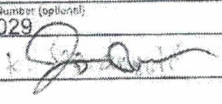


534686

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

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

LDEZ04/13/19:01:5451: 114.00 NU
6931465T TR 00/00

1. Type of transaction(s): <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:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First COMPASS		Last LEASE LLC	
First MCCOOK		Last 60525	
Residence/Business Street Address 5150 S LAWNSDALE AVE			
City MCCOOK		STATE IL ZIP 60525	
6. Owner 1 DL/FIN #		Owner 2 DL/FIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN) 5V8VC5326LT003119		VIN Second Stage Info.	
8. Purchase Date Month Day Year 04/10/2019 New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		9. Current Odometer Reading (No Tenth) 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)	
10. Gender Title Number and State # MCO State:		11. File Number	
12. Unit Number			
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date	
15. FIRST LIENHOLDER Name UMB BANK NA Street Address 1008 OAK STREET City State ZIP KANSAS CITY MO 64106		16. SECOND LIENHOLDER Name Street Address City State ZIP	
17. TRANSFER INFORMATION Year Make/Model VIN		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name VANGUARD TRAILER Dealer # SOS Street Address 289 EAST WATER TOWER DRIVE City State ZIP MONON IN 47959	
19. BENEFICIARY Name Street Address City State/Country ZIP		20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Repeating	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY TRF NUMBER Tax Form Number MV 080741800 \$114.00 Circle Quarter: 1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 800-924-9029		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.			
OFFICE USE ONLY		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:	
6216382125		Date: 04/11/2019	
CUSTOMER RECEIPT			
Control #			

APR 12 2019