

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): Medequip, Inc
 Address: 27 Brookline, Aliso Viejo, CA 92656

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2-4)
- Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: DME Provider

General description of tangible property or taxable services to be purchased from the Seller: Medical Products and Supplies

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	16568427
AR		NE ¹⁷	
AZ ²		NV	920606334
CA ³	101-019762	NJ	
CO ⁴	20001207176	NM ^{4,18}	
CT ⁵		NC ¹⁹	601084509
DC ⁶		ND	
FL ⁷		OH ²⁰	
GA ⁸		OK ²¹	
HI ^{1,9}		PA ²²	
ID		RI ²³	
IL ^{4,10}	2720-2501	SC	023048220
IA		SD ²⁴	
KS	004-330592703 F-01	TN	
KY ¹¹		TX ²⁵	32002920430
ME ¹²		UT	
MD ¹³		VT	
MI ¹⁴		WA ²⁶	603 465 178 3
MN ¹⁵		WI ²⁷	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by these city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
 (Owner, Partner, or Corporate Officer, or other authorized signer)

Title: President

Date: 06/14/18