INSTITUTO FEDERAL ELECTORAL
REGISTRO FEDERAL DE ELECTORES
CREDENCIAL PARA VOTAR

NOMBRE
CAMACHO
PEREZ
JOSE LUIS

EDAD 36
SEXO H

DOMICILIO
C HIDALGO 20
LOC EL FRAILE 46240
SANTA MARIA DE LOS ANGELES ,JAL.

FOLIO 0714012803336 AÑO DE REGISTRO 2007 00

CLAVE DE ELECTOR CMPRLS70072214H600

ESTADO 14 DISTRITO
MUNICIPIO 082 LOCALIDAD 0011 SECCION 2158

ESTE DOCUMENTO ES INTRANSFERIBLE, NO ES VALIDO SI PRESENTA TACHADURAS O ENMENDADURAS.
EL TITULAR ESTA OBLIGADO A NOTIFICAR EL CAMBIO DE DOMICILIO EN LOS 30 DIAS SIGUIENTES A QUE ESTE OCURRA.

MANUEL LOPEZ BERNAL
SECRETARIO EJECUTIVO DEL INSTITUTO FEDERAL ELECTORAL

ELECCIONES FEDERALES 09 10 12 13

LOCALES 09 10 11 12 13 14 15 16 07 08 17

ESTADOS Y OTRAS

2158110209779

AGEZA A.C.

NUMERO DE PLACA
ZAC-05-653

NOMBRE DEL POSEEDOR
Camacho Perez Jose Luis

FECHA DE EXPEDICION
17/03/14

DOMICILIO
Hidalgo 20

TELEFONO
457-100-6999

COLONIA
El Fraile

C.P.
46240

MUNICIPIO
Santa Maria de los Angeles

ESTADO
Jalisco

DATOS DEL VEHICULO

MARCA	MODELO	TIPO	COLOR
Ford	1999	F-150	Roja

LINEA	No. SERIE	REGISTRO DE VEHICULOS EXTRANJEROS
PK	1FTZF0820XKB73171	

SP.140X905309

Recuerde usted que:

El establecimiento fue creado para mantener, proteger y mejorar la salud física y mental de usted y los suyos.

Cada cita que se le anota fue hecha después de estudiar su caso y para su conveniencia. Su puntualidad será siempre en beneficio de usted, sus familiares y la comunidad.

El emisario del establecimiento a su hogar es la "Enfermera Visitadora" cuya misión es la de velar por su salud y la de su familia. Reciba con toda confianza.

HOSPITAL GENERAL DE OCCIDENTE

TARJETA DE CITAS

APELLIDO PATERNO: Villegas

APELLIDO MATERNO: Medina

NOMBRE: Ma Trinidad

FECHA DE NACIMIENTO 02 12 73

DIRECCION:

457-100-66-97

NUMERO DE EXPEDIENTE	CLASIF. DE TRABAJO SOCIAL
485218	

CITAS

FECHA	HORA	SERVICIO	DOCTOR	
03 mzo 2003	2:00	Ped	Dra Dra Pelaez	CONTROL 3 T/V
03 MARZO 2014	7:30	Lab		
03 Jul 2003	2:00	Ped	Dra Pelaez	CONTROL 3 T/V
03/07/14	7:30	Lab		
09 oct 2003	2:00	Ped	Dra Pelaez	CONTROL 3 T/V
07 Años	2:00	Gine	Dr Zo	CONTROL 3 T/V
07 Años	2	Ofa	Dra Sama	CONTROL 3 T/V
09 OCT 2014	7:30	LAB		

