

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

*In Re Michelin North America, Inc. PAX System Marketing and Sales Practices Litigation*  
Civil Action No. 8:08-md-01911-RWT

**CLAIM FORM AND RELEASE**

**Must Be Postmarked Or Provided To Delivery Service  
(e.g., UPS, Federal Express) By No Later Than:  
January 20, 2010 (This date may be extended. Please refer to the website  
[www.sfmsslaw.com](http://www.sfmsslaw.com) for current information on claim submission deadlines)**

**Please send all completed Claim Forms and Releases, as well as any documents or other information to support your Claim, to one or more of the addresses provided in this Claim Form and Release, depending upon the relief you would like to receive.**

Please type or clearly print the following information:

**PART I: CLAIMANT IDENTIFICATION**

\_\_\_\_\_  
Make/Model Number/Year Of Your Vehicle  
*(If You Have More Than One Vehicle, Please Complete A Separate Claim Form For Each Vehicle)*

\_\_\_\_\_  
VIN Number Of Your Vehicle

\_\_\_\_\_  
Claimant's Name (First, Middle, Last)

\_\_\_\_\_  
Name Of Co-Owner Or Co-Lessee On Whose Behalf Claim Is Being Submitted (Other Than Claimant)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Telephone Number (work)

\_\_\_\_\_  
Area Code Telephone Number (home)

\_\_\_\_\_  
Area Code Telephone Number (mobile)

Electronic Mail: \_\_\_\_\_

**[PARTS I AND II MUST BE COMPLETED OR YOUR CLAIM WILL BE DENIED]**

**PART II: ELECTION OF REMEDIES (PLEASE NOTE THAT YOU CAN CHOOSE MORE THAN ONE REMEDY AS LONG AS YOU QUALIFY FOR THE REMEDY)**

**A. MICHELIN SUPPLEMENTAL TIRE WARRANTY:**

YES \_\_\_\_\_ NO \_\_\_\_\_

[Please check "Yes" or "No." Please note that the Michelin Supplemental Tire Warranty is only available to Class Members *who currently own or lease* a Honda or Acura brand vehicle equipped with the PAX System. You only need to register once for the Michelin Supplemental Tire Warranty by completing Page 1 of this Claim Form, checking "Yes" above and completing the information on Page 6 of this Claim Form, including the Release, and sending the completed Claim Form to the Michelin address provided below by the deadline that appears on Page 1 of this Claim Form. You will receive from Michelin a Supplemental Tire Warranty Certificate issued in your name that will entitle you to receive the benefits of this Supplemental Tire Warranty. The Certificate must be presented to the PAX® authorized tire dealer when making any claim under the Supplemental Tire Warranty. Neither the Supplemental Tire Warranty nor the Certificate is transferable. With this Certificate, you are entitled to the protection of the Supplemental Tire Warranty on all Michelin PAX System tires on the registered vehicle as long as you own or lease the vehicle.]

**B. REIMBURSEMENT FOR PAST PAX TIRE REPLACEMENTS:**

YES \_\_\_\_\_ NO \_\_\_\_\_

[Please check "Yes" or "No." Please note that the remedy of reimbursement for past replacements of PAX System tires is only available to Class Members if they were required to replace one or more PAX System tires before obtaining 36,000 miles of use from the tire(s). You are entitled to claim under this category regardless of whether you replaced with PAX or non-PAX tires. *You are entitled to claim under this category even if you no longer own or lease the vehicle.* You need to complete Page 1 of this Claim Form, check "Yes" above and complete the information on Pages 3 and 6 of this Claim Form, including the Release, *attach all required documentation*, and send the completed Claim Form to the Michelin address provided below by the deadline that appears on Page 1 of this Claim Form, to make a claim for reimbursement under this category. You are not eligible for reimbursement for any PAX tires for which you previously received reimbursement. However, you may be entitled to receive the difference, if any, between the amount of any such reimbursement and any higher reimbursement you are entitled to receive under the settlement.]

