



TENNESSEE DEPARTMENT OF REVENUE  
VEHICLE TAXPAYER SERVICES DIVISION  
MULTI-PURPOSE APPLICATION

# OFFICIAL VEHICLE REGISTRATION

276717

|                                                |                                |                          |
|------------------------------------------------|--------------------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>91361884</b> | TRANSACTION CODE<br><b>N01</b> | REGISTRATION ONLY NUMBER |
|------------------------------------------------|--------------------------------|--------------------------|

|                                                                                                                                                                                                                                                                            |                                    |                                                                                                                                           |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 20 CHARACTERS) <b>5</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/> |                                    |                                                                                                                                           |                                |
| LAST NAME<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b>                                                                                                                                                                                                                      |                                    | FIRST NAME<br><b>WELLS FARGO EQUIPMENT FINANCE INC</b>                                                                                    | MIDDLE INITIAL                 |
| ADDRESS 1 (MAILING)<br><b>3100 WEST END AVE 530</b>                                                                                                                                                                                                                        |                                    | ADDRESS 2 (PHYSICAL)<br><b>733 MARQUETTE AVE</b>                                                                                          |                                |
| CITY<br><b>NASHVILLE</b>                                                                                                                                                                                                                                                   | STATE<br><b>TN</b>                 | ZIP CODE<br><b>37203</b>                                                                                                                  | CITY<br><b>MINNEAPOLIS</b>     |
| STATE<br><b>MN</b>                                                                                                                                                                                                                                                         |                                    | ZIP CODE<br><b>55402</b>                                                                                                                  |                                |
| CITY OF RESIDENCE/PRINCIPAL BUS OR #CORP LOCATION<br><b>DAVIDSON 019</b>                                                                                                                                                                                                   | PURCHASE DATE<br><b>02/06/2013</b> | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br><small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE #<br><b>399 5218</b> |
| *PLACARD HEARING IMPAIRED CLS/YR                                                                                                                                                                                                                                           |                                    | *INSURANCE POLICY #                                                                                                                       |                                |

|                                                          |                              |                        |                         |                               |                                         |                                                                                                                                               |                            |                  |
|----------------------------------------------------------|------------------------------|------------------------|-------------------------|-------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|
| VEHICLE INFORMATION                                      |                              |                        |                         |                               |                                         |                                                                                                                                               |                            |                  |
| VIN<br><b>1GRAP062XED450544</b>                          | MAKE<br><b>GDAN</b>          | MODEL<br><b>CCC</b>    | YEAR<br><b>2014</b>     | BODY<br><b>SE</b>             | TITLE BRAND - translation<br><b>NEW</b> | CODE<br><b>N</b>                                                                                                                              | TYPE OF FUEL - translation | CODE<br><b>9</b> |
| SURRENDERED TITLE #<br><b>MSO</b>                        | STATE<br><b>TN</b>           | PREVIOUS STATES TITLED | VEHICLE USE<br><b>B</b> | VEHICLE TYPE<br><b>S</b>      | CURRENT MILEAGE                         | ODOMETER ACTUAL (8) NOT ACTUAL (8)<br><small>INDICATOR OVER 10 YRS / 15,000 LBS (1)<br/>(List one) IN EXCESS OF MECHANICAL LIMITS (2)</small> | CODE<br><b>1</b>           |                  |
| COLOR CODE (enter appropriate code)<br>UPPER<br><b>9</b> | MOBILE HOME<br>LGTH<br>WIDTH | # AXLES                | GROSS VEHICLE WEIGHT    | *VEHICLE TRADE-IN DESCRIPTION |                                         | COMPANY VEHICLE #<br><b>276717</b>                                                                                                            |                            |                  |

|                                                                                                                                      |                                                |                  |                        |                          |                         |                         |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|------------------------|--------------------------|-------------------------|-------------------------|-----------------------------------------------|
| PLATE INFORMATION *Required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |                                                |                  |                        |                          |                         |                         |                                               |
| PLATE # (1)<br><b>U446734</b>                                                                                                        | CLASS CODE/ISSUE YR (1)(2)<br><b>8020/1994</b> | VALIDATION # (1) | COUNTY STICKER # (1)   | CITY STICKER # (1)(2)    | *PLATE # (TRADE IN) (2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
| TOR STICKER # (4)                                                                                                                    | TEMP OPERATOR PERMIT # (3)                     | # OF SEATS (5)   | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)     |                         |                                               |

