

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

OFFICIAL VEHICLE REGISTRATION

MI SALLIMO

PREMIER TRAILER LEASING I LLC  **CORREST (MALING)**  **PO BOX 1014**  **CITY**  **STATE**  **TATE**  **TAT	City Stic										415			n rn	S.	TATE
PARTICIPATE			UMBER				TR			REGIST	KATION ONI	LY NUMBÉR				
PREMIER TRAILER LEASING I LC    CODICIDE 14 AUAUUS    CODICID 14 AUAUUS						ME 0005 ::	L DOV 4 Inc.		I	w nove i co	TNAMES	DOMPANIA FOR	WED 20 CHARLET	5	[N][i	V
MODRESS   PANALEON	LAST NAME			1110110		WE CODE IN	N BOX 1 (SAMI	t) Z(OIFFERE L	LAST N	AME	NAMES) 4(	COMPANY) 5(O	FIRST NAME	EKO)L		
PO BOX 1014  TO STATE	PREMII	ER TRA	ILER LEAS	SING I L	LC											
TX 76093-1014  TX 760									ADDRE	SS 2 (PHYSI	ICAL)					
TREEPINGE   TX   T6099-1014   TREEPINGE	CITY	X 1014			STATE		ZIP CODE		CITY				ST	ATE	ZIP CODE	
HAMILTON 033  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11/12/9/2022  11					TX 7609			99-1014								
HAMILLON US.  11/29/2022  INDEEDED REPORTATION  MAGE	NTY OF RESIDENCE	/PRINCIPAL BUS C	R INCORP LOCATION			·I FASI	ED O SER	VICE OPTION					HEARING IMPAIR	ED CLS/YR	*INSURANCE POLICY	
MANUAL   M	HAMIL	TON 03	33	11/2	9/2022					817	421 206	66			1	
STATE PREVIOUS STATES TILED  STATE PREVIOUS STATES TILED  F S  STATE PREVI	VEHICLE INFO	RMATION		MAKE		MODEL	YEAR	BODY	ADS Le	vel TITLE	BRAND - tran	slation		CODE	TYPE OF FUEL - translation	CODE
STATE PROVIDED STATES TITLED VEHICLE TITLE VEHICLE TYPE CHARBET MESSAGE SHOULT STATES THAT SHOULT SH				HY			2024	SE						N	Other	9
COLOR CODE of and agregatione coult?  COMPANY VEHICLE 9  ALTE INFORMATION PRESENTED IT BE ART Recognishment and Recognishment Only Transactions (STITE ACTION AND ACTION A	SURRENDERED TITLE #							VEHICLE U	JSE VI	EHICLE TYP	E CURR	RENT MILEAGE	ODOMETER	ACTUAL (0)	NOT ACTUAL (8)	CODE
ALES EXPONDATION (Injury of the and Reportations (Injury)  450401T 8020/1994   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of person of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of the Action (Injury)  TORISTICACE #4(4)   Team of the Action (Injury)  PERMANEN  TORISTICACE #4(4)   Team of the Action (Injury)  TORISTICACE #4(4)   Team of the A	MSO			CA	CA			F		S	s		(List one) IN EXCESS		OF MECHANICAL LIMITS (9)	
PERMANEN  GLASS CODERSSURY (1) (1) AUDITION (1) COUNTY STOCKER (1) (1) TOTATE STOCKER (1) (2) PERMANEN  DESTRUCTOR (1) TEMPOPERATOR PERMIT (3) # OF SEATS(5) ZONE(COUNTY NAME(6) USCOT / REGISTRANT (7) MOTOR CARRIERS (8)  PERMANEN  DESTRUCTOR (1) TEMPOPERATOR PERMIT (3) # OF SEATS(5) ZONE(COUNTY NAME(6) USCOT / REGISTRANT (7) MOTOR CARRIERS (8)  LIEN INFORMATION (II the present)  LIEN INFORMATION (II	UPPEŘ	enter appropriate LOWE	e code)* MOBIL LGTH	E HOME WDTH		# AXLES	GRC	DSS VEHICLE	WEIGHT		*VEHIC	LE TRADE-IN DE	ESCRIPTION		COMPANY VEHICLE#	
### ASSAULT ### AS													Tou 400 0000	nous vs.	) EVENDATION DATE:	41/21/21
TREST LICENSTATE (S)  INTERPRETATION OF THE PREMISE	PLATE #(1) 450401				LIDATION #I	1) C	OUNTY STICK	LER #(1) C	IIY STICH	<= #(1)(2)	PLATE#(TI	KADE IN)(2)	CLASS CODE/IS	SSUE YR(2		
