

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: GF HEALTH PRODUCTS, INC.

Address: 2935 NORTHEAST PKWY, ATLANTA GA 30360

I certify that:
 Name of Firm (Buyer): _____
 Address: _____

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 service¹ 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: _____

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 | State Registration, Seller's Permit, or ID Number of Purchaser |
|--------------------|--|--------------------|--|
| AL ¹ | _____ | MO ¹⁶ | _____ |
| AR | _____ | NE ¹⁷ | _____ |
| AZ ² | _____ | NV | _____ |
| CA ³ | _____ | NJ | _____ |
| CO ⁴ | _____ | NM ^{4,18} | _____ |
| CT ⁵ | _____ | NC ¹⁹ | _____ |
| DC ⁶ | _____ | ND | _____ |
| FL ⁷ | _____ | OH ²⁰ | _____ |
| GA ⁸ | _____ | OK ²¹ | _____ |
| HI ^{4,9} | _____ | PA ²² | _____ |
| ID | _____ | RI ²³ | _____ |
| IL ^{4,10} | _____ | SC | _____ |
| IA | _____ | SD ²⁴ | _____ |
| KS | _____ | TN | _____ |
| KY ¹¹ | _____ | TX ²⁵ | _____ |
| ME ¹² | _____ | UT | _____ |
| MD ¹³ | _____ | VT | _____ |
| MI ¹⁴ | _____ | WA ²⁶ | _____ |
| MN ¹⁵ | _____ | WI ²⁷ | _____ |

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 Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____