



OFFICIAL VEHICLE REGISTRATION

128227

City Stickers:

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| NEW OR CURRENT TITLE NUMBER 90475043 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER |
|--|--------------------------------|--------------------------|

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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) <input checked="" type="checkbox"/> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/> | | | | | |
| LAST NAME BOWMAN TRAILER LEASING LLC | | | FIRST NAME MIDDLE INITIAL | | |
| ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD | | | ADDRESS 2 (PHYSICAL) | | |
| CITY WILLIAMSPORT | | STATE MD | ZIP CODE 21795 | | |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | | PURCHASE DATE 06/29/2012 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS | TELEPHONE # 301 582 1793 | *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY # |

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|--|-----------------------------|------------------------|-------------------------|--------------------------|-------------------------------|--|------------------------------------|------------------|
| VIN 1S12E9489YD461467 | MAKE STRI | MODEL 1S1 | YEAR 2000 | BODY SE | TITLE BRAND - translation | CODE U | TYPE OF FUEL - translation | CODE 9 |
| SURRENDERED TITLE # 9932189755 | STATE OR | 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) IN EXCESS OF MECHANICAL LIMITS (9) | | CODE 1 |
| COLOR CODE (enter appropriate code) UPPER O | MOBILE HOME LGTH WDTH | # AXLES | GROSS VEHICLE WEIGHT | | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # 128227 | |

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| PLATE # (1) U362554 | CLASS CODE/ISSUE YR (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 CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 06/29/2012 |
| 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 |

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

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

| | | | | | |
|-------------------------------|---------------------------------|------------------------------------|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RT'ND DUE TO NON DELIVERY | <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.

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| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 08/13/2012 |
|------------------------------|--|---------------------------|

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|---|--------------------------------|------------------------|--|--|---------------------------------------|
| INVOICE NUMBER 12226 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 08/13/2012 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
| OFFICE USE ONLY REGISTRATION FEE 79.75 | EMISSION: Trailer | | (total fees collected indicated certifies this form as a valid registration) | | |
| COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | CITY STICKER FEE |
| *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |