

**STATE OF MAINE**

LT 09/07/2022 02:10 PM 44005#375096 60.00 caw

## LONG TERM SEMI-TRAILER REGISTRATION

MAINE RE-REGISTRATION?  YES  NO

A1029

|                    |                                                              |        |                   |                        |
|--------------------|--------------------------------------------------------------|--------|-------------------|------------------------|
| MAKE<br>VANR       | YEAR<br>2023                                                 | UNIT # | COLOR             | TLR<br>30-34884        |
| STYLE<br>SE        | Vehicle Identification No. (Serial No.)<br>5V8VC5322PM301702 |        |                   | TITLE STATE<br>AY48821 |
| NAME               | ALFA PRIME LLC                                               |        |                   |                        |
| MAILING<br>ADDRESS | 819 BEAUMONT DRIVE APT 106                                   |        |                   |                        |
|                    | NAPERVILLE                                                   | IL     | ZIP CODE<br>60540 |                        |
| LEGAL<br>RESIDENCE | MAINE TRAILER ME 44005                                       |        |                   |                        |
| 09/07/2022         |                                                              |        |                   |                        |

MVRT-10E 07/2015

Start Year: 2022

Expires 02/28/2027

REGISTRATION COPY

UPON THE TRANSFER OF OWNERSHIP OF THE VEHICLE DESCRIBED HEREIN, THIS  
REGISTRATION EXPIRES, AND THE PERSON TO WHOM THIS CERTIFICATE WAS ISSUED  
MUST REMOVE THE PLATES AND FILL IN THE BLANKS BELOW AND PRESENT TO  
THE REGISTRATION OFFICE UPON MAKING TRANSFER OR FORWARD THIS CERTIFICATE TO  
THE SECRETARY OF STATE, 29 STATE HOUSE STATION, AUGUSTA, MAINE 04333.

DEAR SIR: I HEREBY REPORT THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED IN  
THIS CERTIFICATE HAS BEEN:

RETAINED  TRANSFERRED  JUNKED  ABANDONED  LOST BY FIRE, THEFT OR ACCIDENT

TRANSFERRED TO:

NAME \_\_\_\_\_

STREET AND NUMBER \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_

DATE TRANSFERRED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_