|  | SIGN FILE NO: 7777-15 | SIGN REGISTRATION NO: 15180 |
|--|-----------------------|-----------------------------|
|--|-----------------------|-----------------------------|

Date: 5/24/19

## STATE OF OKLAHOMA CERTIFICATE OF REGISTRATION FOR OUTDOOR ADVERTISING

|                        | GREGSTONS NURSING & RE<br>711 S BROADWAY<br>MARLOW<br>OK<br>73055<br>N OF SIGN LOCATION<br>roved site only.) | HAB | Date Erected: |
|------------------------|--|-----|---------------|
| MARLOW                 |  | ОК  |               |
| ON THE E SIDE OF U81 i |  |     |               |
| 0.02 MILES N of HIGHWA | AY SH29  |     |               |

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.



Tim J. Gatz, Executive Director

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

ACP-602 02/02

## **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 descri  | ibed on the re | everse of this ce | rtificate.                            |  |
| Date:  |                | Signatur          | Signature of Assignor                 |  |
| Sign Owner:<br>GREGSTONS NURSING & REHAB           |                | Printed N         | Name of Assignor                      |  |
| NOTARY PUBLIC:                                     |                |                   | -                                     |  |
| ODOT for transfer process to be complete STATE OF: | a.)            |                   | ş                                     |  |
| County of:   |                |                   | 8                                     |  |
| Before me,   |                | _ personally      | -<br>appeared and executed the withir |  |
| and foregoing instrument, and acknowle             | edged that     | it was a volu     | intary act, on the day o              |  |
| ,,   | ÷              |                   |                                       |  |
| In witness whereof I have hereunto s written.      | et my hand     | d and official    | seal to the day and year last above   |  |
|  |                |                   |                                       |  |
| Signa  | ature of No    | otary Public      |                                       |  |
| Notary Seal  |                | -                 |                                       |  |

My Commission Expires: