



OFFICIAL VEHICLE REGISTRATION

City Stickers:

963255

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| NEW OR CURRENT TITLE NUMBER 90479021 | 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 <input checked="" type="checkbox"/> N | ILU <input checked="" type="checkbox"/> N | |
| LAST NAME BOWMAN TRAILER LEASING LLC | FIRST NAME | MIDDLE INITIAL | LAST NAME | FIRST NAME | MIDDLE INITIAL |
| ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD | | | ADDRESS 2 (PHYSICAL) | | |
| CITY WILLIAMSPORT | STATE MD | ZIP CODE 21795 | CITY | STATE | ZIP CODE |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033 | PURCHASE DATE 06/29/2012 | *LEASED <input checked="" type="checkbox"/> 0 *SERVICE OPTIONS <input type="checkbox"/> | TELEPHONE # 301 582 1793 | *PLACARD/HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # |

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| VEHICLE INFORMATION | | | | | | | | | | |
| VIN 1GRAA06217D427089 | MAKE GDAN | MODEL 1GR | YEAR 2007 | BODY SE | TITLE BRAND - translation | CODE U | TYPE OF FUEL - translation | CODE 9 | | |
| SURRENDERED TITLE # 74678712 | 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) (Last one) IN EXCESS OF MECHANICAL LIMITS (9) | | CODE 1 | | |
| COLOR CODE (enter appropriate code)* UPPER O LOWER | MOBILE HOME LGTH | WIDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # 963255 | | | |

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| PLATE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | |
| PLATE #(1) U380798 | CLASSCODE/ISSUEYR(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 |
| TDR 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 CODE | FIRST LIENHOLDER SUNTRUST BANK | | | | | LIEN DATE 06/29/2012 | |
| STREET 120 E BALTIMORE ST 25 FL | | CITY BALTIMORE | | STATE MD | ZIP CODE 21202 | | |
| LIEN CODE | SECOND LIENHOLDER | | | | | LIEN DATE | |
| STREET | | CITY | | STATE | ZIP CODE | | |

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| *LESSEE / 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) | | | | | |
| SALE PRICE | TRADE IN ALLOWANCE | TAXABLE AMOUNT | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # | |
| DEALER NAME | | DEALER ADDRESS | | DEALER # | |

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| <input type="checkbox"/> LOST | <input type="checkbox"/> STOLEN | <input type="checkbox"/> MUTILATED | <input type="checkbox"/> RTN'D DUE TO NON DELIEVERY | <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 or its assignees to determine the accuracy of the information provided by me or on my behalf.

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| SIGNATURE OF CERTIFIER/OWNER | POWER OF ATTORNEY/AUTHORIZED SIGNATURE(IF APPLICABLE) | DATE 08/24/2012 |
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| INVOICE NUMBER 12237 @ | COUNTY NAME HAMILTON | CO NUMBER 33 | DATE OF APPLICATION 08/24/2012 | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES(COUNTY CLERK) W.F. (BILL) KNOWLES | | HJC27 |
| OFFICE USE ONLY EMISSION: Trailer (total fees collected indicated certifies this form as a valid registration) | | | | | | |
| REGISTRATION FEE 79.75 | CREDIT | LEASE FEE | TRANS FEE | CLERK FEE | ISSUANCE FEE 12.00 | TITLE FEE 5.50 |
| COMPUTATION OF SALES OR USE TAX | | | SA TAX | LOCAL TAX | ADDITIONAL TAX | COLLECTED IN STATE OF |
| *SERVICE OPT FEE | | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED 97.25 |