



# OFFICIAL VEHICLE REGISTRATION

399928

### Vehicle Information

VEHICLE IDENTIFICATION NUMBER (VIN) OR CURRENT TITLE NUMBER <b>10475663</b>	TRANSACTION CODE <b>N01</b>	REGISTRATION ONLY NUMBER <b>399928</b>
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OWNER INFORMATION \*LEGAL STATUS: 1 (AND) 2 (OR)  ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 26 CHARACTERS)  4 MAO  N ILU  N

OWNER NAME <b>BOWMAN TRAILER LEASING LLC</b>	OWNER FIRST NAME <b>BOWMAN</b>	OWNER MIDDLE INITIAL <b></b>	OWNER LAST NAME <b>TRAILER LEASING LLC</b>	OWNER MIDDLE INITIAL <b></b>
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL) <b></b>			
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY <b></b>	STATE <b></b>
RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/29/2012</b>	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>	*PLACARD/HEARING IMPAIRED CLS/YR <b></b>

### Vehicle Information

VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GRAA0626XB049136</b>	MAKE <b>GDAN</b>	MODEL <b>1GR</b>	YEAR <b>1999</b>	BODY <b>SE</b>	TITLE BRAND - translation <b></b>	CODE <b>U</b>	TYPE OF FUEL - translation <b></b>	CODE <b>9</b>
PREVIOUS TITLE # <b>821886236</b>	STATE <b>OR</b>	PREVIOUS STATES TITLED <b></b>	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE <b></b>	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>	
VEHICLE OR CODE (enter appropriate code) LOWER <b>0</b>	MOBILE HOME L&TH <b></b>	# AXLES <b></b>	GROSS VEHICLE WEIGHT <b></b>	*VEHICLE TRADE-IN DESCRIPTION <b></b>			COMPANY VEHICLE # <b>399928</b>	

### Plate Information

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1) <b>J379800</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1) <b></b>	COUNTY STICKER # (1) <b></b>	CITY STICKER # (1)(2) <b></b>	*PLATE # (TRADE IN) (2) <b></b>	CLASS CODE/ISSUE YR (2) <b></b>	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
STICKER # (4) <b></b>	TEMP OPERATOR PERMIT # (3) <b></b>	# OF SEATS (5) <b></b>	ZONE (COUNTY NAME) (6) <b></b>	USDOT / REGISTRANT # (7) <b></b>	MOTOR CARRIER # (8) <b></b>		

### Lien Information

LIEN CODE <b></b>	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>06/29/2012</b>
STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>
ZIP CODE <b>21202</b>	SECOND LIENHOLDER <b></b>	
STREET <b></b>	CITY <b></b>	STATE <b></b>
ZIP CODE <b></b>	LIEN DATE <b></b>	

### Owner/Registrant Information

OWNER / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS:  NAME CODE:  MAO:  ILU:

NAME

ADDRESS

CITY

STATE

ZIP CODE

### Vehicle Cost / Tax Information

NET PRICE <b></b>	TRADE IN ALLOWANCE <b></b>	TAXABLE AMOUNT <b></b>	SALES TAX PAID <b></b>	*TAX EXEMPTION REASON / SALES TAX # <b></b>
DEALER NAME <b></b>	DEALER ADDRESS <b></b>		DEALER # <b></b>	

### Vehicle Condition

REQUIRED FOR DUPLICATE TITLE - T.C.A. 85-9-115 (submit illegible or altered Certificate of Title)

LOST  STOLEN  MUTILATED  RTND DUE TO NON DELIVERY  ALTERED  ILLEGIBLE

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 determine the accuracy of the information provided by me or on my behalf.

NATURE OF CERTIFIER/OWNER <b></b>	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) <b></b>	DATE <b>08/14/2012</b>
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COUNTY NUMBER <b>12227 @</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>08/14/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
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REGISTRATION FEE <b>79.75</b>	CREDIT <b></b>	LEASE FEE <b></b>	TRANS FEE <b></b>	CLERK FEE <b></b>	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>	TOTAL TAX COLLECTED <b>.00</b>
SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>	SALES OR USE TAX <b></b>	SA TAX <b></b>	LOCAL TAX <b></b>	ADDITIONAL TAX <b></b>	COLLECTED IN STATE OF <b></b>	COUNTY WHEEL TAX <b></b>	CITY STICKER FEE <b></b>
SERVICE OPT FEE <b></b>	ORGAN DONOR <b></b>	POSTAGE <b></b>	VER <b></b>	ID / RESIDENCY VERIFICATION <b></b>	*TOTAL FEES COLLECTED <b>97.25</b>		