



OFFICIAL VEHICLE REGISTRATION

278408

NEW OR CURRENT TITLE NUMBER <b>91363262</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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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 28 CHARACTERS) <b>5</b> MAO <input type="checkbox"/> ILU <input type="checkbox"/>					
LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>		FIRST NAME <b>WELLS FARGO EQUIPMENT FINANCE</b>		MIDDLE INITIAL	
ADDRESS 1 (MAILING) <b>3100 WEST END AVE STE 530</b>			ADDRESS 2 (PHYSICAL) <b>3668 SOUTH GEYER RD 350</b>		
CITY <b>NASHVILLE</b>		STATE <b>TN</b>	ZIP CODE <b>37203</b>	CITY <b>SUNSET HILLS</b>	
STATE <b>TN</b>		STATE <b>MO</b>		ZIP CODE <b>63127-1233</b>	
CITY OF RESIDENCE/PRINCIPAL BUS OR MOTOR LOCATION <b>DAVIDSON 019</b>	PURCHASE DATE <b>04/09/2013</b>	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>3395218</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION										
VIN <b>1J JV532D2EL807593</b>	MAKE <b>WABA</b>	MODEL <b>DVL</b>	YEAR <b>2014</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>NEW</b>	CODE <b>N</b>	TYPE OF FUEL - translation	CODE <b>9</b>		
SURRENDERED TITLE # <b>M50</b>	STATE <b>TN</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (1) NOT ACTUAL (2) INDICATOR OVER 10 YRS / 15,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (2)	CODE <b>1</b>			
COLOR CODE (enter appropriate code) UPPER <b>9</b>	MOBILE HOME LOTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>278408</b>				

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>U443864</b>	CLASS CODE/ISSUE YR (1)(3) <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) <b>PERMANENT</b>
TDR 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 LIEN HOLDER	LIEN DATE	
STREET		CITY	STATE ZIP CODE
LIEN CODE	SECOND LIEN HOLDER	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	SALES TAX PAID	TAX EXEMPTION REASON / SALES TAX # <b>100551600</b>
DEALER NAME <b>INDIVIDUAL</b>		DEALER ADDRESS		DEALER # <b>9999</b>

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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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 employees 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 <b>4/11/2013 9:26:22 AM</b> <b>04/11/2013</b>
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INVOICE NUMBER <b>13101 @</b>	COUNTY NAME <b>DAVIDSON</b>	CO NUMBER <b>19</b>	DATE OF APPLICATION <b>04/11/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES/COUNTY CLERK <b>BRENDA WYNN</b>	<b>102MSMITH - 1</b>
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OFFICE USE ONLY							
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
COMPUTATION OF <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 <b>97.25</b>		