

OFFICIAL VEHICLE REGISTRATION

NEW OR CURRENT TITLE NUMBER <b>92840036</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"/> IU <input checked="" type="checkbox"/>					
LAST NAME <b>WELLS FARGO EQUIPMENT FINANCE INC</b>			FIRST 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 INCORP LOCATION <b>DAVIDSON 019</b>		PURCHASE DATE <b>06/19/2013</b>		TELEPHONE # <b>3395218</b>	
*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>		*PLACARD HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	
VEHICLE INFORMATION					
VIN <b>1JJV532W46L993253</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>09517989</b>		STATE <b>ME</b>		PREVIOUS STATES TITLED	
VEHICLE USE <b>F</b>		VEHICLE TYPE <b>S</b>		CURRENT MILEAGE	
COUOMETER ACTUAL (0) NOT ACTUAL (5) INDICATOR OVER 10 YRS / 15,000 LBS (1) (LH or A) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>			
COLOR CODE (enter appropriate code) UPPER <b>9</b>		MOBILE HOME LGTH WOTH		# AXLES	
GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>601199</b>	
PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS					
PLATE #(1) <b>U446474</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					
REGESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS <input type="checkbox"/> NAME CODE <input type="checkbox"/> MAO <input type="checkbox"/> IU <input type="checkbox"/>					
NAME			NAME		
ADDRESS			ADDRESS		
CITY			CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		
VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)					
SALE PRICE		TRADE IN ALLOWANCE		TAXABLE AMOUNT	
SALE TAX PAID		SALES TAX # <b>100551600</b>			
DEALER NAME		DEALER ADDRESS		DEALER # <b>99999</b>	
*Required for Duplicate Title - T.C.A. 55-3-115 (submit original or altered Certificate of Title)					
<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	
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 9:06:00 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>		LEASE FEE		TRANS FEE	
CREDIT		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	
COUNTRY WHEEL TAX		CITY WHEEL TAX		TOTAL FEES COLLECTED <b>97.25</b>	
*SERVICE OPT FEE		ORGAN DONOR		POSTAGE	
VER		ID / RESIDENCY VERIFICATION			

601199