



OFFICIAL VEHICLE REGISTRATION

929086

Stickers:

NEW OR CURRENT TITLE NUMBER 30483220	TRANSACTION CODE 001	REGISTRATION ONLY NUMBER
--	--------------------------------	--------------------------

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 BOWMAN TRAILER LEASING LLC	FIRST NAME	MIDDLE INITIAL	LAST NAME

ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY MILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

TYPE OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/29/2012	*LEASED <input 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 #
---	------------------------------------	--	------------------------------------	----------------------------------	---------------------

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

PREVIOUS TITLE # 74681117	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) IN EXCESS OF MECHANICAL LIMITS (9)	CODE 1
-------------------------------------	--------------------	-------------------------------------	-------------------------	--------------------------	-----------------	--	------------------

VEHICLE OR CODE (enter appropriate code)* LOWER 3	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 929086
--	---------------------------	---------	----------------------	-------------------------------	------------------------------------

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE # (1) J382051	CLASS CODE/ISSUE YR (1)(3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) PERMANENT
STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (if lien present)

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

REGISTRANT / 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
---------	------	-------	----------

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 #	

required for Duplicate Title - T.C.A. 55-9-115 (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
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

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.

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

PLATE NUMBER 12251 @	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
--------------------------------	--------------------------------	------------------------	--	--	--------------

*FEES USE ONLY REGISTRATION FEE 79.75							(total fees collected indicated certifies this form as a valid registration)						
CREDIT		LEASE FEE		TRANS FEE		CLERK FEE		ISSUANCE FEE 12.00		TITLE FEE 5.50		TOTAL TAX COLLECTED .00	
SALES OR USE TAX		SA TAX		LOCAL TAX		ADDITIONAL TAX		COLLECTED IN STATE OF		COUNTY WHEEL TAX		CITY STICKER FEE	
SALES TAX <input type="checkbox"/> USE TAX		ORGAN DONOR		POSTAGE		VER		ID / RESIDENCY VERIFICATION		TOTAL FEES COLLECTED 97.25			