



OFFICIAL VEHICLE REGISTRATION

929150

City Stickers:

| | | |
|---|--------------------------------|--|
| WORK OR CURRENT TITLE NUMBER 34199473 | TRANSACTION CODE 004 | REGISTRATION ONLY NUMBER 1066974 |
|---|--------------------------------|--|

OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 28 CHARACTERS) MAO ILU

| | | | |
|---|----------------------------|--|------------------------------|
| OWNER NAME BOWMAN SALES AND EQUIPMENT INC | LAST NAME BOWMAN | FIRST NAME SALES AND EQUIPMENT | MIDDLE INITIAL INC |
|---|----------------------------|--|------------------------------|

| | |
|---|----------------------|
| ADDRESS 1 (MAILING) PO BOX 433 % 10233 GOVERNOR LN BLVD | ADDRESS 2 (PHYSICAL) |
|---|----------------------|

| | | | | | |
|-----------------------------|--------------------|--------------------------|-----------------------------|--------------------|--------------------------|
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 |
|-----------------------------|--------------------|--------------------------|-----------------------------|--------------------|--------------------------|

| | | | | | |
|--|------------------------------------|---|------------------------------------|----------------------------------|---------------------|
| HOME RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 06/30/2011 | *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 # |
|--|------------------------------------|---|------------------------------------|----------------------------------|---------------------|

VEHICLE INFORMATION

| | | | | | | | | |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|--|------------------|----------------------------|------------------|
| VIN 1GKAA06227T538739 | MAKE GDAN | MODEL 1GR | YEAR 2007 | BODY SE | TITLE BRAND - translation USED | CODE U | TYPE OF FUEL - translation | CODE 9 |
|---------------------------------|---------------------|---------------------|---------------------|-------------------|--|------------------|----------------------------|------------------|

| | | | | | | | |
|-------------------------------|--------------------|-------------------------------------|-------------------------|--------------------------|-----------------|---|------------------|
| PREVIOUSLY REGISTERED TITLE # | 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) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE 1 |
|-------------------------------|--------------------|-------------------------------------|-------------------------|--------------------------|-----------------|---|------------------|

| | | | | | |
|--|--------------------------|---------|----------------------|-------------------------------|------------------------------------|
| VEHICLE OR CODE (enter appropriate code) *LOWER 0 | MOBILE HOME LGTH WDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | COMPANY VEHICLE # 929150 |
|--|--------------------------|---------|----------------------|-------------------------------|------------------------------------|

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

| | | | | | | | |
|-------------------------------|---|------------------|----------------------|-----------------------|---|---|---|
| PLATE # (1) U416387 | CLASSCODE/ISSUE YR (1)(3) 8020/1994 | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1)(2) | *PLATE # (TRADE IN) (2) U334977 | CLASS CODE/ISSUE YR (2) 8020 1994 | EXPIRATION DATE (1)(2)(3) PERMANENT |
|-------------------------------|---|------------------|----------------------|-----------------------|---|---|---|

| | | | | | |
|-----------------|----------------------------|----------------|------------------------|--------------------------|---------------------|
| R 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 | CITY | STATE | ZIP CODE | LIEN DATE |
|-----------|------------------|------|-------|----------|-----------|

| | | | | | |
|-----------|-------------------|------|-------|----------|-----------|
| LIEN CODE | SECOND LIENHOLDER | CITY | STATE | ZIP CODE | LIEN DATE |
|-----------|-------------------|------|-------|----------|-----------|

REGISTRANT / REGISTRANT INFORMATION (OWNER OF PLATE)

| | | | | | |
|------------------------------|---------------------------------------|------------------------------------|------------------------------|------------------------------|------|
| REGISTRANT NAME ME | LEGAL STATUS <input type="checkbox"/> | NAME CODE <input type="checkbox"/> | MAO <input type="checkbox"/> | ILU <input type="checkbox"/> | 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. 55-3-115 (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 |
|-------------------------------|---------------------------------|------------------------------------|---|----------------------------------|------------------------------------|

I, the undersigned, hereby 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.

| | | |
|------------------------------|--|---------------------------|
| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | DATE 01/25/2013 |
|------------------------------|--|---------------------------|

| | | | | | |
|---------------------------------|--------------------------------|------------------------|--|--|--------------|
| COUNTY NUMBER 13025 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 01/25/2013 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES | HJC27 |
|---------------------------------|--------------------------------|------------------------|--|--|--------------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|------------------|--|--|--|--------------------------|--|--|--|---------------------------|--|--|--|--|--|--|--|---------------------------------------|--|--|--|------------------|--|--|--|-----------------------------------|--|--|--|
| REGISTRATION FEE | | | | | | | | EMISSION: NOT APPLICABLE | | | | | | | | (total fees collected indicated certifies this form as a valid registration) | | | | | | | | | | | | | | | |
| REGISTRATION FEE | | | | CREDIT | | | | LEASE FEE | | | | TRANS FEE 12.75 | | | | CLERK FEE | | | | ISSUANCE FEE 2.50 | | | | TITLE FEE | | | | TOTAL TAX COLLECTED .00 | | | |
| COMPUTATION OF SALES TAX | | | | SALES OR USE TAX | | | | SA TAX | | | | LOCAL TAX | | | | ADDITIONAL TAX | | | | COLLECTED IN STATE OF | | | | COUNTY WHEEL TAX | | | | CITY STICKER FEE | | | |
| SERVICE OPT FEE | | | | ORGAN DONOR | | | | POSTAGE | | | | VER | | | | ID / RESIDENCY VERIFICATION | | | | *TOTAL FEES COLLECTED 15.25 | | | | | | | | | | | |