| In case of a recall, we can reach you your name and address. You MUST |                             |     |         |          | OMB Control No. 2127-0050 SHADED AREAS MUST BE FILLED IN BY SELL |     |            |    |          |            |           |    |  |
|---|-----------------------------|-----|---------|----------|--|-----|------------|----|----------|------------|-----------|----|--|
| CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIF                           |                             | AT! |         |          | 7  | TF  | <b>?</b> / | 1/ | LS       | <b>5</b> 7 | <i>「A</i> | R  |  |
| CUSTOMER'S ADDRESS  |                             | APT | / SUITE | <u> </u> | D <i>A</i>   | ATE |            |    | <u>/</u> |            |           |    |  |
| CITY  | TIRE IDENTIFICATION NUMBERS |     |         |          |  |     |            |    |          |            |           |    |  |
| STATE ZIP CODE  SELLER COMPLETE (CAN BE RUBBER STAMPED)               | оту 1                       | 2   | 3       | 4        | 5  | 6   | 7          | 8  | 9        | 10         | 11        | 12 |  |
| SELLER'S NAME   |                             |     |         |          |  |     |            |    |          |            |           |    |  |
| SELLER'S ADDRESS  | 1                           |     |         |          |  |     |            |    |          |            |           |    |  |
| CITY ST ZIP   |                             |     |         |          |  |     |            |    |          |            |           |    |  |
|   |                             |     |         |          |  |     |            |    |          |            |           |    |  |