



OFFICIAL VEHICLE REGISTRATION

150145

Stickers:

VEHICLE OR CURRENT TITLE NUMBER 0481747	TRANSACTION CODE 001	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 LOWMAN TRAILER LEASING LLC	FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL
---	---

ADDRESS 1 (MAILING) 0233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
---	----------------------

CITY VILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

HOME/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 #
--	------------------------------------	--	------------------------------------	----------------------------------	---------------------

VEHICLE IDENTIFICATION NUMBER S12E953XYS466336	MAKE STRI	MODEL S75	YEAR 2000	BODY SE	TITLE BRAND - translation	CODE U	TYPE OF FUEL - translation	CODE 9
--	---------------------	---------------------	---------------------	-------------------	---------------------------	------------------	----------------------------	------------------

REGISTERED TITLE # 0272718	STATE TN	PREVIOUS STATES TITLED TN	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
--------------------------------------	--------------------	-------------------------------------	-------------------------	--------------------------	-----------------	--	------------------

OR CODE (enter appropriate code) ER LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 150145
--	---------------------------	---------	----------------------	-------------------------------	------------------------------------

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

PLATE # (1) J381475	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
-------------------------------	---	------------------	----------------------	-----------------------	-----------------------	------------------------	---

1 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 NAME CODE MAO ILU

NAME	CITY	STATE	ZIP CODE
------	------	-------	----------

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

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

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

required for Duplicate Title - T.C.A. 55-3-115 (submit if legible or altered Certificate of Title)

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

Signature and Date

SIGNATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE 09/04/2012
------------------------------	--	---------------------------

CHECK NUMBER 12248 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 09/04/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
--------------------------------	--------------------------------	------------------------	--	--	--------------

REGISTRATION FEES (total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00	TITLE FEE 5.50	TOTAL TAX COLLECTED .00
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		