



# OFFICIAL VEHICLE REGISTRATION

973118

**City Stickers:**

VEHICLE OR CURRENT TITLE NUMBER <b>10472366</b>	TRANSACTION CODE <b>N01</b>	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) <b>4</b>		MAO <input checked="" type="checkbox"/> <b>N</b>	ILU <input checked="" type="checkbox"/> <b>N</b>
OWNER FIRST NAME <b>BOWMAN TRAILER LEASING LLC</b>	MIDDLE INITIAL	LAST NAME	MIDDLE INITIAL
ADDRESS 1 (MAILING) <b>10233 GOVERNOR LN BLVD</b>	ADDRESS 2 (PHYSICAL)		
CITY <b>WILLIAMSPORT</b>	STATE <b>MD</b>	ZIP CODE <b>21795</b>	CITY STATE ZIP CODE
ADDRESS OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION <b>HAMILTON 033</b>	PURCHASE DATE <b>06/29/2012</b>	LEASED <input checked="" type="checkbox"/> <b>0</b> *SERVICE OPTIONS <input type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small>	TELEPHONE # <b>301 582 1793</b>
*PLACARD/HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #	

VEHICLE INFORMATION		MAKE <b>GDAN</b>	MODEL <b>1GR</b>	YEAR <b>2004</b>	BODY <b>SE</b>	TITLE BRAND - translation	CODE <b>U</b>	TYPE OF FUEL - translation	CODE <b>0</b>
VEHICLE IDENTIFICATION # <b>1GRAA06234D405915</b>	STATE <b>ME</b>	PREVIOUS STATES TITLED	VEHICLE USE <b>F</b>	VEHICLE TYPE <b>S</b>	CURRENT MILEAGE	ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9)		CODE <b>1</b>	
VEHICLE OR CODE (enter appropriate code) LOWER <b>0</b>	MOBILE HOME LGTH WIDTH	# OF AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE # <b>973118</b>			

VEHICLE INFORMATION *required for Title and Registration and Registration Only Transactions SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
VEHICLE # (1) <b>J361821</b>	CLASS CODE/ISSUE YR (1)(3) <b>8020/1994</b>	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1)(2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1)(2)(3) <b>PERMANENT</b>
STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)		MOTOR CARRIER # (8)	

VEHICLE INFORMATION (if lien present)			
VEHICLE CODE	FIRST LIENHOLDER <b>SUNTRUST BANK</b>	LIEN DATE <b>06/29/2012</b>	
VEHICLE STREET <b>120 E BALTIMORE ST 25 FL</b>	CITY <b>BALTIMORE</b>	STATE <b>MD</b>	ZIP CODE <b>21202</b>
VEHICLE CODE	SECOND LIENHOLDER	LIEN DATE	
VEHICLE STREET	CITY	STATE	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"/>
REGISTRANT NAME	NAME			
REGISTRANT ADDRESS	CITY STATE ZIP CODE			

VEHICLE COST / TAX INFORMATION *required for Title & Registration Transactions				
VEHICLE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	*TAX EXEMPTION REASON / SALES TAX #
DEALER NAME	DEALER ADDRESS			DEALER #

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTND DUE TO NON DELIEVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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I, the undersigned, for 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.

CERTIFIER/OWNER	POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE)	DATE <b>08/03/2012</b>
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COUNTY NUMBER <b>12216</b>	COUNTY NAME <b>HAMILTON</b>	CO NUMBER <b>33</b>	DATE OF APPLICATION <b>08/03/2012</b>	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) <b>W.F. (BILL) KNOWLES</b>	<b>HJC27</b>
*VEHICLE USE ONLY <b>EMISSION: Trailer</b> (total fees collected indicated certifies this form as a valid registration)					
REGISTRATION FEE <b>79.75</b>	CREDIT	LEASE FEE	TRANS FEE	ISSUANCE FEE <b>12.00</b>	TITLE FEE <b>5.50</b>
COMPUTATION OF SALES TAX <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	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 TAX COLLECTED <b>.00</b>
TOTAL FEES COLLECTED <b>97.25</b>					