OFFICIAL VEHICLE REGISTRATION

City Stickers:				T TD	ANGACTION	REGIS	TRATION ONLY	NUMBER			78060	51	
90487858	BER			CC	NO1	nedio	manor one.	1101110411					
OWNER INFORMATION *LEGAL AST NAME		LIUST INVINE	NAME CODE II	N BOX 1 (SAME	E) 2(DIFFEREI	NT) 3(MULTIPLE LA	ST NAMES) 4(C	OMPANY) 5(OV	/ER 28 CHARACTER FIRST NAME	(AS) 4	MAO N ILU		
BOWMAN TRAIL ADDRESS 1 (MAILING)	LER LEASII	NG LLC				ADDRESS 2 (PHYS	SICAL)						
10233 GOVERN	OR LN BLV								STA	TE	ZIP CODE		
WILLIAMSPORT NITY OF RESIDENCE PRINCIPAL BUS OR INCORP LOCATION		MD PURCHASE DATE		21795		CITY TELEPHO	NE#	*PLACARD	HEARING IMPAIRE		*INSURANCE POLICY	#	
HAMILTON 033		The state of the s		LEASED SERVICE OPTION SEE REVERSE SIDE FOR INSTRUCTIONS		301 582 1793							
VEHICLE INFORMATION VIN		MAKE	MODEL	YEAR	BODY	TITLE BRAND - to	ranslation		CODE	YPE OF FUEL	- translation	CODE	
1JJV532W25L932000		WABA	1JJ	2005	SE	USED			U			9	
SURRENDERED TITLE #		STATE PREVIOUS STATES T		S TITLED	VEHICLE U			ENT MILEAGE	INDICATOR OVER		UAL (0) NOT ACTUAL (8) CO. R 10 YRS / 16,000 LBS (1) CESS OF MECHANICAL LIMITS (9)		
04245120798 WI COLOR CODE (enter appropriate code)* LOWER CODE MOBILE HOME LGTH WDTH			# AXLE	S GRO	OSS VEHICLE					RIPTION COMP		PANY VEHICLE # 780601	
PLATE INFORMATION *(require	ed for Title and Registr SSCODE/ISSUEYR(1) 8020/199	(3) VALIDATIO		actions) SEE RE	VERSE SIDE ER #(1) CI	FOR COMPLETE IN TY STICKER #(1)(2)	STRUCTIONS *PLATE #(TR	RADE IN)(2)	CLASS CODE/IS	SUE YR(2)	EXPIRATION DATE PERMA		
		# OF SEATS(5) ZONE(COUNTY NAME))(6) USDOT / REGISTRANT #(7)			MOTOR CA		R CARRIER #(8)			
LIEN INFORMATION (If lien pre LIEN CODE FIRST LIENH SU		ANK										TE 9/2012	
120 E BA		BALTIMO				RE MD							
LIEN CODE SECOND LIE	NHOLDER										LIEN DA	TE	
STREET	T CITY STATE								Ē	ZIP CODE			
*LESSEE / REGISTRANT INFO	RMATION(OWNER O	F PLATE)	LEGAL	STATUS _	NAME	CODE NAME	мао	ILU 🗌					
ADDRESS					CI	TY			STATE		ZIP CODE		
VEHICLE COST / TAX INFORM	IATION *(required for	Fitle & Registration	Transactions)									18/19	
SALE PRICE TRADE IN ALLOWANCE DEALER NAME				TAXA LER ADDRESS	BLE AMOUNT	SALESTAX PAID			*TAX EXEMPTION REASON / SALE:			TAX#	
DEALER NAME			DEA	LEN ADDNESS	is the serves in							ANDEL A	
*Required for Duplicate Title - T. LOST	STOLEN		MUTILATE	ED [N'D DUE TO NON D			TERED		ILLEGIBLE		
Under penalties of perjury, I here or its assignees to determine the SIGNATURE OF CERTIFIER/O		on provided is true a ation provided by				acknowledge that it is HORIZED SIGNATU			tor Vehicle Division	DATE	09/21/2012	2	
INVOICE NUMBER	COUNTY NAME		c	O NUMBER		PPLICATION			GISTRAR OF MOTO				
12265 @ OFFICE USE ONLY REGISTRATION FEE 79.75	EMISSION:		FEE	33 TR/	ANS FEE	/21/2012		ees collected In	KNOWLES Indicated certifies the late of t	s form as a va	lid registration) TAX COLLECTED	HJC27	
COMPUTATION OF SALES TAX USE TAX SERVICE OPT FEE	SALES OR USE TA	X SA TAX		AL TAX A	DDITIONAL T		LLECTED IN ST.	ATE OF CO	UNTY WHEEL TAX	CITY ST	FEES COLLECTED		
SF-1357 Port: WK4	18/DR27/8020	Cash:	0.00	Check: 0	0.00	Check#:	Credit:	0.00	Auth#:	97. Change:		692	