vitu

Cover Sheet - OH

Process Date	Transaction Id
09/17/2026	182554403
Titling State	**Military**
OH	N

SMTA614K2STCE6165 2025 TRIUMPH
New Motorcycle

Vehicle Info

Model: STREET TRIPLE RS
Body Type: Motorcycle
GVW: 414
Fuel Type:
Odometer Reading: 5

Sale Information

Purchase Date: 08/14/2026
Sale Type: Purchase
Taxable Selling Price: 2,710.00
MSRP:
List Price:
Trade in Value: 9,370.00

Owner Info

Owner 1 Name: MATTHEW BEUMER
Owner 2 Name:
Registered Address: 10056 SPIRITRIDGE LANE, CINCINNATI, HAMILTON, OH, 45252
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name:
Address:
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title & Registration
Registration Action: New Registration
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to: BEUMER MATTHEW
Phone: (270)765-6477
Mailing Address: 10056 SPIRITRIDGE LANE, CINCINNATI, HAMILTON, OH, 45252

Fee Summary

REGISTRATION FEE	$27.00
LOCAL TAX	$30.00
REFL./CO FEE	$.50
DEPUTY FEE	$8.00
TITLE FEE	$18.00
LATE FEE	$5.00
OH STATE TAX (5.75%)	$155.83
OH COUNTY TAX (1.25%)	$33.87
OH DISTRICT TAX (0.8%)	$21.68
VITU FULL SERVICE FEE	$165.00
OH STATE VARIABLE FEES	$10.00
Total	**$474.88**

RECEIVED
SEP 22 2026
BY:

Submitted By: Tori Smith
Phone: (270)765-6477
Location: Swope Motorsports
Address: 625 E. Jefferson Street, Louisville, Jefferson, KY, 40202

For Vitu use

Pre-Checker Name

Comments / Resolution:

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION

PLATE NO.: PVN51 **REG. DATE:** 08/14/2026 **EXP. DATE:** 05/01/2027 **ISSUE DATE:** 10/02/2026 **APP NO.:** 008124ME
VALIDATION NO.: 705PVN51 **AGENCY:** 7726
OWNER NAME: MATTHEW ROBERT BEUMER **VEHICLE OWNERSHIP:** SINGLE **USER ID:** JC

OWNER ADDR.: 10056 SPIRITRIDGE LN
CITY: CINCINNATI
STATE OH **ZIP:** 45252-1731
TAX DISTRICT: COLERAIN TOWNSHIP
COUNTY: HAMILTON
INSIDE CORP LIMIT: NO
VEHICLE YEAR: 2025
BODY TYPE: MC

VEHICLE CLASS: MOTORCYCLE
ODOMETER READING: 05
MAKE: TRIU

Anatomical donor: Yes. Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law.

STATE FEES: $27.00

CERTIFICATE TITLE NO.: 6703427523
VEH. SERIAL NO.: SMTA614K2STCE6165
PURCHASE DATE: 08/14/2026

PLATE TYPE: SUNRISE IN OHIO
REG TYPE: NEW

SUSPENSION/REVOCATION: NO
PRIOR OPERATION: YES
FEES PAID: NO

LOCAL TAX: $30.00
REFL./CO. FEE: $0.50
DEPUTY FEE: $8.00
TOTAL FEES: $65.50

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- PROOF OF COVERAGE IS REQUIRED: Whenever a police officer issues a traffic ticket*At all vehicle inspection stops*Upon traffic court appearances.
- ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:*Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense, and TWO YEARS on additional offenses*Pay reinstatement fees of $40.00 for first offense, $300.00 for second offense, $600.00 for third and subsequent offenses*Be required to maintain special FR coverage (SR-22) on file with the Bureau of Motor Vehicles (BMV) for ONE YEAR.
- IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have*A SECURITY SUSPENSION for TWO YEARS or more and*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.
- WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:*AN INSURANCE POLICY showing automobile liability insurance of at least $25,000 bodily injury per person, $50,000 injury two or more persons, and $25,000 property damage*AN INSURANCE IDENTIFICATION CARD (same coverage)*A SURETY BOND OF $30,000 issued by any authorized surety company or insurance company*A BMV BOND SECURED BY REAL ESTATE having equity of at least $60,000*A BMV CERTIFICATE FOR MONEY in the amount of $30,000 on deposit with the Registrar of Motor Vehicles *A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

PROOF OF FINANCIAL RESPONSIBILITY

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate,

X *SIGNATURE ON FILE*

SIGNATURE OF OWNER(S) DATE

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13.
APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

DO NOT DISCARD.
THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.

