

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

## OFFICIAL VEHICLE REGISTRATION

| PERMANENT  |                      |                     |                                       |                        |           |              |                                       |              |                   |            |                      |               |                   |                         |            |  | 47          | 7              |
|--|----------------------|---------------------|---------------------------------------|------------------------|-----------|--------------|---------------------------------------|--------------|-------------------|------------|----------------------|---------------|-------------------|-------------------------|------------|--|-------------|----------------|
| MOTO      |                      |                     | BER                                   |                        |           |              |                                       |              | TRANSACTI         | ON         | REGIST               | RATION ONLY   | NUMBER            |                         |            |  |             |                |
| ### PROFUNENCY 1, SEAL BETATURE 1, 1997 2, 1997 1, 199 |                      |                     |                                       |                        |           |              |                                       |              |                   |            |                      |               |                   |                         |            |  |             |                |
| THE PROPOSAL STATE   CAPT NAME   CAPT NAME |                      |                     |                                       |                        |           |              |                                       |              |                   |            |                      |               |                   | ED TO CUADACT           | 4          | MACIN                                    | ] "N        | ij             |
| COMMENT AND PAINTS    |                      | ON "LEGA            | L STATUS: 1 (AN                       |                        |           |              |                                       |              |                   |            |                      | T NAMES) 4(CC | MPANT) 5(UV       | FIRST NAME              | -110/ 1    |  |             |                |
| ADDRESS 2   PROSECULA   STATE  |                      | TRAI                | LER LEA                               | SINC                   | a LL      | С            |                                       |              |                   |            |                      |               |                   |                         |            |  |             |                |
| VILLIAMSPORT   |                      |                     |                                       |                        |           |              |                                       |              |                   | AC         | ADDRESS 2 (PHYSICAL) |               |                   |                         |            |  |             |                |
| VILLIAMSPORT MD 21795  TREPRONE   | 0233 GOV             | VERN                | OR LN B                               | LVD                    |           |              |                                       |              |                   | İ          |                      |               |                   |                         |            |  |             |                |
| TELEMENT PROJUCTION TO STATE PREVIOUS STATE STATE STATE STATE PREVIOUS STATE S | 7                    |                     |                                       |                        |           | STATE        |                                       | ZIP C        | ODE               | CI         | TY                   |               |                   | ŞT                      | ATE        | ZIP CO                                   | DE          |                |
| TOTAL STATE  TOTAL | VILLIAMS             | POR                 | Г                                     |                        |           | MD           |                                       | 2179         | 5                 |            |                      |               |                   |                         | ED CLCAG   | HNCUDANCE                                | POLICY #    |                |
