

OFFICIAL VEHICLE REGISTRATION

				1 70		250,07					67485	3
NEW OR CURRENT TITLE NUMBER 90485708				CC	ANSACTION ODE	REGIST	TRATION ONLY	NUMBER				
OWNER INFORMATION *LEGAL STATUS; 1 (AN LAST NAME	ID) 2 (0R) E	NTER NAME	E CODE IN BO	DX 1 (SAME	E) 2(DIFFERE	NT) 3(MULTIPLE LAS LAST NAME	T NAMES) 4(C	OMPANY) 5(OV	ER 28 CHARACT FIRST NAME	ERS) 4	MAO N ILU	
BOWMAN TRAILER LEA	SING LLO	C				ADDRESS 2 (PHYSI	CALL					
10233 GOVERNOR LN B	LVD					ADDITED 2 (FITTO	OAL)					
WILLIAMSPORT		MD 2				CITY			ST	ATE	ZIP CODE *INSURANCE POLICY	
HAMILTON 033	06/29		*LEASED	O -SERV	VICE OPTION:	301	582 179		EAHING IMPAIR	IED CLS/TH	INSURANCE POLICE	,
VEHICLE INFORMATION VIN	MAKE	МС	ODEL	YEAR	BODY	TITLE BRAND - tra	nslation		CODE	TYPE OF F	UEL - translation	CODE
1GRAA06288T546510	GDA	AN 1	IGR	2008	SE	USED			U			9
SURRENDERED TITLE #	STATE	PREVIOUS	S STATES TIT	TLED	VEHICLE US	SE VEHICLE TYPE	CURRE	NT MILEAGE	ODOMETER INDICATOR	OVER 10 YR	NOT ACTUAL (8) S / 16,000 LBS (1) F MECHANICAL LIMITS (9)	CODE
74699835	TN	TN			F	S				IN EXCESS O		1
COLOR CODE (enter appropriate code)* UPPER LOWER O MOBIL LGTH	E HOME WDTH		# AXLES	GRO	SS VEHICLE	WEIGHT	*VEHICL	E TRADE-IN DES	CRIPTION		COMPANY VEHICLE #	4853
PLATE INFORMATION *(required for Title and Re												
PLATE #(1) CLASSCODE/ISSUEY U382552 8020/19	3333	DATION #(1)	COU	NTY STICKE	ER #(1) CII	Y STICKER #(1)(2)	*PLATE #(TR	ADE IN)(2)	CLASS CODE/I	SSUE YR(2)	PERMA	
TDR STICKER #(4) TEMP OPERATOR	R PERMIT #(3)	# OF Si	EATS(5)	ZONE(CO	UNTY NAME)(6)	JSDOT / REGIS	STRANT #(7)		M	OTOR CARRIER #(8)	
LIEN INFORMATION (If lien present) LIEN CODE FIRST LIENHOLDER SUNTRUST	BANK					CITY			STA	TE	06/29)/2012
STREET 120 E BALTIMODE												
120 E BALTIMORE	ST 25 FI	_				BALTIN	IORE			MD	21202	
LIEN CODE SECOND LIENHOLDER	ST 25 FI						IORE					TE
	ST 25 FI	<u></u>					ORE		STA	MD	21202	ΓE
LIEN CODE SECOND LIENHOLDER STREET			IEGAI STA	SIIT.		CITY		u D		MD	21202	TE
LIEN CODE SECOND LIENHOLDER STREET *LESSEE / REGISTRANT INFORMATION(OWNER)			LEGAL STA	atus 🔲	NAME (CITY	MAO .	ILU .		MD	21202	TE
LIEN CODE SECOND LIENHOLDER STREET *LESSEE / REGISTRANT INFORMATION(OWNER)			LEGAL STA	ATUS		BALTIN CITY CODE NAME		ILU 🗌		MD	21202	re
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS	ER OF PLATE)			NTUS	NAME	BALTIN CITY CODE NAME		ILU 🗌	STA	MD	ZIP CODE	TE
LIEN CODE SECOND LIENHOLDER STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION, *(required)	ER OF PLATE)				NAME	BALTIN CITY CODE NAME			STA	MD	ZIP CODE	
LIEN CODE SECOND LIENHOLDER STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION, *(required)	ER OF PLATE)		actions)		NAME (BALTIN CITY CODE NAME	мао 🗌		STA	MD	ZIP CODE ZIP CODE	
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II	ER OF PLATE) I for Title & Regist N ALLOWANCE	ration Transa	DEALER	TAXA	NAME (BALTIN CITY CODE NAME	мао 🗌		STA	MD	ZIP CODE ZIP CODE	
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (subsets) LOST STORMATION *STORMATION *TORMATION *TORMAT	ER OF PLATE) Hor Title & Regist N ALLOWANCE Sibmit Illegible or a	ration Transa	DEALER cate of Title)	TAXA	NAME (BALTIN CODE NAME NY NYD DUE TO NON DE	SALESTAX	PAID	STA* STA*	MD TE TAX EXE	ZIP CODE ZIP CODE	
STREET *LESSEE / REGISTRANT INFORMATION(OWNE NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II) DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (SLE)	ER OF PLATE) Hor Title & Regist N ALLOWANCE Sibmit Illegible or a	ration Transa	DEALER cate of Title) MUTILATED rrect to the be	ADDRESS	NAME OF THE PROPERTY OF THE PR	BALTIN CODE NAME NY NYD DUE TO NON DE	SALESTAX	PAID ALTI	STA* STA*	MD TE TAX EXE	ZIP CODE ZIP CODE ZIP CODE MPTION REASON / SALES DEALER #	TAX#
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II) DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (sure in the saligness to determine the accuracy of the ir signature of Certifier/OWNER INVOICE NUMBER COUNTY NAME	ER OF PLATE) I for Title & Regist ALLOWANCE Jobnit Illegible or a LEN mation provided is	ration Transa	DEALER Cate of Title) MUTILATED rrect to the be on my behalf.	TAXAL ADDRESS	NAME OF AF	BALTIN CODE NAME NOTE TO NON DE TO	SALESTAX LIEVERY not the response	PAID ALTI ALTI ALTI BILE) HORITY OF REG	STA STA STA STA STA STA STA STA	TE TAX EXE	ZIP CODE ZIP CODE ZIP CODE ZIP CODE ILLEGIBLE E 09/14/2012 ES(COUNTY CLERK)	TAX#
