé Intake Manifold Shutter Valve Emission Recall 3005C.
- 2. You own or have owned a subject 2003 Protegé within the VIN ranges:

		- · · · · · · · · · · · · · · · · · · ·
Model	VIN Range	Build Date Range
2003 Protegé	JM1BJ**** 3* 181114 - 219674	March 3, 2003 through July 31, 2003

Note: The asterisk "\*" can be any number or letter.

- 3. You have paid for the inspection/repair or replacement of the intake manifold or shutter valve screws.
- 4. You have an original or legible copy of the paid repair order or invoice receipt showing:
  - Description of the concern reported
  - Inspection/Repair or replacement of the intake manifold or shutter valve screws
  - Itemized part(s) and labor charges
  - Vehicle model and year, and vehicle identification number (chassis number)
  - Repair date
  - Repair mileage
  - Name, address, and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
  - Your name and address at the time of repair
- 5. Mail this reimbursement application form in the enclosed envelope to:

Mazda North American Operations PO Box 5049 Lake Forest, CA 92609-8549

### **Procedure for Reimbursement Request**

Once your vehicle has been inspected, repaired or the intake manifold or shutter valve screws replaced by an authorized Mazda dealer, you may apply for reimbursement by doing the following:

- 1. Complete the Reimbursement Application Form found on the reverse side of this page.
- 2. Mail the Reimbursement Application Form with a <u>legible</u> copy of the paid repair order and/or invoice using the enclosed envelope.
- 3. **Retain copies** of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

## REIMBURSEMENT APPLICATION FORM

# 2003 Protegé Intake Manifold Shutter Valve Emission Recall 3005C

	(Please type or print)								
	Name:								
		First	Middle		Last				
	Address:								
		Street Address							
		City	State	•	Zip Code				
		Home:							
	Phone Number:	Work:				_			
	Vehicle Identification Number (VIN):								
			(17 digits	in length)					
	Total Amount of Reimbursement Requested:								
				Dollars	Cents				
	INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:								
	Please read thoroughly								
	<ul><li>Fill in vehicle identification number</li><li>Sign the General Release (below)</li></ul>								
General Release									
replacement					nent for all inspection, ter valves/screws. Th				
	VIN:					<u>—</u>			
all claims fo North Ameri their respec	r such inspection can Operations, i tive directors, off	/repair costs. This ts regions/distribu	s release shall ber utors (foreign and ployees, divisions,	nefit Maz domest	its agents, and its re zda and its authorize iic), its authorized d iaries, and affiliated	ed agent Mazda ealerships, and all			
	Dated:		Signed:						