| AMNIE   MARIE   MARI   | OF RESIDENCE/PRINCIP | PAL BUS OR I        | NCORP LOCATION                        | 1                      |           |              | 1.EAS                                 | SED 0.       | SERVICE OP        | TIONS      | 71                   |               |                   | HEAHING IMPAIR          | ED CLS/11  | INSURANCI                                | L / OLICI W |                |
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| GRAA0624VB088322 GDAN 1GR 1997 SE USBO U 99 WERDERED TITLE I STATE PREVOUS STATES TITLED VEHICLE USB VEHICLE TYPE OURRENT MILEAGE OCCURETER ACTUM, 89 HOL ACTUM, 89  | IICLE INFORMATION    | ION                 |                                       |                        | AAKF      | · .          | MODEL                                 | YEAR         | BOD               | Y 1        | FITLE BRAND - tra    | anslation     |                   | CODE                    | TYPE OF F  | UEL - translation                        |             | CODE           |
| STATE  |                      |                     |                                       | └ <del>- </del>        |           | 1            |                                       | 1            | ļ                 |            |                      |               |                   |                         |            |  |             | a              |
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| TIT ENFORMATION Transmed for Title and Repositions and Recisionation Country Structer 4(1) (Pr. 9) CLASS CODE/SSUE YRQ) (PREMATICAL TOWN STRUCTIONS (PREMATICAL TOWN STRUCTER 4(1)) (PR. 4TH AFTERAGE INNO) (PR. 4TH AFTERAGE  |                      |                     |                                       |                        |           |              | I AAVIE                               | e I          |                   |            |                      |               |                   |                         |            | COMPANY VE                               | HICLE # .   | <u>'</u>       |
| INFORMATION (TROUGHSED to The and Registration and Renissassion Cert. Turgescional Sec REVERSE SIDE FOR COMPLETE INSTRUCTIONS ITE 4(1)   | ER                   | LOWER               | LGTH LGTH                             | LE HOME                | нтай      |              | ************************************* | .            | unusa VER         | OLE WE     |                      | VENHOLE       |                   |                         |            |  | - 4         |                |
| ALERHAME  CLASSCODERSSUEYRI(I)  MOTOR CARRIER RI(I)  LUCH DATE  10/17/2012  CLASSCODERSSUEYRI(I)  MOTOR CARRIER RI(I)  MOTOR CARRIER RI(I)  LUCH DATE  10/17/2012  CLASSCODERSSUEYRI(I)  MOTOR CARRIER RI(I)  LUCH DATE  10/17/2012  CLASSCODERSSUEYRI(I)  CLASSCODERSSU |                      |                     |                                       |                        |           |              | L                                     |              |                   |            |                      |               |                   | <del></del>             |            | <u> </u>                                 |             | - 35           |
| STICKER 4(9) TEMP OPERATOR PERMIT 4(3) FOF SEATS(9) ZONE(COUNTY HAME(4)) USDOT / REGISTRANT 4(7) MOTOR CARRIER 8(8)  NEFORMATION (II like poseed)  NOODE PRIST LEMP OPERATOR PERMIT 4(3) FOF SEATS(9) ZONE(COUNTY HAME(4)) USDOT / REGISTRANT 4(7) MOTOR CARRIER 8(8)  NOODE PRIST LEMP OPERATOR (II LIKE POSED)  SUNTRUST BANK  CITY STATE ZIP CODE  SECOND LIEM-OLDER  NOODE SECOND LIEM-OLDER  CITY STATE ZIP CODE  SEEF REGISTRANT INFORMATION/GWNER OF PLATE)  LEGAL STATUS NAME  ORESS  CITY STATE ZIP CODE  SEEF REGISTRANT INFORMATION/GWNER OF PLATE)  LEGAL STATUS NAME  ORESS  CITY STATE ZIP CODE  SEEF REGISTRANT INFORMATION/GWNER OF PLATE)  LEGAL STATUS NAME  ORESS SEEF REGISTRANT INFORMATION/GWNER OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION/GWNER OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION/GWNER OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION/GWNER OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN THE PLATE IN A COUNTY STATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN THE PLATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOMEDIA OF PLATE IN THE PLATE ZIP CODE  SEEF REGISTRANT INFORMATION (INCOM | TE #(1)              | N *(require<br>CLA! | ed for Title and Re<br>SSCODE/ISSUE   | edistratio<br>YR(1)(3) |           |              |                                       | COUNTY S     | rickea #(1)       | CITY :     | STICKER #(1)(2)      | PLATE #(TRA   | NDE IN)(2)        | CLASS CODEA             | SSUE YR(2) | ) EXPIRATION                             | ON DATE (1  | )(2)(3)        |
