Form ST-101
Sales Tax Resale or Exemption Certificate

<table>
<thead>
<tr>
<th>Buyer’s Name</th>
<th>Seller’s Name</th>
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<tbody>
<tr>
<td></td>
<td>KENCOVE FARM FENCE INC</td>
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</tbody>
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<thead>
<tr>
<th>Address</th>
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<tbody>
<tr>
<td></td>
<td>344 KENDALL RD</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<td></td>
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<td>BLAIRSVILLE</td>
<td>PA</td>
<td>15717</td>
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**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
   [ ] Logging
   [ ] Publishing Free Newspapers
   [ ] Production Exemption (check all that apply):
       [ ] Fabricating
       [ ] Hunting or Fishing Operation
       [ ] Manufacturing
       [ ] Mining
       [ ] Processing
       [ ] 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)

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
   [ ] Aircraft primarily used to transport passengers or freight for hire
   [ ] Livestock sold at a public livestock market
   [ ] Aircraft purchased by nonresident for out-of-state use
   [ ] Medical items that qualify
   [ ] American Indian buyer holding Tribal ID No.
   [ ] Pollution control items
   [ ] 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
   [ ] Other goods or entity exempt by law under the following statute (required) _________________________
   [ ] 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.

<table>
<thead>
<tr>
<th>Buyer’s Signature</th>
<th>Buyer’s Name (please print)</th>
<th>Title</th>
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<tr>
<th>Buyer’s Federal EIN or Driver’s License Number and State of Issue</th>
<th>Date</th>
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