## SCOTT DIPARVINE v. A.P.S., INC. d/b/a CAR QUEST AUTO PARTS No. 11 cv 6116 (U.S.D.C. N.D. IL)

THIS CLAIM FORM MUST BE MAILED AND POSTMARKED BY OR OTHERWISE DELIVERED TO THE CLAIMS ADMINISTRATOR BY **OCTOBER 2, 2012**:

Dahl Administration, LLC/A.P.S., Inc. d/b/a Car Quest P.O. Box 3614
Minneapolis, MN 55403-0614
Fax: 952-955-4589

## I. CLAIMANT INFORMATION

ast Name																								L		
irst Name																										
Address	:		1			1					1	1	1									1				1
Line 1:																										
Line 2:																										
City/St/Zip	)																									
E-Mail A	ddı	es	s (i	fу	ou	ha	ve	on	e):																	
Day Time	e P	ho	ne	(ar	ea	СО	de	-nı	ıml	oer	):		•							•						•
Telephone				-				-																		
II. CI I certify th personal co electronica	at I	ma (a	nd i	a d	crec a	dit c	r d ine	ebi ss	card	d) k	oetv	vee	n Ĵ	une	3,	20	80	and	O	ctob						
I certify and acci			-		_		-	-	-													cla	im	foi	rm	is