



OFFICIAL VEHICLE REGISTRATION

479243

City Stickers:

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| NEW OR CURRENT TITLE NUMBER 84177101 | TRANSACTION CODE 001 | REGISTRATION ONLY NUMBER |
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| 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) 5 | | MAO <input checked="" type="checkbox"/> | ILU <input checked="" type="checkbox"/> |
| ST NAME BOWMAN SALES AND EQUIPMENT INC | FIRST NAME MIDDLE INITIAL | LAST NAME FIRST NAME MIDDLE INITIAL | |
| ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD | | ADDRESS 2 (PHYSICAL) | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | |
| TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 06/30/2011 | *LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS | TELEPHONE # 301 582 1793 |
| | | *PLACARD/HEARING IMPAIRED CLS YR | *INSURANCE POLICY # |

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|---|--------------------------|-------------------------------------|-------------------------|-------------------------------|---|---|--|------------------|
| VEHICLE INFORMATION | MAKE FRUE | MODEL TL | YEAR 1988 | BODY SE | TITLE BRAND - list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (B) PARTS ONLY | CODE U | TYPE OF FUEL - list the appropriate code GAS (1) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4) | CODE 9 |
| UNRENDERED TITLE # 60716576 | STATE TN | PREVIOUS STATES TITLED ME | VEHICLE USE F | VEHICLE TYPE S | 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 1 | |
| VEHICLE COLOR CODE (enter appropriate code)* PER LOWER O | MOBILE HOME LGTH WDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # 429243 | | |

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| DATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| DATE # (1) U329862 | CLASSCODE/ISSUE YR (1)(3) 8020/1994 | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3) PERMANENT |
| REG STICKER # (4) | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5) | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8) | | |

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| LIEN INFORMATION (if lien present) | | | |
| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | CITY BALTIMORE | STATE MD |
| | ADDRESS 120 E BALTIMORE 25TH FL | ZIP CODE 21202 | LIEN DATE 06/30/2011 |
| LIEN CODE | SECOND LIENHOLDER | | LIEN DATE |
| LIEN CODE | | | LIEN DATE |

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|---|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| ESSEE / 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) | | | | |
| VEHICLE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALES TAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
| DEALER NAME | DEALER ADDRESS | | DEALER # | |

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| Required for Duplicate Title - T.C.A. 55-9-115 (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 |

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

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| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 10/20/2011 |
|------------------------------|--|---------------------------|

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|---|--------------------------------|------------------------|--|--|---------------------------------------|
| VOICE NUMBER 11293 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 10/20/2011 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | KAR46 |
| *OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration) | | | | | |
| REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE 12.00 | TITLE FEE 5.50 |
| COMPUTATION OF SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX |
| SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |