



# OFFICIAL VEHICLE REGISTRATION

231796

**City Stickers:**

VIN OR CURRENT TITLE NUMBER <b>30476915</b>		TRANSACTION CODE <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"/> ILU <input checked="" type="checkbox"/>			
OWNER NAME <b>30WMAN TRAILER LEASING LLC</b>		OWNER FIRST NAME <b>WILLIAMS</b> MIDDLE INITIAL <b>P</b>	
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>		ADDRESS 2 (PHYSICAL)	
CITY <b>MILLIAMSPORT</b> STATE <b>MD</b> ZIP CODE <b>21795</b>		CITY <b>WILLIAMSPORT</b> STATE <b>MD</b> ZIP CODE <b>21795</b>	
HOME OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/29/2012</b>	*LEASED <input 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 #

VEHICLE INFORMATION										
VIN <b>1PNV482B1WK211753</b>	MAKE <b>PINE</b>	MODEL <b>1PN</b>	YEAR <b>1998</b>	BODY <b>SE</b>	TITLE BRAND - translation	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>9</b>		
REGISTERED TITLE # <b>3732988855</b>	STATE <b>OR</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 15,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>		
VEHICLE OR CODE (enter appropriate code)* *R LOWER <b>0</b>	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION			COMPANY VEHICLE # <b>231796</b>		

STATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) <b>U380251</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>
FRONT 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>	
REET	ADDRESS <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	
REET	ADDRESS	CITY	STATE ZIP CODE

REGISTRANT INFORMATION (OWNER OF PLATE)			
REGISTRANT NAME	LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/> ILU <input type="checkbox"/>
REGISTRANT NAME	NAME		
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 DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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I, the undersigned, for 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 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 <b>08/17/2012</b>
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COUNTY NUMBER <b>12230 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>08/17/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
VEHICLE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
IMPOSITION OF SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>	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>