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

OFFICIAL VEHICLE REGISTRATION

| ity Stickers: | | | | | | | | | | 7082 | 10 | |
|--|--|--|--|-----------------|---------------------|---|-----------------------------|--|--------------------|------------------------|-------------|--|
| N OR CURRENT TITLE NUI | MBER | | | TI | RANSACTION CODE* | REGIST | RATION ONLY NUMBE | ER | | | | |
| 1477504 | | | | | N01 | | in the second | | ERS) 4 | MAO N IIII | N | |
| NER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) LETTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT NAME MIDDLE INITIAL | | | | | | ENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 4 MAO N ILU N LAST NAME MIDDLE INITIAL | | | | | | |
| 30WMAN TRAI | ILER LEA | SING LLC | | | | | | | | | | |
| PO BOX 433 % 10233 GOVERNOR LN BLVD | | | | | | ADDRESS 2 (PHYSICAL) | | | | | | |
| O BOX 433 | % 1023 | STA | | ZIP CODE | | CITY | | ST | ATE | ZIP CODE | | |
| WILLIAMSPORT MD | | | | 21795 | | | | | | | | |
| OF RESIDENCE/PRINCIPAL BUS OR HAMILTON 03 | | 903/15/2 | O12 LEASE | ED 0 ·SEF | RVICE OPTION | 301 t | 582 1793 | CARD/HEARING IMPAIR | RED CLS/YR | *INSURANCE POLICY | # | |
| HICLE INFORMATION | | MAKE | MODEL | YEAR | BODY | TITLE BRAND - tra | nslation | CODE | TYPE OF F | FUEL - translation | CODE | |
| UYVS25388P4 | L 112010 | UTIL | 1UY | 2008 | SE | | | U | | | 9 | |
| RENDERED TITLE # | 712010 | | REVIOUS STATES | | VEHICLE U | USED VEHICLE TYPE | CURRENT MILE | AGE ODOMETER | | NOT ACTUAL (8) | CODE | |
| 557307192003 OK | | | | | F | s | (List one) | INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | | | | |
| OR CODE (enter appropriate code)* MOBILE HOME ER LOWER LGTH WDTH | | | # AXLES | GR | OSS VEHICLE | WEIGHT *VEHICLE TRADE-IN DES | | -IN DESCRIPTION | | COMPANY VEHICLE # | | |
|) | | | | | | | | | | 708210 | | |
| TE INFORMATION *(requir | ed for Title and Red | | | ctions) SEE RE | | FOR COMPLETE INSTITY STICKER #(1)(2) | *PLATE #(TRADE IN)(| 2) CLASS CODE/I | SSUE YR(2) | EXPIRATION DATE | (1)(2)(3) | |
| J435003 | 8020/19 | 994 | | | | | | | | PERMA | ANENT | |
| R STICKER #(4) | TEMP OPERATOR | PERMIT #(3) | # OF SEATS(5) | ZONE(CO | OUNTY NAME | 0(6) | SDOT / REGISTRANT | #(7) | М | OTOR CARRIER #(8) | | |
| SUNTRUST BANK 120 E BALTIMORE ST 25 FL N CODE SECOND LIENHOLDER | | | | | | BALTIMORE STATE | | | | 03/15/2013 | | |
| REET | | | | | | CITY | | STA | TE | ZIP CODE | | |
| | | | | | 1 | | | 1 | | | | |
| SSEE / REGISTRANT INFO | ORMATION(OWNE | R OF PLATE) | LEGAL | STATUS L | NAME | NAME | MAO L.J. ILU L. | J | | | | |
| DRESS | | | | | C | ITY | | ST | ATE | ZIP CODE | : | |
| | 70 No. 20 To A 20 To A 20 To A 20 To A | | | | | | | | 7 (C. ALLIA (L.) (| | Marke Lance | |
| HICLE COST / TAX INFORM | | for Title & Registration ALLOWANCE | on Transactions) | TAX | ABLE AMOUN | T | SALESTAX PAID | | *TAX EX | EMPTION REASON / SALES | S TAX # | |
| ALER NAME (| | | DEAL | ER ADDRESS | | | | DEALER # | | | | |
| ALER NAME | | | DEAL | LITADDITES | , | | | | 1000000ABOA | | | |
| equired for Duplicate Title - 1 | T.C.A. 55-3-115 (su | bmit illegible or alter | ed Certificate of Tit | le) | | | — T | | | | | |
| LOST | STO | .EN | MUTILATE | D | R | TN'D DUE TO NON DE | LIEVERY | ALTERED | | ILLEGIBLE | | |
| ler penalties of perjury, I her s assignees to determine the | | nation provided is tru formation provided b | e and correct to the ny me or on my beh | e best of my ki | nowledge, and | acknowledge that it is r | not the responsibility of t | the Motor Vehicle Division | 1 | | | |
| INATURE OF CERTIFIER/OWNER POWER OF ATTORNEY/AUTI | | | | | | HORIZED SIGNATURE(IF APPLICABLE) DATE 04/02/2013 | | | | | | |
| OICE NUMBER | HAMIL | | C | 33 | | 1/02/2013 | | L) KNOWLE | | | KAR46 | |
| FICE USE ONLY GISTRATION FEE | EMISSIO | N: Trailer | SE FEE | | RANS FEE | CLERK FEE | | cted Indicated certifies | his form as | | | |
| 79.75 | | | | I TAY | ADDITIONAL 3 | TAY TOOLS | 12.00 | 5.50 | | .00 TY STICKER FEE | | |
|] SALES TAX [] USE TA | SALES OR USE | E TAX SA TA | LOCA | AL TAX | ADDITIONAL 1 | | | JOOHN WHELE TA | | | | |
| ERVICE OPT FEE | ORGAN DONO | R POS | STAGE | VER | | ID / RESIDENC | Y VERIFICATION | | | 97.25 | | |
| Port MK | 51/DR/6/80 | 20 Cach | . 0.00 (| heck. | 0.00 | Check# | Credit: 0.00 | Auth#: | Chan | ge: 0.00 BDA | -692 | |