



## OFFICIAL VEHICLE REGISTRATION

80925

## Title Stickers:

|                                 |                  |                          |
|---------------------------------|------------------|--------------------------|
| VEHICLE OR CURRENT TITLE NUMBER | TRANSACTION CODE | REGISTRATION ONLY NUMBER |
| 1478962                         | N01              |                          |

|                                                                                                                                                                                                                       |               |                                                                                       |                                         |                                         |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------|
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <input checked="" type="checkbox"/> |               |                                                                                       | MAO <input checked="" type="checkbox"/> | ILU <input checked="" type="checkbox"/> |                     |
| OWNER NAME                                                                                                                                                                                                            | FIRST NAME    | MIDDLE INITIAL                                                                        | LAST NAME                               | FIRST NAME                              | MIDDLE INITIAL      |
| BOWMAN TRAILER LEASING LLC                                                                                                                                                                                            |               |                                                                                       |                                         |                                         |                     |
| ADDRESS 1 (MAILING)                                                                                                                                                                                                   |               |                                                                                       | ADDRESS 2 (PHYSICAL)                    |                                         |                     |
| PO BOX 433 % 10233 GOVERNOR LN BLVD                                                                                                                                                                                   |               |                                                                                       |                                         |                                         |                     |
| CITY                                                                                                                                                                                                                  | STATE         | ZIP CODE                                                                              | CITY                                    | STATE                                   | ZIP CODE            |
| WILLIAMSPORT                                                                                                                                                                                                          | MD            | 21795                                                                                 |                                         |                                         |                     |
| OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION                                                                                                                                                                  | PURCHASE DATE | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> | TELEPHONE #                             | *PLACARD/HEARING IMPAIRED CLS/YR        | *INSURANCE POLICY # |
| HAMILTON 033                                                                                                                                                                                                          | 02/25/2013    | SEE REVERSE SIDE FOR INSTRUCTIONS                                                     | 301 582 1793                            |                                         |                     |

|                                              |                           |         |                        |             |                               |                           |                                                                                                                               |                            |      |
|----------------------------------------------|---------------------------|---------|------------------------|-------------|-------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|------|
| VEHICLE INFORMATION                          |                           | MAKE    | MODEL                  | YEAR        | BODY                          | TITLE BRAND - translation | CODE                                                                                                                          | TYPE OF FUEL - translation | CODE |
| VIN                                          |                           | WABA    | 1JJ                    | 2005        | SE                            | USED                      | U                                                                                                                             |                            | 9    |
| PREVIOUS TITLE #                             |                           | STATE   | PREVIOUS STATES TITLED | VEHICLE USE | VEHICLE TYPE                  | CURRENT MILEAGE           | ODOMETER ACTUAL (0) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE                       |      |
| 19176026                                     |                           | ME      |                        | F           | S                             |                           |                                                                                                                               | 1                          |      |
| OR CODE (enter appropriate code)<br>ER LOWER | MOBILE HOME<br>LGTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT   |             | *VEHICLE TRADE-IN DESCRIPTION |                           |                                                                                                                               | COMPANY VEHICLE #          |      |
| 5                                            |                           |         |                        |             |                               |                           |                                                                                                                               | 80925                      |      |

|                                                                                                                                          |                            |                  |                        |                       |                          |                         |                           |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|------------------------|-----------------------|--------------------------|-------------------------|---------------------------|
| VEHICLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |                            |                  |                        |                       |                          |                         |                           |
| STATE # (1)                                                                                                                              | CLASS CODE/ISSUE YR (1)(3) | VALIDATION # (1) | COUNTY STICKER # (1)   | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2)  | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1)(2)(3) |
| J435303                                                                                                                                  | 8020/1994                  |                  |                        |                       |                          |                         | PERMANENT                 |
| STICKER # (4)                                                                                                                            | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5)   | ZONE (COUNTY NAME) (6) |                       | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)     |                           |
|                                                                                                                                          |                            |                  |                        |                       |                          |                         |                           |

|                                    |                  |            |          |
|------------------------------------|------------------|------------|----------|
| LIEN INFORMATION (If lien present) |                  |            |          |
| LIEN CODE                          | FIRST LIENHOLDER | LIEN DATE  |          |
|                                    | SUNTRUST BANK    | 02/25/2013 |          |
| REET                               | CITY             | STATE      | ZIP CODE |
| 120 E BALTIMORE ST 25 FL           | BALTIMORE        | MD         | 21202    |
| SECOND LIENHOLDER                  | LIEN DATE        |            |          |
|                                    |                  |            |          |
| REET                               | CITY             | STATE      | ZIP CODE |
|                                    |                  |            |          |

|                                                |  |                                       |                                    |                              |                              |
|------------------------------------------------|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| SSEE / REGISTRANT INFORMATION (OWNER OF PLATE) |  | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| WE                                             |  | NAME                                  |                                    |                              |                              |
| ADDRESS                                        |  | CITY                                  | STATE                              | ZIP CODE                     |                              |
|                                                |  |                                       |                                    |                              |                              |

|                                                                                  |                    |                |               |                                     |
|----------------------------------------------------------------------------------|--------------------|----------------|---------------|-------------------------------------|
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) |                    |                |               |                                     |
| VEHICLE PRICE                                                                    | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
|                                                                                  |                    |                |               |                                     |
| DEALER NAME                                                                      | DEALER ADDRESS     |                |               | DEALER #                            |
|                                                                                  |                    |                |               |                                     |

|                                                                                                   |                                 |                                    |                                                   |                                  |                                    |
|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|---------------------------------------------------|----------------------------------|------------------------------------|
| Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title) |                                 |                                    |                                                   |                                  |                                    |
| <input type="checkbox"/> LOST                                                                     | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTND DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED | <input type="checkbox"/> ILLEGIBLE |

I, the undersigned, certify that the 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 to 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       |
|                              |                                                        | 04/05/2013 |

|                                                                              |             |                  |                     |                                                            |                             |                       |                     |                  |
|------------------------------------------------------------------------------|-------------|------------------|---------------------|------------------------------------------------------------|-----------------------------|-----------------------|---------------------|------------------|
| OFFICE NUMBER                                                                | COUNTY NAME | CO NUMBER        | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) |                             |                       |                     |                  |
| 13095 @                                                                      | HAMILTON    | 33               | 04/05/2013          | W.F. (BILL) KNOWLES HJC27                                  |                             |                       |                     |                  |
| VEHICLE USE ONLY EMISSION: Trailer                                           |             |                  |                     |                                                            |                             |                       |                     |                  |
| (total fees collected indicated certifies this form as a valid registration) |             |                  |                     |                                                            |                             |                       |                     |                  |
| REGISTRATION FEE                                                             | CREDIT      | LEASE FEE        | TRANS FEE           | CLERK FEE                                                  | ISSUANCE FEE                | TITLE FEE             | TOTAL TAX COLLECTED |                  |
| 79.75                                                                        |             |                  |                     |                                                            | 12.00                       | 5.50                  | .00                 |                  |
| IMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX                     |             | SALES OR USE TAX | SA TAX              | LOCAL TAX                                                  | ADDITIONAL TAX              | COLLECTED IN STATE OF | COUNTY WHEEL TAX    | CITY STICKER FEE |
|                                                                              |             |                  |                     |                                                            |                             |                       |                     |                  |
| SERVICE OPT FEE                                                              |             | ORGAN DONOR      | POSTAGE             | VER                                                        | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED |                     |                  |
|                                                                              |             |                  |                     |                                                            |                             | 97.25                 |                     |                  |