

**State Farm®**  
 Providing Insurance and Financial Services  
 PO Box 619059  
 Roseville, CA 95661-9059



0230000315

LAHAM, MICHAEL & ELANA  
 26841 LA ALAMEDA APT 636  
 MISSION VIEJO CA 92691-7364



July 18, 2005

Policy Number: L347-741-75H  
 Claim Number: 75-A954-439  
 Date of Accident: March 26, 2005

Dear Policyholder,

We are writing to let you know we have completed the investigation for the above-referenced accident. California law requires written notification of our determination of fault. It has been determined the driver of your vehicle was 51% or more at fault for this accident, because of failing to yield the right-of-way.

If you have any questions regarding this decision, please contact your claim handler.

You may request reconsideration of the liability determination placing the driver principally at fault for this accident. If you would like us to reconsider, please send your request to us in writing within the next 30 days including any information about the accident you believe should be considered. We will carefully review your claim file and let you know of the decision within 30 days. If submitting a written request, please submit your request to:

California Reconsideration of Fault Department  
 P.O. Box 619059  
 Roseville, CA 95661-9059

Thank you for choosing State Farm to serve your insurance needs.

Sincerely,

Auto Reconsideration Team  
 STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY