



OFFICIAL VEHICLE REGISTRATION

085337

Stickers:

VEHICLE OR CURRENT TITLE NUMBER 1465282	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

ADDRESS 1 (MAILING) 10233 GOVERNOR LN BLVD	ADDRESS 2 (PHYSICAL)
--	----------------------

CITY MILLIAMSPORT	STATE MD	ZIP CODE 21795	CITY	STATE	ZIP CODE
-----------------------------	--------------------	--------------------------	------	-------	----------

HOME ADDRESS/PRINCIPAL BUS OR INCORP LOCATION HAMILTON 033	PURCHASE DATE 02/05/2013	*LEASED <input 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	MAKE WABA	MODEL DVH	YEAR 2008	BODY SE	TITLE BRAND - translation USED	CODE U	TYPE OF FUEL - translation	CODE 9
---------------------	---------------------	---------------------	---------------------	-------------------	--	------------------	----------------------------	------------------

REGISTERED TITLE # 36187939	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)* *PER LOWER D	MOBILE HOME LGTH WDTH	# AXLES	GROSS VEHICLE WEIGHT	*VEHICLE TRADE-IN DESCRIPTION	COMPANY VEHICLE # 085337
---	-----------------------------	---------	----------------------	-------------------------------	------------------------------------

NOTE INFORMATION *(required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS							
PLATE # (1) J432766	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

*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 02/05/2013

ADDRESS 120 E BALTIMORE ST 25 FL	CITY BALTIMORE	STATE MD	ZIP CODE 21202
--	--------------------------	--------------------	--------------------------

LIEN CODE	SECOND LIENHOLDER	LIEN DATE
-----------	-------------------	-----------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

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

VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions)				
NET 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"/> RTND DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
-------------------------------	---------------------------------	------------------------------------	---	----------------------------------	------------------------------------

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 to assignees 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 03/04/2013
---------------------------	--	---------------------------

COUNTY NUMBER 13063 @	COUNTY NAME HAMILTON	CO NUMBER 33	DATE OF APPLICATION 03/04/2013	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) W.F. (BILL) KNOWLES	KAR46
---------------------------------	--------------------------------	------------------------	--	--	--------------

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"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	SA TAX	LOCAL TAX	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY STICKER FEE
--	------------------	--------	-----------	----------------	-----------------------	------------------	------------------

DRIVE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	TOTAL FEES COLLECTED 97.25
---------------	-------------	---------	-----	-----------------------------	--------------------------------------