## OFFICIAL VEHICLE REGISTRATION

| ity Stickers:  |   |                              |  |                       |  |   |  |   |  | 91920   | 33        |
|--|---|------------------------------|--|-----------------------|--|---|--|---|--|---|-----------|
| O485592 TRANSACTION CODE CODE CODE CODE CODE CODE CODE CODE  |   |                              |  |                       |  | REGISTR   | ATION ONLY NUMB  | ER  |  |   |           |
| NER INFORMATION *LEGAL STATUS: 1 (AND  | o) 2 (0R) E   | NTER NAM                     | CODE IN BO   | X 1 (SAM              | E) 2(DIFFERE                               | NT) 3(MULTIPLE LAST   | NAMES) 4(COMPAN  | Y) 5(OVER 28 CHARAC   | TERS) 4  | MAO N ILU   |           |
| STNAME<br>BOWMAN TRAILER LEAS  | FIRST INAIN   | E                            | MIDE   | LE INITIAL            |  | LAST NAME   |  | FIRST NAMI  |  | MIDDLE INITIA   | _         |
| DRESS 1 (MAILING)  | SING LL   |                              |  |                       |  | ADDRESS 2 (PHYSIC   | AL)  |   |  |   |           |
| 10233 GOVERNOR LN BI   | _VD   |                              |  |                       |  |   | /  |   |  |   |           |
| Y STATE ZIP CODE   |   |                              |  |                       |  | CITY  |  | 5   | TATE   | ZIP CODE  |           |
| WILLIAMSPORT   |   | MD                           | 2  | 1795                  |  |   |  |   |  |   |           |
| of residence principal bus or incorp location PURCHASE DAT HAMILTON 033 06/29/2  |   |                              | " EASED O SERVICE OPTIC                                      |                       |  | ns Telephone # "Placard/Hearing impaired" 301 582 1793                          |  |   | RED CLS/YR   | *INSURANCE POLICY   | #         |
| HICLE INFORMATION  |   |                              |  |                       | Lacav                                      |   |  | CODE  | Trype of fue   | L translation   | CODE      |
|  | MAKE MODI   |                              |  | 100000000             | BODY                                       | TITLE BRAND - translation   |  |   | TYPE OF FUE  | PE OF FUEL - translation                                      |           |
| IDW1A53227B982134 S  |   |                              |  | 2007                  | SE   | USED  |  | U   |  |   | 9         |
|  |   | STATES TITLED VEHICLE US     |  |                       |  | INDIC<br>(List on   |  | METER ACTUAL (0) NOT ACTUAL (8)  CATOR OVER 10 YRS / 16,000 LBS (1)  THE IN EXCESS OF MECHANICAL LIMITS (9) |  |   |           |
| 73913960 TN TN  OR CODE (enter appropriate code)* MOBILE HOME # #  |   |                              |  |                       | F  | S   |  |   | 1  |   |           |
| PER LOWER LGTH   | HOME<br>WDTH  |                              | # AXLES  | GRO                   | SS VEHICLE                                 | WEIGHT  | *VEHICLE TRAD  | E-IN DESCRIPTION  |  | COMPANY VEHICLE #   | ດວດວ      |
| <u> </u>   |   | A 200 200 8                  |  | 1000000000            |  | processing and states.  |  |   |  | 91  | 9203      |
| ATE INFORMATION *(required for Title and Reg<br>ATE #(1) CLASSCODE/ISSUEYF   |   | gistration Or<br>DATION #(1  |  | s) SEE RE             |  |   | PLATE #(TRADE IN)  | (2) CLASS CODE  | /ISSUE YR(2)   | EXPIRATION DATE   | (1)(2)(3) |
| U382768 8020/19  | 94  |                              |  |                       |  |   |  |   |  | PERMA   | NEN.      |
| R STICKER #(4) TEMP OPERATOR   | TEMP OPERATOR PERMIT #(3) # OF SEATS(5)                 |                              |  | ZONE(CO               | VE(COUNTY NAME)(6) USDOT / REGISTRANT #(7) |   |  | #(7)  | мот  | OR CARRIER #(8)   |           |
| SUNTRUST E  REET  120 E BALTIMORE  N CODE SECOND LIENHOLDER  REET  SSEE / REGISTRANT INFORMATION(OWNER  ME   | ST 25 F   | <b>L</b>                     | LEGAL STA  | TUS                   | NAME                                       | BALTIM  CITY  CODE N  | ORE  |   | MD ATE   | ZIP CODE 21202  LIEN DA  ZIP CODE                             |           |
| Access to the second se |   |                              |  |                       |  |   |  |   |  | 710.0005  |           |
| DRESS  |   |                              |  |                       | C  | TY  |  | S   | TATE   | ZIP CODE  |           |
| HICLE COST / TAX INFORMATION *(required I  | or Title & Regis  | ration Trans                 | actions)   |                       |  |   |  |   |  |   |           |
