

TR 12-003280 GUEVARA ROBERT S

01/25/2012

NO



A Public Service Agency

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

******** DO NOT DETACH - REGISTERED OWNER INFORMATION



A Public Service Agency

REGISTRATION CARD VALID FROM: 09/08/2011 TO: 09/08/2012

	MAKE Y	YR MODEL		YR 1ST SOLD	VLF	CLASS	TYPE VEH		TYPE LIC	LICENSE NUMBER	
	MERC	1994		1994		EA	1:	20	11	3KEK929	
BODY TYPE MODEL		,	MP	MO					VEHICLE ID NUMBER		
	2D		G	TM					1MELM62	44RH622473	
TYPE VEHICLE USE AUTOMOBILE			DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED F0844367			
			01/25/12		27	01/25/12	3				
									PR EXP DATE	: 09/08/2010	

REGISTERED OWNER

GUEVARA ROBERT STEPHEN 484 CASA VERDE WAY APT C

MONTEREY

CA 93940

LIENHOLDER



111.00

AMOUNT PAID

111.00

Haddalalladladlaadlal

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

DO NOT FOLD OR STAPLE - SUBMIT ORIGINAL TO DMV

This insurance complies with CVC §16056 or §16500.5

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SIGNATURE OF INSURANCE REPRESENTATIVE

NAME ROBERT S GUEVARA

VEHICLE IDENTIFICATION NUMBER (VIN) 1MELM6244RH622473

MAKE MERCURY YEAR MODEL

POLICY NUMBER

1994

1239257

POLICY EFFECTIVE DATE POLICY EXPIRATION DATE INSURANCE COMPANY NAME OF THE POLICY EXPIRATION DATE INSURANCE COMPANY NAME AEGIS SECURITY

D9-14-2012 AEGIS SECURITY INSURANCE COMPANY

INSURANCE COMPANY STREET ADDRESS

CITY P.O. BOX 509020 SAN DIEGO STATE CA ZIP CODE 92150-9020 NAIC NUMBER 33898

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