

**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		3. Plate Type Requested <b>ST SEMI TRAILER</b>		JOEA06/17/22:01:4540: 204.00 CK01 893086ST ETR 00/00 <b>FOR DEPOSIT ONLY</b>	
<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 _____			
<b>OWNER INFORMATION</b>							
First _____		Last _____		Middle _____		ALFA PRIME LLC	
First _____		Last _____		Middle _____			
Residence/Business Street Address <b>819 BEAUMONT DR APT 106</b>							
City <b>NAPERVILLE</b>		STATE <b>IL</b>		ZIP <b>60540-1814</b>			
				6. Owner 1 DL/FEIN #			
				Owner 2 DL/FEIN #			
<b>VEHICLE INFORMATION</b>							
7. Vehicle Identification Number (VIN) <b>5V8VA5325PM301800</b>		VIN Second Stage Info.					
8. Purchase Date <b>06/15/2022</b> Month Day Year	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>	Body Style <b>SEMI TLR</b>	Color <b>WHI / WHI</b>	
9. Current Odometer Reading (No Tents)		<input type="checkbox"/> Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/>	Other Branded Title State _____	<input type="checkbox"/> MCY C.C. Mobile Home Sq. Ft.	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) <b>0</b>	For Hire <input type="checkbox"/> # of Axles <b>0</b>
10. Surrender Title Number and State <b>#22159409053</b>		State: <b>IL</b>		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 <b>BMO HARRIS BANK NA</b>				Name _____			
Street Address <b>PO BOX 35707</b>				Street Address _____			
City <b>BILLINGS</b>		State <b>MT</b>	ZIP <b>59107</b>	City _____ State _____ ZIP _____			
17. TRANSFER INFORMATION				18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)			
Year	Make/Model			Name <b>INFINITY TRUCK SALES INC</b>		Dealer # <b>DL5473</b>	
VIN				Street Address <b>96 BISSEL ST UNIT B</b>			
19. BENEFICIARY				City <b>JOLIET</b> State <b>IL</b> ZIP <b>60540</b>			
Name _____				Street Address _____			
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 <b>616692083</b>	
State all reasons for corrections or duplication.				\$ <b>204.00</b>		Auditor Comments: <b>A1001</b>	
				Circle Quarter: 1st    2nd    3rd    4th			
22. Daytime Phone Number (optional) <b>708-965-4444</b>							
23. Signature(s)				<b>SIGN HERE</b>			
1.				<b>SIGN HERE</b>			
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.							
06/17/2022		VF@JXJ					
OFFICE USE ONLY		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/>		REMITTER/DRIVER SERVICES FACILITY STAMP:			
<b>EXPEDITED TITLE</b>							
<b>CUSTOMER RECEIPT</b>							
Date: _____							
Control # _____							

## 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		JDEA06/17/22:01:4539: 204.00 CK01 993085ST ETR 00/00 FOR DEPOSIT ONLY				
<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 <b>ST SEMI TRAILER</b>		4. Exp. Month _____ Year _____				
5. OWNER INFORMATION								
First _____ Last _____ Middle _____ <b>ALFA PRIME LLC</b> First _____ Last _____ Middle _____ Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b> City <b>NAPERVILLE</b> STATE <b>IL</b> ZIP <b>60540</b>								
 6229641013/		6. Owner 1 DL/FEIN # _____						
		Owner 2 DL/FEIN # _____						
7. VEHICLE INFORMATION								
Vehicle Identification Number (VIN) <b>5V8VA5327PM301801</b>			VIN Second Stage Info.					
8. Purchase Date <b>06/15/2022</b>	New <input type="checkbox"/>	Used <input checked="" type="checkbox"/>	Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>			
9. Current Odometer Reading (No Tents)		<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)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/>	Other Branded Title _____ State _____	MCY C.C. _____	Mobile Home Sq. Ft. _____	Rental <input type="checkbox"/> Leased <input type="checkbox"/>	
10. Surrender Title Number and State <b>#22158409053</b>		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) <b>0</b>	For Hire <input type="checkbox"/>	# of Axles <b>0</b>	
11. File Number		12. Unit Number						
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)				14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)				
Name _____ Street Address _____ City _____ State _____ ZIP _____				Insurance Company Name (Do not list agent) Policy Number _____ Expiration Date _____				
15. FIRST LIENHOLDER				16. SECOND LIENHOLDER				
Name <b>BMO HARRIS BANK NA</b> Street Address <b>PO BOX 35707</b> City <b>BILLINGS</b> State <b>MT</b> ZIP <b>59107</b>				Name _____ Street Address _____				
17. TRANSFER INFORMATION				18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)				
Year _____	Make/Model _____			Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b> Street Address <b>96 BISSEL ST UNIT B</b>				
VIN _____				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"/> Respacing				
19. BENEFICIARY				21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE				
Name _____ Street Address _____ City _____ State/Country _____ ZIP _____				State _____ ZIP _____ <b>JOLIET IL 60540</b> <b>REASON FOR REPLACEMENT PLATES/STICKER</b> Circle Quarter: 1st    2nd    3rd    4th				
State all reasons for corrections or duplication.				24. AUDITOR'S USE ONLY				
				TRP NUMBER _____ Tax Form Number <b>616692083</b> <b>\$204.00</b> Auditor Comments: <b>A1002</b>				
22. Daytime Phone Number (optional) <b>708-965-4444</b>								
23. Signature(s)				<b>SIGN HERE</b> <b>SIGN HERE</b>				
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.								
06/17/2022		VF@JXJ						