**C. HONDA SPARE TIRE KIT OR SPARE TIRE PAYMENT:**

YES \_\_\_\_\_ NO \_\_\_\_\_

[Please check "Yes" or No." Please note that the payment is only available to Class Members if they purchased a Honda-approved temporary tire consisting of a Honda-approved PAX compact or donut type tire ("spare tire") or Honda-approved PAX spare tire kit (you cannot claim under this category if you already claimed a New Vehicle Rebate under Category D below). You need to complete Page 1 of this Claim Form, check "Yes" above and complete the information on Pages 4 and 6 of this Claim Form, including the Release, *attach all required*

*documentation*, and send the completed Claim Form to the Honda address provided below by the deadline that appears on Page 1 of this Claim Form, to make a claim for reimbursement under this category.]

**D. HONDA PAYMENT FOR PURCHASE OF NEW VEHICLE**

YES \_\_\_\_\_ NO \_\_\_\_\_

[Please check "Yes" or No." Please note that the payment is only available to Class Members if they purchased a new Honda Odyssey or Acura RL. You cannot claim under this category if you already claimed a Spare Tire/Spare Tire Kit Payment under Category C above. You need to complete Page 1 of this Claim Form, check "Yes" above and complete the information on Pages 5 and 6 of this Claim Form, including the Release, **attach all required documentation**, and send the completed Claim Form to the Honda address provided below by the deadline that appears on Page 1 of this Claim Form, to make a claim for reimbursement under this category.

**PART III: CLAIM FOR REIMBURSEMENT FOR PAST PAX TIRE REPLACEMENTS**

Please note that the remedy of reimbursement for past replacements of PAX System tires is only available to Class Members if they were required to replace one or more PAX System tires before obtaining 36,000 miles of use from the tire(s). You are entitled to claim under this category regardless of whether you replaced your PAX tire with PAX or non-PAX tires.

Please type or clearly print the following information:

\_\_\_\_\_  
Claimant's Name (First, Middle, Last)

Number of Miles Of Use Obtained  
Before Replacing Tire(s) Being Claimed: \_\_\_\_\_ miles

Price Paid For Replacement Tire(s): \$ \_\_\_\_\_

Best Telephone Number To Call If We Have Questions: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, information and belief, the above PAX System tire(s) were replaced as a result of premature tire wear, and were not replaced as a result of any accident or road hazard impact. I have attached receipts or other documentation demonstrating the amount I paid to replace the PAX System tire(s) for which a claim is being submitted, and the miles of use at which the replacement occurred. **(Please do not forget to enclose the required documents as they are needed to process your claim. Failure to include these documents will result in denial of your claim.)**

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Class Member or  
Representative of Class Member)

If you are making a claim under this section, mail your completed Claim Form to:

**Michelin North America, Inc.  
PAX System Claim  
Michelin Consumer Care  
P.O. Box 19001  
Greenville, S.C. 29602-9001**

**[PLEASE NOTE THAT EVERY CLAIMANT WHO CHECKED "YES" TO PART II, SECTION B, TO CLAIM REIMBURSEMENT FOR PAST PAX TIRE REPLACEMENT(S), MUST COMPLETE THIS THIRD PAGE AND FAILURE TO COMPLETE THIS THIRD PAGE WILL RESULT IN DENIAL OF YOUR CLAIM. IF YOU ARE CLAIMING REIMBURSEMENT FOR PAST PAX TIRE REPLACEMENTS WHICH OCCURRED AT DIFFERENT TIMES, PLEASE COMPLETE A SEPARATE COPY OF THIS PAGE (PART III) FOR EACH TIME THAT YOU REPLACED ONE OR MORE PAX SYSTEM TIRES]**

**PART IV: CLAIM FOR HONDA SPARE TIRE KIT OR SPARE TIRE REBATE**

Please note that the remedy of obtaining a \$110 payment for purchase of a Honda-approved PAX temporary tire consisting of a compact or donut type tire ("spare tire") or a Honda-approved PAX spare tire kit is only available to Class Members that have purchased a Honda spare tire kit or spare tire (and have not already submitted a claim for a payment to purchase a new vehicle under Part V below).

