

**This document is to be completed by a purchaser when claiming exemption from sales/use tax.  
Certificates are valid for up to three years**

Purchaser Name Agile Manufacturing Ltd  
Address 920 W 10th St  
City Pella State IA ZIP 50219  
General Nature of Business Service, Additive Manufacturing  
Telephone Number (641) 780-5686

Seller Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Purchaser is doing business as:** Pivot AM Service

- Retailer   
Sales Tax Permit Number (if required) \_\_\_\_\_  
Retailer Car Dealer   
Enter your DOT number \_\_\_\_\_  
Governmental Agency (including public schools)   
Wholesaler  Farmer  Lessor   
Manufacturer  Nonprofit Hospital   
Private Nonprofit Educational Institution   
Qualifying Residential Care Facility   
Nonprofit Museum   
Other  \_\_\_\_\_

**Purchaser is claiming exemption for the following reason:**

- Resale  Leasing  Processing   
Qualifying Farm Machinery/Equipment   
Qualifying Farm Replacement Parts   
Qualifying Manufacturing Machinery/Equipment   
Research and Development Equipment   
Pollution Control Equipment   
Recycling Equipment   
Qualifying Computer   
Qualifying Replacement Parts/Supplies  
(Manufacturing, R&D, Pollution Control, Recycling,  
Computer)   
Direct Pay  (permit number required) \_\_\_\_\_  
Other  \_\_\_\_\_

Description of Purchase (Attach additional information if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser  Title GENERAL MANAGER Date 7 / 7 / 20

**Seller: Keep this certificate in your files.**  
**Purchaser: Keep a copy of this certificate for your records.**  
**Do not send to the Iowa Department of Revenue.**