| NHORMATION (If san present)  NOODE PRIST LIBENQUERY  SUNTRUST BANK  CITY  STATE  10/17/2012  SECOND LIBENDERS T 25 FL  NOODE  SECOND LIBENDURGE ST 25 FL  CITY  STATE  20 CODE  10EN DATE  11/20 E BALTIMORE ST 25 FL  NAME  CITY  STATE  21/20 CODE  SECOND LIBENDURGE ST 25 FL  CITY  STATE  21/20 CODE  SECOND LIBENDURGE ST 25 FL  CITY  STATE  21/20 CODE  SECOND LIBENDURGE STATE  LIEGAL STATUS  NAME  NAME  NAME  CITY  STATE  21/20 CODE  SECOND LIBENDURGE STATE  CITY  STATE  21/20 CODE  SECOND LIBENDURGE STATE  STATE  21/20 CODE  STATE  STATE  21/20 CODE  STATE  STATE  21/20 CODE  STATE  STATE  21/20 CODE  STATE  STA  | J400632              |                     | 8020/1                                | 994                    |           |              |                                       |              |                   |            |                      |               |                   |                         |            | PI                                       | ERMA        | NENT           |
| SUNTRUST BANK  SUNTRUST BANK  CITY BALTIMORE STATE ZIP CODE  120 E BALTIMORE ST 25 FL  BALTIMORE MD 21202  ILEN DATE  120 CITY STATE ZIP CODE  SECOND LIENHOLDER  CITY STATE ZIP CODE  SEEL / REGISTRANT INFORMATION/OWNER OF PLATE)  LEGAL STATUS NAME CODE MAO LIU  SEEL / REGISTRANT INFORMATION/OWNER OF PLATE)  DEBUT STATE ZIP CODE  SEEL / REGISTRANT INFORMATION/OWNER OF PLATE)  LEGAL STATUS NAME CODE MAO LIU  TAME  ORESS  CITY STATE ZIP CODE  TAX EXEMPTION REASON / SALES TAX PAID  LLEGIBLE  DEALER #  DEALER | R STICKER #(4)       | T                   | EMP OPERATO                           | R PERM                 | IT #(3)   | # OF         | SEATS(5                               | ZONE         | (COUNTY N         | AME)(6)    |                      | USDOT / REGIS | TRANT #(7)        |                         | M          | OTOR CARRIER                             | #(8)        |                |
| SUNTRUST BANK  SUNTRUST BANK  CITY BALTIMORE STATE ZIP CODE  120 E BALTIMORE ST 25 FL  BALTIMORE MD 21202  ILEN DATE  120 CITY STATE ZIP CODE  SECOND LIENHOLDER  CITY STATE ZIP CODE  SEEL / REGISTRANT INFORMATION/OWNER OF PLATE)  LEGAL STATUS NAME CODE MAO LIU  SEEL / REGISTRANT INFORMATION/OWNER OF PLATE)  DEBUT STATE ZIP CODE  SEEL / REGISTRANT INFORMATION/OWNER OF PLATE)  LEGAL STATUS NAME CODE MAO LIU  TAME  ORESS  CITY STATE ZIP CODE  TAX EXEMPTION REASON / SALES TAX PAID  LLEGIBLE  DEALER #  DEALER |                      |                     |                                       |                        |           |              |                                       |              |                   |            |                      |               |                   |                         |            |  |             |                |
| SUNTRUST BANK  STATE ZIP CODE  120 E BALTIMORE ST 25 FL  BALTIMORE  120 E BALTIMORE ST 25 FL  SECOND LENHOLDER  CITY  STATE  CITY  STATE  ZIP CODE  LENDATE  |                      |                     |                                       |                        |           |              | <u> </u>                              |              |                   |            |                      |               |                   |                         |            | · · · · · · · · · · · · · · · · · · ·    | LIEN DATE   |                |
| TATE TO BE BALTIMORE ST 25 FL  BALTIMORE  120 E BALTIMORE ST 25 FL  BALTIMORE  121  | N CODE   FIR         |                     |                                       |                        |           |              |                                       |              |                   |            |                      |               |                   |                         |            |  |             |                |
| 120 E BALTIMORE ST 25 FL  BALTIMORE    SECOND LIENHOLDER   | 2557                 | SU                  | NTRUST                                | BAN                    | K         |              |                                       |              |                   | Cr         | TV                   |               |                   | STA                     | TE         | ZIP C                                    |             | 2012           |
| SSEE/ REGISTRANT INFORMATION/OWNER OF PLATE)  LEGAL STATUS  NAME  NAME  ORESS  CITY  STATE  ZIP CODE  ICLE COST / TAX INFORMATION "(required for Tise & Registration Transactions)  LE PRICE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE ARegistration Transactions  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX #  ALER NAME  DEALER #  DEAL |                      |                     |                                       |                        |           |              |                                       |              |                   | MORE       |                      |               |                   |                         |            |  |             |                |
