



OFFICIAL VEHICLE REGISTRATION

1669RT

ty Stickers:

TRANSACTION CODE N01	REGISTRATION ONLY NUMBER
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REGISTRATION ONLY NUMBER 1441825	REGISTRATION ONLY NUMBER
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) 4 MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/>	
OWNER NAME LOWMAN TRAILER LEASING LLC	OWNER NAME
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
STATE MD	ZIP CODE 21795
CITY VILLIAMSPORT	CITY
PHONE RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION VILSON 095	TELEPHONE # 301 582 1793
PURCHASE DATE 11/19/2012	*PLACARD/HEARING IMPAIRED CLS/YR
*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>	*INSURANCE POLICY #

VEHICLE INFORMATION	MAKE FRUE	MODEL 1H2	YEAR 1990	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9
VEHICLE IDENTIFICATION # H2V04828LB027062	STATE ME	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1	
VEHICLE TYPE 1924071	MOBILE HOME LGTH	WIDTH	# OF AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 1669 RT		

TITLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
CLASS CODE/ISSUE YR(1)(3) J409474	VALIDATION # (1) 8020/1994	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR(2)	EXPIRATION DATE (1)(2)(3) PERMANENT	
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 11/19/2012	
ADDRESS 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
SECOND LIENHOLDER			
ADDRESS	CITY	STATE	ZIP CODE
REGISTRANT INFORMATION (OWNER OF PLATE)			
LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME	CITY	STATE	ZIP CODE

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)			
VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID
DEALER NAME		DEALER ADDRESS	DEALER #

Title Information (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"/> RTND DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

I hereby certify that 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.	
NATURE OF CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)
	DATE 01/15/2013

COUNTY NUMBER 13015 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 01/15/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
*FEE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	TOTAL TAX COLLECTED
				12.00	5.50
SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	CITY STICKER FEE
ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED 97.25	