| LE PRICE TRADE IN  | ALLOWANCE   |                              |  | TAXA                  | BLE AMOUNT                                 | Г   | SALESTAX PAID  |   | *TAX EXEM  | PTION REASON / SALES  |           |
| ALER NAME DEALER AD  |   |                              |  |                       |  |   |  |   |  |   | TAX#      |
| ALER NAME  |   |                              | DEALER   | ADDRESS               |  |   |  |   |  | DEALER #  | TAX#      |
| ALER NAME  aguired for Duplicate Title - T.C.A. 55-3-115 (sut  | omit Illegible or i                                     | ltered Certif                | 18 MO IN 18  | ADDRESS               |  |   |  |   |  | DEALER#   | TAX#      |
|  |   |                              | 18 MO IN 18  | ADDRESS               | RT   | N'D DUE TO NON DEL  | JEVERY   | ALTERED   |  | DEALER#   | TAX#      |
| equired for Duplicate Title - T.C.A. 55-3-115 (sut   | EN  |                              | cate of Title)   |                       |  |   |  |   |  | 7   | TAX #     |
| equired for Duplicate Title - T.C.A. 55-3-115 (sut   | EN  |                              | cate of Title)  MUTILATED  rrect to the be on my behalf.     | st of my kn           | owledge, and                               |   | ot the responsibility of   |   |  | 7   |           |
| equired for Duplicate Title - T.C.A. 55-3-115 (subspace of the penalties of perjury, I hereby certify all informs assignees to determine the accuracy of the information of the penalties of perjury.  | EN  |                              | cate of Title)  MUTILATED  rect to the be on my behalf.  POW | st of my kn           | owledge, and                               | acknowledge that it is no   | ot the responsibility of<br>(IF APPLICABLE)                                  |   | n DATE   | 09/14/2012<br>(COUNTY CLERK)                                  |           |
| Equired for Duplicate Title - T.C.A. 55-3-115 (sufficiency)  LOST STOLE  Jer penalties of perjury, I hereby certify all informs assignees to determine the accuracy of the infinantural of Certification of the infinantural of County NAME  OICE NUMBER COUNTY NAME  12258 @ HAMIL*   | EN lation provided i ormation provid TON                |                              | cate of Title)  MUTILATED  rect to the be on my behalf.  POW | st of my kn           | OWNEY/AUT                                  | acknowledge that it is no   | by AUTHORITY W.F. (BI  | the Motor Vehicle Division OF REGISTRAR OF MO   | DATE TOR VEHICLES  | ILLEGIBLE  09/14/2012 (COUNTY CLERK)                          |           |
| equired for Duplicate Title - T.C.A. 55-3-115 (subspace of the Information of the Informa | en auton provided i ormation provided i ormation provid | s true and co<br>ed by me or | MUTILATED  rect to the beon my behalf.  POW  CO NI           | st of my kn ER OF ATT | OMEGE, and OMEGE AND OMEGE AND SEE         | acknowledge that it is not horized Signature.  PPLICATION  1/14/2012  CLERK FEE | BY AUTHORITY W.F. (BII (total fees colle ISSUANCE FEE 12.00                  | OF REGISTRAR OF MC  LL) KNOWLE  coted Indicated certifies  TITLE FEE  5.50                                  | DATE TOR VEHICLES S this form as a v TOTAL                 | 09/14/2012 (COUNTY CLERK)  alid registration) L TAX COLLECTED |           |
| equired for Duplicate Title - T.C.A. 55-3-115 (substitute of the Information of the Infor | en auton provided i ormation provided i ormation provid | s true and co                | cate of Title)  MUTILATED  rect to the be on my behalf.  POW | st of my kn ER OF ATT | DATE OF A                                  | acknowledge that it is not horized Signature.  PPLICATION  1/14/2012  CLERK FEE | BY AUTHORITY W.F. (BII (total fees colle                                     | OF REGISTRAR OF MC  L) KNOWLE  coted Indicated certifies  TITLE FEE   | DATE TOR VEHICLES S this form as a v TOTAL                 | 09/14/2012 (COUNTY CLERK)  alid registration) L TAX COLLECTED |           |
| equired for Duplicate Title - T.C.A. 55-3-115 (subspace of the Information of the Informa | TON STATE  TAX SA                                       | s true and co<br>ed by me or | MUTILATED  rect to the beon my behalf.  POW  CO NI           | st of my kn ER OF ATT | OMEGE, and OMEGE AND OMEGE AND SEE         | acknowledge that it is not horized Signature.  PPLICATION  1/14/2012  CLERK FEE | BY AUTHORITY W.F. (BII (total fees colle ISSUANCE FEE 12.00 CTED IN STATE OF | OF REGISTRAR OF MC  LL) KNOWLE  coted Indicated certifies  TITLE FEE  5.50                                  | DATE  TOR VEHICLES  S this form as a v TOTAL  OI  X CITY S | 09/14/2012 (COUNTY CLERK)  alid registration) L TAX COLLECTED |           |