Please type or clearly print the following information:

\_\_\_\_\_  
Claimant's Name (First, Middle, Last)

Date Of Purchase Of Spare Tire Kit Or Spare Tire: \_\_\_\_\_

Price Paid For Spare Tire Kit Or Spare Tire: \$ \_\_\_\_\_

Best Telephone Number To Call If We Have Questions: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, information and belief, I purchased a Honda-approved PAX spare tire kit or Honda-approved PAX spare tire for my Honda or Acura vehicle equipped with the PAX System on the date above for the price reflected above. I have attached receipts or other documentation demonstrating the purchase of a Honda-approved PAX spare tire kit or Honda-approved PAX spare tire, the amount paid and the date when I purchased the spare tire kit or spare tire. **(Please do not forget to enclose the required documents as they are needed to process your claim.)** I hereby certify that I have not submitted a claim for a payment in connection with purchase of a new vehicle under Part V below in connection with the vehicle that is the subject of this Claim Form.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Class Member or  
Representative of Class Member)

**PART IV: CLAIM FOR HONDA SPARE TIRE KIT OR SPARE TIRE REBATE**

Please note that the remedy of obtaining a \$110 payment for purchase of a Honda-approved PAX temporary tire consisting of a compact or donut type tire ("spare tire") or a Honda-approved PAX spare tire kit is only available to Class Members that have purchased a Honda spare tire kit or spare tire (and have not already submitted a claim for a payment to purchase a new vehicle under Part V below).

Please type or clearly print the following information:

\_\_\_\_\_  
Claimant's Name (First, Middle, Last)

Date Of Purchase Of Spare Tire Kit Or Spare Tire: \_\_\_\_\_

Price Paid For Spare Tire Kit Or Spare Tire: \$ \_\_\_\_\_

Best Telephone Number To Call If We Have Questions: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, information and belief, I purchased a Honda-approved PAX spare tire kit or Honda-approved PAX spare tire for my Honda or Acura vehicle equipped with the PAX System on the date above for the price reflected above. I have attached receipts or other documentation demonstrating the purchase of a Honda-approved PAX spare tire kit or Honda-approved PAX spare tire, the amount paid and the date when I purchased the spare tire kit or spare tire. **(Please do not forget to enclose the required documents as they are needed to process your claim.)** I hereby certify that I have not submitted a claim for a payment in connection with purchase of a new vehicle under Part V below in connection with the vehicle that is the subject of this Claim Form.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Class Member or  
Representative of Class Member)

If you are making a claim under this section, mail your completed Claim Form to:

**Honda PAX Spare Tire Rebate  
P.O. Box 2902  
Torrance, CA 90501**

**[PLEASE NOTE THAT EVERY CLAIMANT WHO CHECKED "YES" TO PART II,  
SECTION C, TO OBTAIN A PAYMENT FOR PURCHASING A SPARE TIRE KIT OR  
SPARE TIRE MUST COMPLETE PART IV]**

**PART V: CLAIM FOR PURCHASE OF NEW VEHICLE REBATE**

Please note that the remedy of obtaining a \$300 rebate for purchase of a new Honda Odyssey or Acura RL during the appropriate dates is only available to Class Members who have purchased a new Honda Odyssey or Acura RL and have not already submitted a claim for a payment for purchase of a spare tire kit or spare tire under Part IV above.

