OFFICIAL VEHICLE REGISTRATION

| City Stickers: | | | | | | | | | | | | 03260 | 26 |
|---|------------------------------|---|------------------------|------------------|-----------------------|--------------------|-----------------|--------------------------|----------------|-----------------------|-------------------|----------------------------|------------|
| 91440395 | NUMBER | | | TRA | NO1 | | REGISTA | IATION ONLY N | UMBER | | | | |
| OWNER INFORMATION *LE | ECAL STATUS: 1 (AND) 2 | (OB) ENTER N | AME CODE IN | BOX 1 (SAME | 15000 | ENT) 3(MULT | TIPLE LAST | NAMES) 4(COM | MPANY) 5(O | VER 28 CHARACT | ERS) 4 | MAO N ILU | N |
| LAST NAME | | FIRST NAME | | DDLE INITIAL | | LAST NAM | | Th miles i (con | | FIRST NAME | | MIDDLE INITIAL | - |
| BOWMAN TR | AILER LEASI | NG LLC | | | | ADDRESS | 2 (PHYSIC | ALV | | | | | |
| PO BOX 433 | % 10233 | GOVERNO | R LN BL | _VD | | ADDITEGE | 32 (1111310 | CL) | | | | | |
| CITY | | ZIP CODE | | CITY | | | | STATE | | ZIP CODE | | | |
| WILLIAMSPORT | | | | 21795 | | TELEPHONE # *PLACA | | *DI ACADI | HEARING IMPAIR | ED CLEVE | *INSURANCE POLICY | # | |
| HAMILTON 033 | | 12/14/2012 *LEASED SEE REVERSI | | O SERV | •SERVICE OPTIONS | | | | | JHEAHING IMPAIN | EU CLS/TH | INSURANCE POLICY | |
| VEHICLE INFORMATION VIN | | MAKE | MODEL | YEAR | BODY | TITLE BI | RAND - tran | slation | | CODE | TYPE OF FUE | EL - translation | CODE |
| 1DW1A532XVS053452 | | STOU | U 1DW 19 | | SE | USED | | | | U | | 9 | |
| SURRENDERED TITLE # | | STATE PREVI | TE PREVIOUS STATES TIT | | VEHICLE U | | | PE CURRENT MILEAG | | INDICATOR OVER 10 | | YRS / 16,000 LBS (1) | |
| 11640373 | | ME | VIE . | | F | F S | | | | (List one) IN EXCESS | | S OF MECHANICAL LIMITS (9) | |
| COLOR CODE (enter appropria UPPER LOW | ate code)* MOBILE H | OME WDTH | # AXLES | GRO | SS VEHICLE | WEIGHT | | *VEHICLE T | RADE-IN D | ESCRIPTION | | COMPANY VEHICLE # | 2626 |
| PLATE INFORMATION *(rec | quired for Title and Registr | ration and Registration | #(1) CO | ons) SEE REY | VERSE SIDE | FOR COMP | R #(1)(2) | RUCTIONS PLATE #(TRAD | DE IN)(2) | CLASS CODE/I | SSUE YR(2) | EXPIRATION DATE | (1)(2)(3) |
| U409121 8020/1994 | | 1111 | 1,0 | | | (, , - , | | | | | PERI | | |
| TDR STICKER #(4) | TEMP OPERATOR PE | RMIT #(3) # C | F SEATS(5) | ZONE(CO | UNTY NAME |)(6) | US | SDOT / REGIST | RANT #(7) | - | том | FOR CARRIER #(8) | |
| | | | | +232301013 | 5 7 3 1 1 1 7 1 9 4 5 | | ut santawi | NA PST NOV. 8574.5 | COLUMN ST | | F-10/26 - 00/15 | | 5 EST 10 |
| LIEN INFORMATION (If lien LIEN CODE FIRST LIE | present) ENHOLDER | | | | | | | | | | | LIEN DA | TE |
| s | SUNTRUST BA | ANK | | | | | | | | | | 12/14 | 1/201 |
| STREET 120 E E | CITY BALTIMORE | | | | | | | STATE ZIP CODE MD 21202 | | | | | |
| | LIENHOLDER | J1 20 1 L | | | | | 7 1.2 1 1101 | 0 | | | | LIEN DA | TE |
| | | | | | | | | | | | 710,0005 | | |
| STREET | CITY | | | | | | | STA | IE. | ZIP CODE | | | |
| *LESSEE / REGISTRANT IN | NFORMATION(OWNER C |)F PLATE) | LEGAL ST | TATUS | NAME | CODE |] " | IAO 🔲 IL | . D | | | | |
| NAME | | | | | | NAME | | | | | | | |
| ADDRESS | | | CITY | | | | | | | STATE ZIP CODE | | | |
| | | | | | | n escen | | | 10-27-10 | | | | |
| SALE PRICE | TRADE IN AL | | ursactions) | TAXA | BLE AMOUN | Т | SW. 23-1118/1 | SALESTAX P | AID | HELINAVANIA PARTIAL | *TAX EXEM | PTION REASON / SALES | TAX# |
| DEALER NAME | | | DEALE | | | | | DEALER# | | | | | |
| | | | 190 (1860 - 1860) | | | | 27/12/2007 | | | | 5/5/25/2 | transfer in the care | (A) 2255 a |
| *Required for Duplicate Title | 9 - T.C.A. 55-3-115 (submi | t illegible or altered Co | ertificate of Title |) [| | | | ĪΓ | 7 | 100,000 | Tr | | |
| LOST | STOLEN | | MUTILATED | | | TN'D DUE TO | | - | _ | LTERED | | ILLEGIBLE | |
| Under penalties of perjury, I I or its assignees to determine | | on provided is true an nation provided by me | or on my behal | best of my known | owledge, and | acknowledg | e that it is no | of the responsibility | lity of the Mo | otor Vehicle Division | DATE | | |
| SIGNATURE OF CERTIFIE | PO | HORIZED SIGNATURE(IF APPLICABLE) | | | -/ | | | 01/11/2013 | | | | | |
| INVOICE NUMBER | COUNTY NAME HAMILTO | ON | СО | NUMBER 33 | | 1/11/20 | | | | KNOWLE: | | S(COUNTY CLERK) | HJC2 |
| OFFICE USE ONLY REGISTRATION FEE | EMISSION: | | EE | | ANS FEE | | RK FEE | | collected I | ndicated certifies t | his form as a | | |
| 79.75 | | | | | | | | 12.0 | 0 | 5.50 | .0 | 00 | |
| COMPUTATION OF SALES TAX USE | SALES OR USE TA | XX SA TAX | LOCAL | TAX A | DDITIONAL | TAX | COLLE | CTED IN STAT | E OF CO | OUNTY WHEEL TA) | CITY | STICKER FEE | |
| SERVICE OPT FEE | ORGAN DONOR | POSTAG | E | VER | | ID/A | ESIDENCY | VERIFICATION | | | | AL FEES COLLECTED | |
| | W 40 /D D07/0000 | 0 | 00 0 | books 0 | . 00 | Chack# | | Cradit: 0 | . 00 | Auth#- | | P: 0.00 BDA | 600 |