LIER DATE WILMINGTON TRUST NA AS AGT  TIT/29/2022  STREET  50 S 6TH ST STE 1290  MINNEAPOLIS  SECOND LIERHOLDER  UEN DATE  CITY  STATE						'S(5) ZONE(COUNTY NAME)			6) USDOT / REGISTRANT		SISTRANT #(7)	ļ	N		110211	
LIER DATE WILMINGTON TRUST NA AS AGT  TIT/29/2022  STREET  50 S 6TH ST STE 1290  MINNEAPOLIS  SECOND LIERHOLDER  UEN DATE  CITY  STATE																
LESSEE / REGISTRANT INFORMATION/OWNER OF PLATE)  LEGAL STATUS  NAME  ADDRESS  OITY  STATE  ZIP CODE  ***  ***  ***  ***  ***  ***  ***	LIEN CODE	FIRST LIE	NHOLDER	N TRUS	T NA	AS AG	Т						STAT	re	11/29	
TRESSEE / REGISTRANT INFORMATION(OWNER OF PLATE)  LEGAL STATUS  NAME CODE  NAME  NAM										MINNE.	APOLIS	S		MN		-
NAME  ADDRESS  CITY  STATE  ZIP CODE  WARRANTY AMOUNT  TAX EXEMPTION REASON / SALES TAX #  DEALER #  DEALE	LIEN CODE	SECOND	IENHOLDER												LIEN DAT	E
NAME  ADDRESS  CITY  STATE  ZIP CODE  **TAX EXEMPTION REASON / SALES TAX #*  DEALER RADE  DEALER ADDRESS  DEALER NAME  DEALER ADDRESS  DEALER ADDRESS  DEALER ADDRESS  DEALER ADDRESS  DEALER ADDRESS  DEALER #*  **TAX EXEMPTION REASON / SALES TAX #*  DEALER #*  DEAL	STREET								CITY				STA	TE	ZIP CODE	
NAME  ADDRESS  CITY  STATE  ZIP CODE  **TAX EXEMPTION REASON / SALES TAX #*  DEALER RADE  DEALER ADDRESS  DEALER NAME  DEALER ADDRESS  DEALER ADDRESS  DEALER ADDRESS  DEALER ADDRESS  DEALER ADDRESS  DEALER #*  **TAX EXEMPTION REASON / SALES TAX #*  DEALER #*  DEAL																
ADDRESS  CITY  STATE  ZIP CODE  VEHICLE COST / TAX INFORMATION "(required for Title & Registration Transactions)  SALE PRICE  TRADE IN ALLOWANCE  WARRANTY AMOUNT  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX #  DEALER #  DEALER #  DEALER #  DEALER #  Required for Duplicate Title - T.C.A. 55-3-115 (submit lilegable or altered Certificate of Title)  LOST  STOLEN  MUTILATED  MUTILATED  REPORT OF ATTORNEY/AUTHORIZED SIGNATURE( F APPLICABLE)  DATE ISSUED 7/6/2023 9:43:20 AM  07/06/2023  NYOICE NUMBER  CONUMBER  CONUMBER  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)  Clotal faces collected Indicated certifics this form as a valid registration)  (total faces collected Indicated certifics this form as a valid registration)  (total faces collected Indicated certifics this form as a valid registration)  REGISTRATION FEE  100.25  COMPUTATION OF  SALES OR USE TAX  SALES AS TAX  LOCAL TAX  ADDITIONAL TAX  COLLECTED IN STATE OF  TOTAL FREE COLLECTED		SISTRANT INF	ORMATION(OWNE	R OF PLATE)		LEGAL	STATUS	NAME			мао 🔲	ILU				
VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions) SALE PRICE  TRADE IN ALLOWANCE  WARRANTY AMOUNT  TAXABLE AMOUNT  SALESTAX PAID  TAX EXEMPTION REASON / SALES TAX #  DEALER #  PRequired for Duplicate Title - T.C.A. 55-3-115 (submit lilegable or altered Certificate of Title)  LOST  STOLEN  MUTILATED  RIVID DUE TO NON DELIEVERY  ALTERED  ALTERED  LILEGIBLE  ILLEGIBLE  ILLEGIBLE  JOHN FOR ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE ISSUED 7/6/2023 9:43:20 AM  07/06/2023  NVOICE NUMBER  CONUMBER  CONUMBER  CONUMBER  CONUMBER  CONUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  TOTAL FASS FEE  TRANS FEE  CLERK FEE  SUBJOACE TRANS FEE  CLERK FEE  SUBJOACE FEE  LIEN FEE  TOTAL FASS COLLECTED  TOTAL FEES COLLECTED	NAME								NAME							
