

ODOT FORM 324a Rev. 06/2002 DEPARTMENT OF TRANSPORTATION Notarized Claim Form		FUND  AGENCY 345 <small>FOR AGENCY USE ONLY</small>	ORDER NO.	CLAIM NO.	CLAIM OF: <b>Boyce Investments, LLC</b> Address: City St. Zip FEI No.
ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT	FOR <b>\$98,400.00</b> AGAINST Oklahoma Department of Transportation ASSIGNMENT I hereby assign this claim to and authorize the State Treasurer to issue a warrant in payment to said assignee. Date: Claimant:
Enter the partial payment or final payment number if claim is to be charged against an encumbered order.		Partial No.	Final No.	TOTAL AMOUNT OSF- AUDITED BY	WARRANT (LOCATOR) NO.

DATE OF DELIVERY	PURCHASE ORDER NUMBER	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	AMOUNT
				Payment for Relocation of 3 Billboards 13475-15319 11917-15320 12411-15321 None and includes any and all damages within the acquisition area. J/P No.: 28894(05) Project: STP-221B(050)RW County: Delaware Parcel: 7.7.1, 7.2, 7.3 <b>CLAIM 1 OF 1</b>	\$98,400.00	\$98,400.00

The undersigned contractor or duly authorized agent, of lawful age, being first duly sworn, on oath says that this claim is true and correct. Affiant states that the work, services or materials as shown by this claim have been completed or supplied in accordance with plans, specifications, orders, requests and all other terms of the contract. Affiant further states that (s)he is the duly authorized agent of the contractor for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure the contract or obtain payment; (s)he is fully aware of the facts and circumstances surrounding the making of the contract and has been personally and directly involved in the proceedings leading to the procurement of the contract and the filing of this claim; and, neither the contractor nor anyone subject to the contractor's direction or control has been paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract or obtaining payment.				Approval Hailey Benson \$98,400.00
* Stamp below				Approval Sara Wylie \$98,400.00
Claimant: Terry Smith Boyce				Approval  \$98,400.00
Claimant: Kimberly Boyce				Approval  \$98,400.00
Member				Approval  \$98,400.00
Subscribed and Sworn before me Date: 8/4/2021 State of Missouri My Commission Expires May 27, 2023				Approval  \$98,400.00
Notary Public (or Clerk or Judge) Valerie A. Hooten				Approval  \$98,400.00

ODOT Acct.	Job Piece	Item	Part	Amount	Object	Encumbrance
Total						

APPROVAL I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. Agency's Approving Officer Director Date	
---	--

VALERIE A. HOOTEN  
 Notary Public - Notary Seal  
 Greene County - State of Missouri  
 Commission Number 15050567  
 My Commission Expires May 27, 2023



TRADE FIXTURE (BILLBOARD)
SUMMARY OF ACQUISITION

JOB PIECE: 28894(05), COUNTY Delaware, PARCEL(S) 7, 7.1, 7.2, 7.3

PROPERTY LOCATION: Section 15, Township 25N, Range 23E, Delaware County

BUYER: Oklahoma Department of Transportation, ODOT

SELLER: PROPERTY OWNERS(S), NAME AND ADDRESS:

Boyce Investments, LLC Dba All American Outdoor Advertising Company
PO Box 3984
Springfield, MO 65808

Reg. No. 13475 & No. 11917 & No. 12411

ASSIGNMENT: NA

MORTGAGES AND LIENS: NA

IMPROVEMENTS: None

DAMAGES: Relocate 3 billboards

PROPERTY OWNER(S) WILL EXECUTE AND SUBMIT TO THE BUYER, ODOT, THE FOLLOWING DOCUMENTS:

Table with 4 columns: Tenant Release, parcel number, area in Acres, and a blank column. Row 1: 7, 2.60, Acres.

ACQUISITION AMOUNT FOR LAND, IMPROVEMENTS AND DAMAGES: \$98,400.00

BUYER AND SELLER AGREE:

The seller agrees to relocate or replace all improvements within 30 days from the receipt of payment. It may take 45-60 days before payment is received after THE DEPARTMENT receives all necessary documents. THE DEPARTMENT will mail a 1099-S form at the end of the year in which payment was received.

UPON RECEIPT OF SIGNED DOCUMENTS, BUYER, ODOT, WILL PREPARE THE FOLLOWING:

\*This agreement also grants the TENANT rights to pursue one (1) Relocation Permit as provided for under Title 69 O.S. 2011 §1275 3(d).

