OFFICIAL VEHICLE REGISTRATION

City Stickers:											53283	32
91440408	UMBER			T.C.	NO1	REGIS	TRATION ONLY	YNUMBER				
OWNER INFORMATION *LEG	GAL STATUS: 1 (AND) 2	(OR) ENTER	R NAME CODE IN	BOX 1 (SAM	E) 2(DIFFERE	NT) 3(MULTIPLE LA	ST NAMES) 4(C	OMPANY) 5(OV	ER 28 CHARACT	ERS) 4	MAO N ILU	N
AST NAME BOWMAN TRA	MERIFASI	FIRST NAME	М	IIDDLE INITIAI	L	LAST NAME			FIRST NAME		MIDDLE INITIA	L
ADDRESS 1 (MAILING)	AILLII LLAOI	IVG LLO				ADDRESS 2 (PHYS	SICAL)					
PO BOX 433	% 10233	GOVERN	OR LN B									
WILLIAMSPORT		STATE ZIP C				CITY			STATE		ZIP CODE	
		PUBCHASE DATE			VICE OPTION				HEARING IMPAIR	RED CLS/YR	*INSURANCE POLICY	' #
VEHICLE INFORMATION			Luce		Lacou	77.500.00		S. HAVE	CODE	TYPE OF FUE	T. translation	CODE
//N		- 1		1997	SE	TITLE BRAND - translation			U	TTPEOFFOE	YPE OF FUEL - translation	
1DW1A5322VS071248		STATE PREVIOUS STATES TITLE			VEHICLE U	USED VEHICLE TYPE CURRENT MIL		ENT MILEAGE	ODOMETER	ACTUAL (0) N	CTUAL (0) NOT ACTUAL (8)	
11605650		ME			F	S			INDICATOR OVER 10 YRS / 16,000 LB (List one) IN EXCESS OF MECHANIC		16,000 LBS (1) IECHANICAL LIMITS (9)	1
COLOR CODE (enter appropriate UPPER LOWE	OME WDTH	# AXLES GROSS VEHICLE				GHT *VEHICLE TRADE-IN			N DESCRIPTION		COMPANY VEHICLE # 532832	
PLATE INFORMATION *(requ	lired for Title and Regist	ration and Registra	tion Only Transac	tions) SEE RE	VERSE SIDE	FOR COMPLETE IN	STRUCTIONS					
PLATE #(1) CL U409123	ASSCODE/ISSUEYR(1 8020/199	82.62	ON #(1) CO	DUNTY STICK	ER #(1) Cl	TY STICKER #(1)(2)	*PLATE #(TR	ADE IN)(2)	CLASS CODE/	SSUE YR(2)	PERMA	
TDR STICKER #(4) TEMP OPERATOR PE			# OF SEATS(5)	F SEATS(5) ZONE(COUNTY NAME)		(6)	USDOT / REGISTRANT			мот	OR CARRIER #(8)	
LEN INFORMATION (If lien present) LIEN CODE FIRST LIENHOLDER SUNTRUST BANK STREET 120 E BALTIMORE ST 25 FL						BALTIMORE			LIEN DATE 12/14/20 STATE ZIP CODE MD 21202			
LIEN CODE SECOND L	LIENHOLDER										LIEN DA	TE
STREET					CITY				STATE ZIP CODE			
*LESSEE / REGISTRANT INF	FORMATION(OWNER C	OF PLATE)	LEGAL S	STATUS _	NAME		мао 🗌	ILU				
NAME			NAME									
ADDRESS	CITY						STATE ZIP CODE					
VEHICLE COST / TAX INFOR	RMATION *(required for TRADE IN A		Transactions)	TAXA	BLE AMOUNT	T	SALESTAX	PAID		*TAX EXEMI	PTION REASON / SALES	S TAX #
DEALER NAME			DEALE	ER ADDRESS		1					DEALER #	
*Required for Duplicate Title -	T.C.A. 55-3-115 (subm	it Illegible or altere	d Certificate of Titl	e)						33/3/2019		
LOST	STOLEN		MUTILATE	D	RT	'N'D DUE TO NON D	ELIEVERY	AL	TERED		ILLEGIBLE	
Under penalties of perjury, I he or its assignees to determine to	L ereby certify all informati he accuracy of the inform	on provided is true nation provided by	and correct to the me or on my behi	e best of my kn alf.	nowledge, and	acknowledge that it is	not the respons	sibility of the Mot	or Vehicle Division			
SIGNATURE OF CERTIFIER		9	PC	OWER OF AT	TORNEY/AUTI	HORIZED SIGNATUI	RE(IF APPLICAE	BLE)		DATE	01/11/2013	3
INVOICE NUMBER	COUNTY NAME	011	cc	NUMBER		PPLICATION (1.1.1004.0)					(COUNTY CLERK)	H IOO
13011 @ OFFICE USE ONLY	HAMILT EMISSION:	Trailer		33		/11/2013	(total fe	ees collected In		his form as a v	ralid registration)	HJC2
REGISTRATION FEE 79.75	CREDIT	LEAS	E FEE	TR	ANS FEE	CLERK FEE	12.	Section 1	5.50	.0	TAX COLLECTED	
COMPUTATION OF	SALES OR USE TA	AX SA TAX	LOCA	L TAX	ADDITIONAL T	AX COL	LECTED IN ST		JNTY WHEEL TAX		STICKER FEE	
SALES TAX USE T.	ORGAN DONOR	POS	TAGE	VER		ID / RESIDENC	CY VERIFICATION	ON			AL FEES COLLECTED	
SF-1357 Port: WH	<48/DR27/8020	Cash:	0.00	Check: (0.00	Check#:	Credit:	0,00	Auth#:	Change	e: 0.00 RDA	-692