



OFFICIAL VEHICLE REGISTRATION

City Stickers:

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| NEW OR CURRENT TITLE NUMBER 90511946 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER 127094 |
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|--|------------------------------------|---|--|---|
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) 4 | | | MAO <input checked="" type="checkbox"/> N | ILU <input checked="" type="checkbox"/> N |
| LAST NAME BOWMAN TRAILER LEASING LLC | | FIRST NAME | MIDDLE INITIAL | |
| ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVERNOR LN BLVD | | ADDRESS 2 (PHYSICAL) | | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE ZIP CODE |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 12/14/2012 | *LEASED <input type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 301 582 1793 | *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY # |

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|---|---------------------------|------------------------|-------------------------|-------------------------------|--|---|----------------------------|------------------|--|--|
| VEHICLE INFORMATION | | | | | | | | | | |
| VIN 1PNV45202YK229212 | MAKE GDAN | MODEL 1PN | YEAR 2000 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 | | |
| SURRENDERED TITLE # 11632240 | STATE ME | PREVIOUS STATES TITLED | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | | CODE 1 | | |
| COLOR CODE (enter appropriate code)* UPPER LOWER O | MOBILE HOME LGTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # 127094 | | | | |

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| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | | | | |
| PLATE #(1) U402143 | CLASSCODE/ISSUEYR(1)(3) 8020/1994 | VALIDATION #(1) | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3) PERMANENT | | | |
| TDR STICKER #(4) | TEMP OPERATOR PERMIT #(3) | # OF SEATS(5) | ZONE(COUNTY NAME)(6) | USDOT / REGISTRANT #(7) | MOTOR CARRIER #(8) | | | | | |

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|---|--|--|--------------------------|--|--|--------------------|--|--------------------------------|--|
| LIEN INFORMATION (if lien present) | | | | | | | | | |
| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | | | | | | | LIEN DATE 12/14/2012 | |
| STREET 120 E BALTIMORE ST 25 FL | | | CITY BALTIMORE | | | STATE MD | | ZIP CODE 21202 | |
| LIEN CODE | SECOND LIENHOLDER | | | | | | | LIEN DATE | |
| STREET | | | CITY | | | STATE | | ZIP CODE | |

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|---|--|--|--|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|--|-------|----------|
| *LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE) | | | | | | | | | | | |
| NAME | | | | | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> | | | |
| ADDRESS | | | | | CITY | | | | | STATE | ZIP CODE |

| | | | | | | | | | |
|--|--------------------|----------------|----------------|-------------------------------------|--|--|----------|--|--|
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) | | | | | | | | | |
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # | | | | | |
| DEALER NAME | | | DEALER ADDRESS | | | | DEALER # | | |

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|--|---------------------------------|------------------------------------|---|----------------------------------|------------------------------------|--|--|--|--|
| *Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title) | | | | | | | | | |
| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIEVERY | <input type="checkbox"/> ALTERED | <input type="checkbox"/> ILLEGIBLE | | | | |

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER _____ POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) _____ DATE **12/27/2012**

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|---|--------------------------------|------------------------|--|---|------------------------------|------------------|--------------------------|-----------------------------------|--|--------------|
| VOICE NUMBER 12362 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 12/27/2012 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | | | | | | KAR46 |
| OFFICE USE ONLY REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 | | |
| COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE | | | |
| SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED | | | | | |