



REFUND REQUEST CLAIM FORM HUKILL OIL *d/b/a* "Mr. Lubie"

In re Lokey v. Hukill Oil Company Inc. et al.
Jackson Circuit Court Case. No. 36C01-0803-CT-3

RETURN COMPLETED FORM *by mail to:*
OFFICE OF ATTORNEY GENERAL
ATTN: Consumer Protection Division / Re: Mr. Lubie
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204

INSTRUCTIONS:

1. Please review "Section 1 – Claim Eligibility" carefully to determine if you are eligible for a refund.
2. If eligible for a refund, complete "Section 2 – Claim Information".
3. Include proof of payment for each oil change listed in Section 2. (**Failure to provide proof of payment will not necessarily mean that your claim will be denied.**)
4. Complete "Section 3 – Claimant Information".
5. Sign, date and return this form to the address in the upper right corner above.
6. The form must be returned with a post-mark no later than July 31, 2011.
7. Please visit www.IndianaConsumer.com for more information or call 1-800-382-5516 with questions.

SECTION 1: CLAIM ELIGIBILITY

1. During the period from **January 1, 2006** to **April 6, 2006**, I specifically instructed, and paid, Mr. Lubie to use Valvoline® motor oil when Mr. Lubie changed my vehicle's oil. Yes No
2. During the period from **April 7, 2006** to **October 31, 2007**, I specifically instructed, and paid, Mr. Lubie to use Valvoline® motor oil when Mr. Lubie changed my vehicle's oil. Yes No

- If you checked "No" to Question 1 **and** Question 2 → **STOP** – you are not eligible for a refund, *do not submit a claim form.*
- If you checked "Yes" to Question 1 **and/or** Question 2 Complete Sections 2 and 3 below, sign, date and return

SECTION 2: CLAIM INFORMATION *(Failure to provide proof of payment will not necessarily mean that your claim will be denied)*

If you checked "Yes" for the period of **January 1, 2006** to **April 6, 2006** please provide the date and location of **each** oil change during that period where you specifically instructed, and paid, Mr. Lubie to use Valvoline® motor oil when Mr. Lubie changed your vehicle's oil.

Date (m/d/yy)	Location (include proof of payment for each oil change listed below)

If you checked "Yes" for the period of **April 7, 2006** to **October 31, 2007** please provide the date and location of **each** oil change during that period where you specifically instructed, and paid, Mr. Lubie to use Valvoline® motor oil when Mr. Lubie changed your vehicle's oil.

Date (m/d/yy)	Location (include proof of payment for each oil change listed below)

SECTION 3: CLAIMANT INFORMATION

Name (please type or print)		Address (street, apartment number, city, state, ZIP)
Home Telephone	Cellular Telephone	Email Address

I affirm under penalty of perjury that the information contained in this form, or attached hereto, is true and accurate to the best of my knowledge and that any documents attached to this form are true and correct copies.

 Printed Name of Consumer _____
Signature of Consumer _____
Date (m/d/yy)