
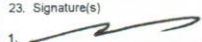


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Application cannot be accepted with alterations (changes) or white-out.  
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71226657 TR 00/00

ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

1. Type of transaction(s):		2. Current Plate Number	
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month _____ Year _____	
		5. OWNER INFORMATION	
		First Last Middle COMPASS LEASE LLC	
First Last Middle		Residence/Business Street Address 5150 S LAWNSDALE AVE	
City STATE ZIP MCCOOK IL 60525		6. Owner 1 DL/FEIN # Owner 2 DL/FEIN #	
 6218260890/		7. VEHICLE INFORMATION	
8. Purchase Date 04/10/2019 Month Day Year New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		Vehicle Identification Number (VIN) 3H3V532C3LR268063 VIN Second Stage Info.	
9. Current Odometer Reading (No Tenths) 000MNR <input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. _____ Mobile Home Sq. Ft. _____ Rental <input type="checkbox"/> Leased <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) _____ For Hire <input type="checkbox"/> # of Axles _____	
10. Surrender Title Number and State #MCO State: _____		11. File Number _____ 12. Unit Number _____	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name _____ Street Address _____ City State ZIP _____		Insurance Company Name (Do not list agent) _____ Policy Number _____ Expiration Date _____	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name BMO HARRIS BANK NA Street Address PO BOX 35707 City BILLING State MT ZIP 59107		Name _____ Street Address _____ City State ZIP _____	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year _____ Make/Model _____ VIN _____		Name HYUNDAI TRANSLEAD Dealer # SOS Street Address 8880 RIO SAN DIEGO DR SUITE600 City SAN DIEGO State CA ZIP 92108	
19. BENEFICIARY		20. REASON FOR REPLACEMENT PLATES/STICKER	
Name _____ Street Address _____ City State/Country ZIP _____		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY	
22. Daytime Phone Number (optional) 800-924-9029		TRP NUMBER _____ Tax Form Number MV 081896107	
23. Signature(s) 1.  2. _____ Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.		\$169.00 Circle Quarter: 1st 2nd 3rd 4th	
OFFICE USE ONLY		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:	
6218260890		10/01/2019	
Control #		OCT 04 2019	
CUSTOMER RECEIPT		Date: _____	