

Do not send this form to the Streamlined Sales Tax Governing Board. Send the completed form to your supplier and keep a copy for your records.

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 would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

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. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multistate Supplemental form.
2. AR If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.
3. Check if this certificate is for a Single Purchase Certificate. Enter the related invoice/purchase order # _____.

Print or type

A. Name of purchaser

FLOURISH COMPANY INC

B. Business address

3640 HWY 23

City

State

Zip code

SAINT PAUL AR 72760

C. Purchaser's tax ID number

266056-44-001

State of Issue

AR

Country of Issue

USA

D. If no tax ID number, enter one of the following: FEIN

E. Driver's License Number/State Issued ID number

State of Issue

F. Foreign diplomat number

G. Name of seller from whom you are purchasing, leasing or renting

EWING OUTDOOR SUPPLY

H. Seller's address

3441 E HARBOUR DR

City

State

Zip code

PHOENIX AZ 85034

4.

Purchaser's Type of business. Circle the number that best describes your business.

<input type="checkbox"/> 01 Accommodation and food services <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting <input type="checkbox"/> 03 Construction <input type="checkbox"/> 04 Finance and insurance <input type="checkbox"/> 05 Information, publishing and communications <input checked="" type="checkbox"/> 06 Manufacturing <input type="checkbox"/> 07 Mining <input type="checkbox"/> 08 Real estate <input type="checkbox"/> 09 Rental and leasing <input type="checkbox"/> 10 Retail trade	<input type="checkbox"/> 11 Transportation and warehousing <input type="checkbox"/> 12 Utilities <input type="checkbox"/> 13 Wholesale trade <input type="checkbox"/> 14 Business services <input type="checkbox"/> 15 Professional services <input type="checkbox"/> 16 Education and health-care services <input type="checkbox"/> 17 Nonprofit organization <input type="checkbox"/> 18 Government <input type="checkbox"/> 19 Not a business <input type="checkbox"/> 20 Other (explain) _____
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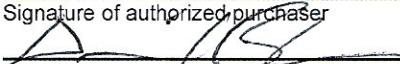
5.

Reason for exemption. Circle the letter that identifies the reason for the exemption.

<input type="checkbox"/> A Federal government (Department) _____ <input type="checkbox"/> B State or local government (Name) _____ <input type="checkbox"/> C Tribal government (Name) _____ <input type="checkbox"/> D Foreign diplomat # _____ <input type="checkbox"/> E Charitable organization # _____ <input type="checkbox"/> F Religious organization # _____ <input checked="" type="checkbox"/> G Resale # _____	<input type="checkbox"/> H Agricultural Production # _____ <input type="checkbox"/> I Industrial production/manufacturing # _____ <input type="checkbox"/> J Direct pay permit # _____ <input type="checkbox"/> K Direct Mail # _____ <input type="checkbox"/> L Other (Explain) _____ <input type="checkbox"/> M Educational Organization # _____
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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 *David Blais* Title *General Mgr.* Date *11-14-23*