State Warrant in the amount of \$98,400.00 to Boyce Investments, LLC
State Warrant in the amount of to
State Warrant in the amount of to
State Warrant in the amount of to

Boyce Investments, LLC, All American Outdoor Advertising Company

Larry Vernon Boyce, Member
PROPERTY OWNER / SELLER

8/4/21
DATE

Kimberly S. Boyce, Member
PROPERTY OWNER / SELLER

8/4/21
DATE

Hailey Benson
ODOT ACQUISITION AGENT

DATE



**AGREEMENT FOR COST-TO-CURE ITEMS**

Owner: Boyce Investments, LLC Dba All American Outdoor Advertising Company

Job Piece No.: 28894(05)

Tenant: Boyce Investments, LLC dba All American Ou

Project No.: STP-221B(050)RW

County: Delaware

Parcel No.: 7, 7.1, 7.2, 7.3

LEGAL DESCRIPTION: PART OF THE NE/4, PART OF THE SE/4

AND/OR LOCATION: 25301 US Hwy 59, Grove, OK 74344

**SECTION A: RELOCATE IMPROVEMENTS**

The undersigned hereby agrees and proposes to do all work and furnish all the necessary materials required in the relocation of the following described improvement(s), which includes all concrete footing above and below ground:

- |   |                   |   |    |
|---|-------------------|---|----|
| 1 | 3 Billboard Signs | 5 | NA |
| 2 | NA                | 6 | NA |
| 3 | NA                | 7 | NA |
| 4 | NA                | 8 | NA |

In the event all of the above items listed under this section are not fully relocated within thirty (30) days after receiving payment, owner agrees to notify Universal Field Services, Inc. to request an extension of time from the Oklahoma Department of Transportation. Owner/tenant understands that such extension may not be feasible and agrees to remove the above listed items as soon as notified.

**SECTION B: REPLACE IMPROVEMENTS AND/OR CURITIVE IMPROVEMENTS**

The undersigned hereby acknowledges that they are being compensated to replace the following described improvement(s): (these items have been purchased and will be removed by the Oklahoma Department of Transportation.)

- |   |    |   |    |
|---|----|---|----|
| 1 | NA | 5 | NA |
| 2 | NA | 6 | NA |
| 3 | NA | 7 | NA |
| 4 | NA | 8 | NA |
| 5 | NA | 9 | NA |

In the event all of the above items listed under this section are not fully replaced within thirty (30) days after receiving payment, owner agrees to notify Universal Field Services, Inc. and to hold ODOT and its contractors harmless for any damages sustained by reason of our removal.

**SECTION C: RETAINED IMPROVEMENTS**

The undersigned hereby agrees and proposes to do all work and furnish all the necessary materials required in the removal of the following described improvement(s), which includes all concrete footing above and below ground:

- |   |    |   |    |
|---|----|---|----|
| 1 | NA | 3 | NA |
| 2 | NA | 4 | NA |

In the event all retained salvage listed under this section is not fully removed within thirty (30) days after receiving payment, or any mutually agreed upon extension, ODOT shall have immediate authority to enter upon property to physically remove them. Owner agrees to reimburse ODOT for all removal costs and hold ODOT and its contractors harmless for any damages sustained by reason of our removal.

**SIGNATURES**

AGREED TO AND ACCEPTED

BY: [Signature] 8/4/21  
MEMBER  
Owner(s) Larry Vernon Boyce Date

BY: [Signature] 8/4/21  
Owner(s) Kimberly S. Boyce Date

BY: [Signature] 8/4/21  
Witness Date

Parcel: 7, 7.1, 7.2, 7.3  
Job Piece: 28894(05)  
Project: STP-221B(050)RW  
County: Delaware

**TENANT RELEASE**

**KNOW ALL MEN BY THESE PRESENTS:**

That I or we, the undersigned, for and in consideration of the sum of One and No/100's----- DOLLARS (\$ 1.00----- ) to be paid to me or us by the State of Oklahoma do hereby remise, release and discharge the said State of Oklahoma and the State Transportation Commission and the Oklahoma Transportation Authority from any and all demands or claims for damage due me or us as tenant(s) upon the property of: \_\_\_\_\_  
Grand Bear Properties, LLC, an Oklahoma Limited Liability Company

PART OF THE NE/4, PART OF THE SE/4  
Section 15 T 25N R 23E, of Delaware County, State of Oklahoma, by reason of the construction and maintenance of a highway along or across said property.

Dated this 4th day of August, 20 21.

N/A  
Unit Number

[Signature]  
MEMBER  
Tenant: Boyce Investments, LLC dba All American Outdoor Company  
[Signature]  
Tenant:

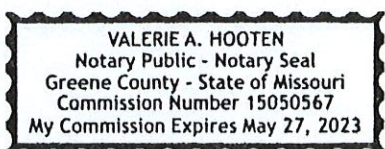
State of Missouri  
Oklahoma )  
County of Greene )  
Delaware )

Before me, Valerie A. Hooten, a notary in and for this state, on 4th day of August, 20 21 personally appeared Larry Vernon Boyce and Kimberly Sue Boyce

to me known to be the identical person(s) who subscribed the name of the maker thereof the foregoing and acknowledged to me that he/she executed the same as His/Her free and voluntary act and deed for the uses and purposes therein set.

