STATE OF MINNESOTA
CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

Vehicle Identification Number	Year	Make	Model	Body	Title Issue Date	Title Number
3HSDJAPR3GN403214	2016	INTL	999	DS	Oct 15, 2026	18353625-2

Odometer	Condition	Acquisition Date	
Engine Number N/REQD	USED	Jul 15, 2021	Total Liens 0

NO SECURITY INTERESTS

OWNER - 1 TOTAL

MIDWAY TRUCKING LLC

OWNER ADDRESS

MIDWAY TRUCKING LLC
620 CEDAR AVE S APT 811
MINNEAPOLIS MN 55454-1228

This duplicate title may be subject to the rights of a person under the original certificate.

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)? ☐ NO ☐ 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:

CONTROL NUMBER

00043442856

DUPLICATE TITLE

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 *within10 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

VIN 3HSDJAPR3GN403214 Title Number 18353625-2

PS2700-21

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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	$

REGISTRATION TAX	$	
PLATE FEE		
ARREARS TAX		
PSV FEE		
TRANSFER TAX		
TITLE/TRANSFER FEE		
SALES TAX		
LATE TRANSFER PENALTY		
SUBTOTAL	$	
STATE/DEPUTY FILING FEE		
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):

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SELLER'S PRINTED NAME(S) _____ DATE OF SALE / / _____ BUYER'S PRINTED NAME(S)

SELLER'S ADDRESS _____ DEALER'S LICENSE # _____ BUYER'S ADDRESS

X _____ SELLER'S SIGNATURE(S) X _____ BUYER'S SIGNATURE(S)

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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

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** _____