

| OBSOLESCENCE CLAIM SPREADSHEET ANALYSIS |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
|---|-----------|-------------------------------|----------------------|-------------------|----------------|-----------------|-----------------|--------------------------|-------------------|---------------------------------------|---------------------------|---|-----------------------------|--------------------|------------------------|--------------------------|----------------|-----------------|--------------------------|-------------------------|---------------------|--------------------------|----------------|------------------|-----------------------|------------------|---------------------|-------------------------|---------------------|---------------------------|
| Supplier Name:                          |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Supplier Location:                      |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Supplier Contact Name For Audit:        |           |                               |                      |                   |                |                 |                 |                          |                   | Ship From Duns Number:                |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Contact Telephone Number:               |           |                               |                      |                   |                |                 |                 |                          |                   | Audit Log Number:                     |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Contact Fax Number:                     |           |                               |                      |                   |                |                 |                 |                          |                   | Remit Duns Number (if different):     |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Contact E-mail Address:                 |           |                               |                      |                   |                |                 |                 |                          |                   | Supplier Signature: _____             |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| GM Group/Division:                      |           |                               |                      |                   |                |                 |                 |                          |                   | GM Audit Signature: _____             |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Date of Audit:                          |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Auditor Name:                           |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Currency Code:                          |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Date of Submission:                     |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Claim Number:                           |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| Claim #                                 | GM Part # | Source Part # and Description | Mat'l Status (r w f) | Usage per GM Part | Claim Quantity | Unit of Measure | Claim Unit Cost | Claim Unit Salvage Value | Claim Gross Value | High Point Quantity Fab Authorization | High Fab Date of Schedule | High Point Quantity Mat'l Authorization | High Mat'l Date of Schedule | Cumulative Shipped | Fab Quantity Cancelled | Mat'l Quantity Cancelled | Audit Quantity | Audit Unit Cost | Audit Unit Salvage Value | Audit Recommended Value | GM Fab High Release | GM Material High Release | GM Cum Shipped | GM Fab Cancelled | GM Material Cancelled | Date of Schedule | Tier2 Supplier Name | Tier2 Supplier Location | Tier2 Audit Contact | Tier2 Audit Contact Phone |
| Supplier Additional Comments:           |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |
| MSO Comments:                           |           |                               |                      |                   |                |                 |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                  |                       |                  |                     |                         |                     |                           |

| OBsolescence CLAIM SPREADSHEET ANALYSIS  |           |   |                      |                                   |                |                    |                 |                              |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
|--|-----------|---|----------------------|-----------------------------------|----------------|--------------------|-----------------|------------------------------|-------------------|---------------------------------------|---------------------------|---|-----------------------------|--------------------|------------------------|--------------------------|----------------|-----------------|--------------------------|-------------------------|---------------------|--------------------------|----------------|---------------------------|-----------------------|---------------------|-------------------------|---------------------|---------------------------|---------------------------|--|
| Supplier Name: ABC Corp  |           | Supplier Location: Warren, MI           |                      | Ship From Duns Number: 111111111  |                | Audit Log Number:  |                 | Remit Duns Number: 000001234 |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                | Supplier Signature: _____ |                       |                     |                         |                     |                           |                           |  |
| Supplier Contact Name: Jane Doe  |           | Contact Telephone Number: (555)555-5555 |                      | Contact Fax Number: (555)555-5678 |                | GM Group/Division: |                 | Date of Audit:               |                   | Auditor Name:                         |                           | Currency Code: USD                      |                             | Claim Number:      |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           | GM Audit Signature: _____ |  |
| Contact E-mail Address: <a href="mailto:jane.doe@abc.com">jane.doe@abc.com</a> |           |   |                      |                                   |                |                    |                 |                              |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
| Claim #  | GM Part # | Source Part # or Description            | Mat'l Status (r w f) | Usage per GM Part                 | Claim Quantity | Unit of Measure    | Claim Unit Cost | Claim Unit Salvage Value     | Claim Gross Value | High Point Quantity Fab Authorization | High Fab Date of Schedule | High Point Quantity Mat'l Authorization | High Mat'l Date of Schedule | Cumulative Shipped | Fab Quantity Cancelled | Mat'l Quantity Cancelled | Audit Quantity | Audit Unit Cost | Audit Unit Salvage Value | Audit Recommended Value | GM Fab High Release | GM Material High Release | GM Cum Shipped | GM Fab Cancelled          | GM Material Cancelled | Tier2 Supplier Name | Tier2 Supplier Location | Tier2 Audit Contact | Tier2 Audit Contact Phone |                           |  |
|  | 12345678  | console.asm                             | f                    | 1                                 | 27.00          | PC                 | \$ 15.50000     | \$ -                         | \$ 418.50         | 1500.00                               | 09/15/03                  | 1700.00                                 | 09/01/03                    | 1250.00            | 250.00                 | 450.00                   |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
|  | 12345678  | 1122233.panel                           | w                    | 1                                 | 10.00          | PC                 | \$ 13.00000     | \$ -                         | \$ 130.00         |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
|  | 12345678  | 56789.nut                               | r                    | 2                                 | 5.00           | PC                 | \$ 3.44000      | \$ -                         | \$ 17.20          |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
|  | 12345678  | GAX1234A.wire                           | r                    | 1                                 | 25.00          | PC                 | \$ 2.15000      | \$ -                         | \$ 53.75          |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       | XYZ Corp            | Detroit, MI             | John Smith          | (555)123-4567             |                           |  |
|  | 98765432  | bracket.asm                             | f                    |                                   | 0.00           |                    | \$ -            | \$ -                         | \$ -              | 2500.00                               | 08/11/03                  | 2800.00                                 | 08/11/03                    | 2000.00            | 500.00                 | 800.00                   |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
|  | 98765432  | 8811125.brkt.wire                       | r                    | 2                                 | 500.00         | PC                 | \$ 1.68000      | \$ -                         | \$ 840.00000      |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
|  | 98765432  | 3456.screw                              | r                    | 1                                 | 200.00         | PC                 | \$ 0.40000      | \$ -                         | \$ 80.00000       |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
| Production Control Comments:   |           |   |                      |                                   |                |                    |                 |                              |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |
| Audit Staff Comments:  |           |   |                      |                                   |                |                    |                 |                              |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                           |                       |                     |                         |                     |                           |                           |  |

