Sales Tax Exemption Certificate
Multi - Jurisdiction

See page 2 for instructions

<table>
<thead>
<tr>
<th>Last Name or Business Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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I Certify That

Name of Firm (Buyer)
The University of Alabama

Address
Box 870136

City
Tuscaloosa

State
AL

ZIP
35487

Qualifies As (Check each applicable item)

☐ Wholesaler
☐ Retailer
☐ Manufacturer
☐ Charitable or Religious
☐ Political Subdivision or Governmental Agency
☒ Other (Specify)

If Other, specify here
state university; also 501(c)(3) nonprofit educational organization

1) and is registered with the below listed states and cities within which your firm would deliver purchases to us
which are for resale or lease by us in the normal course of our business which is _____________________________
or

2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:

☐ Political Subdivision or Governmental Agency
☐ Charitable or Religious
☐ Otherwise Exempt By Statute (Specify)

If Otherwise Exempt By Statute, specify here

<table>
<thead>
<tr>
<th>City or State</th>
<th>State Registration or ID Number</th>
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<th>State Registration or ID Number</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>6300 00080</td>
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<td>City or State</td>
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If the list of states and cities is more than six(6), attach a list to this certificate.
I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or
Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added
tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and
shall be called until canceled by us in writing or revoked by the city or state.

General Description of products to be purchased from seller

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner or Corporate Officer)
Julie Shelton
Title
Associate VP Finance
Date (MM/DD/YYYY)
02/01/21