



OFFICIAL VEHICLE REGISTRATION

6009891

Vehicle Information

VEHICLE OR CURRENT TITLE NUMBER 0468777	TRANSACTION CODE 001	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) 4		MAO <input checked="" type="checkbox"/> N	ILU <input checked="" type="checkbox"/> N
OWNER NAME ROWMAN TRAILER LEASING LLC	FIRST NAME ROWMAN	MIDDLE INITIAL	LAST NAME TRAILER LEASING LLC

ADDRESS 1 (MAILING) 0233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
---	----------------------

CITY WILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

ADDRESS OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 02/27/2012	*LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # 301 582 1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
--	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION	MAKE WABA	MODEL 1JJ	YEAR 2004	BODY SE	TITLE BRAND - list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (8) PARTS ONLY	CODE U	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE 9
---------------------	---------------------	---------------------	---------------------	-------------------	---	------------------	---	------------------

PREVIOUS TITLE # 07891492	STATE TN	PREVIOUS STATES TITLED MO	VEHICLE USE F	VEHICLE TYPE S	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 1
-------------------------------------	--------------------	-------------------------------------	-------------------------	--------------------------	-----------------	---	------------------

*OR CODE (enter appropriate code) *ER LOWER 0	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 6009891
--	--------------------------	---------	----------------------	-------------------------------	-------------------------------------

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

PLATE # (1) J360403	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 02/27/2012
-----------	--	--------------------------------

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

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
-----------	-------------------	-----------

REET	CITY	STATE	ZIP CODE
------	------	-------	----------

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)

VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX 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)

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

I, the undersigned, 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	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE 07/25/2012
------------------------------	--	---------------------------

COUNTY NUMBER 12207 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 07/25/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	HJC27
---------------------------------	--------------------------------	------------------------	--	--	--------------

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

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

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