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**WOODS MARKETING BULLETIN: SB07081**  
**NUMBER OF PAGES IN THIS TRANSMISSION: 1**  
**IF YOU HAVE TROUBLE RECEIVING THIS FAX, CALL WOODS AT 1-800-319-6637**

**DATE:** July 8, 2008  
**TO:** All Woods Ag & Turf Dealers  
**SUBJECT:** **Woods Warranty Labor Rates**

**Effective July 14, 2008, any warranty labor claim received by Woods Equipment Company will begin receiving a dealer's posted shop labor rate.**

With today's rising costs of doing business, Woods continually evaluates how we can better assist our dealers by remaining your **best in class** supplier for both products and service. Woods' improvement to its warranty labor reimbursement policy is just one way in which we do that.

Woods recognizes the need to increase labor rates to help dealers meet current labor costs. As a result, we will reimburse warranty labor at a dealer's posted retail shop rate—similar in approach to what most major OEM suppliers provide.

When submitting a warranty labor claim, please list your labor rate on the warranty claim form, otherwise claims will be paid at a standard rate. We also ask that you complete and sign the attached Labor Rate Notification Form (F-01027-MS) so that we can update our records to reflect your current rate.

Should you have further questions regarding this subject matter, please contact Woods Technical Service at 1-800-319-6637.

Regards,



Rob Darr  
Vice President,  
Ag & Turf Sales and Marketing  
Woods Equipment Company

Dear Valued Dealer,

To ensure that we're processing warranty claims efficiently and accurately, please complete the Labor Rate Notification form below and **fax it to 815-732-9682**. Having your completed form on file will also help us comply with state regulations. If you have any questions please call Kirt Swanson, Training & Customer Service Manager, at 800-319-6637.

Thank you,

Woods Technical Services

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## Woods Equipment Company Labor Rate Notification Form

Please complete and fax this form to: **Linda Fulmer**  
**Fax: 815-732-9682**

Date \_\_\_\_\_ Dealer Number \_\_\_\_\_

Dealer Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Posted Shop Labor \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_