OFFICE USE ONLY

Verified by CRT  I.D.  REMITTER/DRIVER SERVICES FACILITY STAMP:

6229641013

EXPEDITED TITLE

**CUSTOMER RECEIPT**

Date: \_\_\_\_\_

Control #

**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		3. Plate Type Requested <b>ST SEMI TRAILER</b>		JOEA06/21/22:01:4661: 204.00 CK01 89309ST ETR 00/00 <b>FOR DEPOSIT ONLY</b>	
<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 _____ ALFA PRIME LLC			
		First _____ Last _____ Middle _____		Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b>			
		City <b>NAPERVILLE</b>		STATE <b>IL</b>		ZIP <b>60540</b>	
		 <b>6229641055/</b>		6. Owner 1 DL/FEIN #			
				Owner 2 DL/FEIN #			
8. Purchase Date		New <input type="checkbox"/>	Used <input checked="" type="checkbox"/>	7. VEHICLE INFORMATION Vehicle Identification Number (VIN) <b>5V8VA5329PM301802</b>		VIN Second Stage Info.	
06/15/2022		Year Month Day	Year Year	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>	Body Style <b>SEMI TLR</b>	Color <b>WHI / WHI</b>
9. Current Odometer Reading (No Tenths)		<input type="checkbox"/> Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>	Other Branded Title State _____	<input type="checkbox"/> MCY C.C. Mobile Home Sq. Ft.	Rental <input type="checkbox"/> Leased <input type="checkbox"/>
10. Surrender Title Number and State <b>#22158409052</b>		Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required)		Yes <input checked="" type="checkbox"/>	Gross Weight (RV, RT, TRK, BUS, TRLR) <b>0</b>	For Hire <input type="checkbox"/>	# of Axles <b>0</b>
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 <b>BMO HARRIS BANK NA</b>		Name _____					
Street Address <b>PO BOX 35707</b>		Street Address _____					
City _____ State _____ ZIP _____		City _____ State _____ ZIP _____					
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)					
Year _____	Make/Model _____	Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b>					
VIN _____		Street Address <b>96 BISSEL ST UNIT B</b>					
19. BENEFICIARY		City _____ State _____ ZIP _____ <b>JOLIET IL 60540</b>					
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 <b>616692083</b>			
State all reasons for corrections or duplication.		\$204.00		Auditor Comments: <b>A1003</b>			
22. Daytime Phone Number (optional) <b>708-965-4444</b>		Circle Quarter: 1st    2nd    3rd    4th					
23. Signature(s)		<span style="background-color: gray; color: white; padding: 2px;">SIGN HERE</span> <span style="background-color: gray; color: white; padding: 2px;">SIGN HERE</span>					
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.							
06/21/2022		VF@MDR					

OFFICE USE ONLY

 Verified by CRT  I.D.  REMITTER/DRIVER SERVICES FACILITY STAMP:

6229641055

**EXPEDITED TITLE**
**CUSTOMER RECEIPT**

Date: \_\_\_\_\_

Control #

**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			
<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 <b>ST SEMI TRAILER</b>		4. Exp. Month _____ Year _____	
J0EA00/17/22 01:4538: 204.00 CK01 893084ST ETR 00/00 FOR DEPOSIT ONLY					
<b>OWNER INFORMATION</b>					
First _____		Last _____		Middle _____	
First _____		Last _____		Middle _____	
Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b>					
City <b>NAPERVILLE</b>		STATE <b>IL</b>		ZIP <b>60540</b>	
 <b>6229641089/</b>			6. Owner 1 DL/FEIN # _____		
			Owner 2 DL/FEIN # _____		
<b>VEHICLE INFORMATION</b>					
7. Vehicle Identification Number (VIN) <b>5V8VA5320PM301803</b>			VIN Second Stage Info.		
8. Purchase Date <b>06/15/2022</b> Month Day Year	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>	Body Style <b>SEMI TLR</b>
Color <b>WHI / WHI</b>		Rental <input type="checkbox"/>	Leased <input type="checkbox"/>		
9. Current Odometer Reading (No Tents)		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual	<input type="checkbox"/> Flood	Other Branded Title State _____	MCY C.C.      Mobile Home Sq. Ft.      Rental      Leased
		<input type="checkbox"/> In Excess of Mechanical Limits	Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required)		
		<input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Yes <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) <b>0</b> For Hire <input type="checkbox"/> # of Axles <b>0</b>		
10. Surrender Title Number and State <b>#22158409051</b>		State: <b>IL</b>		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 <b>BMO HARRIS BANK NA</b>				Name _____	
Street Address <b>PO BOX 35707</b>				Street Address _____	
City <b>BILLINGS</b>		State <b>MT</b>	ZIP <b>59107</b>	City _____ State _____ ZIP _____	
17. TRANSFER INFORMATION				18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model			Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b>	
VIN _____				Street Address <b>96 BISSEL ST UNIT B</b>	
19. BENEFICIARY				City _____ State _____ ZIP _____	
Name _____				JOLIET IL 60540	
Street Address _____				20. REASON FOR REPLACEMENT PLATES/STICKER	
City _____				<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE				24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.				TRP NUMBER <b>616692083</b> Tax Form Number	
				\$204.00 Circle Quarter: 1st    2nd    3rd    4th	
				Auditor Comments: <b>A1004</b>	
22. Daytime Phone Number (optional) <b>708-965-4444</b>					
23. Signature(s)				<b>SIGN HERE</b>	
2.				<b>SIGN HERE</b>	
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.					
06/17/2022 VF@JXJ					

OFFICE USE ONLY

Verified by CRT  ID  REMITTER/DRIVER SERVICES FACILITY STAMP:

