

OFFICIAL VEHICLE REGISTRATION

City Stickers:					780123
NEW OR CURRENT TITLE NUMBER		TRANSACTION	REGISTRATION ONLY NUM	BEA	
84188876		N01		NVV S/OVER 28 CHARACTERS)	MAO N ILU N
OWNER INFORMATION "LEGAL STATUS: 1 (A	IND) 2 (0R) ENTER NAME (CODE IN BOX 1 (SAME) 2(DIFFERI	ENT) 3(MULTIPLE LAST NAMES) 4(COMP LAST NAME	ANY) 5(OVER 28 CHARACTERS) LE FIRST NAME	MAO LU ILU LU MIDDLE INITIAL
LAST NAME BOWMAN SALES AND		MIDDLE INTIAL			
ADDRESS 1 (MAILING)			ADDRESS 2 (PHYSICAL)		
PO BOX 433 % 102	233 GOVENOR LN			STATE	ZIP CODE
CITY	STATE MD	ZIP CODE 21795	СПУ	SIAIE	211 0002
WILLIAMSPORT ONLY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE			PLACARD/HEARING IMPAIRED CLS	YR *INSURANCE POLICY #
HAMILTON 033	06/30/2011	*LEASED O *SERVICE OPTIONS SEE REVERSE SIDE FOR INSTRUCTIONS	301 582 1793		
VEHICLE INFORMATION		DEL YEAR BODY	TOTAL E POAND, lies the appropriate cod	CODE TYPE	OF FUEL - list the appropriate CODE
VIN	MAKE MOI		TITLE BRAND -list the appropriate cod (NINEW (1)RECONSTRUCTED VE (U)USED (2)FLOOD DAMAGE (D)DEMO (3)SPECIALLY CONSTRU (B)PARTS ONLY	HICLE code GAS (1)	ELECTRIC/HYBRID (3) (2) PROPANE (4)
1JJV532W55L931522		JJ 2005 SE STATES TITLED VEHICLE		HEAGE ODOMETER ACTUAL	(0) NOT ACTUAL (8) CODE
SURRENDERED TITLE #	WI	F	S	INDICATOR OVER 11 (List one) IN EXCES	D YRS / 16,000 LBS (1) SS OF MECHANICAL LIMITS (9)
04201090225 COLOR CODE (enter appropriate code)* MOE	RILE HOME	AXLES GROSS VEHICLI		DE-IN DESCRIPTION	COMPANY VEHICLE #
UPPER LÓWER LGTH	WDTH				780123
PLATE INFORMATION "(required for Title and I		Transactions) SEE REVERSE SIDE	FOR COMPLETE INSTRUCTIONS CITY STICKER #(1)(2) PLATE #(TRADE	NY2) CLASS CODE/ISSUE Y	R(2) EXPIRATION DATE (1)(2)(3)
PLATE #(1) CLASSCODE/ISSU! 8020/		COUNTY STICKER #(1)	of Fationer willer	11,(2)	PERMANEN
TDR STICKER #(4) TEMP OPERATO	· · · · · · · · · · · · · · · · · · ·	ATS(5) ZONE(COUNTY NAME	E)(6) USDOT / REGISTRA	NT #(7)	MOTOR CARRIER #(8)
			•		
LIEN INFORMATION (If lien present)					LIEN DATE
LIEN CODE FIRST LIENHOLDER	FRANK				06/30/2011
SUNTRUST STREET			CITY	STATE	ZIP CODE
120 E BALTIMOR LIEN CODE SECOND LIENHOLDER	E 25TH FL		BALTIMORE	MD	21202
LIEN CODE SECOND LIENNOLDEN					
STREET			CITY	STATE	ZIP CODE
					New York Control of the Control of t
LESSEE / REGISTRANT INFORMATION(OW)	NER OF PLATE)	LEGAL STATUS NAM	ECODE MAO LILU		
				07.47	ZIP CODE
ADDRESS		(CITY	STATE	ZIF CODE
VEHICLE COST / TAX INFORMATION "(requir					EXEMPTION REASON / SALES TAX #
SALE PRICE TRADE	EIN ALLOWANCE	TAXABLE AMOUN	SALESTAX PAI) IAX	EXEMPTION REASON/ SALES TAX #
DEALER NAME		DEALER ADDRESS			DEALER #
	to the Billionible or elected Corffice	pto of Titlo)			
Manufacture Displaces Title 1 T.C.A. 66 9 116	SCOURS INCOMPAGE OF GREEGO CONTRA	tie Or Title?			
*Recutred for Duolicate Title - T.C.A. 55-3-115 (ETHATED	TAIR DUE TO NON DELIEVERY	AI TERED	ILLEGIBLE
LOST ST		i —	TRY'D DUE TO NON DELIEVERY	ALTERED of the Motor Vehicle Division	ILLEGIBLE
LOST ST Under penalties of perjury, I hereby certify all informer in accuracy of the		ect to the best of my knowledge, and my behalf.		of the Motor Vehicle Division	DATE
LOST ST Under penalties of perjury, I hereby certify all informer in accuracy of the		ect to the best of my knowledge, and my behalf.	d acknowledge that it is not the responsibility THORIZED SIGNATURE(IF APPLICABLE)	of the Motor Vehicle Division	DATE 11/28/2011
Under penalties of perjury, I hereby certify all ind or its assignees to determine the accuracy of the SIGNATURE OF CERTIFIER/OWNER	ormation provided is true and corr information provided by me or or	ect to the best of my knowledge, and my behalf. POWER OF ATTORNEY/AU CO NUMBER DATE OF	d acknowledge that it is not the responsibility THORIZED SIGNATURE(IF APPLICABLE) APPLICATION BY AUTHORI	of the Motor Vehicle Division	DATE 11/28/2011 HICLES(COUNTY CLERK)
LOST ST Under penalties of perjury. I hereby certify all infor its assignees to determine the accuracy of the SIGNATURE OF CERTIFIER/OWNER INVOICE NUMBER COUNTY NAM 11332 @ HAMI OFFICE USE ONLY EMISSI	ormation provided is true and corr information provided by me or or ME LTON ON: Trailer	ect to the best of my knowledge, and my behalf. POWER OF ATTORNEY/AU CO NUMBER DATE OF 33 1	d acknowledge that it is not the responsibility THORIZED SIGNATURE(IF APPLICABLE) APPLICATION BY AUTHOR 1/28/2011 W.F. (E	of the Motor Vehicle Division TY OF REGISTRAR OF MOTOR VE BILL) KNOWLES billiotted Indicated certifies this form	DATE 11/28/2011 HICLES(COUNTY CLERK) HJC27 n as a valid registration)
LOST ST Under penalties of perjury. I hereby certify all infor its assignees to determine the accuracy of the SIGNATURE OF CERTIFIER/OWNER INVOICE NUMBER COUNTY NAM 11332 @ HAMI OFFICE USE ONLY EMISSI	ormation provided is true and corr information provided by me or or AE LTON	ect to the best of my knowledge, and my behalf. POWER OF ATTORNEY/AU CO NUMBER DATE OF	d acknowledge that it is not the responsibility THORIZED SIGNATURE(IF APPLICABLE) APPLICATION BY AUTHOR 1/28/2011 W.F. (E	of the Motor Vehicle Division TY OF REGISTRAR OF MOTOR VE BILL) KNOWLES billiotted Indicated certifies this form	DATE 11/28/2011 HICLES(COUNTY CLERK) HJC27
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