

STATE OF MINNESOTA
CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

VEHICLE IDENTIFICATION NUMBER LECP72B19T000230	YEAR 09	MAKE EV TK	MODEL/BODY EV TK	TITLE NUMBER M2910Z087
DATE ISSUED 10/18/10	ODOMETER 42	TAX BASE 019900	CODE 10	PLATE NUMBER 848DNU
				CENTRAL OFFICE USE ONLY
				EXP 04

FIRST SECURED PARTY DOB OWNER
05/17/10 **NICE RIDE MINN**

US BANK NA **2834 10TH AVE S ST #3**
 PO BOX 3427 **MINNEAPOLIS MN 55407**
 OSHKOSH WI 54903
 TOTAL LIENS 1



ASSIGNMENT BY SELLER (TRANSFEROR)

FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.

ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW
 READS **1,896** (NO TENTHS) MILES AND TO THE BEST OF MY
 KNOWLEDGE THE ODOMETER MILEAGE:

IS ACTUAL MILEAGE
 EXCEEDS MECHANICAL LIMITS OF ODOMETER
 IS NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPANCY

DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE: HAS HAS NOT (CHECK ONE) SUSTAINED DAMAGE, EXCLUSIVE OF ANY COSTS TO REPAIR, REPLACE, OR REINSTALL AIR BAGS AND OTHER COMPONENTS THAT WERE REPLACED DUE TO DEPLOYMENT OF AIR BAGS, IN EXCESS OF 70 PERCENT ACTUAL CASH VALUE.

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:

Nice Ride Minnesota
 SELLER'S PRINTED NAME(S)
2701 36th Ave S, Minneapolis, MN 55406
 SELLER'S ADDRESS
X *Court Ewell*
 SELLER'S SIGNATURE(S)

12/24/12
 DATE OF SALE

SELLER'S LICENSE #

Brandon Stafford
 BUYER'S PRINTED NAME(S)
57 Chandler Street Somerville, MA 02144
 BUYER'S ADDRESS
X

BUYER'S SIGNATURE(S)

APPLICATION FOR TITLE BY BUYER (TRANSFeree). MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)

BUYER'S NAME (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)	
ADD'L BUYER'S NAME(S) (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)	
STREET ADDRESS		CITY	COUNTY/CODE	STATE	ZIP CODE
IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (IF YES, COMPLETE SECTION BELOW)				FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017	
FIRST SECURED PARTY'S NAME (PRINT NAME)		DATE OF SECURITY AGREEMENT			
STREET ADDRESS		CITY	STATE	ZIP CODE	

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS. I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.

X

APPLICANT'S/BUYER'S SIGNATURE(S) All Must Sign

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON A MOTOR VEHICLE APPLICATION IS REQUIRED BY LAW AND IS ISSUED TO IDENTIFY YOUR MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION, EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS. PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING TO THE FOLLOWING ADDRESS:

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
 DRIVER AND VEHICLE SERVICES DIVISION
 445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101
 PHONE 651-297-2126 TTY 651-282-6555

mndriveinfo.org



PS2700-17

KEEP IN A SAFE PLACE. ANY ALTERATION OR ERASURE VOIDS THIS TITLE