



OFFICIAL VEHICLE REGISTRATION

929064

City Stickers:

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| NEW OR CURRENT TITLE NUMBER 10483180 | TRANSACTION CODE 001 | REGISTRATION ONLY NUMBER |
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| 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 N | ILU N |
| ST NAME BOWMAN TRAILER LEASING LLC | FIRST NAME BOWMAN | MIDDLE INITIAL | LAST NAME TRAILER LEASING LLC |

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| ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD | ADDRESS 2 (PHYSICAL) |
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| CITY MILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE | ZIP CODE |
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| HOME OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 06/29/2012 | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | TELEPHONE # 301 582 1793 | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |
|---|------------------------------------|---|------------------------------------|----------------------------------|---------------------|

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| VEHICLE INFORMATION | MAKE GRAA06217T538957 | MODEL GDAN | YEAR 1GR | 2007 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 |
|---------------------|---------------------------------|----------------------|--------------------|------|-------------------|--|------------------|----------------------------|------------------|

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| PREVIOUS TITLE # 74681095 | STATE TN | PREVIOUS STATES TITLED TN | VEHICLE USE F | VEHICLE TYPE S | CURRENT MILEAGE | ODOMETER ACTUAL (0) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) <small>(List one) IN EXCESS OF MECHANICAL LIMITS (9)</small> | CODE 1 |
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| VEHICLE CODE (enter appropriate code)* D | MOBILE HOME LGTH D | MOBILE HOME WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 929064 |
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VEHICLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

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|---|-------------------------------------|---------------------|----------------------|-----------------------|------------------------|---|
| CLASS CODE/ISSUE YR(1)(3) J382029 | VALIDATION #(1) 8020/1994 | COUNTY STICKER #(1) | CITY STICKER #(1)(2) | *PLATE #(TRADE IN)(2) | CLASS CODE/ISSUE YR(2) | EXPIRATION DATE (1)(2)(3) PERMANENT |
|---|-------------------------------------|---------------------|----------------------|-----------------------|------------------------|---|

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|---------------------------|---------------|----------------------|-------------------------|--------------------|
| 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)

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| LIEN CODE | FIRST LIENHOLDER SUNTRUST BANK | LIEN DATE 06/29/2012 |
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| ADDRESS 120 E BALTIMORE ST 25 FL | CITY BALTIMORE | STATE MD | ZIP CODE 21202 |
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| LIEN CODE | SECOND LIENHOLDER | LIEN DATE |
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| ADDRESS | 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 | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | |

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| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) | NET PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # |
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| 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)

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|-------------------------------|---------------------------------|------------------------------------|---|----------------------------------|------------------------------------|
| <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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Under 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.

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| NATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) | DATE 09/07/2012 |
|---------------------------|---|---------------------------|

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| COUNTY NUMBER 2251 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 09/07/2012 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
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| REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 | TOTAL TAX COLLECTED .00 |
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| SALES TAX <input type="checkbox"/> USE TAX | SALES OR USE TAX | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY STICKER FEE |
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| SALES TAX OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | TOTAL FEES COLLECTED 97.25 |
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