

UNIFORM SALES & USE TAX RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales/use tax, subject to the instructions and notes on pages 2—6. The issuing Buyer and the recipient Seller have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time. This form was revised as of June 21, 2022.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): BERK ENTERPRISES, INC

Address: _____

1554 THOMAS RD SE

WARREN, OH 44484

is engaged or is registered as a

Wholesaler

Retailer

Manufacturer

Seller

Lessor (see notes on pages 2—4)

Other (Specify) _____

and is registered for sales/use tax with the below-listed states and cities within which Seller would deliver purchases to Buyer and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. Buyer is in the business of wholesaling, retailing, manufacturing, leasing (renting), or selling the following:

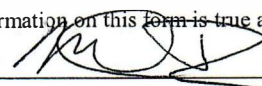
Description of Business: DISTRIBUTOR OF FOOD SERVICE DISPOSABLES

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AK/ARSSTC ¹		MO ¹⁹	
AL ²		NE	
AR		NV ²⁰	
AZ ³		NJ	
CA ⁴		NM ^{5,21}	
CO ^{5,6}		NC ²²	
CT ⁷		ND	
FL ⁸	78-8019007016-1	OH ²³	78-045944
GA ⁹		OK ²⁴	
HI ^{5,10}		PA ²⁵	83-804-700
ID ¹¹		RI ²⁶	
IL ^{6,12}		SC	
IA		SD ²⁷	
KS ¹³		TN ²⁸	
KY ¹⁴	000384480	TX ²⁹	32058808844
ME ¹⁵		UT	
MD ¹⁶		VT ³⁰	
MI ¹⁷		WA ³¹	
MN ¹⁸		WI ³²	

I further certify that if any property or service so purchased tax-free is used or consumed by Buyer so as to make it subject to sales/use tax, Buyer will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that Buyer may hereafter give to Seller, unless otherwise specified, and shall be valid until canceled by Buyer in writing or revoked by the city or state.

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, or other authorized signer of Buyer)

Title: Corporate Controller

Date: _____

Mississippi Resale Exemption Affidavit

SELLER

BUYER

BERK ENTERPRISES, INC
1554 THOMAS RD SE
WARREN. OH 44484

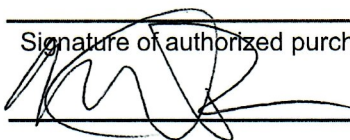
Purchaser's type of business. Check the number that best describes your business.

- | | | |
|--|--|--|
| <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 checked="" type="checkbox"/> 13 Wholesale trade | <input type="checkbox"/> 20 Other (explain) |
| <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 checked="" type="checkbox"/> Resale # <u>1456-1517</u> | 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 Michael Rea	Title Corporate Contro	Date 27 Sept 2022
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