

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

OFFICIAL VEHICLE REGISTRATION

City Stickers:							85272	3
NEW OR CURRENT TITLE NUMBER 84195430			TRANSACTION CODE*	REGIST	RATION ONLY NUMBER	3	0 - 0 - 0 - 0	
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (S			AME) 2(DIFFERE	NT) 3(MULTIPLE LAST	NAMES) 4(COMPANY	5(OVER 28 CHARACTERS)	5 MAO N ILU N	Ī
LAST NAME FIRS BOWMAN SALES AND EQUIP	I IVANIE	MIDDLE IN	TIAL	LAST NAME		FIRST NAME	MIDDLE INITIAL	
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GC	VERNOR	LNDLVD		ADDRESS 2 (PHYSIC	CAL)			
CITY 10233 GC	STATE	ZIP CO	DE	CITY		STATE	ZIP CODE	
WILLIAMSPORT ENTY OF RESIDENCE PRINCIPAL BUS OR INCORP LOCATION DIRECT	MD	21795		TELEPHONE # PLACARD.		ARD/HEARING IMPAIRED CL	800000000000000000000000000000000000000	
1 01101	6/30/2011	*LEASED 0 *S	SERVICE OPTIONS		82-1793	AND TEATING INFAIRED OF	WOOTANGET GEOT	
VEHICLE INFORMATION VIN MA	KE MO	DEL YEAR	BODY	TITLE BRAND -list t	he appropriate code	CODE TYPE	OF FUEL - list the appropriate	CODE
		UY 200		(8)PARTS ONLY	he appropriate code ONSTRUCTED VEHICL OD DAMAGE CIALLY CONSTRUCTE	U DIESEI	(2) PROPANE (4)	9
725105115032 STA	OK PREVIOUS	STATES TITLED	F VEHICLE US	SE VEHICLE TYPE	CURRENT MILEA	INDICATOR OVER	AL (0) NOT ACTUAL (8) 10 YRS / 16,000 LBS (1) SSS OF MECHANICAL LIMITS (9)	CODE 1
COLOR CODE (enter appropriate code)* UPPER LOWER O MOBILE HOME LGTH WD	тн	# AXLES C	GROSS VEHICLE	WEIGHT	*VEHICLE TRADE-I	N DESCRIPTION	COMPANY VEHICLE #	723
PLATE INFORMATION *(required for Title and Registration at PLATE #(1) CLASSCODE/ISSUEYR(1)(3) U334446 8020/1994	and Registration Only VALIDATION #(1)	COUNTY STI			RUCTIONS *PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE Y	(R(2) EXPIRATION DATE (1)	
TDR STICKER #(4) TEMP OPERATOR PERMIT	#(3) # OF SE	ATS(5) ZONE(COUNTY NAME)(6) U	SDOT / REGISTRANT #	7)	MOTOR CARRIER #(8)	
LIEN INFORMATION (If lien present) LIEN CODE FIRST LIENHOLDER							LIEN DATE	
SUNTRUST BANK	(06/30/2	
120 E BALTIMORE 25TH FL				BALTIMORE STATE			ZIP CODE D 21202	
LIEN CODE SECOND LIENHOLDER							LIEN DATE	
STREET				CITY		STATE	ZIP CODE	
*LESSEE / REGISTRANT INFORMATION(OWNER OF PLA	TE)	LEGAL STATUS						
NAME			NAME (NAME NAME	IAO LILU LI			
			NAME (NAME	1AO LILU LI	STATE	ZIP CODE	
ADDRESS VEHICLE COST / TAX INFORMATION *(required for Title &		ctions)		NAME	SALESTAX PAID		ZIP CODE K EXEMPTION REASON / SALES TA	'AX#
ADDRESS VEHICLE COST / TAX INFORMATION *(required for Title & SALE PRICE TRADE IN ALLOWA		ctions)	CIT	NAME				'AX#
NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required for Title & SALE PRICE TRADE IN ALLOWA) DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegit) LOST STOLEN	ole or altered Certific	tions) TA	CIT XABLE AMOUNT SS	NAME	SALESTAX PAID		X EXEMPTION REASON / SALES TA	AX#
ADDRESS VEHICLE COST / TAX INFORMATION *(required for Title & SALE PRICE TRADE IN ALLOWA DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegit	ole or altered Certific	DEALER ADDRE ate of Title) UTILATED ect to the best of my behalf.	CIT XABLE AMOUNT SS RTI knowledge, and a	NAME TY N'D DUE TO NON DEL	SALESTAX PAID IEVERY	*TA)	DEALER # ILLEGIBLE DATE	AX#
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