## DEPARTMENT OF REVENUE

## Form ST3, Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked. This certificate remains in force as long as the purchaser continues making purchases or until otherwise cancelled by the purchaser.

If you are a contrac	Check if this certificate is for a single purchase and enter the related invoice/purchase order #						
,	exempt entity name and spe		roject description				
Name of Purchaser Minnesota Sta	te Colleges ar	nd Universiti	.es - St. Clo	ud State	University		
Business Address	East, Suite 3	City	Paul	State MN	ZIP code 55101		
Purchaser's Tax ID Number		State of Is	sue				
If no tax ID number, Enter one of the following:	FEIN 41-1687554	T Driver's license number/ State of Issue	State issued ID number Number				
Name of seller from whom you ar	e purchasing, leasing, or renting						

varite of sener from whom you are purchasing, reasing, or renting								
Seller's Address		City	State	ZIP code				
Туре	of Business							
	<ul> <li>Agricultural, forestry, fishing, hunting</li> <li>Construction</li> <li>Finance and insurance</li> <li>Information, publishing and communications</li> <li>Manufacturing</li> <li>Mining</li> </ul>	12 Utili 13 Wh 14 Bus 15 Prot 16 Edu 17 Nor	nsportation and warehousing ities olesale trade iness services fessional services cation and health-care services oprofit organization rernment	s				
09 10	0		a business (explain) er (explain)					
_,	A Federal government (department) B Specific government exemption	K Indus	Iltural production trial production/manufacturing pay authorization	2				
X	<ul> <li>Tribal government (name)</li> <li>Foreign diplomat #</li> <li>Charitable organization #</li> <li>Educational organization #</li> <li>T 7 4 6 9 9 9</li> <li>G Religious organization #</li> <li>H Resale</li> <li>Qualifying capital equipment (see instructions when</li> </ul>	M Multi softw N Direct O Other P Perce Adver	ple points of use (services, digi are delivered electronically) t mail (enter number from instructions) ntage exemption rtising (enter percentage) es (enter percentage)	%				
	equipment claimed is part of a construction project)	Electri	icity (enter percentage)	%				

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of Authorized Purchaser	Print Name Here	Title	Date
Atur Hedralshe	Steve Gednalske	Tax Director	1/2/2025