

01-22-N11B-3113

9/26/88
pdg

BOAT MATE TRAILERS, INC.

Dry Gap Pike / Knoxville, TN 37918 / 615-688-4390

1 pg.

ORIGINAL

September 21, 1988

National Highway Safety Administration
400 7th Street S.W.
Room 5307
Washington, D.C. 20590

SEP 28 04:19

Attention: Patty Gardener

Re: Serial numbers

Dear Ms. Gardener,

Per our conversation on this date our new numbers for the following positions are as listed:

- 1B9/161
- 10th position will be K for 1989 year model
- 15-17 position will be 161 starting with 001

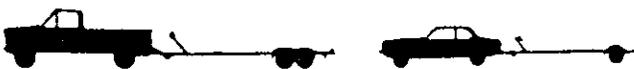
This is an update to the original submission.

Thank you for your service on this if there should be any questions please contact me.

Sincerely,

Lisa Barnes, Office Manager

Quality trailers



with proven performance

01-22-N11B-3114

B a/p 2/88 rdy

P Piona Manufacturing, Inc.
M 2829 So. Hwy. 99 - Frontage Road
F Stockton, California 95205
(209) 946-0188

2 pgs. ORIGINAL

August 1, 1988

Administrator
National Highway Traffic
Safety Administration
400 Seventh Street
S.W. Washington, DC 20590

ATTN: Vin Co-Ordinator

0103128 14:03

Dear Sir or Madam:

This is to notify you of a new VIN number:

1P9FOT228JS045029

They stand for the following:

- F = Flatbed
- 0 = Unused
- T = Transfer
- 2 = 24' long
- 2 = Double Axle
- S = Stockton

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Nancy Burns
Nancy Burns

MANUFACTURER CERTIFICATE OF ORIGIN

USE

MOBILE HOME

COMMERCIAL COACH

_____ SFD (SINGLE FAMILY DWELLING)

_____ OCCUPANCY GROUP

_____ MFD (MULTIPLE FAMILY DWELLING)

_____ NUMBER OF TRANSPORTABLE SECTIONS

MANUFACTURER NAME Piona Manufacturing, Inc.

MANUFACTURER LICENSE NUMBER 7296721 B

MANUFACTURER ADDRESS 2829 So. Hwy 99, Frontage Road, Stockton, CA 95205
CITY STATE ZIP

MANUFACTURER TRADE NAME Piona Manufacturing, Inc.

MODEL NAME /or NUMBER Transfer Trailer

DATE OF MANUFACTURE 8-1-88

DATE OF TRANSFER OF OWNERSHIP _____ TO _____
MO. DY. YR. DEALER LICENSE NO.

DEALER NAME _____

DEALER ADDRESS _____
CITY STATE ZIP

UNIT (1-6)	MANUFACTURER SERIAL NUMBER	HCD INSIGNIA /or HUD LABEL NUMBER	LENGTH	WIDTH	WEIGHT
1	1P9F0T228JS045029				

TRANSPORTER NAME Piona Manufacturing, Inc.

LICENSE NO. _____

TRANSPORTER ADDRESS 2829 So. Hwy 99, Frontage Road, Stockton, CA 95205
CITY STATE ZIP

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE FACTS ARE TRUE AND CORRECT.

EXECUTED ON 8-1-88 AT Stockton San Joaquin CA
CITY COUNTY STATE

SIGNATURE OF AUTHORIZED AGENT Eward S. Piona

FIRST ASSIGNMENT

For value received, the undersigned hereby transfers this Certificate of Origin and the described unit thereon to

_____ Address _____
and certifies that the unit is new and has not been registered in this or any other state; he also warrants the title of said unit at time of delivery, subject to the liens and encumbrances, if any, as set out below:

NAME OF LIENHOLDER _____

ADDRESS _____ CITY _____ STATE _____

DATE OF TRANSFER _____ MO. _____ DY. _____ YR. _____ CITY _____

TRANSFEROR (FIRM NAME) _____

SIGNATURE OF TRANSFEROR
OR REPRESENTATIVE _____

SECOND ASSIGNMENT

For value received, the undersigned hereby transfers this Certificate of Origin and the described unit thereon to

_____ Address _____
and certifies that the unit is new and has not been registered in this or any other state; he also warrants the title of said unit at time of delivery, subject to the liens and encumbrances, if any, as set out below:

NAME OF LIENHOLDER _____

ADDRESS _____ CITY _____ STATE _____

DATE OF TRANSFER _____ MO. _____ DY. _____ YR. _____ at _____ CITY _____

TRANSFEROR (FIRM NAME) _____

SIGNATURE OF TRANSFEROR
OR REPRESENTATIVE _____

THIRD ASSIGNMENT

For value received, the undersigned hereby transfers this Certificate of Origin and the described unit thereon to

_____ Address _____
and certifies that the unit is new and has not been registered in this or any other state; he also warrants the title of said unit at time of delivery, subject to the liens and encumbrances, if any, as set out below:

NAME OF LIENHOLDER _____

ADDRESS _____ CITY _____ STATE _____

DATE OF TRANSFER _____ MO. _____ DY. _____ YR. _____ at _____ CITY _____

TRANSFEROR (FIRM NAME) _____

SIGNATURE OF TRANSFEROR
OR REPRESENTATIVE _____