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

OFFICIAL VEHICLE REGISTRATION

				919222
	TRANSACTION CODE*	REGISTRATION ONLY NUMBER		
IND) 2 (0R) ENTER NAME CODE IN BOX 1 (8 FIRST NAME MIDDLE IN EQUIPMENT INC	SAME) 2(DIFFERENT) 3(MUL	TIPLE LAST NAMES) 4(COMPANY) 5(OV RE	ER 28 CHARACTERS) 5	MAO N ILU N MIDDLE INITIAL
233 GOVENOR I N RI VD	ADDRES	S 2 (PHYSICAL)		
STATE ZIP C	5		STATE	ZIP CODE
	SERVICE OPTIONS FOR INSTRUCTIONS	301 582 1793	HEAHING IMPAINED CLOYTH	INSURANCE FOLIOT #
] ' -	BODY TITLE B	RAND -list the appropriate code (I)RECONSTRUCTED VEHICLE (I) 2)FLOOD DAMAGE (I)SPECIALLY CONSTRUCTED	code GAS (1)	PUEL - list the appropriate CODE ELECTRICAHYBRID (3) PROPANE (4)
STATE PREVIOUS STATES TITLED TN TN		CURRENT MILEAGE	ODOMETER ACTUAL (0) INDICATOR OVER 10 YR (List one) IN EXCESS C	S / 16,000 LBS (1) IF MECHANICAL LIMITS (9)
ILE HOME # AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DE	SCRIPTION	COMPANY VEHICLE # 919222
EYR(1)(3) VALIDATION #(1) COUNTY ST	TICKER #(1) CITY STICKE	R #(1)(2) PLATE #(TRADE IN)(2)	CLASS CODE/ISSUE YR(2)	PERMANEN OTOR CARRIER #(8)
BANK E 25TH FL	спу	ALTIMORE	STATE MD	06/30/2011 ZIP CODE 21202 LIEN DATE
IER OF PLATE) LEGAL STATUS	NAME CODE NAME	MAO LLU		
	CITY		STATE	ZIP CODE
id for Title & Registration Transactions) IN ALLOWANCE	AXABLE AMOUNT	SALESTAX PAID	*TAX EXI	EMPTION REASON / SALES TAX #
DEALER ADDRI	ESS			DEALER #
Submit literable or attered Certificate of Title) DLEN MUTILATED With and correct to the best of m	<u> </u>		ERED	ILLEGIBLE
POWER OF	ATTORNEY/AUTHORIZED S	IGNATURE(IF APPLICABLE)	DAT	12/29/2011
LTON 33 DN: Trailer	12/29/20	11 W.F. (BILL) I	KNOWLES	HJC27 a valid registration)
LEASE FEE SE TAX SA TAX LOCAL TAX	TRANS FEE CLEF ADDITIONAL TAX	K FEE ISSUANCE FEE TITL 12.00	5.50 TO	TAL TAX COLLECTED .00 TY STICKER FEE
	EQUIPMENT INC STATE ZPC MD 2179 PURCHASE DATE 06/30/2011 SEE REVERSE SIDE MAKE MODEL YEAR STOU ZGP 200 STATE PREVIOUS STATES TITLED TN TN ILE HOME WOTH # AXLES BEGISTRATION SIDE REGISTRATION ONLY TRANSACTIONS) SEE STRIP (1)(3) VALIDATION #(1) COUNTY SIDE (1)(4) VALIDATION *(1) VALIDATION	ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTER NAME CODE IN STATE IN PREVIOUS STATES TITLED IN SER REVERSE SIDE FOR RESTRUCTIONS IN STATE IN ST	ND) 2 (RP) SITTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) SAMULTIFIE LAST NAMES) 4(COMPANY) 8(OVER PRIST NAME MIDDLE INITIAL LAST NAME ### ADDRESS 2 (PHYSICAL) ### PLACARD ### ADDRESS 2 (PHYSICAL) ### ADDRESS 2 (PHYSICAL) ### PLACARD ### ADDRESS 2 (PHYSICAL) ### PLACARD ### ADDRESS 2 (PHYSICAL) #### ADDRESS 2 (PHYSICAL) ##### ADDRESS 2 (PHYSICAL) ##### ADDRESS 2 (PHYSICAL) ###################################	DODE DITTER NAME CODE IN BOX 1 (SAME) SQUIFFERENT) SMULTIPLE LAST NAMES) 4(COMPANY) S(OVER 36 CMARACTERS) STATE