

This document is to be completed by a purchaser when claiming exemption from sales/use tax.
Certificates are valid for up to three years

Purchaser CUSTOMER ID: 678007

Address TWO RIVERS LEVEE & DRAINAGE

5601 205TH STREET

City MEDIAPOLIS, IA 52637

Gene

Telephone Number 319-937-6667

Seller Name Rapid Air Products / Engineer

Address 6111 Mill Creek Dr. Specialties LLC

City Audubon, IA ate WI ZIP 54412

Purchaser is doing business as:

Retailer ☐

Sales Tax Permit Number (if required) _____

Retailer Car Dealer ☐

Enter your DOT number _____

Governmental Agency (including public schools) ☒

Wholesaler ☐ Farmer ☐ Lessor ☐

Manufacturer ☐ Nonprofit Hospital ☐

Private Nonprofit Educational Institution ☐

Qualifying Residential Care Facility ☐

Nonprofit Museum ☐

Other ☐ _____

Purchaser is claiming exemption for the following reason:

Resale ☐ Leasing ☐ Processing ☐

Qualifying Farm Machinery/Equipment ☐

Qualifying Farm Replacement Parts ☐

Qualifying Manufacturing Machinery/Equipment ☐

Research and Development Equipment ☐

Pollution Control Equipment ☐

Recycling Equipment ☐

Qualifying Computer ☐

Qualifying Replacement Parts/Supplies
(Manufacturing, R&D, Pollution Control, Recycling,
Computer) ☐

Direct Pay ☐ (permit number required) _____

Other ☒ GOK'T _____

Description of Purchase (Attach additional information if necessary) _____

Under penalty of perjury, I swear or affirm that the information on this form is true and correct.

Signature of Purchaser [Signature] Title Superintendent Date 5/29/25

Seller: Keep this certificate in your files.

Purchaser: Keep a copy of this certificate for your records.

Do not send to the Iowa Department of Revenue.