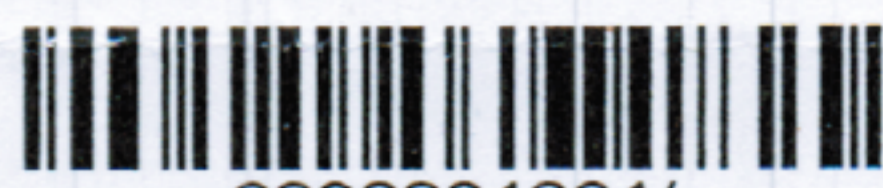
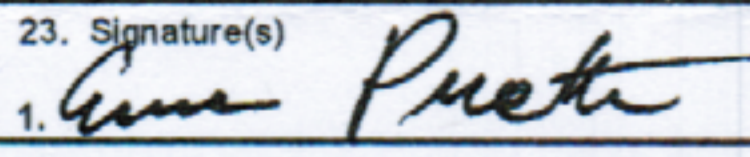


ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

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

1. Type of transaction(s):		2. Current Plate Number		RP3I03/27/23=03=2532: 174.00 MU 9287915T TR 00/00 538480			
<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 15W580 FRONTAGE ROAD							
City BURR RIDGE		STATE IL		ZIP 60527			
 6232284264/			6. Owner 1 DL/FEIN #				
			Owner 2 DL/FEIN #				
7. VEHICLE INFORMATION							
Vehicle Identification Number (VIN) 1UYVS2534R3062710			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			
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual	<input type="checkbox"/> Not Actual	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Flood		
		<input type="checkbox"/> In Excess of Mechanical Limits	<input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	<input type="checkbox"/> Other Branded Title	<input type="checkbox"/> MCY C.C.		
		<input type="checkbox"/> Mobile Home Sq. Ft.	<input type="checkbox"/> Rental	<input type="checkbox"/> Leased	<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 BILLINGS	State MT	ZIP 59107	City	State	ZIP		
17. TRANSFER INFORMATION			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)				
Year	Make/Model	Name MIDWEST UTILITY, INC.	Dealer # SOS				
VIN			Street Address 15700 N. FRONTAGE RD.				
19. BENEFICIARY			City BURR RIDGE	State IL	ZIP 60527		
Name			20. REASON FOR REPLACEMENT PLATES/STICKER				
Street Address			<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Destroyed		
City			<input type="checkbox"/> Requesting a Different Number	<input type="checkbox"/> Respacing			
State/Country			24. AUDITOR'S USE ONLY				
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE			TRP NUMBER	Tax Form Number MV 090693078			
State all reasons for corrections or duplication.			\$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:			
6232284264		CUSTOMER RECEIPT					
Control #		Date: _____					

P LAND OF LINCOLN

928791s

ILLINOIS
