



THIS LICENSE MUST
BE
PUBLICLY DISPLAYED
AS
PROVIDED BY LAW

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
RETAIL LICENSE

THIS LICENSE IS NEITHER
TRANSFERABLE NOR
ASSIGNABLE
BEFORE POSTING READ
INSTRUCTIONS BELOW

ST-1
(Rev. 1/31/02)
5000

OWNER NAME BUSINESS LOCATION:

SHELTER PRODUCTS INC
1490 SE GIDEON ST STE 100
PORTLAND OR 97202

SHELTER PRODUCTS INC
PO BOX 42100
PORTLAND OR 97242

LICENSE NUMBER	
CO.	SERIAL
099	30553 0
MULTIPLE NUMBER	
IND. EFFECT DATE.	5030 07-01-2002 911827267
FED. E.I. NO.	

TRADE NAME AND MAILING ADDRESS

THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY. CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE.

EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY

File # 099 30553 0 SID # 2174992 000

This retail license is issued pursuant to Article 5, Chapter 36, Title 12, Code of Laws of South Carolina, 1976, as amended. The retail license is valid so long as the person to whom it is issued continues in the same business at the same location as shown on license, unless revoked by the Department of Revenue for cause. It is presumed that a retailer is not continuing in the same business and must surrender the retail sales license if the retailer has no retail sales for twenty-four consecutive months. To allow the license to remain valid, the retailer may submit an affidavit to the department swearing that the business is continuing. If the business is closed, moved or sold, the licensee must complete the questions listed below and return this license to the S.C. Department of Revenue, PO Box 125, Columbia, SC 29214.

IF THERE ARE ANY QUESTIONS REGARDING THIS LICENSE, CONTACT THIS DIVISION AT (803) 898-5872

OUT OF BUSINESS OR CHANGE OF OWNERSHIP

DATE OF CLOSING OR SALE _____

NEW FIRM NAME _____

NEW OWNER'S NAME OR NAMES _____

CHANGE OF ADDRESS AND/OR TRADE NAME

IF BUSINESS LOCATION CHANGES, RETURN THIS LICENSE AND COMPLETE CHANGE OF ADDRESS/BUSINESS LOCATION FORM SC8822.
IF BUSINESS IS MOVED OR THE TRADE NAME IS CHANGED, GIVE THE:

NEW TRADE NAME _____ DATE BUSINESS MOVED _____

NEW LOCATION ADDRESS _____ BUSINESS MUNICIPAL LIMITS _____

MAILING ADDRESS _____ NEW TELEPHONE NUMBER _____



INSTRUCTIONS

This is your new license. Please fold on the above perf marks and display in a conspicuous place.

If you have any questions concerning this license, please call the SC Department of Revenue (803) 898-5872.

If the business is closed, moved, or sold, please complete the form above and return it with the original license to

SC Department of Revenue
PO Box 125, Columbia, SC 29214