

<b>SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.</b> <b>APPEAL FORM</b>
--------------------------------------------------------------------------------

**Return this completed Appeal Form with any necessary supporting documentation to:**

CANTILO & BENNETT, L.L.P.  
 Attention: Spirit SDR  
 P.O. Box 184  
 Austin, Texas 78767

**Please carefully read the Receivership Claims and Appeals Procedure prior to completing this Appeal Form. Please print or type.**

Name of Claimant	\$ Total Amount of Claim
Street Address	Soc. Sec. or Tax ID Number
City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>	Telephone Number
E-mail Address	Facsimile Number

**If the claimant is represented by an attorney, please complete the following section:**

Name of Attorney	Bar Card No.
Name of Law Firm	Tax ID Number
Street Address	Telephone Number
City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip</span>	Facsimile Number
E-mail Address	

**NOTE: ATTACH COPY OF POWER OF ATTORNEY.**

**Explanation of Appeal:** You must include a brief explanation, clearly reference the determination or matter that is being appealed (including any applicable claim reference numbers and the date(s) that the determination(s) were made) and state your desired outcome of this appeal.

---

---

---

---

---

---

---

---

State of \_\_\_\_\_ §

County of \_\_\_\_\_ §

Unless noted herein, I alone am entitled to file this appeal, no others have an interest in this claim, no payments have been made on the claim, no third party is liable on this debt, the sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Appeal and all documents submitted in support of this Appeal are true, complete, and correct.

\_\_\_\_\_  
Print Name of Claimant or Authorized Agent

\_\_\_\_\_  
Signature of Claimant or Authorized Agent

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

**NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM.**

**Please check with the SDR before sending any large mailings to prevent duplicate document submissions and conserve the assets of the estate. Do not re-submit documents that were previously submitted with a Proof of Claim.**