# designResource

### Principal: Frank Hans Hirshfield, Chief Executive Officer Michael Weber, President Mark Miller, Secretary/Treasurer Susan Hanner, Controller

Type of Business: Wholesale/Retail Distributor of Furniture, art, accessories, lighting, rugs, wallcovering, paint & sundries

Wholly Owned Subsidiary: Hirshfield's Paint Manufacturing DBA's: Hirshfield's Design Resource

Incorporated in the State of Minnesota November 29, 1967 Established in Minnesota in 1894 Federal ID 41-0313640 Minnesota Tax ID 8777228 Duns No. 00-622-2186 Years at this location: approximately 1985

Credit References: Stanford Furniture (828) 459-1992 2860 N Oxford St Claremont, NC 28610

> Kalaty (800) 255-7847 156 Duffy Ave Hicksville, NY 11801

Oly (510) 644-1870 or (510) 644-1871 (fax) 2222 Fifth Street Berkeley, CA 94710

Tomlinson (363) 472-5005 201 East Holly Hill Rd Thomasville, NC 27360

**Bank Reference:** 

Fidelity 7600 Parklawn Ave Edina, MN 55435-5187 Account #291151

**Contact: Todd Williams** Senior Vice President **Chief Credit Officer** 952-830-7240 952-831-1828(fax)

Signed: G.TACHEECIAN Date: 11-11-1

Title:

#### **MINNESOTA** · **REVENUE**

## **Certificate of Exemption**

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

Seller: If this certificate is not fully 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, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # .

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

F

Please print

Type of business

Reason for exemption

Sign here

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empt	entity name	Project of	Project description					
Name	of purchaser							
Hirs	hfields Inc							
Busine	ess address	City	City			Zip code		
725	Second Ave N		Minneapolis		MN	55405		
	ser's tax ID number		State of issue			Country of issue		
8777		Minnesota			USA			
If no tax ID number, FEIN enter one of the following:		Driver's license number/State issued ID number						
	of seller from whom you are purchasing, leasing or renting	state of issue number						
Seller	s address	City	•		State	Zip code		
03 04 05 06 07 08	Construction Finance and insurance Information, publishing and communication Manufacturing Mining Real estate	s 1 1 1	3 4 .5 .6 .7 .8	Wholesale trade Business service Professional service Education and he Nonprofit organiz Government	vices ealth-care serv	vices		
09	Rental and leasing	1	9	Not a business (	explain)			
10	Retail trade	2	0	Other (explain)				
Rea	son for exemption. Circle the letter that iden	tifies the reason for	the	e exemption.				
А	Federal government (department)		Ĩ.	Industrial produc	ction/manufac	cturing		
В	Specific government exemption (from list on	backy	J K	Direct pay permi Multiple points of		s, digital goods, or		
С	Tribal government (name)			computer software				
D	Foreign diplomat #		L	Direct mail				

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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.)

Print name here

Susan Hanner

Stock No. 2100030 (Rev. 6/08)

XIIG

Signature of authorized purchaser

Resale

Foreign diplomat #

Agricultural production

Charitable organization #

Religious or educational organization #\_

Forms and fact sheets are available on our website at www.taxes.state.mn.us

Title

Controller

Other (enter number from back page)

Advertising (enter percentage)

Percentage exemption

Utilities (enter percentage)

%

%

Date

#### **UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION**

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller:	
Address:	
I certify that: Name of Firm (Buyer): <u>Hirshfields Inc</u> Address: <u>125 Second Ave N</u> Minneapolis, MN 55405	is engaged as a registered Wholesaler Retailer Manufacturer Seller (California) Lessor (see notes on pages 2-4) 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 or service<sup>1</sup> 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: Paint, Wallcovering, Fabrics, Sundries, Carpet and Flooring

General description of tangible property or taxable services to be purchased from the seller:

State	State Registration, Seller's Permit, or ID Number of Purchaser	State MO <sup>16</sup>	State Registration, Seller's Permit, or ID Number of Purchaser
L <sup>i</sup> R		NE <sup>17</sup>	15673502
$Z^2$		NV NJ	
$A^{3}$	10-74897	NM <sup>4,18</sup> NC <sup>19</sup>	02-203287-00-8
Г <sup>5</sup> С <sup>6</sup>		ND	218434-00
7	78-8012490785-3	OH <sup>20</sup>	
4.9		OK <sup>21</sup> PA <sup>22</sup>	
)		RI <sup>23</sup>	
4,10	2001-5968	SC	
	2-00-117568	SD <sup>24</sup>	
	005-410313640-F01	TN TX <sup>25</sup>	
2 <sup>11</sup> E <sup>12</sup>		UT	D90624
D <sup>13</sup>		VT	
14		WA <sup>26</sup>	
N <sup>15</sup>	8777228	WI <sup>27</sup>	005-00003118620-01
nt h	41-0313640	5 WY	24-0-03448

I further certify that if any property or service 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 Si	ignature: Slip tam
Trainonized of	(Owner, Partner or Corporate Officer)
Title:	ontroller
Date:	

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