06/17/2022

VF@JXJ

## **EXPEDITED TITLE**

**CUSTOMER RECEIPT**

Date: \_\_\_\_\_

Control #

**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		JDEA06/17/22:01:4537: 204.00 CK01 093083ST ETR 00/00 <b>FOR DEPOSIT ONLY</b>						
<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 <b>ST SEMI TRAILER</b>								
		4. Exp. Month _____ Year _____								
5. OWNER INFORMATION										
First _____ Last _____ Middle _____ <b>ALFA PRIME LLC</b> First _____ Last _____ Middle _____ Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b> City <b>NAPERVILLE</b> STATE <b>IL</b> ZIP <b>60540</b>										
 6229641138/		6. Owner 1 DL/FEIN # _____								
		Owner 2 DL/FEIN # _____								
7. VEHICLE INFORMATION										
Vehicle Identification Number (VIN) <b>5V8VA5322PM301804</b>			VIN Second Stage Info.							
8. Purchase Date 06/15/2022 Month Day Year	New <input type="checkbox"/>	Used <input checked="" type="checkbox"/>	Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>					
9. Current Odometer Reading (No Tents)	<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)		Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>	Other Branded Title _____ State _____	MCY C.C. <input type="checkbox"/>	Mobile Home Sq. Ft. _____	Rental <input type="checkbox"/>	Leased <input type="checkbox"/>	
10. Surrender Title Number and State <b>#22158409050</b>	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) <b>0</b>	For Hire <input type="checkbox"/>	# of Axles <b>0</b>		
11. File Number	12. Unit Number									
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)					14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)					
Name _____ Street Address _____ City _____ State _____ ZIP _____					Insurance Company Name <i>(Do not list agent)</i> Policy Number _____ Expiration Date _____					
15. FIRST LIENHOLDER Name <b>BMO HARRIS BANK NA</b> Street Address <b>PO BOX 35707</b> City <b>BILLINGS</b> State <b>MT</b> ZIP <b>59107</b>					16. SECOND LIENHOLDER Name _____ Street Address _____					
17. TRANSFER INFORMATION Year _____ Make/Model _____ VIN _____					18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b> Street Address <b>96 BISSEL ST UNIT B</b>					
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"/> Respacing					
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE <i>State all reasons for corrections or duplication.</i>					24. AUDITOR'S USE ONLY TRP NUMBER <b>\$204.00</b> Tax Form Number <b>616692083</b> Circle Quarter: 1st    2nd    3rd    4th					
					Auditor Comments: <b>A1005</b>					
22. Daytime Phone Number (optional) <b>708-965-4444</b>										
23. Signature(s) <b>SIGN HERE</b> 1. <b>SIGN HERE</b> 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.					06/17/2022      VF@JXJ					
OFFICE USE ONLY		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/>		REMITTER/DRIVER SERVICES FACILITY STAMP:						
<b>6229641138</b>					<b>EXPEDITED TITLE</b> <b>CUSTOMER RECEIPT</b>					
					Date: _____					
					Control # _____					

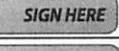
**ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)**

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

1. Type of transaction(s):		2. Current Plate Number		3. Plate Type Requested <b>ST SEMI TRAILER</b> 4. Exp. Month _____ Year _____		JOEA06/17/22:01:4536: 204.00 CK01 893082ST ETR 00/00 <b>FOR DEPOSIT ONLY</b>		
<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:		5. <b>OWNER INFORMATION</b> First _____ Last _____ Middle _____ <b>ALFA PRIME LLC</b> First _____ Last _____ Middle _____ Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b> City <b>NAPERVILLE</b> STATE <b>IL</b> ZIP <b>60540</b>						
		 6229641344/		6. Owner 1 DL/FEIN # _____ Owner 2 DL/FEIN # _____				
8. Purchase Date		New <input type="checkbox"/> 06/15/2022 Used <input checked="" type="checkbox"/> Month Day Year		7. <b>VEHICLE INFORMATION</b> Vehicle Identification Number (VIN) <b>5V8VA5324PM301805</b>		VIN Second Stage Info.		
		Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>	Body Style <b>SEMI TLR</b>	Color <b>WHI / WHI</b>		
9. Current Odometer Reading (No Tenths)		<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)	Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>	Other Branded Title <input type="checkbox"/> State _____	<input type="checkbox"/> MCY C.C. Gross Weight (RV, RT, TRK, BUS, TRLR) <b>0</b>	Rental <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles <b>0</b>	Leased <input type="checkbox"/>
10. Surrender Title Number and State <b>#22158409049</b>		State: <b>IL</b>		11. File Number	12. Unit Number			
13. <b>MAIL TITLE TO</b> (IF DIFFERENT THAN ABOVE)				14. <b>VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b>				
Name _____ Street Address _____ City _____ State _____ ZIP _____				Insurance Company Name <i>(Do not list agent)</i> Policy Number Expiration Date				
15. <b>FIRST LIENHOLDER</b>				16. <b>SECOND LIENHOLDER</b>				
Name _____ Street Address _____ PO BOX 35707				Name _____ Street Address _____				
City <b>BILLINGS</b> State <b>MT</b> ZIP <b>59107</b>				City _____ State _____ ZIP _____				
17. <b>TRANSFER INFORMATION</b>				18. <b>SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b>				
Year	Make/Model			Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b> Street Address <b>96 BISSEL ST UNIT B</b>				
VIN								
19. <b>BENEFICIARY</b>				20. <b>REASON FOR REPLACEMENT PLATES/STICKER</b>				
Name _____ Street Address _____ City _____ State/Country _____ ZIP _____				<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing				
21. <b>REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b>				24. <b>AUDITOR'S USE ONLY</b>				
<i>State all reasons for corrections or duplication.</i>				TRP NUMBER <b>\$204.00</b> Circle Quarter: 1st   2nd   3rd   4th		Tax Form Number <b>616692083</b> Auditor Comments: <b>A1006</b>		
22. Daytime Phone Number (optional) <b>708-965-4444</b>				25. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				
23. Signature(s)				<b>SIGN HERE</b> <b>SIGN HERE</b>				
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.								
3. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				4. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				
Office Use Only				5. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				
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298. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				299. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				
300. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				301. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				
302. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				303. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				
304. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				305. <b>REMITTER/DRIVER SERVICES FACILITY STAMP:</b>				

