

GASOLINE CLAIMS
P.O. Box 2007
Chanhassen, MN 55317-2007

Complete and Sign this
Form and Return it
Postmarked No Later Than
September 12, 2006.

PROOF OF CLAIM AND RELEASE

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE THE NAME AND ADDRESS OF THE CLASS MEMBER(S) HERE:
Name:
Address:
City:
State/Country and Zip Code:

PLEASE COMPLETE THE FOLLOWING:	
Social Security Number	Telephone Number (Day)
E-mail Address	Telephone Number (Night)

I. GENERAL INSTRUCTIONS

- A. If you bought gasoline in parts of Louisiana, Mississippi, Alabama, and Florida from certain gas stations from May 11, 2004 to June 2, 2004, you may be eligible for a payment. You may seek a payment for Repair Expenses, a Repair Program, General Damages, and Incidental Expenses. These are explained below and in the Notice at www.gasclaims.com.
- B. Read these instructions carefully. If you don't follow them, your claim could be rejected.
- C. **You must sign the Claim form under penalty of perjury, so be sure it's truthful. Claims will be verified. False claims won't be paid, and people who submit them will be subject to prosecution.**
- D. To qualify as a Settlement Class member, you must have owned, operated, rented, or leased any vehicle that used particular grades of gasoline manufactured by Motiva Enterprises LLC which were (i) bought from certain gas stations called "Designated Gasoline Stations" during specific time periods from May 11, 2004 to June 2, 2004 (the applicable dates differ for each station) or (ii) delivered to certain storage facilities called "Designated Private Fleet Storage Facilities," also from May 11, 2004 to June 2, 2004. The facilities, stations, and dates are in a list at www.gasclaims.com.
- E. Check your records to see and verify that you're in the Settlement Class. Read the Notice and check the list showing the locations of the gasoline stations and storage facilities, grades of gasoline, and dates of sale that are included in the settlement, which is available at www.gasclaims.com, or by calling toll free 1-866-314-5812 or writing to Gasoline Claims, P.O. Box 2007, Chanhassen, MN 55317-2007.
- F. You must attach documents to your Claim form proving your gasoline purchase, if you have them. This could be things like cash receipts, credit card receipts, cancelled checks, invoices marked paid, or credit card statements.
- G. If you have no documents, you may still submit a truthful Claim form under penalty of perjury. The Claim form requires that you indicate that you purchased the gasoline, the date(s) of the purchase(s), and the location (and street address if known) of the station(s) or facility(ies) where the gasoline was purchased.
- H. Complete and mail this Claim form and documents postmarked by **September 12, 2006**, to:

GASOLINE CLAIMS
P.O. Box 2007
Chanhassen, MN 55317-2007

- I. If you do not return this Claim form by **September 12, 2006**, you won't get a payment from the settlement, but you will still be bound by the "Releases" outlined in the Settlement Notice. You should read those carefully.
- J. A neutral Claims Administrator will study your Claim form, and decide whether your claim should be paid, including deciding whether any claim for damage to your vehicle was caused by using the affected gasoline, and how much any payment to you should be for repairs based on reasonable and necessary costs for covered repairs.
- K. No payments will be issued unless and until the settlement becomes final and can't be appealed. We do not know how long this will take.

II. VERIFY YOUR MEMBERSHIP IN THE SETTLEMENT CLASS

You must check the appropriate box below, that you owned, operated, rented or leased a Vehicle that used specific grades of gasoline purchased during the respective time periods from the Designated Gas Stations or Designated Private Fleet Storage Facilities. Check the box that applies:

I certify, under penalty of perjury, that I: Owned; Operated; Rented; or Leased a Vehicle that used specific grades of gasoline purchased from one or more Designated Gas Stations during the specific time period that such Designated Gas Station was selling the particular grade or potentially impacted gasoline, as specified in the Gasoline Station List, or received gas from a Designated Private Fleet Storage Facility as specified in the Storage Facility List and I am a Settlement Class member.

III. CLAIMANT IDENTIFICATION INSTRUCTIONS

If you checked a box above, fill in the information below. If you participated in one of the prior voluntary repair programs, also complete Part III.C. below.