CITAS

FECHA	HORA	SERVICIO	DOCTOR

TO PROPERLY RELEASE YOUR LIABILITY, PLEASE READ AND FOLLOW INSTRUCTIONS ON REVERSE SIDE

SECTIONS A-J MUST BE COMPLETED IN FULL — PRINT IN CAPITAL LETTERS – USE BLACK OR BLUE INK

DMV MICROGRAPHICS USE ONLY

NOTICE OF TRANSFER AND RELEASE OF LIABILITY

MAIL THIS FORM TO DMV

A. NEW OWNER'S *LAST* NAME (OR) COMPANY NAME — *FIRST*

B. NEW OWNER'S ADDRESS — APT NUMBER

C. ODOMETER READING (NO TENTHS)

D. CITY — STATE — ZIP CODE

E. DATE OF SALE OR LEASE RETURN — MO DAY YR

F. SELLER'S OR LESSEE'S *LAST* NAME (OR) COMPANY NAME — *FIRST*

G. SELLING PRICE (NO CENTS) — WHOLE DOLLARS

H. SELLER'S OR LESSEE'S ADDRESS — APT NUMBER

I. SELLER'S OR LESSEE'S SIGNATURE

X

J. CITY — STATE — ZIP CODE

VEHICLE ID NUMBER: 1FTZF0820XKB73124

YR. MODEL MAKE: 1999 FORD

PLATE NUMBER: 8D92015

REG 138A (REV. 10/2004)

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

D34061118M8

VEHICLE HISTORY

COMMERCIAL

VEHICLE ID NUMBER: 1FTZF0820XKB73124

YR MODEL MAKE: 1999 FORD

PLATE NUMBER: 8D92015

BODY TYPE MODEL: PK

AX UNLADEN WEIGHT: 2 04200

FUEL: G

TRANSFER DATE

FEES PAID: $281

REGISTRATION EXPIRATION DATE: 10/31/2007

YR 1ST SOLD: AK

CLASS: 2006

*YR: MY

MO

EQUIPMT/TRUST NUMBER

ISSUE DATE: 11/29/06

MOTORCYCLE ENGINE NUMBER

ODOMETER DATE: 10/10/2006

ODOMETER READING: 88069 MI

ACTUAL MILEAGE

REGISTERED OWNER(S)

VALENZUELA JOSE DEJESUS
6030 3RD AVE
LOS ANGELES CA 90043

I certify under penalty of perjury under the laws of the State of California, that **THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.**

1a. DATE — X SIGNATURE OF REGISTERED OWNER

1b. DATE — X SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads ☐☐☐☐☐ (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING ☐ Odometer reading is **not** the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE: 02/02/14 — TRANSFEROR/SELLER SIGNATURE(S): X Jose de Jesus Valenzuela — TRANSFEREE/BUYER SIGNATURE: X

PRINTED NAME OF AGENT SIGNING FOR A COMPANY — PRINTED NAME OF AGENT SIGNING FOR A COMPANY

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X

Signature releases interest in vehicle. (Company names must be countersigned)

Release Date

CA 99791396

001025

REG. 17.30R (REV.10/03)

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

KEEP IN A SAFE PLACE - VOID IF ALTERED

IMPORTANT NOTICE — DO NOT DETACH UNTIL SOLD

You are required by law to notify the Department of Motor Vehicles within five (5) days from the date you sell or otherwise dispose of a vehicle. This form is provided for use in reporting the sale or transfer to the Department, and does not constitute application for transfer of ownership (title). ***This form is to be used ONLY for the vehicle described on the attached title.***

When this form is properly completed and the information is recorded by DMV (see WARNING below), liability for parking and/or traffic violations and civil litigation resulting from operation after the date of sale becomes the responsibility of the subsequent purchaser(s).

WARNING: If you provide incomplete, inaccurate or unclear information, the information shall not be updated or retained.

TO REMOVE YOUR NAME FROM DMV'S RECORDS, THE NEW OWNER MUST APPLY FOR TRANSFER USING THE ENDORSED CERTIFICATE OF OWNERSHIP (TITLE) RECEIVED FROM YOU.

