



OFFICIAL VEHICLE REGISTRATION

852477

City Stickers:

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| NEW OR CURRENT TITLE NUMBER 31448585 | TRANSACTION CODE* 001 | REGISTRATION ONLY NUMBER 852477 |
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| 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) 4 | | MAO <input checked="" type="checkbox"/> N | ILU <input checked="" type="checkbox"/> N |
| OWNER NAME BOWMAN TRAILER LEASING LLC | FIRST NAME BOWMAN | LAST NAME TRAILER LEASING | MIDDLE INITIAL LLC |
| ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVERNOR LN BLVD | ADDRESS 2 (PHYSICAL) | | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | |
| ADDRESS OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 12/14/2012 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 301 582 1793 |
| | | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |

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|---|------------------------------|-------------------------------------|-------------------------|--------------------------|--|--|----------------------------|------------------|
| VEHICLE IDENTIFICATION NUMBER 1JJV532W66L972792 | MAKE WABA | MODEL 1JJ | YEAR 2006 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 |
| REGISTERED TITLE # 11657368 | STATE ME | PREVIOUS STATES TITLED TN | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9) | CODE 1 | |
| LOWER CODE (enter appropriate code)* O | MOBILE HOME LGTH 0 | WIDTH 0 | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 852477 | | |

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| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE # (1) U416371 | CLASSCODE/ISSUEYR(1)(3) 8020/1994 | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3) PERMANENT |
| R STICKER # (4) | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5) | ZONE(COUNTY NAME)(6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8) | | |

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| LIEN INFORMATION (If lien present) | | | |
| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 12/14/2012 | |
| REET | ADDRESS 120 E BALTIMORE ST 25 FL | CITY BALTIMORE | STATE MD |
| ZIP CODE | 21202 | | |
| LIEN CODE | SECOND LIENHOLDER | LIEN DATE | |
| REET | ADDRESS | CITY | STATE |
| ZIP CODE | | | |

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

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|--|--------------------|----------------|---------------|-------------------------------------|
| 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 # | |

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|--|---------------------------------|------------------------------------|--|------------------------------------|
| *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"/> RT'ND DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED |
| | | | | <input type="checkbox"/> ILLEGIBLE |

I, the undersigned, for 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 to assignees to determine the accuracy of the information provided by me or on my behalf.

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| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) | DATE 01/25/2013 |
|------------------------------|---|---------------------------|

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|--|--------------------------------|-----------------------------------|--|---|--------------------------------------|
| OFFICE NUMBER 13025 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 01/25/2013 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
| VEHICLE USE ONLY *EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration) | | | | | |
| REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 |
| TITLE FEE 5.50 | | TOTAL TAX COLLECTED .00 | | | |
| COMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/> | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF |
| SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | TOTAL FEES COLLECTED 97.25 |