



OFFICIAL VEHICLE REGISTRATION

144534

ity Stickers:

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| VEHICLE OR CURRENT TITLE NUMBER 0475582 | TRANSACTION CODE N01 | REGISTRATION ONLY NUMBER |
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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

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

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| ADDRESS 1 (MAILING) 0233 GOVERNOR LN BLVD | ADDRESS 2 (PHYSICAL) |
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| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE | ZIP CODE |
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| ADDRESS 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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VEHICLE INFORMATION

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| VEHICLE IDENTIFICATION NUMBER GRAA96211G317475 | MAKE GDAN | MODEL 1GR | YEAR 2001 | BODY SE | TITLE BRAND - translation | CODE U | TYPE OF FUEL - translation | CODE 9 |
|--|---------------------|---------------------|---------------------|-------------------|---------------------------|------------------|----------------------------|------------------|

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| TRANSFERRED TITLE # 04591563 | 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) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE 1 |
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| VEHICLE OR CODE (enter appropriate code)* LOWER | MOBILE HOME LGTH | WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 144534 |
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PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

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|-------------------------------|---|------------------|----------------------|-----------------------|------------------------|------------------------|---|
| PLATE # (1) J379751 | 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 |
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|---------------|----------------------------|----------------|------------------------|--------------------------|---------------------|
| 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)

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| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 06/29/2012 |
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| ADDRESS 120 E BALTIMORE ST 25 FL | CITY BALTIMORE | STATE MD | ZIP CODE 21202 |
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| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
|-----------|-------------------|-----------|

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| ADDRESS | CITY | STATE | ZIP CODE |
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REGISTRANT / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU

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|-----------------|------|-------|----------|
| REGISTRANT NAME | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

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

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| VEHICLE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
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| 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)

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| <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 assignees to determine the accuracy of the information provided by me or on my behalf.

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| NATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 08/14/2012 |
|---------------------------|--|---------------------------|

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| COUNTY NUMBER 2227 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 08/14/2012 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
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| REGISTRATION FEE 9.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 |
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| 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 |
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| ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |
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