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II) DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (sure its assignees to determine the accuracy of the ir) SIGNATURE OF CERTIFIER/OWNER 12258 @ HAMIL OFFICE USE ONLY EMISSIO STREET *LESSE / REGISTRANT INFORMATION *(required information in its assignees in	ER OF PLATE) Llor Title & Regist N ALLOWANCE Jobinit illegible or a LEN mation provided is stormation provided.	ration Transa	DEALER Cate of Title) MUTILATED rrect to the be on my behalf.	ADDRESS ADDRESS Est of my known the control of th	NAME OF AF	BALTIN CODE NAME NY NYD DUE TO NON DE Concident to the control of the contro	SALESTAX LIEVERY not the response E(IF APPLICAL BY AUTI W.F (total fe	PAID ALTI Ibility of the Moto SLE) HORITY OF REG. (BILL) K. The scollected Ind.	STA STA STA STA STA STA STA STA	MD TE TAX EXE DAT OR VEHICL Shis form as	ZIP CODE ZIP CODE ZIP CODE ZIP CODE MPTION REASON / SALES DEALER # ILLEGIBLE E 09/14/2012 ES(COUNTY CLERK)	TAX#
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II) DEALER NAME *Required for Duplicate Title - T. C.A. 55-3-115 (sum or its assignees to determine the accuracy of the insulant sum of the s	ER OF PLATE) Llor Title & Regist N ALLOWANCE Jobinit illegible or a LEN mation provided is stormation provided.	ration Transa	DEALER Cate of Title) MUTILATED rrect to the be on my behalf.	ADDRESS ADDRESS Est of my known the control of th	NAME OF AF	BALTIN CODE NAME NOTE TO NON DE TO	SALESTAX LIEVERY not the response E(IF APPLICATE BY AUTH W.F.	PAID ALTI ALTI Biblity of the Moto BLE) HORITY OF REG (BILL) K Here collected Ind E FEE TITLE	STA STA STA STA STA STA STA STA	MD TE TAX EXE DAT OR VEHICL S his form as a	ZIP CODE ZIP CODE ZIP CODE ZIP CODE ILLEGIBLE E 09/14/2012 ES(COUNTY CLERK)	TAX#
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II) DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (sum or its assignees to determine the accuracy of the instance of	ER OF PLATE) LIOr Title & Regist N ALLOWANCE LEN mation provided is normation provided. TON N: Trailer	ration Transa	DEALER Cate of Title) MUTILATED rrect to the be on my behalf.	ADDRESS ADDRESS Est of my known in the control of	NAME OF AF	DALTIN CODE NAME TY N'D DUE TO NON DE CANOWledge that it is it CONTROLLED SIGNATURE PLICATION /14/2012 CLERK FEE	SALESTAX LIEVERY not the respons E(IF APPLICAE BY AUTI W.F (total fr	PAID ALTI ALTI Biblity of the Moto SLE) HORITY OF REG (BILL) K Les collected Ind E FEE TITLE 00	STA STA STA STA STA STA STA STA	TAX EXE	ZIP CODE ZIP CODE ZIP CODE ZIP CODE MPTION REASON / SALES DEALER # ILLEGIBLE E 09/14/2012 ES(COUNTY CLERK) a valid registration) TAL TAX COLLECTED	TAX#
STREET *LESSEE / REGISTRANT INFORMATION(OWNER NAME ADDRESS VEHICLE COST / TAX INFORMATION *(required SALE PRICE TRADE II) DEALER NAME *Required for Duplicate Title - T.C.A. 55-3-115 (sum or its assignees to determine the accuracy of the insulant substance of Certification of the SIGNATURE OF CERTIFIER/OWNER INVOICE NUMBER COUNTY NAME 12258 @ HAMIL OFFICE USE ONLY EMISSIO REGISTRATION FEE CREDIT 79.75	ER OF PLATE) LIOT Title & Regist N ALLOWANCE Abmit illegible or a LEN mation provided is normation provided. TON N: Trailer	ration Transa	DEALER cate of Title) MUTILATED rect to the bean my behalf. POW	ADDRESS ADDRESS Est of my known in the control of	NAME OF AR O S ANS FEE	DALTIN CODE NAME TY N'D DUE TO NON DE CANOWledge that it is it CONTROLLED SIGNATURE PLICATION /14/2012 CLERK FEE	SALESTAX LIEVERY not the response E(IF APPLICA! BY AUTI W.F. (total from ISSUANC 12. ECTED IN ST.	PAID ALTI Biblity of the Moto BLE) HORITY OF REG (BILL) K Hes collected Ind E FEE TITLE 00 ATE OF COU	STA STA STA STA STA STA STA STA	MD TE TAX EXE DAT TOR VEHICL S his form as C CIT	ZIP CODE ZIP CODE ZIP CODE ZIP CODE ZIP CODE MPTION REASON / SALES DEALER # ILLEGIBLE E 09/14/2012 ES(COUNTY CLERK) a valid registration) TAL TAX COLLECTED 00	TAX#