**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		<p style="text-align: right;">JOEA06/17/22:01:4535: 204.00 CK 890750ST ETR 00/00 <b>FOR DEPOSIT ONLY</b></p>					
<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 <b>ST SEMI TRAILER</b>							
		4. Exp. Month	Year						
		<b>OWNER INFORMATION</b>							
		First	Last	Middle					
		<b>ALFA PRIME LLC</b>							
		First	Last	Middle					
		Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b>							
		City <b>NAPERVILLE</b>	STATE <b>IL</b>	ZIP <b>60540</b>					
		 <b>6229641451/</b>		6. Owner 1 DL/FEIN #  Owner 2 DL/FEIN #					
		<b>VEHICLE INFORMATION</b>							
		Vehicle Identification Number (VIN) <b>5V8VA5326PM301806</b>		VIN Second Stage Info.					
8. Purchase Date 06/15/2022 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>	Body Style <b>SEMI TLR</b>	Color <b>WHI / WHI</b>		
9. Current Odometer Reading (No Tenths)		<input type="checkbox"/> Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>	Other Branded Title State _____	<input type="checkbox"/> MCY C.C. <input type="checkbox"/>	Mobile Home Sq. Ft.	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) <b>0</b>	For Hire <input type="checkbox"/>	# of Axles <b>0</b>	
10. Surrender Title Number and State <b>#22158409048</b>		State: <b>IL</b>		11. File Number		12. Unit Number			
13. <b>MAIL TITLE TO (IF DIFFERENT THAN ABOVE)</b>				14. <b>VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b>					
Name				Insurance Company Name (Do not list agent)					
Street Address				Policy Number					
City State ZIP				Expiration Date					
15. <b>FIRST LIENHOLDER</b>				16. <b>SECOND LIENHOLDER</b>					
Name <b>BMO HARRIS BANK NA</b>				Name					
Street Address <b>PO BOX 35707</b>				Street Address					
City State ZIP <b>BILLINGS MT 59107</b>				City State ZIP					
17. <b>TRANSFER INFORMATION</b>				18. <b>SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b>					
Year	Make/Model			Name Dealer # <b>INFINITY TRUCK SALES INC DL5473</b>					
VIN							Street Address <b>96 BISSEL ST UNIT B</b>		
19. <b>BENEFICIARY</b>							City State ZIP <b>JOLIET IL 60540</b>		
Name							20. <b>REASON FOR REPLACEMENT PLATES/STICKER</b>		
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/County ZIP							24. <b>AUDITOR'S USE ONLY</b>		
21. <b>REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b>							TRP NUMBER Tax Form Number <b>616692083</b>		
State all reasons for corrections or duplication.							\$204.00 Circle Quarter: 1st   2nd   3rd   4th		
22. Daytime Phone Number (optional) <b>708-965-4444</b>							Auditor Comments:		
23. Signature(s)							<b>A1007</b>		
<p style="text-align: center;">1. </p> <p style="text-align: center;">2. </p> <p>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.</p> <p>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.</p>									
							06/17/2022 VF@JXJ		

OFFICE USE ONLY

Verified by CRT  I.D.  REMITTER/DRIVER SERVICES FACILITY STAMP:

6229641451

## **EXPEDITED TITLE**

## **CUSTOMER RECEIPT**

Date: \_\_\_\_\_

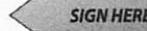
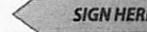
**ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)**

