

**UNIFORM SALES & USE TAX CERTIFICATE
MULTIJURISDICTION**

Issued to Seller: HILL'S PET NUTRITION, INC. AND SUBSIDIARIES

Address: 400 SW 8th Street, PO Box 148

Topeka, Kansas 66601

I certify that: _____ is engaged as a registered

Name of Firm (Buyer): _____ Wholesaler _____

Address: _____ Retailer _____

_____ Manufacturer _____

_____ Lessor (See notes on reverse side) _____

_____ Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of products to be purchased from the seller: Pet Food Products

State ¹	State Registration, Sellers Permit or ID No. of Purchaser
AL ²	_____
AR	_____
AZ ²²	_____
CA ³	_____
CO	_____
CT ⁴	_____
DC	_____
FL ²³	_____
GA ⁶	_____
HI ^{1,7}	_____
ID	_____
IL ^{1,8}	_____
IA	_____
KS	_____
KY ²⁴	_____
ME ⁶	_____
MD ¹⁰	_____
MI ¹¹	_____
MN ¹²	_____

State ¹	State Registration, Sellers Permit or ID No. of Purchaser
MO ¹⁰	_____
NC ²⁵	_____
NE ¹⁴	_____
NJ	_____
NV	_____
NM ^{1,1} 5	_____
ND	_____
OH ²⁶	_____
OK ¹⁶	_____
PA ²⁷ 17	_____
RI	_____
SC	_____
SD ¹⁸	_____
TN ¹⁹	_____
TX	_____
UT	_____
VT	_____
WA ²⁰	_____
WI ²¹	_____

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 Sales or Use Tax we 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 which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us 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)

Title: _____

Date: _____