

Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions							
Last Name or Business Name	First Name					Middle Initial	
HyperCube Networks, LLC							
Address							
3200 W. Pleasant Run Rd., Suite 300							
City Lancaster				State TX	ZIP 75146	3	
		I Certify	/ That				
Name of Firm (Buyer)							
Address							
City				State	ZIP		
City				State			
Qualifies As (Check each applicable item)							
Wholesaler	□ Retailer		Manufa	cturer		Charitable or	Religious
Political Subdivision or Governmental Agency Other (Specify)							
If Other, specify here							
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 Statue, specify here							
City or State	State Registration or ID Num	ber (City or State State Registration or ID Nu				r ID Number
						5	
City or State	State Registration or ID Num	ber (City or State			State Registration or ID Number	
City or State	State Registration or ID Num	bor	City or State			State Registration or ID Number	
City of State			City of State				
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)	-	Title			-	Date (MM/DD/YY)
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