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

1. Type of transaction(s):		2. Current Plate Number	
<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 <b>ST SEMI TRAILER</b> 4. Exp. Month _____ Year _____	
5. OWNER INFORMATION			
First _____ Last _____ Middle _____ <b>ALFA PRIME LLC</b>			
First _____ Last _____ Middle _____ Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b>			
City <b>NAPERVILLE</b>		STATE <b>IL</b>	ZIP 60540
 <b>6229641477/</b>		6. Owner 1 DL/FEIN # _____ Owner 2 DL/FEIN # _____	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN) <b>5V8VA5328PM301807</b>		VIN Second Stage Info. _____	
8. Purchase Date New <input type="checkbox"/> Used <input checked="" type="checkbox"/> 06/15/2022 Month Day Year 2023		Year Make Model Body Style Color <b>VAN GUARD DRY VAN SEMI TLR WHI / WHI</b>	
9. Current Odometer Reading <i>(No Tenths)</i> <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)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/>	Other Branded Title <input type="checkbox"/> State _____
		Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>	
10. Surrender Title Number and State <b>#22158409047</b> State: <b>IL</b>		11. File Number _____	
12. Unit Number _____			
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name _____ Street Address _____ City _____ State _____ ZIP _____		Insurance Company Name <i>(Do not list agent)</i> Policy Number Expiration Date	
15. FIRST LIENHOLDER Name <b>BMO HARRIS BANK NA</b> Street Address <b>PO BOX 35707</b>		16. SECOND LIENHOLDER Name Street Address	
City <b>BILLINGS</b> State <b>MT</b> ZIP <b>59107</b>		City _____ State _____ ZIP _____	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b> Street Address <b>96 BISSEL ST UNIT B</b>	
VIN		City <b>JOLIET</b> State <b>IL</b> ZIP <b>60540</b>	
19. BENEFICIARY		20. REASON FOR REPLACEMENT PLATES/STICKER	
Name _____ Street Address _____ City _____ State/Country _____ ZIP _____		Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing Circle Quarter: 1st    2nd    3rd    4th	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication. _____		TRP NUMBER <b>616692083</b>	Tax Form Number <b>616692083</b> Auditor Comments: <b>A1008</b>
22. Daytime Phone Number (optional) <b>708-965-4444</b>		\$204.00 Circle Quarter: 1st    2nd    3rd    4th	
23. Signature(s) _____		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.	
1. _____		06/17/2022      VF@JXJ	
2. _____		EXPEDITED TITLE <b>CUSTOMER RECEIPT</b> Date: _____	
OFFICE USE ONLY 6229641477		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:	
Control # _____			

