

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

## OFFICIAL VEHICLE REGISTRATION

|  |  |  |  |  |  |  |   |                           |   |  | 76453  | 31   |
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| AL STATUS: 1 (AND) 2   | FIRST NAME   | ER NAME CO   | MIDDLE   | 1 (SAME) 2(I   | DIFFERENT  | ) 3(MULTIPLE LA<br>AST NAME  | ST NAMES) 4(CC  | OMPANY) 5(O               | VER 28 CHARACTI<br>FIRST NAME   | ERS)   |  |  |
| ILER LEASII  | NG LLC   |  |  |  |  |  |   |                           |   |  |  |  |
| % 10233  | GOVER  | NOBII  | I BI VI  | )  | A  | DDRESS 2 (PHYS   | SICAL)  |                           |   |  |  |  |
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|  |  | 2012   |  |  |  | 15   |   |                           | HEARING IMPAIR  | ED CLS/YR  | *INSURANCE POLICY  | #  |
|  |  | 344  | SEE REVERSE S  | SIDE FOR INSTRU  | OCTIONS.   | 1 001  | 302 1730  |                           | Carlo Barrio  |  |  | West to  |
|  | MAKE   | MODE   | YE/  | AR B   | ODY  | TITLE BRAND - tr   | ranslation  |                           | CODE  | TYPE OF FU   | EL - translation   | CODE   |
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|  |  |  | ATES TITLEI  | D VE   |  |  | PE CURREN   | IT MILEAGE                | ODOMETER<br>INDICATOR<br>(List one)   | OVER 10 YRS A<br>N EXCESS OF   | NOT ACTUAL (8)<br>7 16,000 LBS (1)<br>MECHANICAL LIMITS (9)  | CODE   |
| ode)* MOBILE HO  | ME   |  | XLES   | GROSS V  |  |  | *VEHICLE  | TRADE-IN DE               |   |  | COMPANY VEHICLE #  | 1  |
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| ~  |  | (1)  | COUNTY   | STICKEN #(   | City   | 3110NEH #(1)(2)  | FLATE S(IHA)  | DE 114)(2)                | CLASS CODE/IS   | SUE TH(2)  |  |  |
| EMP OPERATOR PER   | MIT #(3)   | # OF SEAT  | S(5) ZO  | NE(COUNTY  | / NAME)(6)   |  | USDOT / REGIST  | TRANT #(7)                | -   | мот  |  |  |
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| sent)<br>IOLDER  | 40 11 11 11  | (3) H. (1)   |  |  |  |  |   |                           | 11 (11 2.2)   |  | LIEN DA  | TE   |
| NTRUST BA  | NK   |  |  |  |  |  |   |                           |   |  | 12/14  | 1/2012   |
| LTIMORE ST   | 25 FL  |  |  |  | CI   |  | MORE  |                           |   |  | ZIP CODE<br>21202  |  |
| NHOLDER  |  |  |  |  |  |  |   |                           | ***   |  |  | TE   |
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| RMATION(OWNER OF   | PLATE)   | LEC  | SAL STATUS   |  |  |  | мао 🔲 п   | .u 🗌 🔃                    |   |  |  |  |
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|  |  |  |  |  | CITY   |  |   |                           | STA   | TE   | ZIP CODE   |  |
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| TRADE IN ALL   | OWANCE   |  |  | TAXABLE A  | MOUNT  |  | SALESTAX P  | AID                       |   | *TAX EXEM  | PTION REASON / SALES   | TAX#   |
|  |  | D  | EALER ADD  | RESS   |  |  |   |                           |   |  | DEALER #   |  |