| SSEE / REGISTRANT INFORMATION(OWNER OF PLATE)  LEGAL STATUS  NAME  NAME  NAME  NAME  DRESS  OITY  STATE  ZIP CODE  STATE  ZIP CODE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX Ø  DEALER  | N CODE SEC           | COND LIE            | NHOLDER                               |                        |           |              |                                       |              |                   |            |                      |               |                   |                         |            |  | LIEN DATE   | Ē              |
| SSEE / REGISTRANT INFORMATION(OWNER OF PLATE)  LEGAL STATUS  NAME  NAME  NAME  NAME  DRESS  OITY  STATE  ZIP CODE  STATE  ZIP CODE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX Ø  DEALER  |                      |                     |                                       |                        |           |              |                                       |              |                   |            |                      | <del></del>   |                   |                         |            |  |             |                |
| NAME    CITY   STATE   ZIP CODE  | REET                 |                     |                                       |                        |           |              |                                       |              |                   | CI         | TY                   |               |                   | STA                     | ΓE         | ZIP C                                    | ODE         |                |
| NAME    CITY   STATE   ZIP CODE  |                      |                     |                                       |                        |           |              |                                       |              | $\overline{\Box}$ |            |                      |               |                   |                         |            |  | 25, 4.3     | ·              |
| DRESS  CITY  STATE  ZIP CODE  ***ICLE COST / TAX INFORMATION '(required for Tide & Registration Transactions)**  ITAMDE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE IN ALLOWANCE  TRADE OF ALLOWANCE  TRADE OF ALLOWANCE  DEALER & DEALE |                      | ANT INFO            | RMATION(OWN                           | ER OF P                | LATE)     | ·            | LEGA                                  | LSTATUS      | L N               |            |                      | MAO LJ        | iLU L             |                         |            |  |             |                |
| ICLE COST / TAX INFORMATION **Trequired for Tide & Registration Transactions*)   |                      |                     | · · · · · · · · · · · · · · · · · · · |                        |           |              |                                       |              |                   |            |                      |               |                   | -                       |            |  |             |                |
| ALER NAME  DEALER ADDRESS  DEALER #  DIATE  ILLEGIBLE  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  W.F. (BILL) KNOWLES  HJC27  GISTRATION FEE  CREDIT  DEALER #  DATE  11/26/2012  W.F. (BILL) KNOWLES  HJC27  GISTRATION FEE  CREDIT  DEALER #  DATE  11/26/2012  DAT | DRESS                |                     |                                       |                        |           |              |                                       |              |                   | CITY       |                      |               |                   | STA                     | ATE        | 2  | IP CODE     |                |
| ALER NAME  DEALER ADDRESS  DEALER #  DIATE  ILLEGIBLE  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  DATE  11/26/2012  W.F. (BILL) KNOWLES  HJC27  GISTRATION FEE  CREDIT  DEALER #  DATE  11/26/2012  W.F. (BILL) KNOWLES  HJC27  GISTRATION FEE  CREDIT  DEALER #  DATE  11/26/2012  DAT | LICI E COST / TAY    | VINEODM             | ATION */romico                        | d for Title            | & Danie   | tration Tran | reactions!                            |              |                   |            |                      |               | <del>:</del>      |                         |            |  |             |                |
| EXAMPLE OF CERTIFIER/OWNER    COUNTY NAME    |                      | A INT OTHE          |                                       |                        |           | VAINT TIE    | isacaons)                             | T            | AXABLE AMO        | DUNT       |                      | SALESTAX      | PAID              |                         | TAX EX     | EMPTION REASO                            | N / SALES T | Γ <b>Α</b> Χ # |