**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		3. Plate Type Requested <b>ST SEMI TRAILER</b>		4. Exp. Month _____ Year _____		JOEA06/17/22:01:4541: 204.00 DK01 893087ST ETR 00/00 <b>FOR DEPOSIT ONLY</b>	
<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:				5. <b>OWNER INFORMATION</b>					
		First _____ Last _____ Middle _____		ALFA PRIME LLC					
		First _____ Last _____ Middle _____							
		Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b>							
		City <b>NAPERVILLE</b>		STATE <b>IL</b>		ZIP <b>60540</b>			
		 <b>6229640924/</b>		6. Owner 1 DL/FEIN #					
				Owner 2 DL/FEIN #					
8. Purchase Date		New <input type="checkbox"/>	Used <input checked="" type="checkbox"/>	7. <b>VEHICLE INFORMATION</b>					
06/15/2022		Month Day Year	Year <b>2023</b>	Make <b>VAN GUARD</b>	Model <b>DRY VAN</b>	Body Style <b>SEMI TLR</b>	Color <b>WHI / WHI</b>		
9. Current Odometer Reading (No Tenths)		<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)	Rebuilt <input type="checkbox"/> <input type="checkbox"/> Flood	Other Branded Title _____ State _____	MCY C.C. _____	Mobile Home Sq. Ft. _____	Rental <input type="checkbox"/> <input type="checkbox"/> Leased		
			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) <b>0</b>	For Hire <input type="checkbox"/>	# of Axles <b>0</b>	
10. Surrender Title Number and State <b>#22158409045</b>		State: <b>IL</b>		11. File Number		12. Unit Number			
13. <b>MAIL TITLE TO (IF DIFFERENT THAN ABOVE)</b>				14. <b>VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b>					
Name _____				Insurance Company Name (Do not list agent) _____					
Street Address _____				Policy Number _____					
City _____ State _____ ZIP _____				Expiration Date _____					
15. <b>FIRST LIENHOLDER</b>				16. <b>SECOND LIENHOLDER</b>					
Name <b>BMO HARRIS BANK NA</b>				Name _____					
Street Address <b>PO BOX 35707</b>				Street Address _____					
City <b>BILLINGS</b> State <b>MT</b> ZIP <b>59107</b>				City _____ State _____ ZIP _____					
17. <b>TRANSFER INFORMATION</b>				18. <b>SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b>					
Year <input type="checkbox"/>	Make/Model _____			Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b>					
VIN _____				Street Address <b>96 BISSEL ST UNIT B</b>					
19. <b>BENEFICIARY</b>				City <b>JOLIET</b> State <b>IL</b> ZIP <b>60540</b>					
Name _____				Street Address _____					
Street Address _____				20. <b>REASON FOR REPLACEMENT PLATES/STICKER</b>					
City _____ State/Country _____ ZIP _____				<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacng					
21. <b>REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b>				24. <b>AUDITOR'S USE ONLY</b>					
State all reasons for corrections or duplication.				TRP NUMBER <b>616692083</b> Tax Form Number <b>\$204.00</b> Circle Quarter: 1st    2nd    3rd    4th					
22. Daytime Phone Number (optional) <b>708-965-4444</b>				Auditor Comments:  <b>A1009</b>					
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.				06/17/2022 VF@JXJ					

OFFICE USE ONLY

 Verified by CRT  I.D.  REMITTER/DRIVER SERVICES FACILITY STAMP:

6229640924

**CUSTOMER RECEIPT**
**EXPEDITED TITLE**

Date: \_\_\_\_\_

Control #

**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		JOEA06/17/22:01:4542: 204.00 CK01 893088ST ETR 00/00 <b>FOR DEPOSIT ONLY</b>	
<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 <b>ST SEMI TRAILER</b>			
		4. Exp. Month _____ Year _____			
<b>OWNER INFORMATION</b>					
First _____ Last _____ Middle _____ <b>ALFA PRIME LLC</b> First _____ Last _____ Middle _____ Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b> City <b>NAPERVILLE</b> STATE <b>IL</b> ZIP <b>60540</b>					
 6229640908/		6. Owner 1 DL/FEIN # _____			
		Owner 2 DL/FEIN # _____			
<b>VEHICLE INFORMATION</b>					
8. Purchase Date 06/15/2022 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/> Year <b>2023</b> Make <b>VAN GUARD</b> Model <b>DRY VAN</b>		Vehicle Identification Number (VIN) <b>5V8VA5321PM301809</b> VIN Second Stage Info.	
9. Current Odometer Reading (No Tents)		<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)		Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>
				Other Branded Title _____ State _____	
				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) <b>0</b>	For Hire <input type="checkbox"/> # of Axles <b>0</b>
10. Surrender Title Number and State <b>#22158409046</b>		State <b>IL</b>		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 <b>BMO HARRIS BANK NA</b>				Name _____	
Street Address <b>PO BOX 35707</b>				Street Address _____	
City <b>BILLINGS</b> State <b>MT</b> ZIP <b>59107</b>				City _____ State _____ ZIP _____	
17. TRANSFER INFORMATION					
Year _____	Make/Model _____	18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)			
		Name <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b> Street Address <b>96 BISSEL ST UNIT B</b>			
VIN _____					
19. BENEFICIARY					
Name _____		City <b>JOLIET</b> State <b>IL</b> ZIP <b>60540</b>			
Street Address _____		20. REASON FOR REPLACEMENT PLATES/STICKER			
City _____ State/Country _____ ZIP _____		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing			
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY			
State all reasons for corrections or duplication.		TRP NUMBER <b>\$204.00</b> Tax Form Number <b>616692083</b> Circle Quarter: 1st    2nd    3rd    4th			
22. Daytime Phone Number (optional) <b>708-965-4444</b>		Auditor Comments:  <b>A1010</b>			
23. Signature(s)		<div style="text-align: center;"> <b>SIGN HERE</b> </div>			
1.		<div style="text-align: center;"> <b>SIGN HERE</b> </div>			
2.		<p>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.</p> <p>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.</p>			
		06/17/2022 VF@JXJ			

