

Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is This is a blanket certificate making purchases or until	e, unless one of the boxes	below is checked. TI			ds. as the purchaser continues
Check if this certificate is for a single purchase and enter the related invoice/purchase order #					
	or and have a purchasing ag		in exempt organization,	check the box to	o make purchases for a spe-
Exempt entity name			Project description		
Name of Purchaser					
Business Address		City	City		ZIP code
Purchaser's Tax ID Number		State of	Issue		
If no tax ID number,	FEIN	Driver's license numbe	r/State issued ID number		
Enter one of the following:		State of Issue			
Name of seller from whom you are Mid-County Co					
Seller's Address 700 Lake St.	W., PO Box 177	City	.ogne	State MN	ZIP code 55322
Type of Business 01 Accommodation 02 Agricultural, fore 03 Construction 04 Finance and insu	and food services stry, fishing, hunting rance dishing and communication		11 Transportation a 12 Utilities 13 Wholesale trade 14 Business service 15 Professional serv 16 Education and h 17 Nonprofit organ 18 Government 19 Not a business (and warehousing s vices ealth-care servicitization	
D Foreign diplomat # E Charitable organizat F Educational organizat H Resale I Qualifying capital 6	nt (department)	s when	software delivered N Direct mail O Other (enter number) P Percentage exemptode Advertising (enter) Utilities (enter percentage)	ion/manufacturi zation use (services, di d electronically) er from instruction otion percentage)	ng gital goods, or computer s)
I declore that the informat	nion on this certificate is cor ption certificate for items o of or each transaction for w	rect and complete to t or services that will be	used for purposes other		NALTY: If you try to evade paying g claimed, you may be fined Date