



Standard Process Account # _____

OFFICE OF STATE TAX COMMISSIONER

CERTIFICATE OF RESALE

SFN 21950 (11-2002)

I hereby certify that I hold North Dakota Sales and Use Tax permit number _____ I am engaged in the business
(State)

of selling, leasing or renting Vitamins, Herbs and Dietary Supplements

I further certify that the tangible personal property purchased from Standard Process Inc PO Box 904 Palmyra, WI 53156
is purchased by me for resale.

I further certify that I will report and remit any sales or use tax and any penalties which attach as a result of purchases from the above seller which are used or consumed by me.

Business Name

Business Address

Authorized Signature

Date