

Mississippi General Sales Tax Exemption Affidavit

SELLER

BUYER

Ag Express Electronics, Inc.
 6280 NE 14th Street
 Des Moines, IA 50313

Purchaser's type of business. Check the number that best describes your business.

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

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

- | | |
|--|--|
| A <input type="checkbox"/> Federal government (<i>Department</i>) _____ | H <input type="checkbox"/> Agricultural Production # _____ |
| B <input type="checkbox"/> State or local government (<i>Name</i>) _____ | I <input type="checkbox"/> Industrial production/manufacturing # _____ |
| C <input type="checkbox"/> Tribal government (<i>Name</i>) _____ | J <input type="checkbox"/> Direct pay permit # _____ |
| D <input type="checkbox"/> Foreign diplomat # _____ | K <input type="checkbox"/> Direct Mail # _____ |
| E <input type="checkbox"/> Charitable organization # _____ | L <input type="checkbox"/> Other (<i>Explain</i>) _____ |
| F <input type="checkbox"/> Religious organization # _____ | |
| G <input type="checkbox"/> Resale # _____ | M <input type="checkbox"/> Educational Organization # _____ |

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 _____ Title _____ Date _____