Declaration of Wholesale or Entity Sales Tax Exemption

1. Purchaser Information		Licen	License or Exemption Information	
Legal Name Cherokee International			ax License or Exemption Number 39740000	
Trade Name (if different) The Ironworks		State CO	Expiration Date 12/31/2025	
Mailing Address 5953 Bpirke Drive			Number 33-4593	
City Colorado Springs		State CO	ZIP Code 80919	
2. Wholesale Exemption. Mark the type of exemption	on, and describe your	ordinary course	of business.	
Purchase for Resale	Ordinary Course of Business, including the product(s) manufactured and/or sold: Assembly of customer parts and provided parts for their completed product, customized labels, 3D printing amd metal products			
Manufacturing - Mark one of the following:			s, 50 printing and metal	
Machinery, Machine Tools, and Parts				
Testing, Modification, or Inspection				
3. Entity Exemption. Enter a and b as required.				
a. Mark the type of entity.				
501(c)(3) Charitable Organization	501(c)(19) Veterans' Organization			
U.S. or Colorado State or Local Government Affordable Housing Project				
Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:				
Tribal Government Enrolled Tribal Member				
Entity owned by tribe or member – Enter the total tribal ownership percentage:				
b. Mark the type of qualifying payment, unless the ex	emption is for a triba	l member or enti	y owned by a tribe or member	
Purchase Authorization to be paid later				
Cash with a purchase order from the entity	☐ Check is	ssued by the enti	ty	
U.S. Government GSA SmartPay3 Card	Colorado State or Local Government Credit Card			
Non-Government Credit Card bearing the entity	name or branded for	commercial use		
4. Other Exemption. Describe the exemption claime	d and how your purc	hase qualifies.		
Exemption Claimed Assembly parts Qualifications Purchasing component parts for use in assemble			in assembly of final product	
5. Purchaser Signature				
I declare that the purchases I make using this form of entered above, and that I am the purchaser or have	qualify for exemption	from Colorado sa ute this form on h	ales and use taxes as	
Printed Name		itle		
Lynn F Markley, II		Owner/President		
Signature Annual			Date (MM/DD/YY) 11-29-24	
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