|                                    |                   |      |       |           |
|------------------------------------|-------------------|------|-------|-----------|
| LIEN INFORMATION (If lien present) |                   |      |       |           |
| LIEN CODE                          | FIRST LIENHOLDER  |      |       | LIEN DATE |
| STREET                             |                   | CITY | STATE | ZIP CODE  |
| LIEN CODE                          | SECOND LIENHOLDER |      |       | LIEN DATE |
| STREET                             |                   | CITY | STATE | ZIP CODE  |

|                                                   |  |                                       |                                    |                              |                              |
|---------------------------------------------------|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| *LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) |  | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| NAME                                              |  | NAME                                  |                                    |                              |                              |
| ADDRESS                                           |  | CITY                                  |                                    | STATE                        | ZIP CODE                     |

|                                                                                |                    |                                                                        |               |                                                       |
|--------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------|---------------|-------------------------------------------------------|
| VEHICLE COST / TAX INFORMATION *Required for Title & Registration Transactions |                    |                                                                        |               |                                                       |
| SALE PRICE                                                                     | TRADE IN ALLOWANCE | TAXABLE AMOUNT                                                         | SALE TAX PAID | TAX EXEMPTION REASON / SALES TAX #<br><b>10551600</b> |
| DEALER NAME<br><b>WELLS FARGO EQUIPMENT FINANCE</b>                            |                    | DEALER ADDRESS<br><b>3100 WEST END AVE STE 530 NASHVILLE, TN 37203</b> |               | DEALER #<br><b>2</b>                                  |

|                                                                                                   |                                 |                                    |                                                    |                                  |
|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|----------------------------------------------------|----------------------------------|
| *Required for Duplicate Title - T.C.A. 55-3-115 (submit flexible or altered Certificate of Title) |                                 |                                    |                                                    |                                  |
| <input type="checkbox"/> LOST                                                                     | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED |
| <input type="checkbox"/> ILLEGIBLE                                                                |                                 |                                    |                                                    |                                  |

|                                                                                                                                                                                                                                                                                                      |                                                        |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|
| Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf. |                                                        |                                     |
| SIGNATURE OF CERTIFIER/OWNER                                                                                                                                                                                                                                                                         | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE<br><b>4/8/2013 11:42:57 AM</b> |
|                                                                                                                                                                                                                                                                                                      |                                                        | <b>04/09/2013</b>                   |

|                                                                                       |  |                                |                        |                                          |                                                                                  |                              |                                       |                                   |
|---------------------------------------------------------------------------------------|--|--------------------------------|------------------------|------------------------------------------|----------------------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------------|
| INVOICE NUMBER<br><b>13099 @</b>                                                      |  | COUNTY NAME<br><b>DAVIDSON</b> | CO NUMBER<br><b>19</b> | DATE OF APPLICATION<br><b>04/09/2013</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>BRENDA WYNN</b> |                              | <b>DLR - 136ALEURS -</b>              |                                   |
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b>                                   |  | CREDIT                         | LEASE FEE              | TRANS FEE                                | CLERK FEE                                                                        | ISSUANCE FEE<br><b>12.00</b> | TITLE FEE<br><b>5.50</b>              | TOTAL TAX COLLECTED<br><b>.00</b> |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX |  | SALES OR USE TAX               | SA TAX                 | LOCAL TAX                                | ADDITIONAL TAX                                                                   | COLLECTED IN STATE OF        | COUNTY WHEEL TAX                      | CITY WHEEL TAX                    |
| *SERVICE OPT FEE                                                                      |  | ORGAN DONOR                    | POSTAGE                | VER                                      | ID / RESIDENCY VERIFICATION                                                      |                              | *TOTAL FEES COLLECTED<br><b>97.25</b> |                                   |