INSTRUCTIONS FOR COMPLETING NOTICE OF TRANSFER AND RELEASE OF LIABILITY

(A) Print name of new owner.
(B) Print new owner's address.
(C) Enter odometer reading at the time of sale (motor vehicles only).
(D) Print new owner's city, state, and ZIP code.
(E) Enter date you sold or transferred the described vehicle.
(F) Print your name.
(G) Enter selling price (in whole dollars-no cents). If vehicle is a gift, enter "0".
(H) Print your address.
(I) Sign your name where designated.
(J) Print your city, state and ZIP code.

MAIL COMPLETED NOTICE TO: DEPARTMENT OF MOTOR VEHICLES, P.O. BOX 942859, SACRAMENTO, CA 94259-0001.

REG 138A (REV.10/2004)

APPLICATION FOR TRANSFER BY NEW OWNER *(Please print or type.)*

Any change of registered owner or lienholder must be recorded with the Department of Motor Vehicles (DMV) within ten (10) days. The title, transfer fee and in most instances, use tax and a smog certificate must be presented to DMV to record the ownership change.

NEW REGISTERED OWNER

3a. TRUE FULL NAME(S) OF NEW REGISTERED OWNER(S) *(LAST, FIRST, MIDDLE) AS IT APPEARS ON DRIVER'S LICENSE OR I.D. CARD*

3b. ☐ AND ☐ OR *(LAST, FIRST, MIDDLE)*

4. STREET ADDRESS OR P.O. BOX NUMBER

5. CITY STATE ZIP CODE

6. MAILING ADDRESS STREET OR P.O. BOX NUMBER (DO NOT COMPLETE IF SAME AS RESIDENCE ABOVE)

7. CITY STATE ZIP CODE

8. FOR TRAILER COACHES ONLY – ADDRESS OR LOCATION WHERE KEPT

I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct. If there is a mailing address entered on this form, it is a valid, existing and accurate address. I consent to receive service of process at this mailing address pursuant to Civil Procedures Code Sections 415.20(b), 415.30(a) and 416.90.

9a. DATE | SIGNATURE OF NEW REGISTERED OWNER X | CALIFORNIA DRIVER LICENSE OR ID CARD NO. | PURCHASE DATE

9b. DATE | SIGNATURE OF NEW REGISTERED OWNER X | CALIFORNIA DRIVER LICENSE OR ID CARD NO. | PURCHASE PRICE OR IF GIFT, SO STATE

LEASED VEH. ONLY — 10. ADDRESS OF NEW LESSEE IF DIFFERENT FROM LINE 4 ABOVE (WILL NOT BE PRINTED ON TITLE)

NEW LIENHOLDER

11. NAME OF LIENHOLDER – FIRM OR INDIVIDUAL HOLDING SECURITY INTEREST (IF NO LIEN, WRITE "NONE") DO NOT ENTER NAME OF REGISTERED OWNER(S) ABOVE ELECTRONIC LIENHOLDER ID ELT #

12. STREET ADDRESS OR P.O. BOX NUMBER

13. CITY STATE ZIP CODE

TITLE REASSIGNMENTS BY LICENSED CALIFORNIA DEALERS

FEDERAL LAW REQUIRES that you state the mileage upon transfer of ownership. Failure to complete or making a false statement may result in fines and / or imprisonment.

I certify under penalty of perjury under the laws of the State of California that the signature below releases my interest in this vehicle, acknowledges the odometer mileage recorded by the seller, and certifies that the odometer reading entered above my signature (in compliance with Federal law) and the other information entered by me on this document are true and correct.

DEALER TRANSACTIONS ONLY

14. Odometer now reads: ☐☐☐,☐☐☐ (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked: ***WARNING*** - Mileage ☐ is not the actual mileage. ☐ exceeds the odometer mechanical limits. R/S NUMBER

DATE | SIGNATURE OF AUTHORIZED AGENT X | PRINTED NAME OF AGENT | DEALER NAME | DEALER NUMBER

DATE | BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING X | PRINTED NAME OF BUYER OR AGENT | SALES PERSON'S NO.

