

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

A. One-Time Purchase
Order or Invoice Number: _____

C. Blanket Certificate
Expiration Date (maximum of four years): 12/18/19

B. Blanket Certificate. Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

- All items purchased.
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

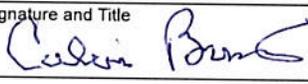
- For Lease. Enter Use Tax Registration Number: _____
- For Resale at Retail. Enter Sales Tax License Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- Agricultural Production. Enter percentage: _____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
- Contractor (must provide Michigan Sales and Use Tax Contractor Eligibility Statement (Form 3520)).
- For Resale at Wholesale.
- Industrial Processing. Enter percentage: _____%
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
- Rolling Stock purchased by an Interstate Motor Carrier.
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name County of Kent		Type of Business (see codes on page 2) 05
Business Address 300 Monroe Avenue NW		City, State, ZIP Code Grand Rapids, MI 49503-2289
Business Telephone Number (include area code) (616) 632-7720		Name (Print or Type) Calvin Brinks
Signature and Title  Purchasing Manager		Date Signed 12/18/15

Form **637**
 (Rev. July 1973)
 Department of the Treasury
 Internal Revenue Service

**Registration for Tax-Free Transactions
 Under Chapter 32 of the Internal Revenue Code**

This Application Should Also Be Used by Producers and Importers
 of Gasoline and Manufacturers of Lubricating Oil

For District Director's Use Only

No. 38 75 0005 K

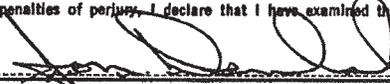
Please type or print	Name of individual, corporation, partnership, association, etc. County of Kent	Social Security or Employer Identification Number 38-6004862
	Name under which business is operated Kent County Purchasing Department	Will you be required to file Form 720? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Business address (Number and street) 300 Monroe Ave., N.W.	File this application in duplicate with your District Director of Internal Revenue. See the instructions on pages 2 and 4.
	City, State, and ZIP code Grand Rapids, Michigan 49502	

Application is hereby made for a Certificate of Registry in the name(s) indicated above. The applicant is a:
 Manufacturer Producer Importer Wholesaler Jobber Selling or Purchasing (specify type of product) **All purchases**
 Retailer Other (specify) **Political subdivision of State of Michigan**

The applicant affirms that use of articles purchased or sold tax-free is to be for the exempt purposes specified in the applicable provisions of the law and regulations and understands that misuse of this certificate will lead to its revocation and/or the penalties provided by law.

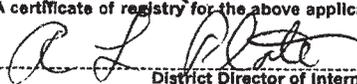
See item 2 on page 2 and check applicable letter(s). I qualify as a:
 a, b, c, d, e, f, g, h, i, j, k, l, m, and/or n (other—specify) **▶**

Under the penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete.

Signature  Title **Purchasing Agent** Date **7/17/01**

District Director's Validation

*A certificate of registry for the above applicant is approved and issued under the number shown.

 District Director of Internal Revenue By  Date **1-7-75**