BMV5701 4/25 [760-1058] Printed on: 10 2 2026 11:17:25 AM RESTRICTED **CUSTOMER COPY**

STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION

PLATE NO.: PVN51 **REG. DATE:** 08/14/2026 **EXP. DATE:** 05/01/2027 **ISSUE DATE:** 10/02/2026 **APP NO.:** 008124ME
VALIDATION NO.: 705PVN51 **AGENCY:** 7726
OWNER NAME: MATTHEW ROBERT BEUMER **VEHICLE OWNERSHIP:** SINGLE **USER ID:** JC

Anatomical donor: Yes. Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law.

VEHICLE CLASS: MOTORCYCLE
VEHICLE YEAR: 2025 **ODOMETER READING:** 05
BODY TYPE: MC **MAKE:** TRIU **STATE FEES:** $27.00

CERTIFICATE TITLE NO.: 6703427523 **PLATE TYPE:** SUNRISE IN OHIO
VEH. SERIAL NO.: SMTA614K2STCE6165 **REG TYPE:** NEW **LOCAL TAX:** $30.00
PURCHASE DATE: 08/14/2026 **REFL./CO. FEE:** $0.50
SUSPENSION/REVOCATION: NO **DEPUTY FEE:** $8.00
PRIOR OPERATION: YES
FEES PAID: NO **TOTAL FEES:** $65.50

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THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.

BMV5701 4/25 [760-1058] Printed on: 10/2/2026 11:17:26 AM RESTRICTED **CUSTOMER COPY WITHOUT ADDRESS**

RECEIPT

Reprint 10/01/2026 6:59:45 AM

STATE OF OHIO

PORTAGE COUNTY

JILL FANKHAUSER

CLERK OF COURTS

6703427523

10/01/2026 6:57:35 AM

Batch Number: 57098368 - 16 **Bass Receipt Number:**

Receipt Name: VITU

Control Number: 240256805 **County of Residence:** HAMILTON **Year:** 2025

VIN: SMTA614K2STCE6165 **Make:** TRIU **Make Desc:** TRIUMPH

Model Desc: STREET TRIPLE R

Body Type: MC **Brand 1:**

Brand 2:

Brand 3:

Owner Information

MATTHEW ROBERT BEUMER

Previous Owner Information

Name: SWOPE MOTORSPORTS

Vendor Number: **Dealer Permit Number:** **DBA:**

Lienholder Information

None

☐ Memo Issued

Property/Tax Information

Purchase Date:	08/14/2026
Purchase Price:	$12,080.00
Trade-in Amount:	$9,370.00
Taxable Amount:	$2,710.00
Sales Tax:	$211.38
Sales Tax Credit:	$0.00
Vendor Discount:	$0.00
Total Tax:	$211.38

Fee Information

Title Fee:	$18.00
Late Fee:	$5.00
Total Fees:	$23.00
Total:	$234.38

G

DLB

OHIO CERTIFICATE OF TITLE

ISSUING COUNTY PORTAGE
ISSUING TITLE OFFICE # 6701
RESIDENT COUNTY HAMILTON

STATE OF OHIO

TITLE No. 67 0342 7523
ISSUE DATE 10/01/2026

ORIGINAL

IDENTIFICATION NUMBER
SMTA614K2STCE6165

YEAR
2025

MAKE
TRIU

MAKE DESCRIPTION
TRIUMPH

CONVERSION

MILEAGE
5

BODY TYPE
MC

MODEL DESCRIPTION
STREET TRIPLE R

EVIDENCE
KY-MCO - OUT OF STATE

MILEAGE NOTATION
ACTUAL

COMMENTS

PURCHASE PRICE
$12,080.00

TAX
$211.38

NOTATION(S)

OWNER(S)
MATTHEW ROBERT BEUMER

10056 SPIRITRIDGE LN
CINCINNATI, OH 45252

PREVIOUS OWNER(S)
SWOPE MOTORSPORTS

625 E JEFFERSON ST
LOUISVILLE, KY 40202

ERASURES AND ALTERATIONS VOID THIS TITLE

ERASURES AND ALTERATIONS VOID THIS TITLE

WITNESS MY HAND AND OFFICIAL SEAL THIS 1ST DAY OF OCTOBER, 2026

PORTAGE COUNTY CLERK OF COURTS, RAVENNA, OHIO

%240256805

%240256805

JILL FANKHAUSER
CLERK OF COURTS

G

DLB
DLB

TITLE DOCUMENT CONTAINS OHIO WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

BMV 3800 1/19 [760-1503]

ASSIGNMENT OF OWNERSHIP This vehicle was a (if applicable): ☐ Law Enforcement Vehicle ☐ Flood Vehicle ☐ Taxi

WARNING TO TRANSFEROR AND TRANSFEREE (SELLER AND BUYER): You are required by law to state the true selling price. A false statement is in violation of section 2921 of the Revised Code and is punishable by six months' imprisonment or a fine of up to one thousand dollars, or both. All transfers are audited by the department of taxat The seller and buyer must provide any information requested by the department of taxation. The buyer may be assessed any additional tax found to be due.