A. GENERAL INFORMATION	
Make, Model and Year of Vehicle:	
Vehicle Registration Number:	Vehicle Identification Number:
State of Registration and License Plate Number:	

B. GASOLINE PURCHASE(S)

Date(s) of Gas Purchased or Received (List Chronologically) (Month/Day/Year)	Name and Address of Station(s) or Fleet Storage Facility	Gasoline Grade	Check Here If Documentation Is Enclosed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

C. PREVIOUS PARTICIPATION IN VOLUNTARY REPAIR PROGRAM

Repair Program Claimant Name and/or Company Name	Claim Number (if available)	Date of Repairs	Check Here If Documentation Is Enclosed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Claim Disposition Allowed Disallowed Allowed in part

Amount Paid Under Voluntary Repair Program Claim: \$

IV. REPAIR EXPENSES OR REPAIR PROGRAM, AND GENERAL DAMAGES

If your vehicle has already been repaired fill out section A below. If your vehicle has not been repaired fill out section B below. **If you fill out section A or B below, then also fill out section C.**

A. REPAIR EXPENSES: (If your vehicle has already been repaired)

1. Specify the damages that your vehicle had, which were repaired, and which you paid for:

2. The date I first noticed the malfunction was

3. Attach receipts or documents verifying the type of repairs you made, the amount of repair expenses you incurred, and that the repairs and related repair expenses were reasonable, necessary and caused by using the gasoline.

4. Check this box certifying that (a) and (b) below are true and correct:

- (a) I hereby certify, by checking the box above under penalty of perjury, that the nature or type of vehicle malfunction described above did not exist prior to the time of the gasoline purchase; and
- (b) I hereby certify, by checking the box above under penalty of perjury, that no part or portion of the Repair Expenses submitted with this Proof of Claim have been reimbursed or paid for under warranty, by insurance, by Defendants, by any person or entity that sold the gasoline, or by anyone else.

B. REPAIR PROGRAM: (If your vehicle has not yet been repaired)

1. Specify the damages that your vehicle had, which have not yet been repaired:

2. The date I first noticed the malfunction was

3. Attach any documents supporting your claim.

4. Check this box certifying under penalty of perjury, that the nature or type of vehicle malfunction described above which you are seeking to have repaired, did not exist prior to the time that you used the gasoline.

You must make the vehicle available for inspection upon request. You may have to submit estimates or other information so that the Claims Administrator can decide whether you are eligible for the Repair Program, and what your payment should be, if any. Any payment check you get may be a jointly-payable check, made out to you and the repair facility.

C. GENERAL DAMAGES:

If your vehicle was or is part of the Repair Program, or you seek reimbursement for Repair Expenses, you also may file a claim from a settlement fund for General Damages of \$150 for items such as lost time, inconvenience, annoyance, loss of use, and mental anguish, and you may also claim actual lost wages up to \$300. Payments could be less than these amounts depending on how many claims are submitted and approved.

You may not submit a claim for General Damages unless you also have a claim for Repairs.

1. Check this box certifying that you are entitled to General Damages and want to make a claim for General Damages.

2. If you are making a claim for lost wages, attach a declaration attesting to your claim. A form is available at www.gasclaims.com or by calling 1-866-314-5812.

V. INCIDENTAL EXPENSES

You may also submit a claim for these Incidental Expenses only: (a) Lodging, towing and rental car costs; or (b) Extraordinary expenses, such as increased rental expenses due to repair requirements or special needs (e.g. disability accommodations).

1. Specify the incidental expenses you sustained as a result of utilizing the gasoline which have not been reimbursed:

2. Attach documents proving your Incidental Expenses and proving the date your vehicle was out of service while in a repair shop.

3. Check this box under penalty of perjury, certifying that you want to make a claim for Incidental Expenses, that the above statement and attached documents are true and correct, and that no part or portion of the Incidental Expenses you are claiming have been reimbursed or paid for under warranty, by insurance, by the Defendants, by any person or entity that sold the gasoline, or by anyone else.

VI. ACKNOWLEDGEMENT OF WAIVER, RELEASE AND DISCHARGE

The Notice and the Settlement Agreement contains specific and detailed information about the waivers, releases and discharges provided by Settlement Class members in connection with this settlement and with submitting a Claim form. The Settlement Agreement is available at www.gasclaims.com, by calling toll free 1-866-314-5812, or writing to Gasoline Claims, P.O. Box 2007, Chanhassen, MN 55317-2007. You must acknowledge that you have read the Notice and the Released Claims and Released Persons sections of the Settlement Agreement and agree to be bound by the terms stated in the Notice and the Settlement Agreement by checking the box below. **IF YOU FAIL TO CHECK THE BOX BELOW, YOUR CLAIM WILL BE DENIED.**

I have read the Waiver, Release and Discharge sections of the Settlement Agreement and paragraph 15 of the Notice (“What am I giving up as part of the settlement?”) and agree to be bound by the terms stated in the Notice and the Settlement Agreement.

CERTIFICATION UNDER PENALTY OF PERJURY

To submit a valid Claim form, you must complete this certification. If you fail to do so, your claim will be denied.

I hereby affirm and declare under penalty of perjury, under the laws of the United States of America, that the information I have given on this Proof of Claim form and in the documents I have submitted to support my claim are true and correct, and that I am authorized to submit this Claim form as, or on behalf of, a Settlement Class member.

SIGNATURE

TYPE OR PRINT NAME

DATE

TITLE

Sworn this ____ day of _____, 2006.