



OFFICIAL VEHICLE REGISTRATION

140699

City Stickers:

VEHICLE OR CURRENT TITLE NUMBER 30483856	TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) **4** MAO ILU

OWNER NAME BOWMAN TRAILER LEASING LLC	FIRST NAME BOWMAN	MIDDLE INITIAL	LAST NAME TRAILER LEASING LLC	FIRST NAME	MIDDLE INITIAL
---	-----------------------------	----------------	---	------------	----------------

ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY MILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/29/2012	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION

VIN 1GKRAA06201S000408	MAKE GDAN	MODEL 1GR	YEAR 2001	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9
----------------------------------	---------------------	---------------------	---------------------	-------------------	--	------------------	----------------------------	------------------

REGISTERED TITLE # J2101460173	STATE IN	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (5) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1
--	--------------------	------------------------	-------------------------	--------------------------	-----------------	---	------------------

VEHICLE OR CODE (enter appropriate code)* C	MOBILE HOME LGTH 0	MOBILE HOME WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 140699
---	------------------------------	-------------------	---------	----------------------	-------------------------------	------------------------------------

STATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

STATE # (1) J382295	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
-------------------------------	---	------------------	----------------------	-----------------------	-------------------------	-------------------------	---

REGISTRATION STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)
----------------------------	----------------------------	----------------	------------------------	--------------------------	---------------------

LIEN INFORMATION (if lien present)

LIEN CODE	FIRST LIENHOLDER SUNTRUST BANK	LIEN DATE 06/29/2012
-----------	--	--------------------------------

ADDRESS 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
--	--------------------------	--------------------	--------------------------

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
-----------	-------------------	-----------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

REGISTRANT / 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
------	------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
---------------	--------------------	----------------	----------------	-------------------------------------

DEALER NAME	DEALER ADDRESS	DEALER #
-------------	----------------	----------

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 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 to assign to determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE 09/10/2012
---------------------------	--	---------------------------

OFFICE NUMBER 12254 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 09/10/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
---------------------------------	--------------------------------	------------------------	--	--	--------------

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 SALES TAX <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 97.25
-----------------	-------------	---------	-----	-----------------------------	---------------------------------------