

**OFFICIAL
CONNECTICUT
REGISTRATION
CERTIFICATE**

VOID UNLESS
VALIDATED
HERE BY
CONNECTICUT
DMV



01. NEW 75.00
CLN AIR 4.25
CLN AIR 5.75
SAFETY PLT 5.00
TITLE 25.00
INSP, ADFFEE 10.00
SLS TAX 769.50

06/11/11 122 121 349 2267 0019 894.50
138YSK

NEW REGISTRATION Clk: 121 Stp: 349
CL/SC: 01 Eff Date: 06/11/11
Marker/VIN: 138YSK Name: GRD
Expiration Date: 06/11/2013
Sales Tax (NADA): 12825.00
Fee: 01. NEW 75.00 001/001
Fee: CLN AIR 4.25 004/048
Fee: CLN AIR 5.75 004/016
Fee: SAFETY PLT 5.00 002/057
Fee: TITLE 25.00 007/001
Fee: INSP, ADFFEE 10.00 009/014
Fee: SLS TAX 769.50 000/009

K	OWNER'S SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	OWNER'S BIRTHDATE [REDACTED]	OWNER'S LICENSE NO. OR ID [REDACTED]	STATE CT
	CT RESIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENT ADDRESS (If Different from Mailing Address - PO Box is NOT acceptable)		
(Zip Code) 06840	IF CO-OWNERSHIP <input type="checkbox"/> JOINT/OR - Requires ONLY ONE signature to transfer ownership		<input type="checkbox"/> COMMON/AND - Requires ALL signatures to transfer ownership	
	CO-OWNER'S SEX <input type="checkbox"/> M <input type="checkbox"/> F	CO-OWNER'S BIRTHDATE	CO-OWNER'S LICENSE NO. OR ID	STATE

I, the owner of five (5) or more vehicles that are registered in my name, either individually or jointly; (2) I do not have a license to sell, repair, recycle, lease or rent motor vehicles. YES INITIALS

THE NORMAL COURSE OF OPERATION MOST FREQUENTLY LEAVES FROM, RETURNS TO OR REMAINS (For property tax)

(If vehicle is leased)	LESSEE OPERATOR LICENSE NO.	CONNECTICUT LEASING LICENSE NO.
Number and Street	(City or Town)	(State) (Zip Code)

YEAR 2482	MAKE 2004 MERC	MODEL NAME OR NO. E320	BODY STYLE (4-Dr. Sedan, etc.) 4DR SEDAN
COLOR (Maximum of Two) GREEN	ODOMETER READING (Mileage) 60930	NEW OR USED <input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED	COMMERCIAL USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FOR E VEHICLE	SEAT CAPACITY 3	NO. STANDEES 1	CARRY SCHOOL CHILDREN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WT. RATING	HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INTERSTATE COMMERCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TRAILERS - Rear lights required. Brakes required if 3,000 lbs. or more GVWR. Length of vehicle & trailer combined must be in accordance with CGS 14-262.

CURRENT OWNER	DATE OF LIEN	SECOND LIEN-HOLDER (If Any)	DATE OF SECOND LIEN
ADDRESS OF LIEN-HOLDER		ADDRESS OF SECOND LIEN-HOLDER	

AUTO INSURANCE	INSURANCE COMPANY NAME (Not Agent) GEICO	AUTOMOBILE INSURANCE POLICY NO. 0119-54-06-31
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NAME OF SELLER(S) (If 2 owners, include both names) JEFFREY EPSTEIN O/NES LLC	DATE VEHICLE PURCHASED OCT 2003
SELLER'S ADDRESS 9 EAST 71ST ST. NY NY 10021	PURCHASE PRICE (Bill of Sale required) 8150

IF TAX EXEMPTION IS CLAIMED	READ REVERSE SIDE OF THIS FORM, SPECIFY CODE AND ANY ADDITIONAL INFORMATION.	CODE NO.	EXEMPTION INFORMATION (If leased vehicle lessor tax number if applicable)
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IDENTIFICATION NUMBER OF TRADED-IN VEHICLE	YEAR	MAKE	CT DEALER LIC. NO.	CT SALES TAX PERMIT NO.
TOTAL SALES PRICE	TRADE-IN ALLOWANCE	NET SALES PRICE	STATE TAX COLLECTED	DEALER SIGNATURE X
DATE SIGNED				

The undersigned certifies that there are no liens on this vehicle except those specified above, the insurance required by Connecticut law is in effect and will be maintained during this registration period, all property taxes due any CT Taxing Authority for any vehicle previously registered in my/our name(s) have been paid, if other than Passenger registration this vehicle is registered in accordance with Manufacturer's Maximum Gross Vehicle Weight Rating. The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

OWNER'S SIGNATURE X [Signature]	DATE SIGNED 6-11-11	CO-OWNER'S SIGNATURE X	DATE SIGNED
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DMV OFFICE USE ONLY

C.C.	S.C.	TYPE OF REGISTRATION PASS	MARKER PLATE NO.
PRIOR TITLE STATE NY	PRIOR TITLE NUMBER 1956915	EXPIRATION DATE	TAX TOWN 090
TAXABLE PRICE 12,825	HIGHEST FEE PAID	RESTRICTION CODE	

TAXABLE. NY 27 OK

1/4 M1>
2267/4318607 11Jun11 11:23AM 894.50
#00198
1 ITEMS: TOTAL 894.50
894.50 Plastic PD

(If vehicle purchase was financed)

AUTO INSURANCE

6. SELLER(S)

TAX EXEMPTION

8. DEALER TRANSACTION

9. OWNER'S SIGNATURE