SOLD THROUGH AUCTION IF APPLICABLE | DATE OF AUCTION | AUCTION NAME | DEALER NUMBER

15. Odometer now reads: ☐☐☐,☐☐☐ (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked: ***WARNING*** - Mileage ☐ is not the actual mileage. ☐ exceeds the odometer mechanical limits. R/S NUMBER

DATE | SIGNATURE OF AUTHORIZED AGENT X | PRINTED NAME OF AGENT | DEALER NAME | DEALER NUMBER

DATE | BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING X | PRINTED NAME OF BUYER OR AGENT | SALES PERSON'S NO.

16. Odometer now reads: ☐☐☐,☐☐☐ (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked: ***WARNING*** - Mileage ☐ is not the actual mileage. ☐ exceeds the odometer mechanical limits. R/S NUMBER

DATE | SIGNATURE OF AUTHORIZED AGENT X | PRINTED NAME OF AGENT | DEALER NAME | DEALER NUMBER

DATE | BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING X | PRINTED NAME OF BUYER OR AGENT | SALES PERSON'S NO.

RECUPERACION DE GASTOS

FOLIO ADMINISTRATIVO

ZAC-05-653

AGEZA A.C.

OFICINA EN: Colotlan, Jal 17/03 /14
DIA MES AÑO

Recibí del Sr.(a) Camacho Perez Jose Luis

La cantidad de: 1500.00 Cantidad con Letra (Mil quinientos pesos 00/100 M.N.)

Por concepto de cupta de recuperación de gastos y sostenimiento en el proceso de identificacion vehicular

Domicilio Hidalgo #20 El Fraile Santa Maria de los Angeles, Jal.
REFERENCIAS DE LOCALIZACION E INCLUIR LOCALIDAD Y MUNICIPIO

Tel. Casa 457100699 Tel. Celular _____ Tel. Recado _____ I.D. Radio NEXTEL
INCLUIR LADA (DANDO UN TOTAL DE 10 DIGITOS) FAMILIAR, VECINO, AMIGO

MARCA: Ford LINEA: F-150

AÑO 1999 COLOR: Roja

SERIE: 1FTZF08X1WB73124

TIPO:
- [x] Pick-Up
- [ ] Vagoneta
- [ ] Sedan
- [ ] Camión
- [ ] Van
- [ ] Motocicleta

Otros

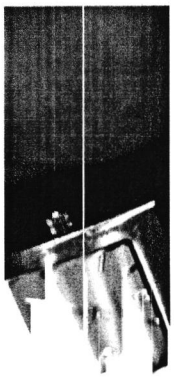
RECIBI COPIA DE LOS SIGUIENTES DOCUMENTOS

- [x] CREDENCIAL DE ELECTOR
- [ ] LICENCIA DE CONDUCIR
- [x] COMPROBANTE DE DOMICILIO
- [x] TITULO

OTROS _____

ACEPTO QUE BAJO NINGUNA CIRCUNSTANCIA SERA REEMBOLSABLE ESTA APORTACION

RECIBIÓ COORDINADOR INTERESADO



AGEZA A.C.

ASOCIACIÓN Y GESTORÍA EN EL ESTADO DE ZACATECAS A.C.

REGISTRO DE IDENTIFICACIÓN DE VEHÍCULOS EXTRANJEROS.

CONOCE LOS BENEFICIOS AL OBTENER TU REGISTRO

LLEVAMOS A CABO CANCELACIÓN DE PERMISOS DE TURISTA

Y REGULARIZAMOS DESDE AQUÍ TU VEHÍCULO ¡SIN QUE CORRA RIESGO

COORDINACIÓN EN PROL. ENRIQUE ESTRADA 498 "A", (FRENTE AL MERCADO PONIENTE

FRESNILLO, ZAC. TELS. 493 126 17 48 Y 493 135 61 04

Requisitos de registro:

* Copia del titulo
* Copia de credencial de elector
* Copia licencia (en caso de tenerla)
* Copia de comprobante de dómicilio Telmex.