



CARRIE DENHARDT
8929 AZTEC DRIVE, SUITE 106
EDEN PRAIRIE MN 55347

INVOICE

BILL TO
ATTN: LINDA LOOMIS
LOWER MINNESOTA RIVER WATERSHE
STE 102
112 E 5TH ST
CHASKA MN 55318-2253

000133



SHIP TO
ATTN: LINDA LOOMIS
LOWER MINNESOTA RIVER WATERSHE
6677 HIGHWAY 55
GOLDEN VALLEY MN 55427-4950

ISSUANCE DATE 1/10/2024
DUE DATE 1/9/2024
CUSTOMER ID 600414012
INVOICE NUMBER 9003579220
PO NUMBER



Advisor No: 0301-00 Cust No: R0VDMM Order No: CDZJJ7
Your bank account X2852 will be debited for payment
Thank you for your order

PRODUCT NUMBER	SHIP DATE	DESCRIPTION	RATE	VOLUME	UOM	DISCOUNT	AMOUNT
ES1	01/02/2024	ENDORSEMENT STAMPER Order#:CDZJJ7	57.08000	1	EA	0.00	57.08
DTR2N	01/08/2024	DEPOSIT TICKET DTR FORMAT 2PT Order#:CDZJJ7	0.48000	150	EA	0.00	72.00
OWPROOFE	01/08/2024	ELECTRONIC PROOF ONE WRITE Order#:CDZJJ7	0.00000	1	EA	0.00	0.00

INVOICE REPRINT DATE: 1/16/2024

PRODUCTS & SERVICES SUBTOTAL	129.08
ORDER DISCOUNTS	0.00
SHIPPING & PROCESSING	42.63
TAX	14.64
INVOICE AMOUNT	186.35
PAYMENTS & ADJUSTMENTS	-186.35
RETURNED PAYMENT	186.35
AMOUNT DUE (USD)	\$ 186.35

YOUR PAYMENT WAS DECLINED.
****PLEASE PAY THIS INVOICE****

This amount will be Electronically Debited from your designated account on the invoice due date. For questions regarding your invoice contact: CARRIE DENHARDT 952-890-9036 cdenhardt@gosafeguard.com

Net 30. Late payments are subject to 1.5% per month. For W9 requests, send an email to W9ComplianceRequestsSafeguardUS@gosafeguard.com

PLEASE DETACH AND REMIT WITH YOUR PAYMENT. MAKE CHECKS PAYABLE TO SAFEGUARD BUSINESS SYSTEMS.

>>>>MAIL YOUR CHECK TO THE *NEW* ADDRESS BELOW<<<<<

INVOICE NUMBER 9003579220
DUE DATE 1/9/2024
CUSTOMER ID 600414012
AMOUNT DUE (USD) \$ 186.35

SAFEGUARD BUSINESS SYSTEMS
LOCKBOX 229
P.O. BOX 7247
PHILADELPHIA PA 19170-0001



3 9003579220 0600414012 0000018635 9

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.

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 purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Name of Purchaser

M & J Trucking Co., LLC

Business Address

20000 Kenrick Ave

City

Lakeville

State

MN

ZIP code

55044

Purchaser's Tax ID Number

9800166

State of Issue

Minnesota

If no tax ID number, Enter one of the following:

FEIN

Driver's license number/State issued ID number

State of Issue

Number

Name of seller from whom you are purchasing, leasing, or renting

Lower Minnesota River Watershed District

Seller's Address

112 E 5th St Suite #102

City

Chaska

State

MN

ZIP code

55318

Type of Business

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, hunting | <input type="checkbox"/> 12 Utilities |
| <input checked="" type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business (explain) _____ |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (explain) _____ |

Reason for Exemption (See Instructions)

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> J Agricultural production |
| <input type="checkbox"/> B Specific government exemption _____ | <input type="checkbox"/> K Industrial production/manufacturing |
| <input type="checkbox"/> C Tribal government (name) _____ | <input type="checkbox"/> L Direct pay authorization |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> M Multiple points of use (services, digital goods, or computer software delivered electronically) |
| <input type="checkbox"/> E Charitable organization # _____ | <input type="checkbox"/> N Direct mail |
| <input type="checkbox"/> F Educational organization # _____ | <input type="checkbox"/> O Other (enter number from instructions) _____ |
| <input type="checkbox"/> G Religious organization # _____ | <input type="checkbox"/> P Percentage exemption |
| <input checked="" type="checkbox"/> H Resale | <input type="checkbox"/> Advertising (enter percentage) _____ % |
| <input type="checkbox"/> I Qualifying capital equipment (see instructions when equipment claimed is part of a construction project) | <input type="checkbox"/> Utilities (enter percentage) _____ % |
| | <input type="checkbox"/> Electricity (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

Alyssa Quist

Print Name Here

Alyssa Quist

Title

Accounting

Date

12/29/23