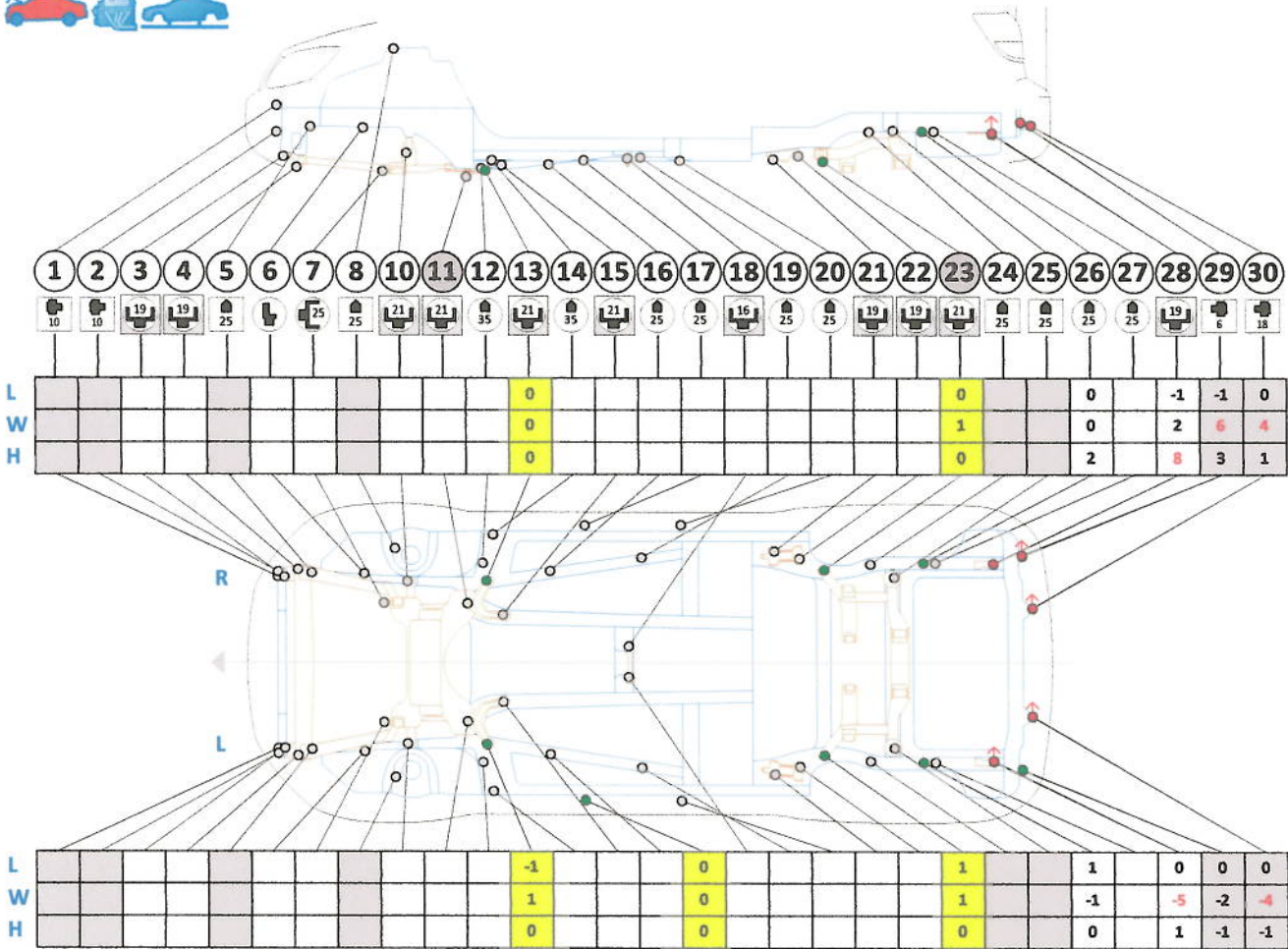


Car-O-Liner Vision2 X3

Lower body Diagnose Report

1.20.0.5 t:3
2016-03-01

Customer		Vehicle	
Name		DataSheet 20:580	Issue 2013-02-01
Address		Make Toyota	Type 5D/2WD
City	Zip	Model RAV4	VIN
State	Phone	Year 2006-2012	Miles
E-mail		License No	
Insurance		Job	
Insurance Co Allstate	Claim No	Workorder 16890	Start Date 2016-02-25
Adjuster	Phone	Technician Wooten	End Date 2016-02-25
E-mail		Sign _____	



