



# OFFICIAL VEHICLE REGISTRATION

210421

**ty Stickers:**

7 OR CURRENT TITLE NUMBER <b>0481708</b>	TRANSACTION CODE <b>001</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>		LAST NAME <b>FIRST NAME</b>
ADDRESS 1 (MAILING) <b>0233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)
STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY STATE ZIP CODE
RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>WILLIAMSPORT</b>	PURCHASE DATE <b>06/29/2012</b>	TELEPHONE # <b>301 582 1793</b>
<b>IAMILTON 033</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>	*PLACARD/HEARING IMPAIRED CLS/YR <b>0</b>
		*INSURANCE POLICY #

VEHICLE INFORMATION		MAKE <b>S12E9485WD427801</b>	MODEL <b>STRI</b>	YEAR <b>S74</b>	BODY <b>1998</b>	TITLE BRAND - translation <b>SE</b>	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>
REGISTERED TITLE # <b>4862924</b>	STATE <b>TN</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>
OR CODE (enter appropriate code) OR LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>210421</b>			

TITLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE # (1) <b>I381451</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>06/29/2012</b>	
LIEN #	CITY <b>120 E BALTIMORE ST 25 FL</b>			CITY <b>BALTIMORE</b>			STATE <b>MD</b>		ZIP CODE <b>21202</b>
LIEN CODE	SECOND LIENHOLDER							LIEN DATE	
LIEN #	CITY			CITY			STATE		ZIP CODE

SSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME		NAME			
ADDRESS		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 #

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"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED
<input type="checkbox"/> ILLEGIBLE				

I, the undersigned, under penalties of perjury, I hereby certify 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 assign responsibility 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>09/04/2012</b>
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COUNTY NUMBER <b>12248 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>09/04/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>		<b>HJC27</b>
*TOTAL FEES COLLECTED INDICATED CERTIFIES THIS FORM AS A VALID REGISTRATION						
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
SALES OR USE TAX			SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF
SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL TAX COLLECTED <b>.00</b>
SERVICE OPT FEE						TOTAL FEES COLLECTED <b>97.25</b>