

SIGN FILE NO: 7724-04	SIGN REGISTRATION NO: 15153
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Date: 2/26/19

**STATE OF OKLAHOMA
CERTIFICATE OF REGISTRATION FOR OUTDOOR ADVERTISING**

ISSUED TO: STANDRIDGE EQUIPMENT
627 N 16TH ST
CHICKASHA
OK
73018

DESCRIPTION OF SIGN LOCATION **Date Erected:**
(At approved site only.)

ON THE E SIDE OF I44 in GRADY COUNTY
2.70 MILES N of HIGHWAY SH92

I hereby certify that according to the records of the Oklahoma Department of Transportation, the person, firm or corporation named herein has duly registered the above described sign.



J. Michael Patterson, Director

KEEP THIS CERTIFICATE OF REGISTRATION IN A SAFE PLACE, DO NOT ACCEPT ANY REGISTRATION CERTIFICATE SHOWING ANY ERASURE, ALTERATION, OR MUTILATION.

IMPORTANT NOTICE

Each person, corporation or firm is required to obtain a transfer of registration from the Oklahoma Department of Transportation within Ninety (90) days after acquiring ownership or possession of this sign. Failure to do so may subject the owner or possessor to prosecution and/or may result in forced removal of said sign without compensations.

ASSIGNMENT OF REGISTRATION :

I/We hereby assign and transfer unto: _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Phone: _____

this registration certificate for the sign described on the reverse of this certificate.

Date: _____ Signature of Assignor

Sign Owner: _____
STANDRIDGE EQUIPMENT Printed Name of Assignor

NOTARY PUBLIC:

(Notary must be completed to make official transfer. Executed document, \$25.00 transfer fee and written consent from property owner for new sign owner to utilize property are to be submitted to ODOT for transfer process to be completed.)

STATE OF: _____

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County of: _____

Before me, _____ personally appeared and executed the within
and foregoing instrument, and acknowledged that it was a voluntary act, on the _____ day of
_____, _____.

In witness whereof I have hereunto set my hand and official seal to the day and year last above
written.

Signature of Notary Public

[Notary Seal]

My Commission Expires: _____