



OFFICIAL VEHICLE REGISTRATION

584746

City Stickers:

VEHICLE OR CURRENT TITLE NUMBER 04179621	TRANSACTION CODE N01	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) 5		MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
OWNER NAME 30WMAN SALES AND EQUIPMENT INC		LAST NAME WILLIAMSPORT	
ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVENOR LN BLVD		ADDRESS 2 (PHYSICAL)	
STATE MD	ZIP CODE 21795	CITY	STATE MD

HOME OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/30/2011	LEASED <input type="checkbox"/> SERVICE OPTIONS <input type="checkbox"/>	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
---	------------------------------------	--	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION	MAKE HYTR	MODEL 3H3	YEAR 2002	BODY SE	TITLE BRAND - list the appropriate code (N) NEW (U) USED (D) DEMO (S) SPECIALLY CONSTRUCTED (R) PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code (G) GAS (1) DIESEL (2) ELECTRIC/HYBRID (3) PROPANE (4)	CODE 9
REGISTERED TITLE # CA59240244	STATE CA	PREVIOUS STATES TITLED	VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1	COMPANY VEHICLE # 584746
VEHICLE OR CODE (enter appropriate code) *ER LOWER 0	MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION			

VEHICLE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
VEHICLE # (1) U330449	CLASS CODE/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
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 SUNTRUST BANK	LIEN DATE 06/30/2011	
REET	CITY BALTIMORE	STATE MD	ZIP CODE 21202
ADDRESS 120 E BALTIMORE 25TH FL			
LIEN CODE	SECOND LIENHOLDER	LIEN DATE	
REET	CITY	STATE	ZIP CODE

REGISTRANT / REGISTRANT INFORMATION (OWNER OF PLATE)			
LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>
NAME			
ADDRESS			
CITY			
STATE			
ZIP CODE			

VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)			
VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID
DEALER NAME			DEALER #
DEALER ADDRESS			

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

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 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 10/28/2011

COUNTY NUMBER 11301 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 10/28/2011	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
VEHICLE USE ONLY (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANS FEE	CLERK FEE	ISSUANCE FEE 12.00
SALES OR USE TAX		SA TAX	LOCAL TAX	ADDITIONAL TAX	TITLE FEE 5.50
TOTAL TAX COLLECTED .00			COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>		ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION
SERVICE OPT FEE					TOTAL FEES COLLECTED 97.25