
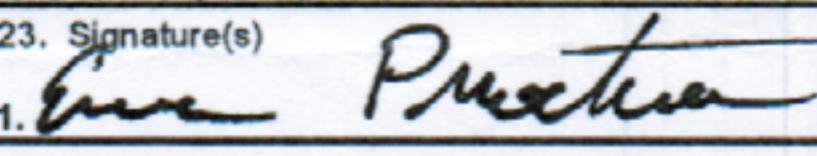


**ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)**

Application cannot be accepted with alterations (changes) or white-out.

RP3I03/27/23:03:2526: 174.00 HU  
9287855T TR 00/00

538474

1. Type of transaction(s):		2. Current Plate Number		3. Plate Type Requested ST SEMI TRAILER	
<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:		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
		COMPASS LEASE LLC			
First		Last		Middle	
Residence/Business Street Address 15W580 FRONTAGE ROAD					
City		STATE		ZIP	
BURR RIDGE		IL		60527	
6. Owner 1 DL/FEIN #				Owner 2 DL/FEIN #	
 6232283662/					
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1UYVS2539R3062704				VIN Second Stage Info.	
8. Purchase Date 03/15/2023 Month Day Year		New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		Year 2024	
Make UTILITY TRLR		Model DRY VAN		Body Style TRAILER	
Color WHI / WHI		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/>		Other Branded Title <input type="checkbox"/>	
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)		MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> 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) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles <input type="checkbox"/>	
10. Surrender Title Number and State #MCO		11. File Number		12. Unit Number	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		
Name			Insurance Company Name (Do not list agent)		
Street Address			Policy Number		
City State ZIP			Expiration Date		
15. FIRST LIENHOLDER			16. SECOND LIENHOLDER		
Name BMO HARRIS BANK NA			Name		
Street Address PO BOX 35707			Street Address		
City State ZIP BILLINGS MT 59107			City State ZIP		
17. TRANSFER INFORMATION			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
Year Make/Model			Name Dealer # MIDWEST UTILITY, INC. SOS		
VIN			Street Address 15700 N. FRONTAGE RD.		
19. BENEFICIARY			City State ZIP BURR RIDGE IL 60527		
Name			20. REASON FOR REPLACEMENT PLATES/STICKER		
Street Address			<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
City State/Country ZIP			24. AUDITOR'S USE ONLY		
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE			TRP NUMBER		Tax Form Number
State all reasons for corrections or duplication.					MV 090692276
			\$174.00		
			Circle Quarter:		
			1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 630-468-0714					
23. Signature(s)					
1. 			SIGN HERE		
2.			SIGN HERE		
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.					
03/21/2023					
OFFICE USE ONLY					
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:					
6232283662					
<b>CUSTOMER RECEIPT</b>					
Date: _____					
Control #					

P LAND OF LINCOLN

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ILLINOIS