



OFFICIAL VEHICLE REGISTRATION

975987

City Stickers:

NEW OR CURRENT TITLE NUMBER 0492529	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	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
-----------------------------	--------------------	--------------------------	------	-------	----------

HOME PHONE / PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 06/29/2012	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS	TELEPHONE # 301-582-1793	*PLACARD/HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #
--	------------------------------------	---	------------------------------------	----------------------------------	---------------------

VEHICLE INFORMATION									
VIN 1JJV532W27L095378	MAKE WABA	MODEL 1JJ	YEAR 2007	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9	

REGISTERED TITLE # 74681762	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
---------------------------------------	--------------------	-------------------------------------	-------------------------	--------------------------	-----------------	---	------------------

*OR CODE (enter appropriate code) *SER LOWER 0	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 975987
---	---------------------------	---------	----------------------	-------------------------------	------------------------------------

VEHICLE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) J398925	CLASSCODE/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 BALTIMORE	STATE MD	ZIP CODE 21202
120 E BALTIMORE ST 25 FL			

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
REET	CITY	STATE
ZIP CODE		

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
---------	------	-------	----------

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 #
-------------	----------------	----------

<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
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

I hereby certify that 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 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 10/08/2012
---------------------------	--	---------------------------

COUNTY NUMBER 12282 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 10/08/2012	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	KAR46
---------------------------------	--------------------------------	------------------------	--	--	--------------

*FEES COLLECTED (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
TOTAL TAX COLLECTED .00						

COMPUTATION OF SALES TAX <input type="checkbox"/> USE TAX <input type="checkbox"/>	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 97.25
-----------------	-------------	---------	-----	-----------------------------	---------------------------------------