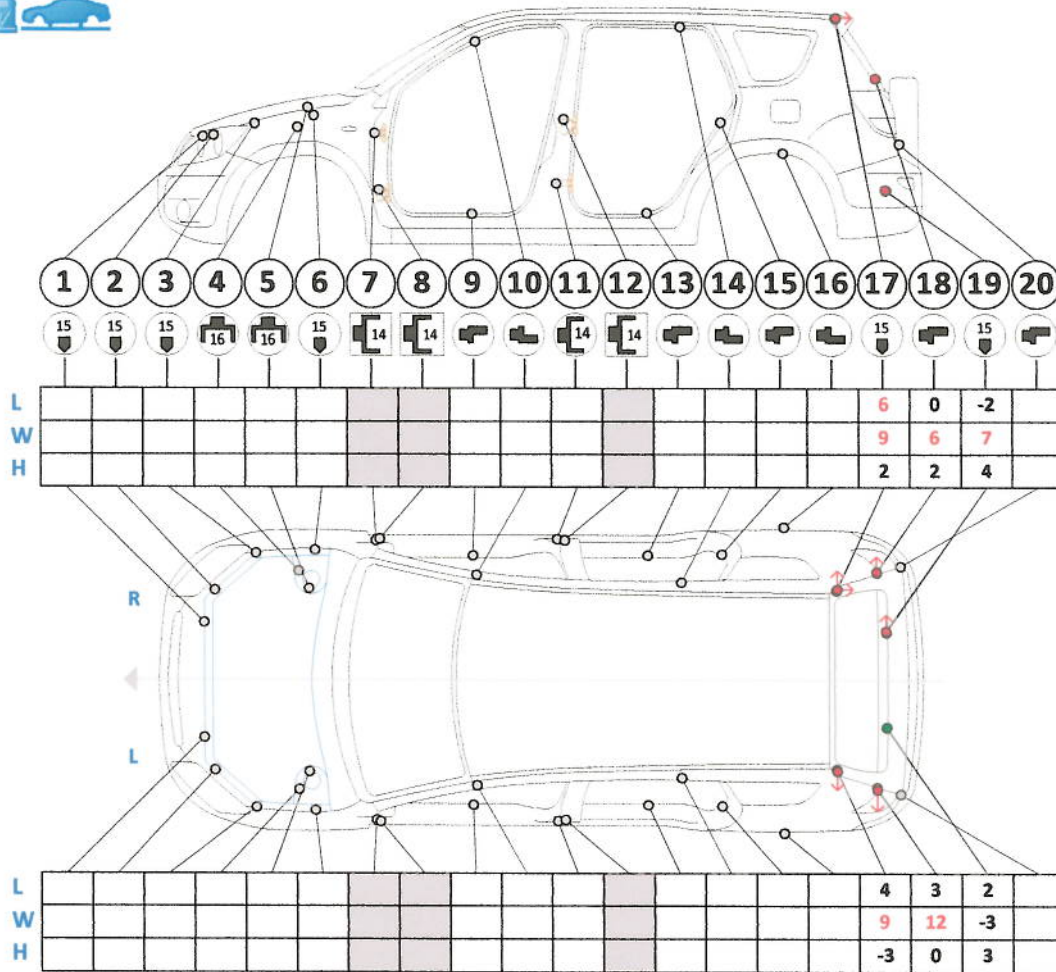
<p style="text-align: center;">BodyShop</p> <p>Company ASCUES PAINT AND BODY Address 1723 N HIGHWAY 17 City MOUNT PLEASANT Zip 29464 State SC Phone 843 884-6862 E-mail</p>	<p style="text-align: center;">Notes</p> <p style="text-align: center;">Post Repair Inspection</p>
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Car-O-Liner Vision2 X3

Upper body Diagnose Report

1.20.0.5 t:5
2016-03-01

Customer		Vehicle	
Name		DataSheet 20:580	Issue 2013-02-01
Address		Make Toyota	Type 5D/2WD
City	Zip	Model RAV4	VIN
State	Phone	Year 2006-2012	Miles
E-mail		License No	
Insurance		Job	
Insurance Co Allstate	Claim No	Workorder 16890	Start Date 2016-02-25
Adjuster	Phone	Technician Wooten	End Date 2016-02-25
E-mail		Sign _____	



<p style="text-align: center;">BodyShop</p> <p>Company ASCUES PAINT AND BODY Address 1723 N HIGHWAY 17 City MOUNT PLEASANT Zip 29464 State SC Phone 843 884-6862 E-mail</p>	<p style="text-align: center;">Notes</p> <p style="text-align: center;">Post Repair Inspection</p>
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