| EXAMPLE OF CERTIFIER/OWNER    COUNTY NAME    | ALER NAME            |                     |                                       |                        |           |              | DEA                                   | LEB ADDR     | FSS               |            |                      |               |                   |                         | J          | DEALER #                                 |             |                |
| STOLEN MUTILATED RIND DUE TO NON DELIEVERY ALTERED LLEGIBLE  Ber penalbes of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division  s assigness to determine the accuracy of the information provided by me or on my behalf.  INATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  11/26/2012  OICE NUMBER  CO NUMBER DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  12331 @ HAMILTON  33 11/26/2012 W.F. (BILL) KNOWLES  HJC27  ICE USE ONLY EMISSION: Trailer  GISTRARTON FEE CREDIT  TRANS FEE CLERK FEE ISSUANCE FEE IT ILE FEE TOTAL TAX COLLECTED  79.75  IRANS FEE CLERK FEE ISSUANCE FEE TITLE FEE TOTAL TAX COLLECTED  3ALES TAX USE TAX  SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE  SALES TAX USE TAX  FRVICE OPT FEE ORGAN DONOR POSTAGE  VER ID / RESIDENCY VERIFICATION  TOTAL FEES COLLECTED  |                      |                     |                                       |                        |           |              |                                       |              |                   |            |                      |               |                   |                         |            |  |             |                |
| The penalties of periury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division in a sassingers to determine the accuracy of the information provided by me or on my behall.  INATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE  11/26/2012  OIGE NUMBER  COUNTY NAME  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  12331 @ HAMILTON  TOTAL TAX COLLECTED  TRANS FEE  CLERK FEE  ISSUANCE FEE  TITLE FEE  TOTAL TAX COLLECTED  12.00  TOTAL TAX COLLECTED  SALES OR USE TAX  SA TAX  LOCAL TAX  ADDITIONAL TAX  COLLECTED IN STATE OF  COUNTY WHEEL TAX  CITY STICKER FEE  FRVICE OPT FEE  ORGAN DONOR  TOTAL FEES COLLECTED  | ouired for Duplicat  | te Title - T.       | C.A. 55-3-115 (st                     | ubmit Ille             | gible or  | altered Cer  | tificate of T                         | ītle)        |                   |            |                      |               |                   |                         |            |  |             |                |
| is penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division  Sassigness to determine the accuracy of the information provided by me or on my behalt.  DATE  11/26/2012  OICE NUMBER  COUNTY NAME  CONUMBER  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  12331 @ HAMILTON  33 11/26/2012  W.F. (BILL) KNOWLES  HJC27  GISTRANDN FEE  CREDIT  LEASE FEE  TRANS FEE  CLERK FEE  ISSUANCE FEE  TITLE FEE  TOTAL TAX COLLECTED  79.75  MPUTATION OF  SALES OR USE TAX  SA TAX  LOCAL TAX  ADDITIONAL TAX  COLLECTED IN STATE OF  COUNTY WHEEL TAX  CITY STICKER FEE  FRVICE OPT FEE  ORGAN DONOR  POSTAGE  VER  ID / RESIDENCY VERIFICATION  TOTAL FEES COLLECTED   | LOST                 |                     | STO                                   | LEN                    |           |              | MUTILAT                               | ED           |                   | RTN'D      | DUE TO NON DE        | ELIEVERY      | AL                | TERED                   |            | ILLEG                                    | IBLE        |                |
| POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  11/26/2012  OICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION DATE OF APPLICATION DATE OF APPLICATION DEVIATION OF SALES OR USE TAX SALES TAX SALES TAX SERVICE OPT FEE ORGAN DONOR POSTAGE  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE 11/26/2012  W.F. (BILL) KNOWLES HJC27  (total fees collected Indicated certifies this form as a valid registration) (total fees collected Indicated certifies this form as a valid registration) TOTAL TAX COLLECTED   |                      | iury I have         |                                       |                        | covided : | s true and   |                                       |              | v knowledge       |            |                      | j             | hility of the Mot | or Vehicle Division     |            |  |             |                |
