

STATE OF GEORGIA
DEPARTMENT OF REVENUE

SALES AND USE TAX CERTIFICATE OF EXEMPTION
LICENSED NONPROFIT NURSING HOME
LICENSED NONPROFIT GENERAL HOSPITAL
LICENSED NONPROFIT MENTAL HOSPITAL

To: RESMED Date: 02/07/18
(Supplier)

PO BOX 534593 ATLANTA GA 30353-4593
(Address) (City) (State) (Zip)

THE UNDERSIGNED HEREBY CERTIFIES that all tangible personal property or services purchased after this date will be purchased for its use exclusively in performing a nonprofit nursing home or a nonprofit general or mental hospital function.

Any tangible personal property or services obtained under this certificate of exemption is subject to the sales and use tax if it is used or consumed by the purchaser in any manner other than indicated on this certificate.

I declare, under penalties of false swearing, that this certificate has been examined by me and to the best of my knowledge and belief is true and correct, made in god faith, pursuant to the sales and use tax laws of the State of Georgia.

Purchaser's Firm Name Meadows Regional Medical Center, Inc. Certificate of Registration No. 138-NH-094

Address P.O. Box 1048 Vidalia GA 30475-1048
(City) (State) (Zip)

By  Title CFO
John R. Cornell (Owner, Partner, Official)

A supplier must have in file only one valid Certificate of Exemption bearing purchaser registration number.