



|                             |  |                  |                          |       |
|-----------------------------|--|------------------|--------------------------|-------|
| NEW OR CURRENT TITLE NUMBER |  | TRANSACTION CODE | REGISTRATION ONLY NUMBER | STATE |
| 93597051                    |  | N01              |                          |       |

|                         |  |            |  |                |           |  |            |  |                |
|-------------------------|--|------------|--|----------------|-----------|--|------------|--|----------------|
| LAST NAME               |  | FIRST NAME |  | MIDDLE INITIAL | LAST NAME |  | FIRST NAME |  | MIDDLE INITIAL |
| RSE TRAILER LEASING LLC |  |            |  |                |           |  |            |  |                |

|                     |                      |
|---------------------|----------------------|
| ADDRESS 1 (MAILING) | ADDRESS 2 (PHYSICAL) |
|---------------------|----------------------|

|              |       |          |      |       |          |
|--------------|-------|----------|------|-------|----------|
| CITY         | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| WILLIAMSPORT | MD    | 21795    |      |       |          |

|                                                                           |                                    |                                                                                                                                           |                                    |                                  |                     |
|---------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------|
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b> | PURCHASE DATE<br><b>04/30/2014</b> | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br><small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE #<br><b>301 582 1793</b> | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|---------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------|

|                    |      |       |      |      |                           |      |                            |      |
|--------------------|------|-------|------|------|---------------------------|------|----------------------------|------|
| VIN                | MAKE | MODEL | YEAR | BODY | TITLE BRAND - translation | CODE | TYPE OF FUEL - translation | CODE |
| 3H3V532C1FT328199. | HYTR | 3H3   | 2015 | SE   | NEW                       | N    |                            |      |

| SURRENDERED TITLE # | STATE | PREVIOUS STATES TITLED | VEHICLE USE | VEHICLE TYPE | CURRENT MILEAGE | ODMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 10,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (2) | 9    |
|---------------------|-------|------------------------|-------------|--------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|------|
| MSO                 | TN    |                        | E           | S            |                 |                                                                                                                              | CODE |

|                                                    |  |                          |  |            |  |              |  |                           |  |                                    |  |                             |  |
|----------------------------------------------------|--|--------------------------|--|------------|--|--------------|--|---------------------------|--|------------------------------------|--|-----------------------------|--|
| COLOR CODE (enter appropriate code)*<br>UPPER<br>0 |  | MOBILE HOME<br>LGTH<br>1 |  | WIDTH<br>1 |  | # AXLES<br>1 |  | GROSS VEHICLE WEIGHT<br>1 |  | *VEHICLE TRADE-IN DESCRIPTION<br>1 |  | COMPANY VEHICLE #<br>328199 |  |
|----------------------------------------------------|--|--------------------------|--|------------|--|--------------|--|---------------------------|--|------------------------------------|--|-----------------------------|--|

|                                                                                                                                       |                           |                           |        |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|--------|
| PLATE INFORMATION (Required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |                           |                           | 328199 |
| PLATE # (1)                                                                                                                           | CLASS CODE # (SEE EX-101) | VALIDATION # (SEE EX-101) |        |

| PLATE # (1) | CLASS CODE/ISSUE YR (1)(3) | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3) |
|-------------|----------------------------|------------------|----------------------|-----------------------|-------------------------|-------------------------|---------------------------|
| U493299     | 8020/1994                  |                  |                      |                       |                         |                         |                           |

|                  |  |                           |               |                      |                         |                    |           |
|------------------|--|---------------------------|---------------|----------------------|-------------------------|--------------------|-----------|
| FOR STICKER #(4) |  | TEMP OPERATOR PERMIT #(3) | # OF SEATS(5) | ZONE(COUNTY NAME)(6) | USDOT / REGISTRANT #(7) | MOTOR CARRIER #(8) | PERMANENT |
|------------------|--|---------------------------|---------------|----------------------|-------------------------|--------------------|-----------|

|           |                  |            |
|-----------|------------------|------------|
| LIEN CODE | FIRST LIENHOLDER | LIEN DATE  |
|           | SUNTRUST BANK    | 04/30/2014 |
| STREET    |                  |            |

|                          |                    |      |           |       |    |          |       |
|--------------------------|--------------------|------|-----------|-------|----|----------|-------|
| 120 E BALTIMORE ST 25 FL |                    | CITY | BALTIMORE | STATE | MD | ZIP CODE | 21202 |
| LIEN CODE                | SECOND LIEN HOLDER |      |           |       |    |          |       |

|           |                    |      |  |       |          |           |
|-----------|--------------------|------|--|-------|----------|-----------|
| LIEN CODE | SECOND LIEN HOLDER |      |  | MD    | 21202    | LIEN DATE |
| STREET    |                    | CITY |  | STATE | ZIP CODE |           |

|         |           |     |     |
|---------|-----------|-----|-----|
| NAME    | NAME CODE | MAG | ICU |
| NAME    |           |     |     |
| ADDRESS | CITY      |     |     |

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

|                               |                                 |                                    |                                                    |                                  |                                    |
|-------------------------------|---------------------------------|------------------------------------|----------------------------------------------------|----------------------------------|------------------------------------|
| <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, certify that the information provided by me or on my behalf, is true to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division to assign or determine the accuracy of the information provided by me or on my behalf. |                                                                     |                        |
| SIGNATURE OF CERTIFIER/OWNER<br><br>_____                                                                                                                                                                                                                                                    | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)<br><br>_____ | DATE<br><br>05/07/2014 |

|                          |                               |           |                     |                                                           |            |
|--------------------------|-------------------------------|-----------|---------------------|-----------------------------------------------------------|------------|
| VOICE NUMBER             | COUNTY NAME                   | CO NUMBER | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) | 05/07/2014 |
| 4127 @<br>VOICE USE ONLY | HAMILTON<br>EMISSION: Trailer | 33        | 05/07/2014          | W.F. (BILL) KNOWLES                                       | HCM27      |

|                  |  |                  |  |           |  |           |  |                |  |                       |  |                   |  |                     |  |
|------------------|--|------------------|--|-----------|--|-----------|--|----------------|--|-----------------------|--|-------------------|--|---------------------|--|
| REGISTRATION FEE |  | CREDIT           |  | LEASE FEE |  | TRANS FEE |  | CLERK FEE      |  | ISSUANCE FEE          |  | TITLE FEE         |  | TOTAL TAX COLLECTED |  |
| 9.75             |  |                  |  |           |  |           |  |                |  | 12.00                 |  | 5.50              |  | .00                 |  |
| COMPUTATION OF   |  | SALES OR USE TAX |  | SA TAX    |  | LOCAL TAX |  | ADDITIONAL TAX |  | COLLECTED IN STATE OF |  | COUNTY/UNOFF. TAX |  |                     |  |

|                                                                     |  |             |         |                       |                             |                  |                       |
|---------------------------------------------------------------------|--|-------------|---------|-----------------------|-----------------------------|------------------|-----------------------|
| SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/> |  |             |         | COLLECTED IN STATE OF |                             | COUNTY WHEEL TAX | CITY STICKER FEE      |
| SERVICE OPT FEE                                                     |  | ORGAN DONOR | POSTAGE | VER                   | ID / RESIDENCY VERIFICATION |                  | *TOTAL FEES COLLECTED |
|                                                                     |  |             |         |                       |                             |                  | 97.25                 |