Buyer(s) Printed Name(s) _____

Buyer(s) Printed Address _____

I (we) certify the vehicle/watercraft/outboard motor described in this title was transferred on ____/____/____ for the price of $_____ the above listed buyer(s).

ODOMETER CERTIFICATION: Federal and state laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and imprisonment.

Odometer Reading:

☐☐☐,☐☐☐ Miles (no tenths)

Thousands

Seller is a minor ☐ Yes ☐ No If yes, BMV 3751 Form required

I (we) warrant the title to be free of all liens.

I (we) hereby certify that to the best of my (our) knowledge:

Check one (Mileage status information will print on the front of the title)

☐ The odometer reading reflects the actual mileage

☐ The odometer reading is in EXCESS of the mechanical limits

☐ The odometer reading is not the actual mileage (e.g., Broken odometer) - WARNING-ODOMETER DISCREPANCY

☐ Exempt from mileage disclosure (e.g., APV, Repossession, Inheritance)

_____ X _____

Seller's Printed Name | Seller's Signature **(Must sign in front of Notary/Authorized Officer)**

_____ X _____

Additional Seller's Printed Name (if applicable) | Additional Seller's Signature (if applicable) **(Must sign in front of Notary/Authorized**

_____

Seller's Printed Street Address | City | State | Zip

****Note** All applicable blank spaces above must be completed before acknowledgement by notary**

Sworn to and subscribed in my presence this _____ day of _____, 20__

in _____ County, State of _____

X _____ _____

Signature of Notary Public or other Authorized Officer by law | My commission expi

To be completed by Seller and signed in front of Notary/Authorized Officer

Notary/Authorized Officer

BUYER'S ACKNOWLEDGEMENT OF ABOVE ODOMETER CERTIFICATION

_____ X _____

Buyer's Printed Name | Buyer's Signature

_____ X _____

Co-Buyer's Printed Name (if applicable) | Co-Buyer's Signature (if applicable)

APPLICATION FOR CERTIFICATE OF TITLE (Type or print in Ink.)

Check Type of Application(s): ☐ Motor Vehicle ☐ Memorandum ☐ Watercraft ☐ Outboard Motor ☐ Salvage

Applicant's Printed Name _____ SSN/EIN _____

Co-Applicant's Printed Name (if applicable) _____ SSN/EIN _____

Applicant's Printed Address _____

Street | City | State | Zip | County

Purchase Price $_____ Gross Tax Due $_____ Vendor's Discount $_____ Tax Paid $_____

If Tax Exempt, state reason _____ Dealer Permit # _____ Vendor # _____ Trade in $_____

LIEN INFORMATION: If no lien, state "none." If more than one lien, attach statement of all additional liens.

Lienholder _____ E-Lien # _____

Lienholder Address _____

Condition of vehicle/watercraft/outboard motor (check only one) ☐ Good ☐ Fair ☐ Poor ☐ Wrecked Print Title ☐ Yes ☐ No

With Right of Survivorship ☐ Yes ☐ No Transfer on Death ☐ Yes ☐ No If yes, BMV 3811 Form required

Applicant is a minor ☐ Yes ☐ No If yes, provide Date of Birth ____/____/____ and BMV 3751 Form required

I (we) state that all information contained in this application is true and correct.

X _____

Applicant's Signature **(Must sign in front of Notary/Authorized Officer)**

X _____

Co-Applicant's Signature (if applicable) **(Must sign in front of Notary/Authorized Offic**

To be completed by Applicant/Buyer and signed in front of Notary/Authorized Officer

Notary/Authorized Officer

****Note** All applicable blank spaces above must be completed before acknowledgement by notary**

Sworn to and subscribed in my presence this _____ day of _____, 20__

in _____ County, State of _____

X _____ _____

Signature of Notary Public or other Authorized Officer by law | My commission expi

LATE FEE OF $5.00 FOR FAILURE TO APPLY FOR TITLE WITHIN 30 DAYS OF ASSIGNMENT.