

SIGN FILE NO: 20117-18	SIGN REGISTRATION NO: 14803
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Date: 4/18/16

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

ISSUED TO: CARING HANDS HEALTHCARE INC
511 LEHIGH AVE
HARTSHORNE
OK
74547

DESCRIPTION OF SIGN LOCATION
(At approved site only.)

Date Erected:

HARTSHORNE
ON THE S SIDE OF U270 in PITTSBURG COUNTY
1.30 MILES E of HIGHWAY S63

OK

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.



A handwritten signature in black ink, appearing to read "J. Michael Patterson", is written over a light blue background.

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: _____

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

Date: _____ Signature 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: _____

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: _____