



OFFICIAL VEHICLE REGISTRATION

918971

Title Stickers:

| | | |
|---------------------------------|------------------|--------------------------|
| VEHICLE OR CURRENT TITLE NUMBER | TRANSACTION CODE | REGISTRATION ONLY NUMBER |
| 0488465 | 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) 4 | | MAO <input checked="" type="checkbox"/> N ILU <input checked="" type="checkbox"/> N |
| OWNER NAME FIRST NAME MIDDLE INITIAL LAST NAME | | FIRST NAME MIDDLE INITIAL |
| BOWMAN TRAILER LEASING LLC | | |
| ADDRESS 1 (MAILING) | | ADDRESS 2 (PHYSICAL) |
| 0233 GOVERNOR LN BLVD | | |
| STATE ZIP CODE | | CITY STATE ZIP CODE |
| VILLIAMSPORT MD 21795 | | |
| OFFICE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION | PURCHASE DATE | TELEPHONE # *PLACARD/HEARING IMPAIRED CLS/YR *INSURANCE POLICY # |
| HAMILTON 033 | 06/29/2012 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> 301 582 1793 |

| | | | | | | | | | |
|---|------------------------|------------------------|----------------------|-------------------------------|-----------------|---|------|----------------------------|------|
| VEHICLE INFORMATION | | MAKE | MODEL | YEAR | BODY | TITLE BRAND - translation | CODE | TYPE OF FUEL - translation | CODE |
| DW1A53297B981904 | | STOU | ZGP | 2007 | SE | USED | U | | 9 |
| REGISTERED TITLE # | STATE | PREVIOUS STATES TITLED | VEHICLE USE | VEHICLE TYPE | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE | | |
| '3913754 | TN | TN | F | S | | | 1 | | |
| OR CODE (enter appropriate code)* LOWER | MOBILE HOME LGTH WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # | | | |
| | | | | | | 918971 | | | |

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|--|----------------------------|------------------|------------------------|--------------------------|-------------------------|-------------------------|---------------------------|
| TITLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| VEHICLE # (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) |
| J383790 | 8020/1994 | | | | | | PERMANENT |
| 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 DATE |
| VEHICLE CODE | FIRST LIENHOLDER | 06/29/2012 |
| SUNTRUST BANK | | |
| VEHICLE STREET | CITY | STATE ZIP CODE |
| 120 E BALTIMORE ST 25 FL | BALTIMORE | MD 21202 |
| VEHICLE CODE | SECOND LIENHOLDER | LIEN DATE |
| | | |
| VEHICLE STREET | CITY | STATE ZIP CODE |
| | | |

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|--|--|---------------------------------------|------------------------------------|------------------------------|------------------------------|
| SSEE / REGISTRANT INFORMATION (OWNER OF PLATE) | | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> |
| NAME | | 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"/> RTND DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED |
| <input type="checkbox"/> ILLEGIBLE | | | | |

| | | |
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| 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 determine the accuracy of the information provided by me or on my behalf. | | DATE |
| NATURE OF CERTIFIER/OWNER | | 09/24/2012 |
| POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | | |

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| DICE NUMBER | COUNTY NAME | CO NUMBER | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) | | |
| 12268 @ | HAMILTON | 33 | 09/24/2012 | 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 | ISSUANCE FEE | TITLE FEE | TOTAL TAX COLLECTED |
| 79.75 | | | | 12.00 | 5.50 | .00 |
| COMPUTATION OF | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX |
| <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | | | | | | CITY STICKER FEE |
| SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED | |
| | | | | | 97.25 | |