DEALER NAME  DEALER ADDRESS  DEALER #  DEALER ADDRESS  DEALER #  DEALER ADDRESS  DEALER #  DEALER ADDRESS  DEALER #	ADDRESS							С	ITY				STA	ATE	ZIP CODE	
DEALER NAME  DEALER ADDRESS  DEALER #  DEALER ADDRESS  DEALER #  DEALER ADDRESS  DEALER #  DEALER ADDRESS  DEALER #	VEHICLE COST	T/TAX INFOR	MATION *(required	for Title & Reg	istration Tran	sactions)									h	
Prequired for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title)  LOST  STOLEN  MUTILATED  MUTILATED  RTN'D DUE TO NON DELIEVERY  ALTERED  ILLEGIBLE  Index 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  Index 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  Index 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  Index 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  Index 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  Index penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge that it is not the responsibility of the Motor Vehicle Division  DATE ISSUED 7/6/2023 9:43:20 AM  07/06/2023  W. F. BILL KNOWLES  ABC1.  (total fees collected Indicated certifies this form as a valid registration)  REGISTRATION FEE  Inter penalties of perjury, I hereby certify all information provided is true and correct to my behalf.  Inter penalties of perjury, I hereby certify all penalties of penalt	SALE PRICE	***************************************	TRADE IN ALLOW	ANCE	WA	RRANTY A	MOUNT	TAXABLE A	MOUNT		SALESTA	X PAID		*TAX EX	EMPTION REASON / SALES	TAX#
LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED ILLEGIBLE  Index 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  First assignees to determine the accuracy of the information provided by me or on my behalf.  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE ISSUED 7/6/2023 9:43:20 AM  07/06/2023  NVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  Total fees collected Indicated certifies this form as a valid registration)  FIGURE USE ONLY  (total fees collected Indicated certifies this form as a valid registration)  100.25  COMPUTATION OF  SALES TAX OLICE TED  SALES TAX OLICE TED  ORGAN DONOR  POSTAGE  VER  ID / RESIDENCY VERIFICATION  VIN PLATE FEE  TOTAL FEES COLLECTED  TOTAL FEES COLLECTED	DEALER NAME					DEAL	ER ADDRESS								DEALER#	
Under 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  VIS assignees to determine the accuracy of the information provided by me of on my behalf.  SIGNATURE OF CERTIFIER/OWNER  POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE ISSUED 7/6/2023 9:43:20 AM.  07/06/2023  NVOICE NUMBER  CO NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  23187  W. F. BILL KNOWLES  ABC1  (total fees collected Indicated certifies this form as a valid registration)  REGISTRATION FEE  LIEN FEE  LIEN FEE  TITLE FEE  TOTAL TAX COLLECTED  3.00 12.00 11.00 5.50 .00  COMPUTATION OF  SALES OR USE TAX  SA TAX  LOCAL TAX  ADDITIONAL TAX  COLLECTED IN STATE OF  COUNTY WHEEL TAX  CITY STICKER FEE  TOTAL FEES COLLECTED  TOTAL FEES COLLECTED	*Required for Do	uplicate Title -	T.C.A. 55-3-115 (su	bmit Illegible or	altered Cer	ificate of Titl	le)									
POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE ISSUED 7/6/2023 9:43:20 AM  07/06/2023  NVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  23187	LOST		STOL	.EN		MUTILATE	D	L R	TN'D DUE	TO NON DE	ELIEVERY	AL AL	TERED		ILLEGIBLE	
POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE)  DATE ISSUED 7/6/2023 9:43:20 AM  07/06/2023  NVOICE NUMBER  CO NUMBER  DATE OF APPLICATION  BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)  23187	Juder penalties or its assignees	of perjury, I he	reby certify all inform he accuracy of the in	nation provided	is true and	correct to the	e best of my kn	nowledge, and	acknowle	dge that it is	not the respon	I nsibility of the Mo	otor Vehicle Division	N		
23187 @ HAMILTON 33 07/06/2023 W. F. BILL KNOWLES ABC1.  OFFICE USE ONLY REGISTRATION FEE LECTRIC VEHICLE FEE CREDIT LEASE FEE TRANS FEE CLERK FEE 3.00 12.00 11.00 5.50 .00  COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE INS FEE SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION VIN PLATE FEE TOTAL FEES COLLECTED						P	OWER OF AT	TORNEY/AU	HORIZE	SIGNATUR	RE(IF APPLICA	ABLE)		DA		
TRANS FEE CLERK FEE ISSUANCE FEE LIEN FEE TITLE FEE TOTAL TAX COLLECTED  SALES TAX USE TAX USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE INS FEE  SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION VIN PLATE FEE TOTAL FEES COLLECTED  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)  (total fees collected Indicated certifies this form as a valid registration)	NVOICE NUMB	BER				C										
REGISTRATION FEE 100.25  COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE INS FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION VIN PLATE FEE TOTAL TAX COLLECTED			HAMIL	TON			33	07	7/06/2	2023			ndicated certifies t	his form a	s a valid registration)	ABC1
COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY STICKER FEE INS FEE  SALES TAX USE TAX USE TAX  SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION VIN PLATE FEE TOTAL FEES COLLECTED	REGISTRATIO		LECTRIC VEHICLE	FEE   CRED	IT	LEASE FE	E TRA	NS FEE	100000000000000000000000000000000000000		ISSUANCE	FEE LIEN F	EE TITLE FE	EE TO	TAL TAX COLLECTED	
SERVICE OPT FEE ORGAN DONOR POSTAGE VER ID / RESIDENCY VERIFICATION VIN PLATE FEE TOTAL FEES COLLECTED		N OF	SALES OR USE	ETAX	SA TAX	LOCA	AL TAX	ADDITIONAL '	1.					X CITYS		
ZELOWER - 10-422 - 10000000000000000000000000000000000				R	POSTAGE		VER		ID	/ RESIDENC	Y VERIFICAT	TION VI	IN PLATE FEE	1 10	TOTAL FEES COLLECTED	
Port: wk50/DR14/8020 Cash: 0.00 Check: 0.00 Check#: Credit: 0.00 Auth#: GV: 0.00 Change: 0.00	-carolina	रत-नाइर्ड <i>न</i>	-2004-000-000	954									.00			

SF-1357