

OFFICIAL VEHICLE REGISTRATION

City Stickers:						901210	
NEW OR CURRENT TITLE NUMBER 84177454		TRANSACTION NO1	REGISTRATION ONI	LY NUMBER			
OWNER INFORMATION "LEGAL STATUS: 1 (AND) LAST NAME BOWMAN SALES AND EG	FIRST NAME MIDE	OX 1 (SAME) 2(DIFFERE	NT) 3(MULTIPLE LAST NAMES) 4(CHARACTERS) 5	MAO N ILU N MIDDLE INITIAL	
ADDRESS 1 (MAILING) PO BOX 433 % 10233	GOVENOR LN BLVI)	ADDRESS 2 (PHYSICAL)				
CITY WILLIAMSPORT	MD 21	ZIP CODE 1795	CITY TELEPHONE #	*PLACARDAHEARIN	STATE	ZIP CODE *INSURANCE POLICY #	
HAMILTON 033	06/30/2011 LEASED SEE REVER	O *SERVICE OPTION SE SIDE FOR INSTRUCTIONS			G IMP AINED GES/TT	INSCRINCE FOLIOT #	
VEHICLE INFORMATION VIN	MAKE MODEL	YEAR BODY	TITLE BRAND -list the appropris	ate code C ED VEHICLE	code	L - list the appropriate CODE	
1S12E9482SD391897 SURRENDERED TITLE #	STRI 1S1 STATE PREVIOUS STATES TIT	1995 SE	(8)PARTS ONLY	RENT MILEAGE OD	DOMETER ACTUAL (0) NO	OPANE (4) 9 DT ACTUAL (8) CODE 16 000 LBS (1)	
9434792107 COLOR CODE (enter appropriate code)* UPPER LOWER MOBILE I	OR #AXLES	F GROSS VEHICLE	S VEHIC		st one) IN EXCESS OF ME	ECHANICAL LIMITS (9) 1 COMPANY VEHICLE #	
O PLATE INFORMATION *(required for Title and Regis PLATE #(1) QLASSCODE/ISSUEYR(U330031 8020/19 TDR STICKER #(4) TEMP OPERATOR F	94 VALIDATION #(1) COUN	Is) SEE REVERSE SIDE NTY STICKER #(1) CI ZONE(COUNTY NAME)	TY STICKER #(1)(2) *PLATE #(T) PRADE IN)(2) CLAS: GISTRANT #(7)	S CODE/ISSUE YR(2)	901210 EXPIRATION DATE (1)(2)(3) PERMANENT OR CARRIER #(8)	
LIEN INFORMATION (If lien present) LIEN CODE FIRST LIENHOLDER SUNTRUST B STREET 120 E BALTIMORE 2			BALTIMORE		STATE MD	LIEN DATE 06/30/2011 ZIP CODE 21202 LIEN DATE	
LIEN CODE SECOND LIENHOLDER STREET			CITY		STATE	ZIP CODE	
*LESSEE / REGISTRANT INFORMATION(OWNER	OF PLATE) LEGAL STA	TUS NAME	CODE MAO	ILU			
ADDRESS		CITY			STATE ZIP CODE		
VEHICLE COST / TAX INFORMATION *(required for SALE PRICE TRADE IN A	x Title & Registration Transactions) ALLOWANCE	TAXABLE AMOUNT	T SALESTA	AX PAID	*TAX EXEMP	PTION REASON / SALES TAX #	
DEALER NAME	DEALER	ADDRESS				DEALER #	
*Required for Duplicate Title - T.C.A. 55-3-115 (substitute of LOST STOLE	N MUTILATED		IN'D DUE TO NON DELIEVERY	ALTERED		ILLEGIBLE	
Under penalties of perjury, I hereby certify all informs or its assignees to determine the accuracy of the info SIGNATURE OF CERTIFIER/OWNER	ation provided is true and correct to the be rmation provided by me or on my behalf. POW	est of my knowledge, and	HORIZED SIGNATURE(IF APPLIC	CABLE)	DATE	10/21/2011	
INVOICE NUMBER COUNTY NAME 11294 @ HAMILT)/21/2011 W.I	THORITY OF REGISTRAFF. (BILL) KNO	WLES	HJC2	
OFFICE USE ONLY REGISTRATION FEE 79.75 COMPUTATION OF SALES OR USE	LEASE FEE	TRANS FEE AX ADDITIONAL T	CLERK FEE ISSUAN	I fees collected Indicated NCE FEE TITLE FEE 2.00 5.50 STATE OF COUNTY WI	0 .00	L TAX COLLECTED	
SALES TAX USE TAX *SERVICE OPT FEE ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICAT	TION	*TOTA	AL FEES COLLECTED	