

SPARTAN MOTORS

1541 Reynolds Rd. Charlotte, MI 48813 | P:517.543.6400

Scott M Marburger City of Columbus 3678 Parsons Ave Room 108 Columbus OH 43207-4054

Scott,

Please let this letter serve as a formal confirmation/notification that Spartan Motors USA is the only authorized parts and service provider for chassis axle/suspension upgrades requiring a factory alteration label. Spartan Motors Factory Service Garage would be the only repair facility that would be able to install a upgraded suspension with a corresponding alteration label.

Thank you

Chris McCord

Spartan Factory Service Center Sales Technician

Service Garage Estimate



Factory Service & Repair

1000 Reynolds Rd. Charlotte, MI 48813

| RO# | (if applicable) | |
|-----|-----------------|--|

(866-383-3695) Option 2

Date

0001A

2/2/2018

| Motor Vehicle Repair Facility Regist | tration Number F151345 |
|--------------------------------------|------------------------|
|--------------------------------------|------------------------|

| Customer | |
|----------|--|
| Address | |

City of Columbus 90 West Broad St Columbus OH 54215 Chassis VIN

Estimated By

Estimate Approved By

4S7AT2F988C065846

Truck# Vehicle Type

Phone (H)

(W) (C) Ins. Co.

Adjuster

| Description of service and parts | Labor Hrs. | Labor Rate | Lai | bor Amt. | Parts | Refinish | Sublet |
|-------------------------------------------|------------|------------|-----|-----------|-----------------|----------|--------|
| Install 20k straight axle in place of IFS | 95.00 | 120.00 | \$ | 11,400.00 | | | |
| 0877-DD1-001 Axle | | | \$ | | \$ 12,174.54 | | |
| 0127-SS3-015 U-Bolt X4 \$42.45 Each | | | \$ | - | \$ 169.80 | | |
| 0153-SS5-010 Spacer X6 \$27.08 Each | | | \$ | - | \$ 162.48 | | |
| 3180-CC2-006 Stop X2 \$92.34 | | | \$ | - | \$ 184.68 | | |
| 0456-SS2-001 Spring X2 \$739.75 | | | \$ | - | \$ 1,479.50 | | |
| 0208-SS1-001 Pin X4 \$90.68 | | | \$ | | \$ 362.72 | | |
| 0208-SS1-002 X2 \$96.40 | | | \$ | - | \$ 192.80 | | |
| 0220-SS2 Spring X2 \$10.89 | | | \$ | - | \$ 21.78 | | |
| 0226-SS2 Saddle X2 \$104.99 | | | \$ | - | \$ 209.98 | | |
| 0553-CC3 Hanger | | | \$ | - | \$ 280.32 | | |
| 0554-CC3 Hanger | | | \$ | - | \$ 280.32 | | |
| 0636-CC3 Hanger X2 \$306.86 | | | \$ | - | \$ 613.72 | | |
| 0725-CC3-001 Spacer Q4 8.94 | | | \$ | - | \$ 35.76 | | |
| 0101-SS1 X4 69.60 | | | \$ | - | \$ 278.40 | | |
| 1285-AA1-001 Mount | | | \$ | | \$ 401.76 | | |
| 1287-AA1-001 Mount | | | \$ | - | \$ 364.87 | | |
| 1284-AA1-001 Mount | | | \$ | - | \$ 278.19 | | |
| 1286-AA1-001 Mount | | | \$ | - | \$ 278.12 | | |
| 1499-AA1-001 Mount | | | \$ | - | \$ 184.52 | | |
| 1500-AA1-001 Gusset | | | \$ | - | \$ 298.60 | | |
| 1500-AA1-002 Gusset | | | \$ | - | \$ 241.86 | | |
| 1278-AA1-002 Isolator X4 \$18.00 | | | \$ | | \$ 72.00 | | |
| 1935-CC2-001 Supt X2 \$144.62 | | 4 | \$ | - | \$ 289.24 | | |
| 1937-CC2-001 Cross member | | | \$ | - | \$ 193.01 | | |

| Subtotals From Page 1 | \$ 11,400.00 | \$ 19,048.97 | \$ - | \$ 4 |
|-----------------------|-----------------|-----------------|---------|---------|
| Subtotals From Page 2 | \$ 440.00 | \$ 11,403.82 | \$ - | \$ - |
| Subtotals From Page 3 | \$ 4 | \$ - | \$ - | \$ - |

All parts are new unless otherwise stated.

YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PART WHICH **CANNOT BE RETURNED TO YOU**

(Labor & Part pricing are current at time of estimate, pricing is subject to change)

| Total Labor | \$ | 11,840.00 |
|-------------------|----|-----------|
| Total Parts | \$ | 30,452.79 |
| Total Refinish | \$ | |
| Total Sublet | \$ | 3 |
| Paint & Materials | | |
| Shop Supplies | \$ | 250.00 |
| Hazardous Waste | \$ | 25.00 |
| Тах | \$ | |
| Total | 2 | 42 567 79 |

Service Garage Estimate



Factory Service & Repair

RO# (if applicable)

0001A

2/2/2018

1000 Reynolds Rd. Charlotte, MI 48813 (866-383-3695) Option 2

Estimated By Chris

Motor Vehicle Repair Facility Registration Number F151345

| Customer | | City of Columbus | Vehicle Type | 4S7AT2F988C06 | |
|----------|-----|-------------------|--------------|---------------|--|
| Address | | 90 West Broad St | Chassis VIN | | |
| | | Columbus OH 54215 | Truck# | FT | |
| Phone | (H) | 0 | | | |
| | (W) | 0 | Ins. Co. | 0 | |
| | (C) | 0 | Adjuster | 0 | |

| Description of service and parts | Labor Hrs. | Labor Rate | Labo | or Amt. | | Parts | Refinish | Sublet |
|----------------------------------|----------------------------------------------------|------------|------|---------|--------|----------|----------|--------|
| 2668-CC2-001 Frame drop | | | \$ | - | \$ | 2,090.77 | | |
| 2668-CC2-002 Frame drop | | | \$ | - | \$ | 2,090.77 | | |
| 3419-CC1-001 Fishplate | | | \$ | _ | \$ | 233.87 | | |
| 3420-CC1-002 Fishplate | | | \$ | - | \$ | 489.74 | | |
| 0172-KK2-001 Drag link | | | \$ | - | \$ | 602.06 | | |
| 0478-KK1 Gear | | | \$ | - | \$ | 2,041.56 | | |
| 0573-KK1-001 Miter box | | | \$ | - | \$ | 428.00 | | |
| 0664-KK1 Pump | | | \$ | - | \$ | 753.15 | | |
| 0700-KK1 Supt | | | \$ | - | \$ | 262.57 | | |
| 0906-KK1-001 Assist cylinder | | | \$ | - | \$ | 922.53 | | |
| 1221-KK1-001 Arm | | | \$ | - | \$ | 938.80 | | |
| Misc brass fittings | | | \$ | - | \$ | 125.00 | | |
| Misc hoses | | | \$ | - | \$ | 175.00 | | |
| Misc bolts and hardware | | | \$ | - | \$ | 250.00 | | |
| All axle alignment | 4.00 | 110.00 | \$ | 440.00 | | | | |
| | | | \$ | - | | | | |
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All parts are new unless otherwise stated.

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(Labor & Part pricing are current at time of estimate, pricing is subject to change)

Service Garage Estimate



Factory Service & Repair

1000 Reynolds Rd. Charlotte, MI 48813 (866-383-3695) Option 2

| RO# (if applicable) | 0001A |
|---------------------|-------|

2/2/2018

Estimated By Chris

Motor Vehicle Repair Facility Registration Number F151345

| Customer | | City of Columbus | Vehicle Type | 4S7AT2F988C065846 | |
|----------|-----|-------------------|--------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address | | 90 West Broad St | Chassis VIN | | |
| | | Columbus OH 54215 | Truck# | FT | |
| Phone | (H) | 0 | | | |
| | (W) | 0 | Ins. Co. | 0 | |
| | (C) | 0 | Adjuster | 0 | MANAGEMENT OF THE PARTY OF THE |

| Description of service and parts | Labor Hrs. | Labor Rate | Labor Amt. | Parts | Refinish | Sublet |
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(Labor & Part pricing are current at time of estimate, pricing is subject to change)

Form W-9

(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | 1 Name (as shown on your income toy seturn) Name is sequined as this live | | | | _ | | _ | | | | _ | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|---------|--------------------------------|----------------------------------------------|-----------|---------------------------------------------------------------------------------------------------|-----------------|----|--|--|--|
| | Name (as shown on your income tax return). Name is required on this line; of Spartan Motors USA. Inc. | to not leave this line blank. | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | 20 | | | |
| | | | | | | | | | | | | | | |
| page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | | | | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3); | | | | | |
| s ou | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC | Partnership | Trust/e | estate | 10 | | | | | | | | | |
| e E Single-Heritor LLC | | | | | | | | ode (if a | any)_ | | | | | |
| Print or type. Specific Instructions on page | 1 LEO II THE LEO IS VIGSSHED AS A SHILLEH HELL HISH IS DISTRIBUTED FROM THE OWNER LINESES THE OWNER OF THE LITTLE IN | | | | | | Exemption from FATCA reporting code (if any) | | | | | | | |
| ioeci. | ☐ Other (see instructions) ► | | | | (Applie | s to acco | unts m | aintained | outside | the U.S.) | | | | |
| Se | 5 Address (number, street, and apt. or suite no.) See instructions. | Red | quester's | s name a | nd ad | dress (| optio | onai) | | | _ | | | |
| See | 1541 Reynolds Road 6 City, state, and ZIP code | | | | | | | | | | | | | |
| 1 | Charlotte, MI 48813 | | | | | | | | | | | | | |
| ŀ | 7 List account number(s) here (optional) | | | | | | | | | | _ | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| Pari | Taxpayer Identification Number (TIN) | | | | | ************ | | | | | _ | | | |
| Enter y | our TIN in the appropriate box. The TIN provided must match the name | ne given on line 1 to avoid | So | ocial sec | urity : | numbe | r | | | | ٦ | | | |
| oackuį resider | o withholding. For individuals, this is generally your social security nur nt alien, sole proprietor, or disregarded entity, see the instructions for | nber (SSN). However, for a | | TT | 7 | П | | | T | | آ | | | |
| entities | s, it is your employer identification number (EIN). If you do not have a r | number, see How to get a | | | | | | | | | | | | |
| TIN, la | | FOREY WING MOVE IN | or | | | | | | | | | | | |
| Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter. | | | | | | Employer identification number | | | | | | | | |
| | , and a distance of the same o | | 4 | 6 - | 0 | 4 | 1 | 6 5 | 4 | 5 | | | | |
| Part | II Certification | | | | 1 | | | | | | | | | |
| Jnder | penalties of perjury, I certify that: | | | | | | | | | | - | | | |
| 2. I am Serv | number shown on this form is my correct taxpayer identification num! not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding; and | ckup withholding, or (b) I ha | ve not | heen no | tifier | hu th | e In | ternal | Reve ne th | enue at I am | | | | |
| | a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exempt | ot from FATCA reporting is | correct | | | | | | | | | | | |
| Certific You have acquisit | cation instructions. You must cross out item 2 above if you have been not re failed to report all interest and dividends on your tax return. For real estation or abandonment of sebured property, cancellation of debt, contribution in interest and dividends, you are not required to sign the certification, but the certification, but the certification is the certification. | otified by the IRS that you are tate transactions, item 2 doe | e curren | ntly subjection | mort | gage i | nter | est pa | id, | -nt- |) | | | |
| Sign Here | Signature of U.S. person | - Date | - // | /3/ | 18 | 20/ | 8 | <i>y</i> | | | _ | | | |
| Gen | eral Instructions | • Form 1099-DIV (divider | nds, inc | luding t | hose | from : | stoc | ks or | mutu | al | | | | |
| | references are to the Internal Revenue Code unless otherwise | funds) • Form 1099-MISC (vario | | | | | | | | | | | | |
| elated | developments/For the latest information about developments to Form W-9 and its instructions, such as legislation enacted | proceeds) • Form 1099-B (stock or mutual fund sales and certain other | | | | | | | | | | | | |
| | ey were published, go to www.irs.gov/FormW9. | transactions by brokers) • Form 1099-S (proceeds from real estate transactions) | | | | | | | | | | | | |
| ourp | ose of Form | Form 1099-K (merchant card and third party network transactions) | | | | | | | | | | | | |
| nforma | vidual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) Form 1099-C (canceled debt) | | | | | | | | | | | | |
| SSN), i | individual taxpayer identification number (ITIN), adoption | Form 1099-A (acquisition) | | andonm | ent d | of sect | ıred | prone | ertvi | | | | | |
| EIN), to | er identification number (ATIN), or employer identification number or report on an information return the amount paid to you, or other treportable on an information return. Examples of information | Use Form W-9 only if y alien), to provide your co | ou are | a U.S. p | | | | | | nt | | | | |
| eturns | include, but are not limited to, the following. 1099-INT (interest earned or paid) | If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later. | | | | | | | | | | | | |