



OFFICIAL VEHICLE REGISTRATION

6027341

City Stickers:

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| NEW OR CURRENT TITLE NUMBER 00469641 | TRANSACTION CODE 001 | REGISTRATION ONLY NUMBER |
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) **4** MAO ILU

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|---|-----------------------------------|--|-----------------------------------|------------------------------------|----------------------|
| OWNER NAME BOWMAN TRAILER LEASING LLC | OWNER FIRST NAME BOWMAN | OWNER MIDDLE INITIAL TRAILER | OWNER LAST NAME LEASING | OWNER FIRST NAME LEASING | OWNER MIDDLE INITIAL |
|---|-----------------------------------|--|-----------------------------------|------------------------------------|----------------------|

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| ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD | ADDRESS 2 (PHYSICAL) |
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| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE | ZIP CODE |
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| HOME RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 02/27/2012 | *LEASED <input 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 # |
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| VEHICLE INFORMATION | MAKE TRIM | MODEL 1PT | YEAR 1998 | 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 |
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| REGISTERED TITLE # 70477600 | 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 |
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| VEHICLE OR CODE (enter appropriate code) VEHICLE LOWER 0 | MOBILE HOME LGTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 6 027341 |
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PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

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|-------------------------------|--|------------------|----------------------|-----------------------|-------------------------|-------------------------|---|
| PLATE # (1) U360759 | 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 |
|-------------------------------|--|------------------|----------------------|-----------------------|-------------------------|-------------------------|---|

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| R STICKER # (4) | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5) | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8) |
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LIEN INFORMATION (if lien present)

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| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 02/27/2012 |
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| REET 120 E BALTIMORE ST 25 FL | CITY BALTIMORE | STATE MD | ZIP CODE 21202 |
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| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
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| REET | CITY | STATE | ZIP CODE |
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ISSUE / REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO ILU

| | |
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| NAME | NAME |
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| ADDRESS | CITY | STATE | ZIP CODE |
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VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)

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| VEHICLE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
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| DEALER NAME | DEALER ADDRESS | DEALER # |
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Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

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

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| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 07/27/2012 |
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| COUNTY NUMBER 12209 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 07/27/2012 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
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| REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 |
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| IMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE |
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| SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |
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