

Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller. Seller: If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records. This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _ If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make purchases for a specific job. Enter the exempt entity name and specific project: Exempt entity name __ Project description ____ Name of Purchaser MASSMAN COMPANIES, INC **Business Address** ZIP code State 1060 LONE OAK ROAD SUITE 130 EAGAN 55121 MN Purchaser's Tax ID Number State of Issue 7398935 MN If no tax ID number, Driver's license number/State issued ID number Enter one of the following: State of Issue Name of seller from whom you are purchasing, leasing, or renting Seller's Address City State ZIP code Type of Business Accommodation and food services 11 Transportation and warehousing 02 Agricultural, forestry, fishing, hunting 12 Utilities 03 Construction 13 Wholesale trade 04 Finance and insurance 14 **Business services** 05 Information, publishing and communications 15 Professional services 06 Manufacturing 16 Education and health-care services 07 Mining 17 Nonprofit organization 08 Real estate 18 Government 09 19 Rental and leasing Not a business (explain) _____ 10 Retail trade 20 Other (explain) _ Reason for Exemption (See Instructions) J Agricultural production A Federal government (department) _ B Specific government exemption K Industrial production/manufacturing L Direct pay authorization C Tribal government (name) _____ M Multiple points of use (services, digital goods, or computer software delivered electronically) D Foreign diplomat #__ N Direct mail E Charitable organization #___ O Other (enter number from instructions) _____ F Educational organization #_____ P Percentage exemption G Religious organization #____ Advertising (enter percentage) ____ Utilities (enter percentage) ____ Qualifying capital equipment (see instructions when ☐ Electricity (enter percentage) ___ equipment claimed is part of a construction project) I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Title

CFO

07/01/2023

Print Name Here

SANDERSON BELL

Signature of Authorized Purchaser