



Form ST-101

Customer #

State Tax Commission

Sales Tax Resale or Exemption Certificate

Buyer's Name			Seller's Name Mountain Rose Herbs		
Address			Address PO Box 50220		
City	State	ZIP Code	City Eugene	State OR	ZIP Code 97405

Seller: Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to customers on goods that don't qualify for a claimed exemption and are taxable by law.

Buyer: Complete the section that applies to you.

1. Buying for Resale. I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business _____ **Describe the products you sell,** lease, or rent _____

b. Check the box that applies: Idaho registered retailer; **seller's permit number** _____ (required - see instructions)

Wholesale only; no retail sales Out-of-state retailer; no Idaho business presence

Idaho registered prepaid wireless service seller; E911 fee permit number _____ (required - see instructions)

2. Producer Exemptions (see instructions). I will put the goods purchased to an exempt use in the business indicated below.

Broadcasting

Production Exemption (check all that apply):

Logging

Fabricating

Hunting or Fishing

Manufacturing

Processing

Publishing Free Newspapers

Farming

Operation

Mining

Ranching

List the products you produce: _____

3. Exempt Buyer. All purchases are exempt, and no permit number is required. Check the box that applies.

Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.

Blind Services Foundation, Inc.

Emergency Medical Service Agency (*nonprofit only*)

Museum (*nonprofit only*)

American Indian Tribe

Canal Company (*nonprofit only*)

Forest Protective Association

Qualifying Health Organization (see instructions for list)

American Red Cross

Centers for Independent Living

Government Entity (U.S./Idaho)

School (*nonprofit only*)

Amtrak

Children's Free Dental Service Clinic (*nonprofit only*)

Hospital (*nonprofit only*)

Senior Citizen Center

Credit Union (state/federal)

Idaho Foodbank Warehouse, Inc.

Volunteer Fire Department

4. Contractor Exemptions (see instructions).

a. Invoice, purchase order, or job number to which this claim applies _____

b. City and state where job is located _____

c. Project owner name _____

d. This exempt project is (check appropriate box)

In a nontaxing state (To qualify, materials must become part of the real property)

An agricultural irrigation project

For production equipment owned by a producer who qualifies for the production exemption

5. Other Exempt Goods and Buyers (see instructions).

Aerial tramway component or snowmaking/grooming equipment

Heating fuel

Aircraft (fixed-wing) primarily used as an air tactical group supervisor platform

Irrigation equipment and supplies used for agriculture

Livestock sold at a public livestock market

Aircraft primarily used to transport passengers or freight for hire

Medical items that qualify

Aircraft purchased by nonresident for out-of-state use

Pollution control items

American Indian buyer holding Tribal ID No. _____
This form doesn't apply to vehicles or boats (see instructions)

Research and development goods

Other goods or entity exempt by law under the following statute (required) _____

Church buying goods for food bank or to sell meals to members

Food bank or soup kitchen buying food or food service goods

By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and civil penalties.

Buyer's Signature	Buyer's Name (please print)	Title
Buyer's Federal EIN or Driver's License Number and State of Issue		Date