

OFFICIAL VEHICLE REGISTRATION

City Stickers:	*									68291	4
NEW OR CURRENT TITLE N	IUMBER			TR	NO1	REG	ISTRATION ONL	YNUMBER		a a	
		П			CHICAGO CONTRACTOR				[5][N] ,[N]
OWNER INFORMATION *LE LAST NAME	FIRST NAME	NAME CODE IN	BOX 1 (SAMI DDLE INITIAL	NT) 3(MULTIPLE L LAST NAME	AST NAMES) 4(0	COMPANY) 5(OV	ER 28 CHARACTERS)	MAO L MIDDI	E INITIAL		
BOWMAN SALES AND EQUIPMENT INC											
PO BOX 433 % 10233 GOVENOR LN BLVD							YSICAL)				
CITY STATE ZIP CODE									STATE	ZIP CO	DE
WILLIAMSPO	ME	21795									
HAMILTON 03	06/30/2011 LEASED 0		O SER	VICE OPTIONS				HEARING IMPAIRED CLS	SYR *INSURANCE	POLICY #	
VEHICLE INFORMATION VIN MAKE MODEL YEAR BODY TITLE BRAND -list the appropriate code CODE TYPE OF FUEL - list the appropriate CODE TYPE OF FUEL - list the appropriate CODE											
VIN	MAKE				(N)NEW (1)F (U)USED (2)F (D)DEMO (3)	list the appropriat RECONSTRUCTE FLOOD DAMAGE SPECIALLY CON	ED VEHICLE	code GAS (1) DIESEL	ELECTRIC/HYBRID (ELECTRIC/HYBRID (3)	
1RNF48A206F	REIT STATE PRE			SE VEHICLE US	T	DJUSED (2)FLOOD DAMAGE DJDEMO (3)SPECIALLY CONSTRUCTED B)PARTS ONLY VEHICLE TYPE CURRENT MILEAG		ODOMETER ACTUA	L (0) NOT ACTUAL (8)	NOT ACTUAL (8) CODE	
TPC98027	МО			F	s			(List one) IN EXCE	0 YRS / 16,000 LBS (1) SS OF MECHANICAL LIMI	TS (9)	
COLOR CODE (enter appropriate code)* LOWER MOBILE HOME LGTH WDTH			# AXLES	GRO	OSS VEHICLE		*VEHICL	E TRADE-IN DE	SCRIPTION	COMPANY VEH	HICLE #
0									682914		
PLATE INFORMATION *(req	uired for Title and Registr			ons) SEE RE		OR COMPLETE I	NSTRUCTIONS PLATE #(TF	RADE IN)(2)	CLASS CODE/ISSUE Y	(R(2) EXPIRATION	ON DATE (1)(2)(3)
U330919	8020/199		,							PE	RMANENT
TDR STICKER #(4)	MIT #(3) # OF SEATS(5) ZONE			UNTY NAME)() USDOT/REGISTR		ISTRANT #(7)		MOTOR CARRIER #(8)		
									7. (2.24)		
LIEN INFORMATION (If lien LIEN CODE FIRST LIE	present) ENHOLDER										LIEN DATE
s	UNTRUST BA	NK									06/30/2011
120 E BALTIMORE 25TH FL						BALTIMORE STATE			ZIP CODE 21202		
	LIENHOLDER	DINFL				DALI	INONE		IVID	2120	LIEN DATE
STREET CITY STATE ZIP CODE										DDE	
								ILU 🔲			
*LESSEE / REGISTRANT IN NAME	FORMATION(OWNER O	FPLATE)	LEGAL S	TATUS L	NAME	NAME	MAO L	ILO L		EMILENETAL MEDICAL	
ADDRESS						TY			STATE ZIP CODE		
				1000000000							
VEHICLE COST / TAX INFO	RMATION *(required for TRADE IN AL		Transactions)	TAXA	BLE AMOUNT		SALESTA	X PAID	TAX	EXEMPTION REASON	N / SALES TAX #
DEALER NAME			DEALE	R ADDRESS						DEALER#	
DESCRIPTION											
*Required for Duplicate Title	- T.C.A. 55-3-115 (submit	t Illegible or altered	Certificate of Title)						T	
LOST	STOLEN		MUTILATED	, []	RT	N'D DUE TO NON	DELIEVERY	L	TERED	ILLEG	BLE
Under penalties of perjury, I h or its assignees to determine	l nereby certify all information the accuracy of the inform	on provided is true a nation provided by r	and correct to the ne or on my beha	best of my kn	owledge, and a	acknowledge that it	is not the respon	sibility of the Mot	or Vehicle Division		
SIGNATURE OF CERTIFIER	R/OWNER		PO	WER OF AT	TORNEY/AUTH	HORIZED SIGNAT	URE(IF APPLICA	BLE)		11/02	/2011
INVOICE NUMBER	COUNTY NAME		co	NUMBER	PLICATION	BY AUT	HORITY OF REC	SISTRAR OF MOTOR VE	000000000000000000000000000000000000000	PERSONAL STATES OF STATES	
11306 @	HAMILTO			33	11	/02/2011			KNOWLES		HJC27
REGISTRATION FEE	CREDIT	Trailer LEASE	FEE	TR.	ANS FEE	CLERK FEE	ISSUAN	CE FEE TITL	dicated certifies this form	TOTAL TAX COLLEC	
79.75	SALES OR USE TA	X SA TAX	LOCAL	TAX A	ADDITIONAL TA	AX C	12.	ATE OF COL	5.50 INTY WHEEL TAX	.00	
SALES TAX USE			105			Lie ceres	NOV VEDICIO	011		***************************************	CTED
*SERVICE OPT FEE	ORGAN DONOR	POST	AGE	VER		ID / RESIDE	NCY VERIFICATI	ON		97.25	COLED
SF-1357 Port: W	K48/DR27/8020	Cash:	0.00 C	heck: (0.00	Check#:	Credit:	0.00	Auth#: Ch	ange: 0.00	RDA-692