## **Declaration of Wholesale or Entity Sales Tax Exemption**

1. Purchaser Information		License or Exemption Information	
Legal Name CLVM, LLC		Sales Tax License or Exemption Number 30288999-000	
Trade Name (if different) Valimenta Labs		State CO	Expiration Date 12/31/2025
Mailing Address 6598 Buttercup Dr. Unit # 4		Phone Nu 970.825	
City Wellington			ZIP Code 80549
2. Wholesale Exemption. Mark the type of exemption, and describe your ordinary course of business.			
Purchase for Resale	Ordinary Course of Business, includin Vitamin Manufacturing	g the produ	uct(s) manufactured and/or sold:
Manufacturing - Mark one of the following:	, and the second		,
☐ Ingredients or Component Parts			
Machinery, Machine Tools, and Parts			
Testing, Modification, or Inspection			
3. Entity Exemption. Enter a and b as required.			
a. Mark the type of entity.			
501(c)(3) Charitable Organization	501(c)(19) Veterans' Organization		
U.S. or Colorado State or Local Government	Affordable Housing Project		
Tribe or Member – For sales on or delivered to a Colorado reservation. Mark the type of qualifying purchaser:			
☐ Tribal Government ☐ Enrolled Tribal Member			
☐ Entity owned by tribe or member – Enter the total tribal ownership percentage:			
b. Mark the type of qualifying payment, unless the exemption is for a tribal member or entity owned by a tribe or member.			
Purchase Authorization to be paid later			-
Cash with a purchase order from the entity	Check issued by t	he entity	
U.S. Government GSA SmartPay3 Card	Colorado State or	Local G	overnment Credit Card
Non-Government Credit Card bearing the entity name or branded for commercial use			
4. Other Exemption. Describe the exemption claimed and how your purchase qualifies.			
Exemption Claimed	Qualifications		
	** **		
5. Purchaser Signature			
I declare that the purchases I make using this form qualify for exemption from Colorado sales and use taxes as entered above, and that I am the purchaser or have the authority to execute this form on behalf of the purchaser.			
Printed Name	Title		nan or the purchaser.
Sara K Tredway	Controller		
Signature			Date (MM/DD/YY)
- all Indicay	<u> </u>		02/27/2024