

STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

ertify that Name	e of Firm (Buyer)			is engaged	as a registered U. I.
SH	OW MOTION, INC.				(O) Wholesaler 54
Stree	et Address or P.O. Box No.				(O) Retailer (O) Manufacturer
103	34 BRIDGEPORT AVE	ENUE		_	(O) Lessor (O) Other (specify)
City	State		Zip	****	
MI	LFORD CT		06460	_	
business of who	olesaling, refailing manu	ufacturing	, leasing (renung) ui	
City or state	State Registration or i.D. No.	ufacturing	City or Sta	renung) ui	e following: State Registration or I.D. No.
City or state	olesaling, refailing manu	ıfacturing	, leasing (te	State Registration
business of who	State Registration or 1.0, No. 8091167-000	ıfacturing	City or Sta	te	State Registration or I.D. No.

I declare under the penalties of false statement that this certificate has been examined by me and

Date

to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature (Owner, Partner or Corporate Officer)