



|                             |                  |                          |       |
|-----------------------------|------------------|--------------------------|-------|
| NEW OR CURRENT TITLE NUMBER | TRANSACTION CODE | REGISTRATION ONLY NUMBER | STATE |
| 93605456                    | N01              |                          |       |

|                                                                                                                                                                                    |  |                    |                                                                                                                            |                          |                                    |                                         |                                  |                                        |                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|-----------------------------------------|----------------------------------|----------------------------------------|---------------------|--|
| 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 CHARACTER) 6 |  |                    |                                                                                                                            |                          |                                    | MAC <input checked="" type="checkbox"/> |                                  | LU <input checked="" type="checkbox"/> |                     |  |
| LAST NAME<br><b>BSE TRAILER LEASING LLC</b>                                                                                                                                        |  |                    | FIRST NAME<br>MIDDLE INITIAL                                                                                               |                          | LAST NAME<br>FIRST NAME            |                                         |                                  | MIDDLE INITIAL                         |                     |  |
| ADDRESS 1 (MAILING)<br><b>10233 GOVERNOR LN BLVD</b>                                                                                                                               |  |                    |                                                                                                                            |                          | ADDRESS 2 (PHYSICAL)               |                                         |                                  |                                        |                     |  |
| CITY<br><b>WILLIAMSPORT</b>                                                                                                                                                        |  | STATE<br><b>MD</b> |                                                                                                                            | ZIP CODE<br><b>21795</b> |                                    | CITY<br>STATE                           |                                  | ZIP CODE                               |                     |  |
| COUNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b>                                                                                                        |  |                    | PURCHASE DATE<br><b>06/03/2014</b>                                                                                         |                          | TELEPHONE #<br><b>240 772 5501</b> |                                         | *PLACARD/HEARING IMPAIRED CLS/YR |                                        | *INSURANCE POLICY # |  |
|                                                                                                                                                                                    |  |                    | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>SEE REVERSE SIDE FOR INSTRUCTIONS |                          |                                    |                                         |                                  |                                        |                     |  |

| VEHICLE INFORMATION                                 |  |                           |                        |         |                      |                           |                               |                                                                                                                               |                            |      |      |  |
|-----------------------------------------------------|--|---------------------------|------------------------|---------|----------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|------|------|--|
| VIN                                                 |  | MAKE                      | MODEL                  | YEAR    | BODY                 | TITLE BRAND - translation |                               | CODE                                                                                                                          | TYPE OF FUEL - translation |      | CODE |  |
| 3H3V532C3FT154698                                   |  | HYTR                      | 3H3                    | 2015    | SE                   | NEW                       |                               | N                                                                                                                             |                            |      | 9    |  |
| SURRENDERED TITLE #                                 |  | STATE                     | PREVIOUS STATES TITLED |         | VEHICLE USE          | VEHICLE TYPE              | CURRENT MILEAGE               | ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 18,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (8) |                            | CODE |      |  |
| MSO                                                 |  | TN                        |                        |         | F                    | S                         |                               |                                                                                                                               |                            | 1    |      |  |
| COLOR CODE (enter appropriate code)*<br>UPPER LOWER |  | MOBILE HOME<br>LGTH WIDTH |                        | # AXLES | GROSS VEHICLE WEIGHT |                           | *VEHICLE TRADE-IN DESCRIPTION |                                                                                                                               | COMPANY VEHICLE #          |      |      |  |
| O                                                   |  |                           |                        |         |                      |                           |                               |                                                                                                                               | 154698                     |      |      |  |

|                                                                                                                                                         |                            |                  |                        |                       |                          |                         |                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|------------------------|-----------------------|--------------------------|-------------------------|---------------------------|--|--|
| <small>FOR MORE INFORMATION* Inquired for Title and Registration and Registration Div. transactions, SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS</small> |                            |                  |                        |                       |                          |                         |                           |  |  |
| PLATE # (1)                                                                                                                                             | CLASS CODE/ISSUE YR (1)(3) | VALIDATION # (1) | COUNTY STICKER # (1)   | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2)  | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3) |  |  |
| U495808                                                                                                                                                 | 8020/1994                  |                  |                        |                       |                          |                         | PERMANENT                 |  |  |
| TDR 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  |       | LIEN DATE  |
|                                    | SUNTRUST BANK     |       | 06/03/2014 |
| STREET                             | CITY              | STATE | ZIP CODE   |
| 120 E BALTIMORE ST 25 FL           | BALTIMORE         | MD    | 21202      |
| LIEN CODE                          | SECOND LIENHOLDER |       | LIEN DATE  |
| STREET                             | CITY              | STATE | ZIP CODE   |

|                                               |  |              |           |       |          |
|-----------------------------------------------|--|--------------|-----------|-------|----------|
| LEASER/REGISTRAR INFORMATION (OWNER OF PLATE) |  | LEGAL STATUS | NAME CODE | MAG   | ILL      |
| NAME                                          |  |              | NAME      |       |          |
| ADDRESS                                       |  |              | CITY      | STATE | ZIP CODE |

| SALE 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 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 that the 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<br><b>06/05/2014</b> |
|------------------------------|--|--------------------------------------------------------|---------------------------|

|                                                                                       |  |                   |  |           |  |                     |  |                                                           |  |                                                                              |  |
|---------------------------------------------------------------------------------------|--|-------------------|--|-----------|--|---------------------|--|-----------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| VOICE NUMBER                                                                          |  | COUNTY NAME       |  | CO NUMBER |  | DATE OF APPLICATION |  | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) |  |                                                                              |  |
| 14156 @                                                                               |  | HAMILTON          |  | 33        |  | 06/05/2014          |  | W.F. (BILL) KNOWLES                                       |  |                                                                              |  |
| OFFICE USE ONLY                                                                       |  | EMISSION: Trailer |  |           |  |                     |  | HCM27                                                     |  |                                                                              |  |
| REGISTRATION FEE                                                                      |  | CREDIT            |  | LEASE FEE |  | TRANS FEE           |  | CLERK FEE                                                 |  | (total fees collected indicated certifies this form as a valid registration) |  |
| 79.75                                                                                 |  |                   |  |           |  |                     |  |                                                           |  | ISSUANCE FEE<br>12.00                                                        |  |
|                                                                                       |  |                   |  |           |  |                     |  |                                                           |  | TITLE FEE<br>5.50                                                            |  |
|                                                                                       |  |                   |  |           |  |                     |  |                                                           |  | TOTAL TAX COLLECTED<br>.00                                                   |  |
| COMPUTATION OF<br><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                                                                        |  |