

**MULTI-JURISDICTION
UNIFORM SALES / USE TAX EXEMPTION CERTIFICATE**

ISSUED TO: O'CONNOR COMPANY INC. & J.M. O'CONNOR INC.	CORPORATE ADDRESS: 14851 W. 99TH STREET LENEXA, KS 66215
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I certify that	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Name of Firm (Buyer)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">Street Address or P.O. Box No.:</td> </tr> <tr> <td style="padding: 2px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black; padding: 2px;">City</td> <td style="width:33%; border-bottom: 1px solid black; padding: 2px;">State</td> <td style="width:33%; border-bottom: 1px solid black; padding: 2px;">Zip Code</td> </tr> </table> </td> </tr> </table>	Name of Firm (Buyer)	Street Address or P.O. Box No.:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black; padding: 2px;">City</td> <td style="width:33%; border-bottom: 1px solid black; padding: 2px;">State</td> <td style="width:33%; border-bottom: 1px solid black; padding: 2px;">Zip Code</td> </tr> </table>	City	State	Zip Code	Is engaged as a registered <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Lessor <input type="checkbox"/> Other _____
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City	State	Zip Code						

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, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, or leasing (renting).

City or State	State Registration or ID No.	City or State	State Registration or ID No.
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I further certify that if any property so purchased tax free is used by the firm as to make it subject to a Sales or Use Tax we will pay the tax due to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of product to be purchased from the seller:
 Hydronic and / or HVAC equipment, parts, and accessories (heating, ventilating, air conditioning)

Under the penalties of perjury, I swear or affirm that the information is true and correct as to every material matter.
 Authorized Signature (Owner, Partner, or Corporate Officer)

Signature	Title	Date
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