South Dakota Streamlined Sales Tax Agreement
Certificate of Exemption

Warning to purchaser:
This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that is due tax on this sale. The state that is due tax on this sale may be notified that you claimed exemption from sales tax.
The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption.

1. □ Check if you are attaching the Multistate Supplemental form.
   □ If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption. SD

2. □ Check if this certificate is for a Single Purchase Certificate. Invoice/purchase order #___________.

3. Print or type
   A. Name of purchaser
   B. Business address
   C. Purchaser's tax ID number
   D. If no tax ID number, enter FEIN
   E. If no ID number or FEIN, enter Driver's License Number/State Issued ID number
   F. Foreign diplomat number
   G. Name of seller from whom you are purchasing, leasing or renting
      ADVISE Laboratories
   H. Seller's address

4. Purchaser's Type of business. Circle the number that best describes your business.
   01 Accommodation and food services
   02 Agriculture, forestry, fishing, hunting
   03 Construction
   04 Finance and insurance
   05 Information, publishing and communications
   06 Manufacturing
   07 Mining
   08 Real estate
   09 Rental and leasing
   10 Retail trade
   11 Transportation and warehousing
   12 Utilities
   13 Wholesale trade
   14 Business services
   15 Professional services
   16 Education and health-care services
   17 Nonprofit organization
   18 Government
   19 Not a business
   20 Other (explain)__________________________

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.
   A Federal government (Department)
   B State or local government (Agency)
   C Tribal government
   D Foreign diplomat
   E Charitable organization
   F Religious or educational organization
   G Resale
   H Agricultural
   I Industrial production/manufacturing
   J Direct pay permit
   K Direct mail
   L Other (Explain)__________________________

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 here
   Title
   Date