



OFFICIAL VEHICLE REGISTRATION

6028463

City Stickers:

NEW OR CURRENT TITLE NUMBER: 90467115
TRANSACTION CODE: 001
REGISTRATION ONLY NUMBER

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR)
BOWMAN TRAILER LEASING LLC
10233 GOVERNOR LN BLVD
WILLIAMSPORT MD 21795
HAMILTON 033
PURCHASE DATE: 02/27/2012
TELEPHONE #: 301 582 1793

VEHICLE INFORMATION
VIN: 1GRDM96286M700794
MAKE: GREY MODEL: GPL YEAR: 2006 BODY: SE
TITLE BRAND: (1) RECONSTRUCTED VEHICLE
CURRENT MILEAGE: 71895823
VEHICLE TRADE-IN DESCRIPTION: 6 028463

PLATE INFORMATION *required for Title and Registration and Registration Only Transactions
PLATE # (1): U360076 CLASS CODE/ISSUE YR (1)(3): 8020/1994
VALIDATION # (1): TN PREVIOUS STATES TITLED: TN
VEHICLE USE: F VEHICLE TYPE: S
EXPIRATION DATE (1)(2)(3): PERMANENT

LIEN INFORMATION (if lien present)
LIEN CODE: SUNTRUST BANK
LIEN DATE: 02/27/2012
STREET: 120 E BALTIMORE ST 25FL
CITY: BALTIMORE STATE: MD ZIP CODE: 21202

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)
LEGAL STATUS:
NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

VEHICLE COST / TAX INFORMATION *required for Title & Registration Transactions
SALE PRICE: TRADE IN ALLOWANCE: TAXABLE AMOUNT: SALES TAX PAID:
DEALER NAME: DEALER ADDRESS: DEALER #:

*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)
LOST: STOLEN: MUTILATED: RT'ND DUE TO NON DELIVERY: ALTERED: ILLEGIBLE:

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge...
SIGNATURE OF CERTIFIER/OWNER: POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE): DATE: 07/19/2012

INVOICE NUMBER: 12201 @ COUNTY NAME: HAMILTON CO NUMBER: 33 DATE OF APPLICATION: 07/19/2012
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
COMPUTATION OF: 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