| C.A. 55-3-115 (submit l  | legible or altere  | ed Certificate o   | of Title)  |  |  | 1.65836  |   |                           |   | 153 (1866) Y   |  |  |
| STOLEN   |  | MUTIL  | ATED   |  | RTN'D  | DUE TO NON DE  | ELIEVERY  | ALT                       | ERED  |  | ILLEGIBLE  |  |
| STOLLIN  |  |  |  | mu knowlode  | ge, and ackr   | nowledge that it is  | not the responsible   | lity of the Moto          | r Vehicle Division  |  |  |  |
|  | provided is true   | e and correct t  | o the best of  | my knowledć  |  |  |   |                           |   |  |  |  |
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| county name  HAMILTO  EMISSION: Tr   | N<br>ailer<br>LEAS   | SE FEE   | CO NUMB 3  | ER DATE  3   | E OF APPL 01/1   | ICATION 6/2013  CLERK FEE  COLL  | BY AUTHO W.F. (total fees ISSUANCE 12.0)  | RITY OF REGION (BILL) K   | ISTRAR OF MOTO  KNOWLES  licated certifies thi FEE  5.50  | is form as a v   | alid registration) L TAX COLLECTED   |  |
|  | MOBILE HOLOGIAN PERSONAL TIMORE STANDOLDER  TRUST BA  LTIMORE STANDOLDER  ATION '(required for THE TRADE IN ALL) | AL STATUS: 1 (AND) 2 (0R) PITER FIRST NAME FIRST NAME ILER LEASING LLC  96 10233 GOVER ST T INCORPLOCATION PURCHASE DA' 3 12/14/2  704038 STOU STATE P ME T Ode) MOBILE HOME LOTH WDTH  PURCHASE DA' 12/14/2  704038 STOU STATE P ME T ODE TO TITLE AND Registration and Regist SSCODE/ISSUEYR(1)(3) VALIDA' 8020/1994  EMP OPERATOR PERMIT #(3)  Sent) OLDER NTRUST BANK  LTIMORE ST 25 FL NHOLDER  ATION '(required for Title & Registration and Regist ADD ADD ADD ADD ADD ADD ADD ADD ADD AD | AL STATUS: 1 (AND) 2 (0R) ENTER NAME CONFIRST NAME  ILER LEASING LLC  96 10233 GOVERNOR LN STATE  T MD  INCORPLOCATION PURCHASE DATE  12/14/2012  MAKE MODEL  704038 STOU AV  STATE PREVIOUS STATE  TN  Ode) MOBILE HOME TN  ed for Title and Registration and Registration Only Transaction SSCODE/ISSUEVR(1)(3) VALIDATION #(1)  8020/1994  EMP OPERATOR PERMIT #(3) # OF SEATS  Sent)  OLDER  NTRUST BANK  LTIMORE ST 25 FL  NHOLDER  ATION (required for Title & Registration Transaction TRADE IN ALLOWANCE | AL STATUS: 1 (AND) 2 (0R) ENTER NAME CODE IN BOX FIRST NAME MIDDLE  STATE ZIP  MD 217  MD 217  MD 217  MODEL YEASED TE 12/14/2012 LEASED SEE REVERSE S | AL STATUS: 1 (AND) 2 (OR)  FIRST NAME  FIRST NAME  MIDDLE INITIAL  LEASED O SERVICE  SEE REVERSE SIDE FOR INSTRA  MAKE  MODEL YEAR BE  MIDDLE INITIAL  MAKE  MODEL YEAR BE  MODEL YEAR BE  MIDDLE INITIAL  ME TN  MIDDLE INITIAL  MAKE  MODEL YEAR BE  MODEL YEAR BE  MIDDLE INITIAL  ME TN  MIDDLE INITIAL  ME TN  MIDDLE INITIAL  ME TN  MODEL YEAR BE  MAKE BEFORE  SECONS VIOLATION  ME TN  MODEL YEAR BE  MODEL YEAR BE  MODEL YEAR BE  ME TO PERVIOUS STATES TITLED VE  ME TN  ME TN  MODEL YEAR BE  MODEL YEAR BE  MODEL YEAR BE  ME TO PERVIOUS STATES TITLED VE  ME TN  ME TN  MODEL YEAR BE  ME TO PERVIOUS STATES TITLED VE  ME TN  MODEL YEAR BE  MODEL YEAR STORY  MODEL YEAR STORY  MODEL YEAR STORY  MODEL YEAR ST | AL STATUS: 1 (AND) 2 (OR)  ENTER NAME  CODE IN BOX 1 (SAME) 2 (DIFFERENT FIRST NAME  MIDDLE