



# OFFICIAL VEHICLE REGISTRATION

1681

**ity Stickers:**

|  |                                |                          |
|--|--------------------------------|--------------------------|
| NEW OR CURRENT TITLE NUMBER<br><b>31442786</b> | TRANSACTION CODE<br><b>N01</b> | 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) <b>4</b> |            | MAO <input checked="" type="checkbox"/> <b>N</b> | ILU <input checked="" type="checkbox"/> <b>N</b> |
| OWNER NAME<br><b>BOWMAN TRAILER LEASING LLC</b>  | FIRST NAME | MIDDLE INITIAL                                   | LAST NAME  |

|   |                      |
|---|----------------------|
| ADDRESS 1 (MAILING)<br><b>PO BOX 433 % 10233 GOVERNOR LN BLVD</b> | ADDRESS 2 (PHYSICAL) |
| CITY<br><b>WILLIAMSPORT</b>                                       | STATE<br><b>MD</b>   |
| ZIP CODE<br><b>21795</b>  |                      |

|   |                                    |  |                                    |                                  |                     |
|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|
| TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b> | PURCHASE DATE<br><b>11/19/2012</b> | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br>SEE REVERSE SIDE FOR INSTRUCTIONS | TELEPHONE #<br><b>301 582 1793</b> | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|---|------------------------------------|--|------------------------------------|----------------------------------|---------------------|

|                     |                     |                     |                     |                   |  |                  |                            |                  |
|---------------------|---------------------|---------------------|---------------------|-------------------|--|------------------|----------------------------|------------------|
| VEHICLE INFORMATION | MAKE<br><b>PINE</b> | MODEL<br><b>1PN</b> | YEAR<br><b>1991</b> | BODY<br><b>SE</b> | TITLE BRAND - translation<br><b>USED</b> | CODE<br><b>U</b> | TYPE OF FUEL - translation | CODE<br><b>9</b> |
|---------------------|---------------------|---------------------|---------------------|-------------------|--|------------------|----------------------------|------------------|

|                                      |                                  |                        |                         |                          |                 |   |                  |
|--------------------------------------|----------------------------------|------------------------|-------------------------|--------------------------|-----------------|---|------------------|
| PREVIOUS TITLED #<br><b>11924010</b> | STATE<br><b>ME</b>               | PREVIOUS STATES TITLED | VEHICLE USE<br><b>F</b> | VEHICLE TYPE<br><b>S</b> | CURRENT MILEAGE | ODOMETER ACTUAL (9) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE<br><b>1</b> |
| VEHICLE TRADE-IN DESCRIPTION         | COMPANY VEHICLE #<br><b>1681</b> |                        |                         |                          |                 |   |                  |

|                               |  |                  |                      |                       |                       |                         |   |
|-------------------------------|--|------------------|----------------------|-----------------------|-----------------------|-------------------------|---|
| PLATE # (1)<br><b>U409794</b> | CLASS CODE/ISSUE YR (1)(3)<br><b>8020/1994</b> | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
|-------------------------------|--|------------------|----------------------|-----------------------|-----------------------|-------------------------|---|

|                            |                            |                |                        |                          |                     |
|----------------------------|----------------------------|----------------|------------------------|--------------------------|---------------------|
| 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<br><b>SUNTRUST BANK</b> | LIEN DATE<br><b>11/19/2012</b> |
|------------------------------------|-----------|--|--------------------------------|

|  |                          |                    |                          |
|--|--------------------------|--------------------|--------------------------|
| ADDRESS<br><b>120 E BALTIMORE ST 25 FL</b> | CITY<br><b>BALTIMORE</b> | STATE<br><b>MD</b> | ZIP CODE<br><b>21202</b> |
|--|--------------------------|--------------------|--------------------------|

|                   |           |
|-------------------|-----------|
| SECOND LIENHOLDER | LIEN DATE |
|-------------------|-----------|

|   |                                       |                                    |                              |                              |
|---|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| 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                                  |                                    |                              |                              |
| ADDRESS                                 | 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"/> RTND DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED | <input type="checkbox"/> ILLEGIBLE |

I, the undersigned, do 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 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>01/16/2013</b> |
|------------------------------|--|---------------------------|

|  |                                |                        |  |  |                                      |
|--|--------------------------------|------------------------|--|--|--------------------------------------|
| VOICE NUMBER<br><b>13016 @</b>                       | COUNTY NAME<br><b>HAMILTON</b> | CO NUMBER<br><b>33</b> | DATE OF APPLICATION<br><b>01/16/2013</b> | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)<br><b>W.F. (BILL) KNOWLES</b> | <b>HJC27</b>                         |
| VEHICLE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b> | CREDIT                         | LEASE FEE              | TRANS FEE                                | CLERK FEE  | ISSUANCE FEE<br><b>12.00</b>         |
| SALES TAX  | SALES OR USE TAX               | SA TAX                 | LOCAL TAX                                | ADDITIONAL TAX   | TITLE FEE<br><b>5.50</b>             |
| SALES TAX  | USE TAX                        |                        |  |  | TOTAL TAX COLLECTED<br><b>.00</b>    |
| SERVICE OPT FEE                                      | ORGAN DONOR                    | POSTAGE                | VER                                      | ID / RESIDENCY VERIFICATION  | TOTAL FEES COLLECTED<br><b>97.25</b> |