Witness my hand and seal the day and year last above written:  
Valerie A. Hooten  
Notary Public

My Commission Expires: May 27, 2023  
My Commission Number: 15050567







# VENDOR/PAYEE FORM

Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

DO NOT use this form for:

- > Garnishment Payees: Use [OMES Form GarnVendor](#)
- > State Employees: Use [OMES FORM Employee Vendor Request](#)
- > Vendors pending contract award to a solicitation released by the division of Central Purchasing or another Oklahoma state agency **MUST** first register online with the state unless exempt per statute. For additional information, please refer to [Central Purchasing Vendor Registration](#).

**AGENCY SECTION** (To be completed by state agency representative):

State agency should email completed and signed form to [vendor.form@omes.ok.gov](mailto:vendor.form@omes.ok.gov) or fax to 405-522-3663.

**VENDOR/PAYEE SECTION** (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Agency Name	OK Dept of Transportation #345			Contact Name	Tom Sweeney
Phone #	405-521-2591	Fax #	405-522-0137	Email	tsweeney@odot.org
<b>Agency Request To</b> – Please select all applicable request types					
<input type="checkbox"/> Add New Vendor	<input type="checkbox"/> Update Existing Vendor	PeopleSoft 10-digit Vendor ID _____			
<input type="checkbox"/> Add New Address	<input type="checkbox"/> Change Address/Location	PeopleSoft Address # _____	PeopleSoft Location # _____		
<input type="checkbox"/> Change Vendor Tax ID	<input type="checkbox"/> Change Vendor Name	<input checked="" type="checkbox"/> Add Alternate Payee Name	PeopleSoft Location # _____		
<input type="checkbox"/> Other	Explain _____				
<b>Vendor 1099 Reportable Status</b>	Attention Paying Agency: Please check the <i>Add</i> box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the <i>Remove</i> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:				
<input type="checkbox"/> Add:	<input type="checkbox"/> 1 - Rents	<input type="checkbox"/> 2 - Royalties	<input type="checkbox"/> 3 - Other Income		
<input type="checkbox"/> Remove:	<input type="checkbox"/> 6 - Medical & Health Care	<input type="checkbox"/> 7 - Non-Employee Compensation	<input type="checkbox"/> 10 - Crop Insurance Proceeds		
	<input type="checkbox"/> 14 - Gross Proceeds to an Attorney				

## W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

<b>Payee Information:</b> Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.						
Name	BOYCE INVESTMENTS, LLC			Contact Name	KIMBERLY BOYCE	
Payee Legal Name for Business, Individual or Government Entity as filed with IRS				Contact Title	MEMBER	
DBA Name	ALL AMERICAN OUTDOOR ADVERTISING COMPANY			Phone #	918-782-0700	
Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name				Fax #	888-685-0255	
Tax Identification Number (TIN) and Type:		73-1594463		<input checked="" type="checkbox"/> Federal Employer ID (FEIN) <input type="checkbox"/> Social Security Number (SSN)		
<b>Business Address</b> -- Please provide primary business address as filed with the U.S. Internal Revenue Service						
Address	P.O. BOX 3984			City	SPRINGFIELD	
State	MO	Zip+4	65808	Remittance Email	allamericanbillboards@yahoo.com	
<b>Optional Addresses</b> – Please select address type as applicable						
Type:	<input type="checkbox"/> Remitting	<input type="checkbox"/> Ordering	<input type="checkbox"/> Pricing	<input type="checkbox"/> Returning	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other:
Address				City		
State		Zip+4		Remittance Email		
<b>Financial Registration:</b> Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.						
Name	Valerie Hooten		Title	General Manager		
			Email	allamericanbillboards@yahoo.com		



**SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

**U.S. Taxpayer Identification Number (TIN)**

Federal Employer Identification Number (FEIN) 73-1594463 If none, but applied for, date applied \_\_\_\_\_

U.S. Social Security Number (SSN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_

**Entity Filing Classification:**

Domestic (U.S.) Sole Proprietor or Individual  Domestic (U.S.) Partnership  Domestic (U.S.) Corporation Type: \_\_\_\_\_

Limited Liability Company Type: Partnership Disregarded Entity: YES  NO

Domestic (U.S.) Other Explain: \_\_\_\_\_

Foreign (Non-U.S.) Sole Proprietor\*  Foreign (Non-U.S.) Partnership\*  Foreign (Non-U.S.) Corporation\* Type: \_\_\_\_\_

Foreign (Non-U.S.) Other\* Explain: \_\_\_\_\_

**FOREIGN VENDOR INSTRUCTIONS: \* ADDITIONAL DOCUMENTATION IS REQUIRED.**

Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/fw8.pdf>).

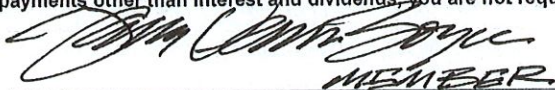
- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

  
MEMBER

Signature of Vendor Representative or Individual Payee

8/4/21  
Date

**MEMBER**

Title of individual signing form for company

**BOYCE INVESTMENTS, LLC Dba ALL AMERICAN OUTDOOR ADVERTISING COMPANY**

Vendor/Payee (Must be the same as Payee Name from page 1)