

STATE OF MINNESOTA CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

VEHICLE IDENTIFICATION NUMBER 1XKZP4EX1GJ101640	YEAR 16	MAKE KW	MODEL/BODY TR CON	TITLE NUMBER 00M4ZSZ-1
DATE ISSUED 08/07/18	ODOMETER N/REQD	TAX BASE 080000	CODE 25	PLATE NUMBER PAP2617
EXP 02				CENTRAL OFFICE USE ONLY

FIRST SECURED PARTY DOB
05/30/18

OWNER
Q3 CONTRACTING INC

120384

TEXAS CAPITAL BANK NA
**2350 LAKESIDE BLVD STE 605
RICHARDSON TX 75082**

**3066 SPRUCE ST
LITTLE CANADA MN 55117**

TOTAL LIENS **1**



Z

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 _____ (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 IN EXCESS OF 80 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:

SELLER'S PRINTED NAME(S)	DATE OF SALE	BUYER'S PRINTED NAME(S)
X SELLER'S ADDRESS	DEALER'S LICENSE #	BUYER'S ADDRESS
SELLER'S SIGNATURE(S)		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 type="checkbox"/> YES (IF YES, COMPLETE SECTION BELOW)					
FIRST SECURED PARTY'S NAME (PRINT NAME)			DATE OF SECURITY AGREEMENT	FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017	
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				MINNESOTA COUNTY OR OTHER STATE WHERE VEHICLE IS KEPT	

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

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE 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 55101-5187
PHONE 651-297-2126 TTY 651-282-6555
dvs.dps.mn.gov



PS2700-19

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

SELLER'S NOTICE OF SALE

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety *within 10 days*. Please file this information over the internet at dvs.dps.mn.gov, call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187

TITLE NUMBER **00M4ZSZ-1**

VIN **1XKZP4EX1GJ101640**

MINNESOTA MOTOR VEHICLE REGISTRATION
YR MK MDL VIN
16 KW TR CON 1XKZP4EX1GJ101640
PLATE # STICKER # TAX EXP
PAP2617 W0440406 02/28/19
GROSS VEHICLE WEIGHT/BASE VALUE **080000**
RECORDED OWNER(S)
Q3 CONTRACTING INC

**3066 SPRUCE ST
LITTLE CANADA MN 55117**

CONTRQ
NUMBER

09013024

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SALES TAX DECLARATION AND FEES

FULL PURCHASE PRICE \$
LESS TRADE-IN ALLOWANCE
NET PURCHASE PRICE
% OF NET PURCHASE PRICE
LESS TAX PAID TO ANOTHER STATE
NET SALES TAX DUE \$

Table with columns for tax/fee name, amount, and subtotal. Rows include REGISTRATION TAX, PLATE FEE, ARREARS TAX, PSV FEE, TRANSFER TAX, TITLE/TRANSFER FEE, SALES TAX, LATE TRANSFER PENALTY, SUBTOTAL, STATE/DEPUTY FILING FEE, and TOTAL DUE.

TRADE-IN WAS A: MODEL YEAR MAKE PLATE OR VEHICLE IDENTIFICATION NUMBER

I DECLARE THIS TAX EXEMPTION CODE: Minnesota Dealer's License Number, Minnesota Sales Tax Account Number, Internal Revenue Code Number (IRC), IRP Acct Number, If Leased, Lessee MCDP Number

AUTO INSURANCE COMPANY: POLICY NO.: EXP. DATE:

REASSIGNMENT BY LICENSED DEALER ONLY

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

ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW READS (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 IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

SELLER'S PRINTED NAME(S) DATE OF SALE BUYER'S PRINTED NAME(S)
SELLER'S ADDRESS DEALER'S LICENSE # BUYER'S ADDRESS
SELLER'S SIGNATURE(S) BUYER'S SIGNATURE(S)

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

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DRIVER AND VEHICLE SERVICES DIVISION
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PHONE 651-297-2126 TTY 651-282-6555

dvs.dps.mn.gov

FOR YOUR PROTECTION

UPON THE SALE OF A VEHICLE TO A PRIVATE PARTY, IT IS RECOMMENDED THAT THE SELLER AND BUYER TAKE THE COMPLETED TRANSFER TO A DEPUTY REGISTRAR.

SELLER'S NOTICE OF SALE

Date of Sale Minnesota Purchaser's Driver License Number
Purchaser's Full Name Date of Birth
Street Address
City County State Zip Code

120384

Minnesota Department of Public Safety
Driver and Vehicle Services

445 Minnesota St, St Paul, MN 55101

Web: dvs.dps.mn.gov Phone: 651.297.2126

TTY for hearing impaired customers: 651.282.6555

Pre-Sorted
First-Class Mail
U.S. POSTAGE
PAID
Permit No. 171
Twin Cities MN

PS2701-09

Notification of Lien Perfection

Retain this document – See reverse side of this form for removing this lien.

Plate No.	Make	Title No.	VIN
PAP2617	KW	00M4ZSZ-1	1XKZP4EX1GJ101640
Model Yr.	Model	Security Date	
16	TRCON	05/30/18	

LIEN HOLDER
1ST SECURED PARTY

Q3 CONTRACTING INC
3066 SPRUCE ST
LITTLE CANADA MN 55117



T32 P2 *****AUTO**MIXED AADC 550
TEXAS CAPITAL BANK NA
2350 LAKESIDE BLVD STE 605
RICHARDSON TX 75082-4340



**STATE OF MINNESOTA
CERTIFICATE OF LIEN RELEASE
TO A MOTOR VEHICLE**

This security interest is hereby released on 4/1/2022
Date

Texas Capital Bank

X Christy Thompson, agent credit delivery analyst
Signature of Authorized Agent Title

IMPORTANT – DO NOT DESTROY

This Certificate of Lien Release must be attached to the original Certificate of Title to establish clear ownership.