

OFFICIAL VEHICLE REGISTRATION

City Stickers: NEW OR CURRENT TITLE NUMBER TRANSACTION CODE* REGISTRATION ONLY NUMBER	681048
90487064 O01	
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)	MAO N ILU N
LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME BOWMAN TRAILER LEASING LLC	MIDDLE INITIAL
ADDRESS 1 (MAILING) ADDRESS 2 (PHYSICAL)	
10233 GOVERNOR LN BLVD	710 0005
CITY STATE ZIP CODE CITY STATE WILLIAMSPORT MD 21795	ZIP CODE
HAMILTON 033 PURCHASE DATE *LEASED 0 SERVICE OPTIONS 301 582 1793 *LEASED 1 SERVICE OPTIONS 301 582 1793	*INSURANCE POLICY #
VEHICLE INFORMATION VAN MAKE MODEL YEAR BODY TITLE BRAND - translation CODE TYPE OF FUE	L - translation CODE
TODADOCOAOTETOOOC CDAN 1CD 2000 SE	9
SUBDENDEDED TITLE # STATE PREVIOUS STATES TITLED VEHICLE TYPE CURRENT MILEAGE ODOMETER ACTUAL (0) NO	OT ACTUAL (8) CODE
76964692 TN TN F S	16,000 LBS (1) SECHANICAL LIMITS (9)
COLOR CODE (enter appropriate code)* UPPER LOWER MOBILE HOME LOTH WDTH # AXLES GROSS VEHICLE WEIGHT *VEHICLE TRADE-IN DESCRIPTION ()	COMPANY VEHICLE #
PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS	
PLATE #(1) CLASSCODE/ISSUEYR(1)(3) VALIDATION #(1) COUNTY STICKER #(1) CITY STICKER #(1)(2) PLATE #(TRADE IN)(2) CLASS CODE/ISSUE YR(2) U383318 8020/1994	PERMANENT
	OR CARRIER #(8)
LIEN INFORMATION (If lien present) LIEN CODE FIRST LIENHOLDER	LIEN DATE
SUNTRUST BANK	06/29/2012
STREET CITY STATE 120 E BALTIMORE ST 25 FL BALTIMORE MD	ZIP CODE 21202
LIEN CODE SECOND LIENHOLDER	LIEN DATE
STREET CITY STATE	ZIP CODE
*LESSEE / REGISTRANT INFORMATION(OWNER OF PLATE) LEGAL STATUS NAME CODE MAO LILU NAME	
ADDRESS CITY STATE	ZIP CODE
	10000 100000000000000000000000000000000
VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) SALE PRICE TRADE IN ALLOWANCE TAXABLE AMOUNT SALESTAX PAID *TAX EXEMP	PTION REASON / SALES TAX #
DEALER NAME DEALER ADDRESS	DEALER #
DEALETT NAME	
*Required for Duplicate Title - T.C.A. 55-3-115 (submit Illegible or altered Certificate of Title) LOST STOLEN MUTILATED RTN'D DUE TO NON DELIEVERY ALTERED	ILLEGIBLE
Under 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 or its assignees to determine the accuracy of the information provided by me or on my behalf.	
or its 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	
	09/19/2012
INVOICE NUMBER COUNTY NAME CO NUMBER DATE OF APPLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES 12263 @ HAMILTON 33 09/19/2012 W.F. (BILL) KNOWLES	HJC27
OFFICE USE ONLY EMISSION: Trailer (total fees collected Indicated certifies this form as a v	
79.75	2
	AND ALLES AND ADDRESS OF THE PARTY OF THE PA
COMPUTATION OF SALES OR USE TAX SA TAX LOCAL TAX ADDITIONAL TAX COLLECTED IN STATE OF COUNTY WHEEL TAX CITY S	STICKER FEE