Signature

Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

A. One-Time Purchase	C. Blanket Certificate
Order or Invoice Number:	Expiration Date (maximum of four years): 11/26/28
B. Blanket Certificate. Recurring Business Re	lationship
The purchaser completing this form hereby claims exemptions seller named below. This claim is based upon: the purchase	n from tax on the purchase of tangible personal property or services purchased from the r's proposed use of the property or services; OR the purchaser's exempt status.
Seller's Name and Address	
SECTION 2: ITEMS COVERED BY THIS CERT	IFICATE
Check one of the following:	
1. All items purchased.	
2. Limited to the following items:	
SECTION 3: BASIS FOR EXEMPTION CLAIM	
Check one of the following:	
For Lease. Purchaser will lease the property a based on rental receipts. Enter sales tax licer	and elects to pay tax se or use tax registration number:
2. For Resale at Retail. Enter Sales Tax License	Number:
3. Direct Pay - Authorized to pay use tax on qual	ified transactions directly to Michigan Treasury under account number:
The following exemptions DO NOT require the pu	chaser to provide a number:
4. Agricultural Production. Enter percentage:	%
 Government Entity (U.S. or its instrumentalities Church or House of Religious Worship (circles 	es, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, type of organization)
6. Contractor (provide Michigan Sales and Use	Tax Contractor Eligibility Statement (Form 3520)).
7. For Resale at Wholesale.	
8. Industrial Processing. Enter percentage:	%
9. Nonprofit Internal Revenue Code Section 501	(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10. Nonprofit Organization with an authorized lett June 13, 1994 (use tax).	er issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or
11. Rolling Stock purchased by an Interstate Mot	or Carrier.
12. Other (explain):	
SECTION 4: CERTIFICATION	
I declare, under penalty of perjury, that the information on to sources of law applicable to my exemption, and that I have	his certificate is true, that I have consulted the statutes, administrative rules and other exercised reasonable care in assuring that my claim of exemption is valid under Michigan nsibility for the payment of tax, penalty and any accrued interest, including, if necessary,
Business Name	Type of Business (see codes on page 2)
University of Toledo	14
2801 West Bancroft Street	City, State, ZIP Code Toledo, OH 43606
Business Telephone Number (include area code) (419\\$\530-8780	Name (Print or Type) Dorene Spotts

Title

Fiscal Manager

Date Signed

11/26/2024