

Form ST-12 **Exempt Use Certificate**

Rev. 7/13

Massachusetts

Department of

Revenue

Vendor's n	name	Rapid	Air	- Engih	eered	Specia	lties	, LL	<u> </u>
Address				J	City/Town			State	Zip
611	mi	11 Creek	Dr.		Auk	urndale		WI	54412
use tax p	oursuant t	at the property he o Massachusetts ble Points of Use	General Laws (I	s purchased or I MGL), Chapter 6	eased for the 4H, section 6(following indicate i), (j), (r), (s) or (do	ed purpose d), or is pre	e and is exe ewritten co	empt from the sales or mputer software that
						ible personal prope	erty to be so	old.	
		erials, tools or fuel				150 11 100			
		ery, and/or replace	ment parts there	of, will be used di	rectly and excl	usively in			
	•	al production							
	commerc	J							
			manufacture, coi	nversion or proce	ssing of tangib	le personal propert	ty to be solo	d	
		g a newspaper	dia buandanatina d						
		of commercial rac power to an indu			MISSION				
				0.	neumare throu	igh mains, lines or	nines		
						t corporation under		63 sec 380	C or 42B
				-		nan or animal well-		00, 000. 000) O. 123
	other (ex							1.	
3 □ Sa	ales of equ		tly in solar, wind-p	powered or heat p	ump systems t	to heat or provide e	energy need	ds of the pe	rson's principal resi-
4 🗆 Tr	ne fuel will	be used in the ope	eration of aircraft	or railroads.					
							ere at leas	t 75% of the	building, location or
		ed for the actual ma							
									f tangible personal nation of such manu-
		iting of the manufa		ii piani provided a	it least 75% of	the metered energ	y 13 u3cu 10	or the combi	nation of Sacri mana
		personal property nd clearly and den				oduction of a motion	on picture b	y a qualifyin	g motion picture produc-
8 💥 Tr	ne tangible	personal property	is a production ex	xpense directly inc	curred in the pr	oduction of a motic	on picture by	y an accredi	ted film school student,
		nonstrably incurred					aan daaa uu	ll be sensur	ently available for use ir
		its of Use Certificat sdictions. The purch					services wi	iii be concur	entily available for use in
10 \square P	esticides p	ourchased by a per	son licensed or c	ertified as a pesti	cide applicator	by the Dept. of Ag	ricultural R	esources ur	der MGL, Ch. 132B.
Description	n of property	(complete for any ex	kemption claimed in	line 1 or 2; attach s	tatement if neces	ssary)			
Service lo	cation(s) of o	qualified property (cor	mplete for any exem	nption claimed in line	e 6)				
Account n	umber(s)			. "					
that here indicate t	in certified. that they re		all be considered se purchases.						any purpose other than his certificate will clearly
Signature		N A	,-		Title	~ 00		2	
	<	feire				Office	Coo	rdho	itor
Name of c	company Le	1 notionix	Medical	Inc.					
Address		23 Crast	Delvo		City/Town	Sed		State	Zip 01730
Date		0 2,350	0		Federal Ider	ntification number (if a	applicable)		
	5	16/2025							
Check ap	oplicable b	ox: Single purc	hase certificate 🖟	Blanket certifica	ate				