



# OFFICIAL VEHICLE REGISTRATION

## Stickers:

|                           |                  |                          |
|---------------------------|------------------|--------------------------|
| W OR CURRENT TITLE NUMBER | TRANSACTION CODE | REGISTRATION ONLY NUMBER |
| 30482426                  | 001              |                          |

|                                                                                                                                                                                                                                                                                                       |               |                                                                                       |                      |                                  |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|----------------------|----------------------------------|---------------------|
| 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"/> |               |                                                                                       |                      |                                  |                     |
| ST NAME                                                                                                                                                                                                                                                                                               | FIRST NAME    | MIDDLE INITIAL                                                                        | LAST NAME            | FIRST NAME                       | MIDDLE INITIAL      |
| BOWMAN TRAILER LEASING LLC                                                                                                                                                                                                                                                                            |               |                                                                                       |                      |                                  |                     |
| ADDRESS 1 (MAILING)                                                                                                                                                                                                                                                                                   |               |                                                                                       | ADDRESS 2 (PHYSICAL) |                                  |                     |
| 10233 GOVERNOR LN BLVD                                                                                                                                                                                                                                                                                |               |                                                                                       |                      |                                  |                     |
| Y                                                                                                                                                                                                                                                                                                     | STATE         | ZIP CODE                                                                              | CITY                 | STATE                            | ZIP CODE            |
| WILLIAMSPORT                                                                                                                                                                                                                                                                                          | MD            | 21795                                                                                 |                      |                                  |                     |
| *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                                                                                                                                                                                                                                                                                          | 06/29/2012    | SEE REVERSE SIDE FOR INSTRUCTIONS                                                     | 301 582 1793         |                                  |                     |

|                                                  |  |                     |                        |             |                      |                               |                                                                                                                               |                            |      |
|--------------------------------------------------|--|---------------------|------------------------|-------------|----------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|------|
| VEHICLE INFORMATION                              |  | MAKE                | MODEL                  | YEAR        | BODY                 | TITLE BRAND - translation     | CODE                                                                                                                          | TYPE OF FUEL - translation | CODE |
| IJJV532W47L040639                                |  | WABA                | 1JJ                    | 2007        | SE                   |                               | U                                                                                                                             |                            | 9    |
| PREVIOUS TITLE #                                 |  | STATE               | PREVIOUS STATES TITLED | VEHICLE USE | VEHICLE TYPE         | CURRENT MILEAGE               | ODOMETER ACTUAL (8) NOT ACTUAL (8)<br>INDICATOR OVER 10 YRS / 16,000 LBS (1)<br>(List one) IN EXCESS OF MECHANICAL LIMITS (9) |                            | CODE |
| 73897927                                         |  | TN                  | TN                     | F           | S                    |                               |                                                                                                                               |                            | 1    |
| *OR CODE (enter appropriate code)*<br>*PER LOWER |  | MOBILE HOME<br>LOTH | WIDTH                  | # AXLES     | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION |                                                                                                                               | COMPANY VEHICLE #          |      |
| D                                                |  |                     |                        |             |                      |                               |                                                                                                                               | 916471                     |      |

|                                                                                                                                      |                            |                  |                        |                          |                        |                        |                           |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|------------------------|--------------------------|------------------------|------------------------|---------------------------|
| *ATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS |                            |                  |                        |                          |                        |                        |                           |
| ATE # (1)                                                                                                                            | CLASSCODE/ISSUEYR(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) |
| U381890                                                                                                                              | 8020/1994                  |                  |                        |                          |                        |                        | PERMANENT                 |
| R STICKER # (4)                                                                                                                      | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5)   | ZONE (COUNTY NAME) (6) | USDOT / REGISTRANT # (7) | MOTOR CARRIER # (8)    |                        |                           |
|                                                                                                                                      |                            |                  |                        |                          |                        |                        |                           |

|                                  |                   |            |          |
|----------------------------------|-------------------|------------|----------|
| *N INFORMATION (if lien present) |                   | LIEN DATE  |          |
| N CODE                           | FIRST LIENHOLDER  |            |          |
|                                  | SUNTRUST BANK     | 06/29/2012 |          |
| REET                             | CITY              | STATE      | ZIP CODE |
| 120 E BALTIMORE ST 25 FL         | BALTIMORE         | MD         | 21202    |
| N CODE                           | SECOND LIENHOLDER | LIEN DATE  |          |
|                                  |                   |            |          |
| REET                             | CITY              | STATE      | ZIP CODE |
|                                  |                   |            |          |

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

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

|                                                                                                       |                                 |                                    |                                                   |                                  |                                    |
|-------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|---------------------------------------------------|----------------------------------|------------------------------------|
| *required for Duplicate Title - T.C.A. 55-3-115 (submit illeceivable 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 |

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.

|                              |                                                        |            |
|------------------------------|--------------------------------------------------------|------------|
| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE       |
|                              |                                                        | 09/05/2012 |

|                                                                                                              |                  |           |                     |                                                            |                       |                  |                     |
|--------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------|------------------------------------------------------------|-----------------------|------------------|---------------------|
| COICE NUMBER                                                                                                 | COUNTY NAME      | CO NUMBER | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) |                       |                  |                     |
| 12249 @                                                                                                      | HAMILTON         | 33        | 09/05/2012          | W.F. (BILL) KNOWLES HJC27                                  |                       |                  |                     |
| *FEE 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 OR USE TAX | SA TAX    | LOCAL TAX           | ADDITIONAL TAX                                             | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE    |
| <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX                                          |                  |           |                     |                                                            |                       |                  |                     |
| SERVICE OPT FEE                                                                                              | ORGAN DONOR      | POSTAGE   | VER                 | ID / RESIDENCY VERIFICATION                                | *TOTAL FEES COLLECTED |                  |                     |
|                                                                                                              |                  |           |                     |                                                            | 97.25                 |                  |                     |