



OFFICIAL VEHICLE REGISTRATION

NEW OR CURRENT TITLE NUMBER <b>92840068</b>		TRANSACTION CODE <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 28 CHARACTERS) <b>5</b> MAO <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/>					
LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>		FIRST NAME	MIDDLE INITIAL	LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>	
ADDRESS 1 (MAILING) <b>733 MARQUETTE AVE 700</b>		ADDRESS 2 (PHYSICAL) <b>3100 WEST END AVE STE 530</b>			
CITY <b>MINNEAPOLIS</b>	STATE <b>MN</b>	ZIP CODE <b>55402</b>	CITY <b>NASHVILLE</b>	STATE <b>TN</b>	ZIP CODE <b>37203</b>
CITY OF RESIDENCE/PRINCIPAL BUS OR INCOMP LOCATION <b>DAVIDSON 019</b>	PURCHASE DATE <b>06/19/2013</b>	*LEASED <input checked="" 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>1JJV532W16L993193</b>	MAKE <b>WANC</b>	MODEL <b>1JJ</b>	YEAR <b>2006</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>09517929</b>	STATE <b>ME</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>		
COLOR CODE (enter appropriate code) UPPER <b>9</b>	MOBILE HOME LOTH	WOITH	# AXLES	GROSS VEHICLE WEIGHT	VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>6011390</b>			

PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE #(1) <b>U446491</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 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	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX # <b>100551600</b>
DEALER NAME	DEALER ADDRESS		DEALER # <b>99999</b>	

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTRD 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 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 <b>9/11/2013 9:17:56 AM</b>
		<b>09/11/2013</b>

INVOICE NUMBER <b>13254 @</b>	COUNTY NAME <b>DAVIDSON</b>	CO NUMBER <b>19</b>	DATE OF APPLICATION <b>09/11/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) <b>BRENDA WYNN</b>	<b>MSMITH - 1</b>
Office Use Only Received 09/05/2013 (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE <b>5.50</b>
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL TAX COLLECTED <b>.00</b>
					*TOTAL FEES COLLECTED <b>97.25</b>

6011390