



OFFICIAL VEHICLE REGISTRATION

531171

Stickers:
OR CURRENT TITLE NUMBER: 1441707
TRANSACTION CODE: 001
REGISTRATION ONLY NUMBER: [Blank]

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 28 CHARACTERS) **4** MAO N ILU N

OWNER NAME: OWMAN TRAILER LEASING LLC
FIRST NAME: [Blank] MIDDLE INITIAL: [Blank] LAST NAME: [Blank] MIDDLE INITIAL: [Blank]

ADDRESS 1 (MAILING): PO BOX 433 % 10233 GOVERNOR LN BLVD
ADDRESS 2 (PHYSICAL): [Blank]

STATE: MD ZIP CODE: 21795
CITY: [Blank] STATE: [Blank] ZIP CODE: [Blank]

IF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION: WILSON 095
PURCHASE DATE: 11/19/2012
*LEASED *SERVICE OPTIONS
SEE REVERSE SIDE FOR INSTRUCTIONS
TELEPHONE #: 301 582 1793
*PLACARD/HEARING IMPAIRED CLS/YR: [Blank] *INSURANCE POLICY #: [Blank]

VEHICLE INFORMATION

MAKE	MODEL	YEAR	BODY	TITLE BRAND - translation	CODE	TYPE OF FUEL - translation	CODE
MONN	1NN	1996	SE	USED	U		9

REGISTERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	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
1500562	ME	ME	F	S			1

OR CODE (enter appropriate code)* LOWER: [Blank]
MOBILE HOME LGTH: [Blank] WIDTH: [Blank]
AXLES: [Blank] GROSS VEHICLE WEIGHT: [Blank]
*VEHICLE TRADE-IN DESCRIPTION: [Blank] COMPANY VEHICLE #: 531171

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

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)
J409426	8020/1994						PERMANENT

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	LIEN DATE
	SUNTRUST BANK	11/19/2012

REET	CITY	STATE	ZIP CODE
120 E BALTIMORE ST 25 FL	BALTIMORE	MD	21202

LIEN CODE	SECOND LIENHOLDER	LIEN DATE

REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS NAME CODE MAO ILU

NAME: [Blank]
CITY: [Blank] STATE: [Blank] ZIP CODE: [Blank]

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 #

required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

LOST STOLEN MUTILATED RT'ND DUE TO NON DELIEVERY ALTERED ILLEGIBLE

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: [Blank] POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): [Blank] DATE: 01/15/2013

VOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)
13015 @	HAMILTON	33	01/15/2013	W.F. (BILL) KNOWLES HJC27

EMISSION: Trailer

REGISTRATION FEE	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
79.75					12.00	5.50	.00

IMPUTATION OF SALES TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED
					97.25