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

OFFICIAL VEHICLE REGISTRATION

City Stick	kers:											70	846
9148077		BEA				TRANSACTION CODE*	REGIST	TRATION ONLY NUMI	sen				
		STATUS: 1 (AND)	2 (0B)	NTER NAME CO	DE IN BOX 1 (S		NT) 3(MULTIPLE LAS	T NAMES) 4(COMPA	NY) 5(OVER 28 CH	ARACTER	_{3S)} [5]	MAO N IL	N
AST NAME			FIRST NAM	AE	MIDDLE IN		LAST NAME		FIRST	NAME		MIDDLE INIT	TAL
ADDRESS 1 (MAI		S AND EQ	UIPWE	INT INC			ADDRESS 2 (PHYS	ICAL)					
		OR LN BL	VD										
CITY	40D0D7	•	-	STATE	ZIP CC		CITY .			STAT	re	ZIP CODE	
WILLIAN NTY OF RESIDENCE/PH	MSPORT PRINCIPAL BUS OR IN		PURCHASE	MD DATE	2179		TELEPHON	IE# PI	ACARD/HEARING	IMPAIRE	D CLS/YR	INSURANCE POLI	CY #
HAMILT	ON 033		02/22	2/2013	SEE REVERSE SIDE	SERVICE OPTION FOR INSTRUCTIONS	301	582 1793			~ ~ ~ ~ ~		
VEHICLE INFORI	MATION	• 1	MAKE	MODE	L YEAR	BODY	TITLE BRAND - tr	anslation	CO	DE T	YPE OF FL	JEL - translation	CODE
	25318P4 ⁻	11846	וודט	L 1U	Y 200	8 SE	USED			U			9
SURRENDERED TITLE STATE PREVIOU			PREVIOUS ST	ATES TITLED	VEHICLE U		E CURRENT MI	LEAGE ODO	CATOR O	ACTUAL (0) OVER 10 YRS EXCESS OF	NOT ACTUAL (8) 5/ 16,000 LBS (1) FMECHANICAL LIMITS (9)	CODE	
A90507		de). MOBILE I	LA		AXLES	F GROSS VEHICLE	WEIGHT	"VEHICLE TRAI	DE-IN DESCRIPTIO		Т	COMPANY VEHICLE	1
COLOR CODE (or UPPER	LOWER	LGTH	WDTH				··					7	0846
PLATE INFORMA PLATE #(1)	ATION *(require	d for Title and Regis	tration and Re	egistration Only T	ransactions) SEE	REVERSE SIDE	FOR COMPLETE INS	TRUCTIONS	()(2) CLASS	CODE/ISS	SUE YR(2)	EXPIRATION DA	TE (1)(2)(3)
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TDR STICKER #((4) T(EMP OPERATOR P	ERMIT #(3)	# OF SEAT	S(5) ZONE	(COUNTY NAME)(6)	USDOT / REGISTRAN	IT #(7)		MC	OTOR CARRIER #(8)	
			7 	<u> </u>	l	· · · · · · · · · · · · · · · · · · ·			······································				er en en veget e
LIEN INFORMAT LIEN CODE	FIRST LIENH					*			· · · · · · · · · · · · · · · · · · ·			LIEN	
STREET	SUI	NTRUST B	ANK				СПУ			STATE		ZIP CODE	22/2013
120 E BALTIMORE ST 25 FL						BALTIMORE				MD 21202			DATE
LIEN CODE	SECOND LIE	NHOLDER										CIEN	DATE
STREET	1						CITY			STATE	:	ZIP CODE	
*LESSEE / REGI	ISTRANT INFO	RMATION(OWNER	OF PLATE)	<u> </u>	GAL STATUS	L NAME	NAME	MAO L. ILU L	<u></u>	· · · · ·	<u> </u>	<u> </u>	
ADDRESS		<u> </u>				С	<u> </u> ITY			STAT	E	ZIP CO	DE
VICTOR C 0007		ATION *(required to	This & Deale			tugi e				3.5			
SALE PRICE	/ TAX INFORM		LLOWANCE			AXABLE AMOUN	T	SALESTAX PAID			TAX EXE	MPTION REASON / SAL	ES TAX #
DEALER NAME					DEALER ADDRI	ESS						DEALER #	
*Recided for Du	plicate Title - T.	C.A. 55-3-115 (subm	rit illegible or	altered Certificate	of Title)								
	AMORNO TINO	J. F. C.	THE WAY OF	ΙΠ			IN'D DUE TO NON D	ELIEVEDY	ALTERED			7	
LOST		STOLE	N	🔛 мит	ILATED		IN D DOE TO NON D	CCCVCAL	,			ILLEGIBLE	
_	of perjury, I herel					1		_		Division		ILLEGIBLE	
_		by certify all informa accuracy of the info			t to the best of m	y knowledge, and		not the responsibility of		Division	DATI	Ē	13
Under penalties o or its assignees to SIGNATURE OF	CERTIFIER/O	by certify all informa accuracy of the info			t to the best of m	y knowledge, and	acknowledge that it is	not the responsibility (of the Motor Vehicle				
Under penalties of or its assignees to SIGNATURE OF INVOICE NUMBER	ER	by certify all informate accuracy of the informate of the information	tion provided mation provided		t to the best of m ny behalf. POWER OF	ATTORNEY/AUT	acknowledge that it is	not the responsibility of EE(IF APPLICABLE) BY AUTHORIT W.F. (B	of the Motor Vehicle Y OF REGISTRAR (OF MOTO	PR VEHICLI	04/11/20	13 HJC27
Under penalties o or its assignees to SIGNATURE OF INVOICE NUMBE	ER	by certify all informa accuracy of the info NNER	tion provided mation provided		POWER OF	ATTORNEY/AUT	acknowledge that it is HORIZED SIGNATUR	not the responsibility of EE(IF APPLICABLE) BY AUTHORIT W.F. (B	of the Motor Vehicle Y OF REGISTRAR (ILL) KNOV liected Indicated or	OF MOTO	S form as a	E 04/11/20 ES(COUNTY CLERK)	
Under penalties of or its assignees to SIGNATURE OF INVOICE NUMBER 13101 OFFICE USE ON REGISTRATION 79.75	ER @ ULY I FEE	COUNTY NAME HAMILT EMISSION: CREDIT	ion provided mation provided mation provided ON Trailer	is true and corrected by me or on n	POWER OF	F ATTORNEY/AUT R DATE OF A	acknowledge that it is HORIZED SIGNATUR PPLICATION 1/11/2013 CLERK FEE	BY AUTHORIT W.F. (B (total fees co	Y OF REGISTRAR (ILL) KNOV liceted indicated ce TITLE FEE 5.50	VLES	S form as a	ES(COUNTY CLERK) Sa valid registration) TAL TAX COLLECTED	
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