Please type or clearly print the following information:

\_\_\_\_\_  
Claimant's Name (First, Middle, Last)

Date of purchase of new Honda Odyssey or Acura RL: \_\_\_\_\_

Price paid for new Honda Odyssey or Acura RL: \$ \_\_\_\_\_

VIN (Vehicle Identification Number) for new Honda Odyssey or Acura RL: \_\_\_\_\_

Name of selling Honda or Acura Dealer: \_\_\_\_\_

Best Telephone Number To Call If We Have Questions: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, information and belief, I purchased a new Honda Odyssey or Acura RL on the date above for the price reflected above. I have attached receipts or other documentation demonstrating the purchase of a new Honda Odyssey or Acura RL, the amount paid to purchase the vehicle and the date when I purchased the vehicle. **(Please do not forget to enclose the required documents as they are needed to process your claim.)** I hereby certify that I have not submitted a claim for a payment in connection with the purchase of a spare tire kit or spare tire under Part IV above in connection with the vehicle that is the subject of this Claim Form.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Class Member)

If you are making a claim under this section, mail your completed Claim Form to:

**Honda PAX Vehicle Rebate  
P.O. Box 2902  
Torrance, CA 90501**

**[PLEASE NOTE THAT EVERY CLAIMANT WHO CHECKED "YES" TO PART II, SECTION D, TO OBTAIN A PAYMENT FOR PURCHASING A NEW VEHICLE MUST COMPLETE PART V]**

**PART VI: SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**

I submit this Claim Form and Release under the terms of the Settlement Agreement dated as of January 7, 2009 ("Agreement"). I submit to the jurisdiction of the United States District Court for the District of Maryland, with respect to my claim as a Class Member and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Litigation. I agree to furnish additional information to American Honda Motor Co., Inc., Michelin North America, Inc. and/or Lead Class Counsel to support this claim, if required to do so. I am not an employee, officer or director of American Honda Motor Co., Inc. or Michelin North America, Inc. I also am not one of the Judge(s) to whom this matter or any of the Litigation is assigned.

**PART VII: RELEASE**

By participating in this settlement, I hereby release and forever discharge American Honda Motor Co., Inc. and Michelin North America, Inc., as well as their parents, subsidiaries, affiliates, employees, principals, agents and representatives, from any and all rights, claims, demands and damages of any kind, known or unknown, existing or arising in the future, and accordingly hereby expressly, voluntarily, knowingly and advisedly waive any and all rights granted to me under California Civil Code, Section 1542, resulting from or related to any claim asserted in the Litigation and/or that could have been asserted in the Litigation. California Civil Code Section 1542 states:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_,  
(Month/Year) (City)  
\_\_\_\_\_  
(State/County)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person signing - if applicable)

ACCURATE CLAIMS PROCESSING CAN TAKE A SIGNIFICANT AMOUNT OF TIME.

THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above release and declaration.
2. If you are submitting claims for relief that require submission of forms to both Honda and Michelin, please provide an original signed page 6 with each Claim submitted. Extra copies of Claim Forms can be downloaded at [www.sfmslaw.com](http://www.sfmslaw.com).
3. Remember to attach supporting documentation to each Claim Form submitted.
4. Keep a copy of your Claim Form and supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested, or through similar means.
6. If you move or your address changes, please send your new address to the attorneys below with a note that your address has changed and they will communicate this information to Honda and Michelin.
7. If you have any questions regarding the completion of this Claim Form, please contact one of the following attorneys for the Class:

<p>James E. Miller Shepherd, Finkelman, Miller &amp; Shah, LLP 65 Main Street Chester, CT 06412 Telephone: (860) 540-5505 Facsimile: (860) 526-1120 Email: <a href="mailto:jmiller@sfmslaw.com">jmiller@sfmslaw.com</a></p>	<p>Lori Erin Andrus Andrus Anderson LLP 155 Montgomery Street San Francisco, CA 94104 Telephone: (415) 986-1400 Facsimile: (415) 986-1474 Email: <a href="mailto:lori@andrusanderson.com">lori@andrusanderson.com</a></p>
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**IMPORTANT: Do not send the completed Claim Form or other documents and materials to the above attorneys. Instead, the completed Claim Form and any required supporting documents or materials must be sent to American Honda Motor Co., Inc. and Michelin North America, Inc. at the addresses provided in this Claim Form.**