

## OFFICIAL VEHICLE REGISTRATION

City Stickers:	*								8	68428	
NEW OR CURRENT TITLE NUM	MBER			TRA	O01	REGISTR	ATION ONLY NUMBE	R			
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 LAST NAME FIRST NAME MIDDLE  BOWMAN SALES AND EQUIPMENT INC					2(DIFFERENT)	3(MULTIPLE LAST ST NAME	NAMES) 4(COMPANY	) 5(OVER 28 CHARACTE FIRST NAME	(FRS) [5]	MAO N ILU	
ADDRESS 1 (MAILING)		6 0			AC	DRESS 2 (PHYSIC	AL)				
PO BOX 433	% 10233	GOVERN		ZIP CODE	CI	TY		STA	ATE	ZIP CODE	
WILLIAMSPORT		MI	D 2	21795		TELEPHONE	# [*PIA	CARD/HEARING IMPAIR	ED CLS/YB	*INSURANCE POLICY	#
HAMILTON 033		06/30/20	LEASEI SEE REV	D SERV	VICE OPTIONS		82-1793				
VEHICLE INFORMATION VIN  1JJV532W8YL6	29596	MAKE WABA	MODEL 1JJ	YEAR 2000	BODY SE	TITLE BRAND -list th N)NEW (1)RECO U)USED (2)FLOO D)DEMO (3)SPEC 8)PARTS ONLY	ne appropriate code DNSTRUCTED VEHIC DD DAMAGE CIALLY CONSTRUCTI	CODE U	code	- list the appropriate CTRIC/HYBRID (3) PANE (4)	CODE 9
72838297		STATE PREVIOUS STATES TITLED  TN TN		TITLED	VEHICLE USE			AGE ODOMETER	DOMETER ACTUAL (0) NOT ACTUAL (8) IDICATOR OVER 10 YRS / 16,000 LBS (1) ist one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE
COLOR CODE (enter appropriate or UPPER LOWER	HOME # AXLES			SS VEHICLE WE	IGHT	*VEHICLE TRADE	EHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # 868428		
PLATE INFORMATION *(required for Title and Registration and Registration Only Transacted Flate #(1)         CLASSCODE/ISSUEYR(1)(3)         VALIDATION #(1)         COME (1)           U334101         8020/1994         ** OF SEATS(5)           TOR STICKER #(4)         TEMP OPERATOR PERMIT #(3)         # OF SEATS(5)				UNTY STICKE		STICKER #(1)(2)			SSUE YR(2)	EXPIRATION DATE (1)(2)(3)  PERMANEN  R CARRIER #(8)	
JEN INFORMATION (If lien present) JEN CODE FIRST LIENHOLDER  00000 SUNTRUST BANK  STREET  120 E BALTIMORE 25TH FL  JEN CODE SECOND LIENHOLDER				BALTIMORE				LIEN DATE			
ESSEE / REGISTRANT INFO	RMATION(OWNER O	F PLATE)	LEGAL S	TATUS	NAME CO		AO ILU	STAT	E	ZIP CODE	
ADDRESS					CITY			STA	TE	ZIP CODE	
VEHICLE COST / TAX INFORM	ATION *(required for 1		Transactions)	TAXAE	BLE AMOUNT		SALESTAX PAID		*TAX EXEMP	TION REASON / SALES	STAX#
DEALER NAME DEALE			ER ADDRESS					DEALER #			
Required for Duplicate Title - T.	STOLEN		MUTILATED	, [		DUE TO NON DELI		ALTERED		ILLEGIBLE	
Jnder penalties of perjury, I here x its assignees to determine the SIGNATURE OF CERTIFIER/O	WNER	n provided is true lation provided by	PO	WER OF ATT	ORNEY/AUTHOR	RIZED SIGNATURE(	IF APPLICABLE)		DATE	12/16/2011	I
NVOICE NUMBER  11350 @ OFFICE USE ONLY	HAMILTO EMISSION: 7		60	33	12/1	6/2011	W.F. (BIL	F REGISTRAR OF MOTO  L) KNOWLES ted Indicated certifies the	3	ŀ	CAR4
79.75	CREDIT	LEAS			ANS FEE	CLERK FEE	12.00	5.50	.00	TAX COLLECTED	
COMPUTATION OF SALES TAX USE TAX SERVICE OPT FEE	SALES OR USE TA ORGAN DONOR	X SA TAX		VER	DDITIONAL TAX	ID / RESIDENCY	CTED IN STATE OF	COUNTY WHEEL TAX		FEES COLLECTED	
SE-1357 Port: WK5	1/DR46/8020	Cash:	0.00	heck: 0	00 Ch	eck#:	Credit: 0.00	Auth#:	Change:		