



# OFFICIAL VEHICLE REGISTRATION

556050

**City Stickers:**

|  |   |   |
|--|---|---|
| NEW OR CURRENT TITLE NUMBER<br><b>84177543</b>   | TRANSACTION CODE*<br><b>001</b>                     | REGISTRATION ONLY NUMBER  |
| 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) <b>5</b> MAO <input checked="" type="checkbox"/> ILU <input checked="" type="checkbox"/> |   |   |
| LAST NAME<br><b>BOWMAN SALES AND EQUIPMENT INC</b>   | FIRST NAME<br><b>BOWMAN SALES AND EQUIPMENT INC</b> | MIDDLE INITIAL<br><b></b>   |
| ADDRESS 1 (MAILING)<br><b>PO BOX 433 % 10233 GOVENOR LN BLVD</b>   |   | ADDRESS 2 (PHYSICAL)  |
| CITY<br><b>WILLIAMSPORT</b>  | STATE<br><b>MD</b>                                  | ZIP CODE<br><b>21795</b>  |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION<br><b>HAMILTON 033</b>  | PURCHASE DATE<br><b>06/30/2011</b>                  | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/><br><small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> |
| TELEPHONE #<br><b>301 582 1793</b>   | *PLACARD/HEARING IMPAIRED CLS/YR                    | *INSURANCE POLICY #   |

|   |                          |                                     |                         |                               |  |   |   |                  |
|---|--------------------------|-------------------------------------|-------------------------|-------------------------------|--|---|---|------------------|
| VIN<br><b>1JJV532W2XL553436</b>                           | MAKE<br><b>WABA</b>      | MODEL<br><b>DVC</b>                 | YEAR<br><b>1999</b>     | BODY<br><b>SE</b>             | TITLE BRAND - list the appropriate code<br>(N)NEW (1)RECONSTRUCTED VEHICLE<br>(U)USED (2)FLOOD DAMAGE<br>(D)DEMO (3)SPECIALLY CONSTRUCTED<br>(8)PARTS ONLY | CODE<br><b>U</b>  | TYPE OF FUEL - list the appropriate code<br>GAS (1) ELECTRIC/HYBRID (3)<br>DIESEL (2) PROPANE (4) | CODE<br><b>9</b> |
| SURRENDERED TITLE #<br><b>63260199</b>                    | STATE<br><b>TN</b>       | PREVIOUS STATES TITLED<br><b>TN</b> | VEHICLE USE<br><b>F</b> | VEHICLE TYPE<br><b>S</b>      | CURRENT MILEAGE  | ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE<br><b>1</b>  |                  |
| COLOR CODE (enter appropriate code)*<br>UPPER<br><b>O</b> | MOBILE HOME LGTH<br>WOTH | # AXLES                             | GROSS VEHICLE WEIGHT    | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE #<br><b>556050</b>   |   |   |                  |

|  |   |                 |                      |                         |                       |                        |   |
|--|---|-----------------|----------------------|-------------------------|-----------------------|------------------------|---|
| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |   |                 |                      |                         |                       |                        |   |
| PLATE #(1)<br><b>U330086</b>   | CLASSCODE/ISSUEYR(1)(3)<br><b>8020/1994</b> | VALIDATION #(1) | COUNTY STICKER #(1)  | CITY STICKER #(1)(2)    | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3)<br><b>PERMANENT</b> |
| TDR 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<br><b>SUNTRUST BANK</b> | LIEN DATE<br><b>06/30/2011</b> |                          |
| STREET<br><b>120 E BALTIMORE 25TH FL</b> | CITY<br><b>BALTIMORE</b>                 | STATE<br><b>MD</b>             | ZIP CODE<br><b>21202</b> |
| LIEN CODE                                | SECOND LIENHOLDER                        | LIEN DATE                      |                          |
| STREET                                   | CITY                                     | STATE                          | ZIP CODE                 |

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

|                               |                                 |                                    |   |                                  |                                    |
|-------------------------------|---------------------------------|------------------------------------|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RT'ND DUE TO NON DELIEVERY | <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 or its assignees to determine the accuracy of the information provided by me or on my behalf.

|                              |   |                           |
|------------------------------|---|---------------------------|
| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) | DATE<br><b>10/21/2011</b> |
|------------------------------|---|---------------------------|

|   |                                |                        |  |   |                                       |
|---|--------------------------------|------------------------|--|---|---------------------------------------|
| INVOICE NUMBER<br><b>11294 @</b>  | COUNTY NAME<br><b>HAMILTON</b> | CO NUMBER<br><b>33</b> | DATE OF APPLICATION<br><b>10/21/2011</b>                                     | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK)<br><b>W.F. (BILL) KNOWLES</b> | <b>HJC27</b>                          |
| OFFICE USE ONLY<br>REGISTRATION FEE<br><b>79.75</b>                                   | EMISSION: Trailer              |                        | (total fees collected indicated certifies this form as a valid registration) |   |                                       |
| COMPUTATION OF<br><input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX               | SA TAX                 | LOCAL TAX  | ADDITIONAL TAX  | COLLECTED IN STATE OF                 |
| *SERVICE OPT FEE  | ORGAN DONOR                    | POSTAGE                | VER  | ID / RESIDENCY VERIFICATION   | *TOTAL FEES COLLECTED<br><b>97.25</b> |