



# OFFICIAL VEHICLE REGISTRATION

1735RT

**Stickers:**

VEHICLE OR CURRENT TITLE NUMBER <b>1441808</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER
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VEHICLE 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>
FIRST NAME <b>LOWMAN TRAILER LEASING LLC</b>	MIDDLE INITIAL	LAST NAME	MIDDLE INITIAL

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

VEHICLE IDENTIFICATION NUMBER (VIN) <b>VILSON 095</b>	PURCHASE DATE <b>11/19/2012</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION	MAKE <b>WABA</b>	MODEL <b>1JJ</b>	YEAR <b>1991</b>	BODY <b>SE</b>	TITLE BRAND - translation <b>USED</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
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VEHICLE IDENTIFICATION NUMBER (VIN) <b>JJV482U0ML155605</b>	STATE <b>ME</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	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 <b>1</b>
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OR CODE (enter appropriate code)* LOWER	MOBILE HOME LGTH	WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # <b>1735 RT</b>
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**PLATE INFORMATION \*(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS**

PLATE # (1) <b>J409463</b>	CLASSCODE/ISSUEYR(1)(3) <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) <b>PERMANENT</b>
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 <b>SUNTRUST BANK</b>	LIEN DATE <b>11/19/2012</b>
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
LIEN CODE	THIRD LIENHOLDER	LIEN DATE

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

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

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS	DEALER #		

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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I, the undersigned, 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 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 <b>01/15/2013</b>
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OFFICE NUMBER <b>13015 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>01/15/2013</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
*FEE USE ONLY (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED <b>97.25</b>