| OICE NUMBER COUNTY NAME  CO NUMBER DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  12331 @ HAMILTON  33 11/26/2012 W.F. (BILL) KNOWLES  HJC27  FICE USE ONLY GISTRATION FEE CREDIT  CREDIT  LEASE FEE TRANS FEE TRANS FEE CLERK FEE TOTAL TAX COLLECTED  TOTAL TAX COLLECTED  TOTAL TAX COLLECTED  SALES OR USE TAX  SA TAX  LOCAL TAX  ADDITIONAL TAX  COLLECTED IN STATE OF COUNTY WHEEL TAX  CITY STICKER FEE FRVICE OPT FEE ORGAN DONOR  POSTAGE  VER  ID / RESIDENCY VERIFICATION  TOTAL FEES COLLECTED   |                      |                     |                                       | nformatio              | n provid  | ed by me c   |                                       |              |                   |            |                      |               |                   |                         | DA1        | TE .                                     |             |                |
| HAMILTON  33 11/26/2012 W.F. (BILL) KNOWLES HJC27  GET SE ONLY GET SET |                      |                     |                                       |                        |           |              | ŀ                                     |              |                   |            |                      |               |                   |                         |            | 11/26/2012                               |             |                |
| FICE USE ONLY  EMISSION: Trailer  GISTRATION FEE  CREDIT  LEASE FEE  TRANS FEE  CLERK FEE  ISSUANCE FEE  TITLE FEE  TOTAL TAX COLLECTED  | OICE NUMBER          |                     |                                       |                        |           |              |                                       | O NUMBE      | R DATE (          | OF APPL    | ICATION              | BY AUTH       | ORITY OF RE       | GISTRAR OF MOT          | OR VEHICL  | ES(COUNTY CLE                            | RK)         |                |
| 79.75  MPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE  SALES TAX USE TAX  FRVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED   | 12331 @              |                     |                                       |                        |           |              |                                       | 33           | 3                 | 11/2       | 6/2012               |               |                   |                         |            |  |             | JC27           |
| MPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE  SALES TAX USE TAX  FRVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED  |                      | Ε                   |                                       | ın: Tra                | iier      | LEASE FE     | E                                     |              | TRANS FEE         |            | CLERK FEE            | ISSUANCE      | FEE TITL          | E FEE                   | TO         | TAL TAX COLLEC                           | TÉD         |                |
| SALES TAX USE TAX  FRVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED   | 79.75                |                     | CALECOS                               | CTAV                   |           | TAV          | 1100                                  | AL TAY       | LADDITIO          | AL TAY     |                      |               | 1                 |                         |            |  |             |                |
| FRVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION TOTAL FEES COLLECTED  |                      | USE TAX             | 1                                     | CIAX                   | 8/        | 1 IAX        | 1.00                                  | ML IAX       | AUDITION          | AL IAX     | Coti                 | LECTED IN STA | izor   col        | MALL AAMEET IN          |            | . SHOKER FEE                             |             |                |
| 1  | RVICE OPT FEE        |                     |                                       | OR                     |           | POSTAGE      |                                       | V            | R                 |            | ID / RESIDENC        | Y VERIFICATIO | N                 |                         |            |  | CTED        |                |
| Port: WK48/DR27/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: Change: 0.00 FDA-600   | Port                 | · VAIL              | 18/10027/00                           | 120                    |           | sh· 0.4      | 30                                    | Chook        | 0.00              | <u>۲</u> ـ | ock#·                | Crodite       | 0.00              | Auth#:                  |            |  |             |                |