

STATE OF MAINE

LONG TERM SEMI-TRAILER REGISTRATION

MAINE RE-REGISTRATION? YES NO

MAKE BUDC	YEAR 1981	UNIT # 035215	COLOR	TLR 20-41904
STYLE SE	Vehicle Identification No. (Serial No.) 1BK10VA27BE195298		TITLE NO. ME	NET WGT.
NAME	D. M. BOWMAN, INC.			
MAILING ADDRESS	P.O. BOX 857			- TO APPLICANT - <u>ANSWER ALL</u> <u>QUESTIONS ON BACK</u> <u>OF THIS</u> <u>APPLICATION</u> MAIL TO THE SECRETARY OF STATE AUGUSTA, MAINE 04333
	AUGUSTA, ME 04332-0857		ZIP CODE	
LEGAL RESIDENCE				
R	CR	FEE		

11/17/2010

Start Year: 2010

Expires: 02/29/2020

STATE OF MAINE

PROPERTY TAX REGISTRATION

DATE OF REGISTRATION

TAXPAYER'S NAME	ADDRESS	CITY/TOWN/VILLAGE	COUNTY	PROPERTY DESCRIPTION
J. B. BROWN	123 MAIN ST.	PORTLAND	CANTON	RESIDENCE
M. J. SMITH	456 OAK ST.	BANGOR	PENOBSCOT	RESIDENCE
A. C. GREEN	789 PINE ST.	BANGOR	PENOBSCOT	RESIDENCE
D. E. WHITE	1010 BROAD ST.	BANGOR	PENOBSCOT	RESIDENCE
W. R. BLACK	2020 CENTRAL ST.	BANGOR	PENOBSCOT	RESIDENCE
T. S. GRAY	3030 HIGHLAND ST.	BANGOR	PENOBSCOT	RESIDENCE

REGISTERED AT THE OFFICE OF THE REGISTER OF DEEDS, BANGOR, MAINE, THIS _____ DAY OF _____, 19____.
 REGISTER
 STATE OF MAINE

11/18/10

000003#2269

*52

STATE OF MAINE

LTT

\$120.00

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- TO APPLICANT -

ANSWER ALL
QUESTIONS ON BACK
OF THIS
APPLICATION

MAIL TO THE
SECRETARY OF STATE
AUGUSTA, MAINE
04333

11/17/2010

Start Year: 2010

REGISTRATION COPY

Expires: 02/29/2020

UPON THE TRANSFER OF OWNERSHIP OF THE VEHICLE DESCRIBED HEREIN, THIS REGISTRATION EXPIRES, AND THE PERSON TO WHOM THIS CERTIFICATE WAS ISSUED MUST REMOVE THE PLATES AND FILL IN THE BLANKS BELOW AND PRESENT TO THE REGISTRATION OFFICE UPON MAKING TRANSFER OR FORWARD THIS CERTIFICATE TO THE SECRETARY OF STATE, AUGUSTA, MAINE.

SECRETARY OF STATE, AUGUSTA, MAINE 04333

DEAR SIR: I HEREBY REPORT THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED IN THIS CERTIFICATE HAS BEEN:

RETAINED TRANSFERRED JUNKED ABANDONED LOST BY FIRE, THEFT OR ACCIDENT

TRANSFERRED TO:

NAME _____

STREET AND NUMBER _____

CITY OR TOWN _____ STATE _____

DATE TRANSFERRED _____

SIGNATURE _____

ADDRESS _____