

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # \_\_\_\_\_

Print or type	2. A. Purchaser's name Dead Man's Farm LLC				
	B. Business address 12915 Peach View Dr		City Knoxville	State TN	Country US
	C. Name of seller from whom you are purchasing, leasing or renting Buhi Imports, Inc				
	D. Seller's address 3210 E Center St		City Conneaut	State OH	Country USA
				Zip code 44030	

3. Purchaser's type of business. Check the number that best describes your business.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 01 Accommodation and food services                    | <input type="checkbox"/> 08 Real estate                    | <input type="checkbox"/> 15 Professional services              |
| <input checked="" type="checkbox"/> 02 Agriculture, forestry, fishing, hunting | <input type="checkbox"/> 09 Rental and leasing             | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 03 Construction                                       | <input type="checkbox"/> 10 Retail trade                   | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 04 Finance and insurance                              | <input type="checkbox"/> 11 Transportation and warehousing | <input type="checkbox"/> 18 Government                         |
| <input type="checkbox"/> 05 Information, publishing and communications         | <input type="checkbox"/> 12 Utilities                      | <input type="checkbox"/> 19 Not a business                     |
| <input type="checkbox"/> 06 Manufacturing                                      | <input type="checkbox"/> 13 Wholesale trade                | <input type="checkbox"/> 20 Other (explain)                    |
| <input type="checkbox"/> 07 Mining   | <input type="checkbox"/> 14 Business services              |  |

4. Reason for exemption. Check the letter that identifies the reason for the exemption.

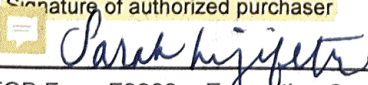
- |   |  |
|---|--|
| <input type="checkbox"/> A Federal government (Department) *  | <input checked="" type="checkbox"/> H Agricultural Production *  |
| <input type="checkbox"/> B State or local government (Name) * | <input type="checkbox"/> I Industrial production/manufacturing * |
| <input type="checkbox"/> C Tribal government (Name) *         | <input type="checkbox"/> J Direct pay permit *                   |
| <input type="checkbox"/> D Foreign diplomat #                 | <input type="checkbox"/> K Direct Mail *                         |
| <input type="checkbox"/> E Charitable organization *          | <input type="checkbox"/> L Other (Explain) _____                 |
| <input type="checkbox"/> F Religious organization *           | <input type="checkbox"/> M Educational Organization *            |
| <input type="checkbox"/> G Resale *                           |  |

\* see Instructions on back (page 2)

5. Identification (ID) number: Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS			SD		
KY			TN	1000003212-SLC	TN
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY		

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser 	Print name Sarah Linginfelter	Title Owner	Date 5/22/24
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