OFFICIAL VEHICLE REGISTRATION

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V OR CURRENT TITLE NUMBER							TRA	ANSACTION DE		REGIST	RATION ONLY	NUMBER								
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NER INFORMATION "LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFE										NT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTER						ERS) 4	4 MAO N ILU N			
TNAME				FIRST NA			MIDDLE	NITIAL		LAST N	LAST NAME FIRST NAME							MIDDL	E INITIAL	
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VILLIAMSPORT MD 2179												•								
OF RESIDENCE/PI			ATION PI	JRCHASE		-					TELEPHON	E #	PLACA	RDHEA	RING IMPAIR	RED CLSA	YR	*INSURANCE	POLICY	.
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RENDERED TITLE #				STATE PREVIOUS STA			ES TITLED	VEHICLE U	JSE VEHICLE TYPE CURR			RENT MILEAGE ODOMETER AS INDICATOR OF			OVER 10	CTUAL (0) NOT ACTUAL (8) /ER 10 YRS / 16,000 LBS (1) EXCESS OF MECHANICAL LIMITS (9)			CODE	
)4111120649				wi					F		S		(Lis							1
OR CODE (onter appropriate code)* MOBILE HOME # AXLES ER LOWER WOTH					.ES	GRO	ROSS VEHICLE WEIGHT "VEHICLE T					TRADE-IN DESCRIPTION				COMPANY VEHICLE #				
)								<u> </u>									775864			
TE INFORMA			and Registra		egistration		sactions) SI				MPLETE INS	TRUCTIONS	ADE INI(2)	la	ASS CODE/	SSUE YR	(2)	EXPIRATIO	N DATE	(1)(2)(3)
TE #(1) J38199	_		20/199		LIDATION	" \"	00014111	31.OK	21. 4(1)								,			NENT
3 STICKER #(4) TEMP OPERATOR							5) ZOt	NE(COI	UNTY NAME:)(6)	(6) USD		DOT / REGISTRANT #(7)		 		MOTOR CARRIER #(8)			
SUNTRUST BANK REET 120 E BALTIMORE ST 25 FL N CODE SECOND LIENHOLDER REET								BALTIMORE CITY						STATE ZIP CODE 21202 LIEN STATE ZIP CODE				2 LIEN DAT	re	
																				
SSEE / REGI	STRANT INF	ORMATIO	N(OWNER O	F PLATE)		LEG	AL STATUS	<u>: </u>	NAME	CODE		MAO L	ILU 🔲							
ME								NAME												
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HICLE COST LE PRICE	/TAX INFOR		(required for 1 TRADE IN AL			ransactions	3)	TAXA	BLE AMOUN	т		SALESTAX	PAID			TAX	EXEMP	TION REASON	/SALES	TAX #
ALER NAME						Inc	ALER ADD	BESS				<u> </u>					10	DEALER #		
ALEH NAME							ALLII ADD	// LC00												
equired for Du	plicate Title -	T.C.A. 55-	3-115 (submit	litegible o	r altered C	ertificate of	Title)										Ť			
LOST			STOLEN			MUTILA	ATED		R	TN'D DUE	TO NON DE	ELIEVERY		ALTERI	ED			ILLEGI	BLE	
	I narium I ha		all information	n provider	die true ar	rd correct to	the best of	my ko	owladna and	acknowle	dna that it is	not the respons	ibility of the	Motor V	ehicle Divisio	0			.	
is assignees to SNATURE OF			of the inform	ation prov	ided by m	e or on my i	POWER	OF ATT	ORNEY/AUT	HORIZE	SIGNATUR	not the respons	BLE)				DATE	09/10	/2012	2
OICE NUMBI	ER		YNAME				CO NUME		DATE OF A								ICLES(COUNTY CLE		H 100
12254 FICE USE ON			AMILTO				3	33	09	9/10/2	2012	W.F.	. (BILL	_) KN	IOWLE	this form	as a va	ilid registratio	n)	HJC27
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ERVICE OPT	FEE	ORGA	N DONOR		POSTA	GE		VER		l ID	/ RESIDENC	Y VERIFICATION	N			1		.25		
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