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

# OFFICIAL VEHICLE REGISTRATION

| NEW OR CURRENT TITLE NUMBER | TRANSACTION CODE* | REGISTRATION ONLY NUMBER |
|---|---|---|
| 92852816 | N01 | |

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 5 MAO N ILU N

| LAST NAME / FIRST NAME / MIDDLE INITIAL | LAST NAME / FIRST NAME / MIDDLE INITIAL |
|---|---|
| WELLS FARGO EQUIPMENT FINANCE INC | |
| ADDRESS 1 (MAILING): 733 MARQUETTE AVE 700 | ADDRESS 2 (PHYSICAL): 3100 WEST END AVE STE 530 |
| CITY: MINNEAPOLIS STATE: MN ZIP CODE: 55402 | CITY: NASHVILLE STATE: TN ZIP CODE: 37203 |

| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION | PURCHASE DATE | *LEASED | *SERVICE OPTIONS | TELEPHONE # | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|---|---|---|---|---|---|---|
| DAVIDSON 019 | 09/30/2013 | 0 | SEE REVERSE SIDE FOR INSTRUCTIONS | 6153395218 | | |

VEHICLE INFORMATION

| VIN | MAKE | MODEL | YEAR | BODY | TITLE BRAND - translation | CODE | TYPE OF FUEL - translation | CODE |
|---|---|---|---|---|---|---|---|---|
| 1GRAP0620ET592553 | GRDN | CCC | 2014 | SE | NEW | N | | 9 |

| SURRENDERED TITLE # | STATE | PREVIOUS STATES TITLED | VEHICLE USE | VEHICLE TYPE | CURRENT MILEAGE | ODOMETER INDICATOR (List one) | CODE |
|---|---|---|---|---|---|---|---|
| MSO | TN | | F | S | | ACTUAL (0) NOT ACTUAL (8) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) | 1 |

| COLOR CODE (enter appropriate code)* UPPER / LOWER | MOBILE HOME LGTH / WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # |
|---|---|---|---|---|---|
| 9 | | | | | 278977 |

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

| PLATE #(1) | CLASSCODE/ISSUEYR(1)(3) | VALIDATION #(1) | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3) |
|---|---|---|---|---|---|---|---|
| U502586 | 8020/1994 | | | | | | PERMANENT |

| 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 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: NAME CODE: MAO: ILU:

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 # |
|---|---|---|---|---|
| | | | | 100551600 |

| DEALER NAME | DEALER ADDRESS | DEALER # |
|---|---|---|
| | , | 99999 |

*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

☐ LOST ☐ STOLEN ☐ MUTILATED ☐ RTN'D DUE TO NON DELIEVERY ☐ ALTERED ☐ 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 |
|---|---|---|
| | | 10/7/2013 2:08:29 PM |

| INVOICE NUMBER | COUNTY NAME | CO NUMBER | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) | |
|---|---|---|---|---|---|
| 13280 @ | DAVIDSON | 19 | 10/07/2013 | BRENDA WYNN | MSMITH - 1 |

OFFICE USE ONLY EMISSION: TRAILER Received 10/02/2013 (total fees collected indicated certifies this form as a valid registration)

| REGISTRATION FEE | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE | TITLE FEE | TOTAL TAX COLLECTED |
|---|---|---|---|---|---|---|---|
| 79.75 | | | | | 12.00 | 5.50 | .00 |

| COMPUTATION OF ☐ SALES TAX ☐ 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 |
|---|---|---|---|---|---|
| | | | | | 97.25 |

SF-1357 Port: WK303/DR304/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 RDA-692

278977