INITIAL  AND 21795  ILER LEASING LLC  MD 21795  INCOMPLICATION  SET REVERSE SIDE FOR RISTRUCTIONS  MAKE  MODEL  TOUR MAKE  MODEL  STATE  VEHICLE USE  TOUR MAKE  MODEL  STATE  VEHICLE USE  TOUR MODEL  STATE  PREVIOUS STATES TITLED  VEHICLE USE  FOR MOBILE HOME  LOTH  WITH  TO SSCODE/ISSUEYR(1)(3)  VALIDATION #(1)  COUNTY STICKER #(1)  CITY  8020/1994  EMP OPERATOR PERMIT #(3)  FOR SEATS(5)  CONTY NAME)(6)  NAME  NOTE  NAME  NOTE  CITY  ATION "(required for Title & Registration Transactions)  TRADE IN ALLOWANCE  TAXABLE AMOUNT  DEALER ADDRESS  CA. 55-3-115 (submit Illegible or altered Certificate of Title)  DEALER ADDRESS  CA. 55-3-115 (submit Illegible or altered Certificate of Title) | ALSTATUS: 1 (AND) 2 (GR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LA FIRST NAME MIDDLE INITIAL LAST NAME LER LEASING LLC    ADDRESS 2 (PHY MIDDLE INITIAL LAST NAME MIDDLE INITIAL LAST NAME MIDDLE INITIAL LAST NAME MIDDLE INITIAL LAST NAME ADDRESS 2 (PHY MIDDLE INITIAL LAST NAME | AL STATUS: 1 (AND) 2 (OR) | LESTATUS: 1 (AND) 2 (BR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAME) 4 (COMPANY) 5 (ON FIRST NAME MIDDLE INITIAL LAST NAME LAST NAME) 4 (COMPANY) 5 (ON FIRST NAME MIDDLE INITIAL LAST NAME) 4 (COMPANY) 5 (ON FIRST NAME MIDDLE INITIAL LAST NAME) 4 (COMPANY) 5 (ON FIRST NAME MIDDLE INITIAL LAST NAME) 4 (COMPANY) 5 (ON FIRST NAME) 4 (COMPANY) 5 (COMPANY) 5 (ON FIRST NAME) 4 (COMPANY) 5 (COMPANY) 5 (ON FIRST NAME) 4 (COMPANY) 5 (ON | CODE ON THE AND 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (OFFERENT) SMULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACT PRIST NAME MICROLE NATIOL.  LEFA LEASING LLC  **ADDRESS 2 (PHYSICAL)**  **ADDRE | ADDRESS 2 (PHYSICAL)  LETATUS: 1 (AND) 2 (691)  PERST NAME  MICHE PHTIAL  LAST NAME  MICHE PHTIAL  LAST NAME  MICHE PHTIAL  LAST NAME  MICHE PHTIAL  LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MICHE PHTIAL  LAST NAME  FIRST NAME  ADDRESS 2 (PHYSICAL)  ADDRESS 2 (PHYSICAL)  TO 10233 GOVERNOR LN BLVD  STATE  TO 10795  TELEPHONE # "PLACARDHEARING IMPAIRED CLSYR  301 582 1793  TELEPHONE # "PLACARDHEARING IMPAIRED CLSYR  301 582 1793  TELEPHONE # "PLACARDHEARING IMPAIRED CLSYR  TO 4038  STOU AVW 2004 SE USED  U  STATE  TO 4038  STATE  FIRST NAME  MODEL  VEAR BODY  TITLE BRAND - brandsition  CODE  TYPE OF FU  USDD  TO 4038  STATE  FIRST NAME  TO 4038  STOU AVW 2004 SE USED  U  USDD  TO 4038  STATE  TO 4038  STATE  TO 4038  STATE  FIRST NAME  MODEL  VEAR BODY  TITLE BRAND - brandsition  CODE  TYPE OF FU  USDD  TO 4038  STATE  STATE  MD  TO 5034  TA ABELE AMOUNT  TO ABELE AMOUNT  T | LETATUS 1 (AND) 2 (GR) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFRENT) SIMULTIPLE LAST NAMES) 4(COMPANY) SOVER 26 CHARACTERS 4 MAD N LU FIRST NAME MIDDLE INITIAL LAST NAME PRIST NAME PRIST NAME MIDDLE INITIAL LAST NAME PRIST NAME PRIST NAME MIDDLE INITIAL LAST NAME PRIST NAME MIDDLE INITIAL STATE ZIP CODE  THE LEASING LLC  ADDRESS 2 (PHYSICAL)  TELEPHONE # THACKARDHEARING IMPAIRED CLSYPH INSURANCE POLICY  THE BRAND - BRAND |