| OBSOLESCENCE CLAIM SPREADSHEET ANALYSIS |           |                              |                      |                                  |                |                           |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                   |                       |                     |                         |                           |                           |    |  |                           |  |  |  |
|---|-----------|------------------------------|----------------------|----------------------------------|----------------|---------------------------|-----------------|--------------------------|-------------------|---------------------------------------|---------------------------|---|-----------------------------|--------------------|------------------------|--------------------------|----------------|-----------------|--------------------------|-------------------------|---------------------|--------------------------|----------------|-------------------|-----------------------|---------------------|-------------------------|---------------------------|---------------------------|----|--|---------------------------|--|--|--|
| Supplier Name:                          |           | Supplier Location:           |                      | Supplier Contact Name For Audit: |                | Contact Telephone Number: |                 | Contact Fax Number:      |                   | Contact E-mail Address:               |                           | GM Group/Division:                      |                             | Date of Audit:     |                        | Auditor Name:            |                | Currency Code:  |                          | Claim Number:           |                     | Ship From Duns Number:   |                | Audit Log Number: |                       | Remit Duns Number:  |                         | Supplier Signature: _____ |                           |    |  | GM Audit Signature: _____ |  |  |  |
| Claim #                                 | GM Part # | Source Part # or Description | Mat'l Status (r w t) | Usage per GM Part                | Claim Quantity | Unit of Measure           | Claim Unit Cost | Claim Unit Salvage Value | Claim Gross Value | High Point Quantity Fab Authorization | High Fab Date of Schedule | High Point Quantity Mat'l Authorization | High Mat'l Date of Schedule | Cumulative Shipped | Fab Quantity Cancelled | Mat'l Quantity Cancelled | Audit Quantity | Audit Unit Cost | Audit Unit Salvage Value | Audit Recommended Value | GM Fab High Release | GM Material High Release | GM Cum Shipped | GM Fab Cancelled  | GM Material Cancelled | Tier2 Supplier Name | Tier2 Supplier Location | Tier2 Audit Contact       | Tier2 Audit Contact Phone |    |  |                           |  |  |  |
|   | 10        | 14                           | 12                   | 13                               | 14             | 15                        | 16              | 17                       | 18                | 19                                    | 19                        | 19                                      | 19                          | 19                 | 19                     | 19                       |                |                 |                          |                         |                     |                          |                |                   |                       |                     | 20                      | 21                        | 22                        | 23 |  |                           |  |  |  |
| Supplier Additional Comments:           |           | 25                           |                      |                                  |                |                           |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                   |                       |                     |                         |                           |                           |    |  |                           |  |  |  |
| Production Control Comments:            |           |                              |                      |                                  |                |                           |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                   |                       |                     |                         |                           |                           |    |  |                           |  |  |  |
| Audit Staff Comments:                   |           |                              |                      |                                  |                |                           |                 |                          |                   |                                       |                           |   |                             |                    |                        |                          |                |                 |                          |                         |                     |                          |                |                   |                       |                     |                         |                           |                           |    |  |                           |  |  |  |