OFFICE USE ONLY

 Verified by CRT  I.D.  REMITTER/DRIVER SERVICES FACILITY STAMP:

6229640908

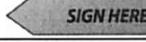
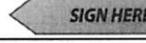
**EXPEDITED TITLE**
**CUSTOMER RECEIPT**

Date: \_\_\_\_\_

Control #

**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	
<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 <b>ST SEMI TRAILER</b> 4. Exp. Month _____ Year _____ 5. <b>OWNER INFORMATION</b> First _____ Last _____ Middle _____ ALFA PRIME LLC First _____ Last _____ Middle _____ Residence/Business Street Address <b>819 BEAUMONT DRIVE APT 106</b> City <b>NAPERVILLE</b> STATE <b>IL</b> ZIP <b>60540</b>  6. Owner 1 DL/FEIN # 6229640958/ Owner 2 DL/FEIN #	
		7. <b>VEHICLE INFORMATION</b> Vehicle Identification Number (VIN) <b>5V8VA5329PM301850</b> VIN Second Stage Info.	
8. Purchase Date New <input type="checkbox"/> 06/15/2022 Month Day Year Used <input checked="" type="checkbox"/> 2023		Year <b>2023</b> Make <b>VAN GUARD</b> Model <b>DRY VAN</b> Body Style <b>SEMI TLR</b> Color <b>WHI / WHI</b>	
9. Current Odometer Reading <i>(No Tenths)</i> <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)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> State _____	Other Branded Title <input type="checkbox"/> MCY C.C. _____ Mobile Home Sq. Ft. _____ Rental <input type="checkbox"/> Leased <input type="checkbox"/>
		Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input checked="" type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) <b>0</b> For Hire <input type="checkbox"/> # of Axles <b>0</b>	
10. Surrender Title Number and State <b>#22158409044</b> State: <b>IL</b>		11. File Number _____ 12. Unit Number _____	
13. <b>MAIL TITLE TO (IF DIFFERENT THAN ABOVE)</b>		14. <b>VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b>	
Name _____ Street Address _____ City _____ State _____ ZIP _____		Insurance Company Name <i>(Do not list agent)</i> Policy Number _____ Expiration Date _____	
15. <b>FIRST LIENHOLDER</b> Name: <b>BMO HARRIS BANK NA</b> Street Address: <b>PO BOX 35707</b> City: <b>BILLINGS</b> State: <b>MT</b> ZIP: <b>59107</b>		16. <b>SECOND LIENHOLDER</b> Name: _____ Street Address: _____	
17. <b>TRANSFER INFORMATION</b> Year _____ Make/Model _____ VIN _____		18. <b>SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b> Name: <b>INFINITY TRUCK SALES INC</b> Dealer # <b>DL5473</b> Street Address: <b>96 BISSEL ST UNIT B</b> City: <b>JOLIET</b> State: <b>IL</b> ZIP: <b>60540</b>	
19. <b>BENEFICIARY</b> Name _____ Street Address _____ City _____ State/Country _____ ZIP _____		20. <b>REASON FOR REPLACEMENT PLATES/STICKER</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. <b>REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b> <i>State all reasons for corrections or duplication.</i>		24. <b>AUDITOR'S USE ONLY</b> TRP NUMBER: _____ Tax Form Number: <b>616692083</b> \$ <b>204.00</b> Circle Quarter: 1st    2nd    3rd    4th	
		Auditor Comments: <b>A1011</b>	
22. Daytime Phone Number (optional) <b>708-965-4444</b>			
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:	
<b>6229640958</b>		06/21/2022 VF@MDR	

**CUSTOMER RECEIPT**

Date: \_\_\_\_\_

Control # \_\_\_\_\_

**EXPEDITED TITLE**