

VEHICLE RECEIPT, ESTIMATE & FINAL BILL

NO: 20506

TAX ID # 350000039450

ALINA ENTERPRISE INC.
 T/A CONGRESSIONAL EXXON
 200 Massachusetts Ave., NE
 Washington, DC 20002
 (202) 543-9456
 FAX 202-543-7794

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 local

522 336910

- Customer's Name Stratacomm / UNICA Event
 Customer's Address 1 Thomas Cir. NW #1000
 City and State Washington, DC 20005
 Telephone No. 202-289-2001
- Vehicle to be repaired: _____
 Make _____ Year _____ License No. _____ Odometer _____
- Received By _____ Date 5/21/10
- Estimated By _____ Date / /
- Customer's description of malfunction _____
- Repair dealer diagnosis of these malfunctions: _____

7. Promised Completion: _____ Date / / 27. Completion Date: / / Final Bill
8. Service Required: 9. Parts Description 10. Estimate Parts Labor 28. Mechanic 29. Time 30. Parts 31. Labor

PREPAYMENT / GAS PROMOTION / 0.54 \$ OFF

ESTIMATED : MINIMUM

6,000.00 (G) X 0.54 = 3,240.00

AT THE END OF THE DAY
WE COLLECT THE BALANCE
BY CREDIT CARD

(Note: If minimum not met, Stratacomm to pay only actual amount, so Congressional Exxon will refund any difference if necessary.)

| | | |
|-------------------------------|---|---------------------------------------|
| <u>Sub Totals</u> | | <u>Sub Totals</u> |
| 11. Parts Total _____ | | 32. Parts Total _____ |
| 12. Labor Total _____ | | 33. Labor Total _____ |
| 13. Subcontract Total _____ | 40. All labor performed and parts replaced were necessary to perform repairs. | 34. Subcontract Total _____ |
| 14. Estimate Charge _____ | | 35. Shop Supplies / EPA _____ |
| 15. Storage Charge _____ | 41. REPAIRS GUARANTEE | 36. Storage Charge _____ |
| 16. Total Repair Charge _____ | Parts - 90 Days | 37. Total Repair Charge _____ |
| 17. Tax _____ | Labor - 90 Days | 38. Tax _____ |
| 18. TOTAL ESTIMATE _____ | | 39. TOTAL ESTIMATE <u>\$ 3,240.00</u> |

- BOND FILED WITH BOARD
- The final bill will not exceed the estimate by more than 20% if the total cost is \$300.00 or less, or by more than 10% if the total cost is in excess of \$300.00, unless you agree to a modification of the estimate.
- If there is any question regarding more repairs, contact the store listed above.
- SAVE THIS DOCUMENT TO MAKE INQUIRES. Contact the D.C.R.A. between 8:30 am. and 4:15 pm. at 941 North Capital Street, N.E. 1st floor, Washington DC 20002. Telephone (202) 442-4400
- I hereby authorize and agree to pay for all repairs described in the estimate column.
 Customer Signature [Signature] Date 5/21/10
- I want / I do not want any replaced parts returned to me. (Initialed by customer)
- ORAL AUTHORIZATION OF REPAIRS
 NOTICE TO CUSTOMERS - ESTIMATE:
 YOU HAVE THE RIGHT TO RECEIVE A WRITTEN ESTIMATE WHICH IS SIGNED BY YOU AND THE DEALER BEFORE REPAIR SERVICES ARE AUTHORIZED AND BEGUN.
 If for technical reasons we are unable to give you a written estimate at the time we are accepting your vehicle for repair, we would not be permitted to proceed with repairs unless you waive your right to a written estimate.

Therefore, if you wish to waive this right, you may do so by signing the waiver below.
 "I hereby waive my right to a written estimate to authorizing repairs but substitute oral communication of same."
 Signed _____ Date / /
 NOTICE TO CUSTOMERS:
 You will be assessed an estimate charge if elect not to proceed with repairs after you receive the estimate. If customer orally authorizes repairs based on oral communication of the estimate, or modification of estimated costs, reflect oral consent here:
 Communication by: _____
 Authorized by: _____
 Time: _____ Date / /

26. SERVICE DEALER (Name of Company) _____
 Date / /

27. If you charge for storage, a statement indicating when the charges begin and how much per day, etc.
 A Storage Charge of _____ per day will begin _____ hour(s) after repair is completed.