

**Do not send this form to the Streamlined Sales Tax Governing Board.  
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1.  Check if you are attaching the **Multistate Supplemental form**.  
 If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.
2.  Check if this certificate is for a **Single Purchase Certificate**. Enter the related invoice/purchase order # \_\_\_\_\_.

3. **Print or type**

A. Name of purchaser  
**Overland Pass Pipeline Company LLC**

B. Business address City State Zip code  
**PO Box 2400, MD 46 Tulsa OK 74102**

C. Purchaser's tax ID number State of Issue Country of Issue  
**Please see Multistate Supplemental Form Multi USA**

D. If no tax ID number, enter one of the following: FEIN  
**20-4631715**

E. Driver's License Number/State Issued ID number State of Issue

F. Foreign diplomat number

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

H. Seller's address City State Zip code

4. **Purchaser's Type of business.** Circle the number that best describes your business.

<input type="checkbox"/> 01 Accommodation and food services	<input type="checkbox"/> 11 Transportation and warehousing
<input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting	<input type="checkbox"/> 12 Utilities
<input 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
<input type="checkbox"/> 10 Retail trade	<input checked="" type="checkbox"/> 20 Other (explain) <u>Natural Gas Liquids Transmission</u>

5. **Reason for exemption.** Circle the letter that identifies the reason for the exemption.

A <input type="checkbox"/> Federal government (Department) _____	H <input type="checkbox"/> Agricultural Production # _____
B <input type="checkbox"/> State or local government (Name) _____	I <input type="checkbox"/> Industrial production/manufacturing # _____
C <input type="checkbox"/> Tribal government (Name) _____	J <input checked="" type="checkbox"/> Direct pay permit # <u>See Multistate Supplemental Form</u>
D <input type="checkbox"/> Foreign diplomat # _____	K <input type="checkbox"/> Direct Mail # _____
E <input type="checkbox"/> Charitable organization # _____	L <input type="checkbox"/> Other (Explain) _____
F <input type="checkbox"/> Religious organization # _____	M <input type="checkbox"/> Educational Organization # _____
G <input type="checkbox"/> Resale # _____	

6. **Sign here** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser <u>Rebecca Beard</u>	Print name here <u>Rebecca Beard</u>	Title <u>Senior Tax Analyst</u>	Date <u>01/01/2023</u>
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Name of Purchaser

Overland Pass Pipeline Company LLC

State	Reason for exemption	Identification number (if required)
AR		
GA		
IA		
IN		
KS	Direct Pay Permit	2016-007
KY		
MI		
MN		
NC		
ND		
NE		
NJ		
NV		
OH		
RI		
OK		
SD		
TN		
UT		
VT		
WA		
WI		
WV		
WY	Direct Pay Permit	27000016

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

State	Reason for exemption	Identification number (if required)
XX		
XX		
XX		
XX		
XX		



# K A N S A S

NICK JORDAN, SECRETARY

SAM BROWNBACK, GOVERNOR

DEPARTMENT OF REVENUE  
AUDIT SERVICES

## DIRECT PAY PERMIT

No. 2016-007

NAME: Overland Pass Pipeline Company LLC  
EFFECTIVE DATE: April 1, 2016 to March 31, 2026

The above-named taxpayer is authorized to pay Kansas sales and compensating use tax directly to the Kansas Department of Revenue, rather than to its vendors. Unless otherwise authorized in writing, vendors will not collect sales or use tax on sales to the taxpayer, except as stated below.

This permit may not be used in connection with:

1. The purchase of meals, food or drinks, motor vehicles, aircraft, telephone and telegraph services, subscriber radio and television services, or admission to places of amusement or entertainment;
2. The payment of fees, charges and dues to private and public clubs or for the rental of motel rooms; or,
3. Real property construction services such as building construction, repairs, maintenance and improvements, including electrical, HVAC and plumbing work.

*A copy of this permit must be filed with and retained by the seller.*

*This permit is nontransferable and may not be assigned to a third party.*

By

Handwritten signature of Michael E. Boekhaus in cursive.

Michael E. Boekhaus  
For the Secretary of Revenue  
Issued: March 25, 2016

Direct Pay Permit No:27000016

Direct Pay Start Date: 8/1/2006 12:00:00AM

The vendor shown below has registered with the Department of Revenue and has been authorized to collect the sales/use tax imposed by the sales/use tax Act of 1937, as amended, and to furnish receipts therefor. This authorization shall be valid and effective until cancelled or revoked and is not transferable.

Location: 1720 CAREY AVE  
CHEYENNE WY 820010000

Issued To: OVERLAND PASS PIPELINE COMPANY LLC  
OVERLAND PASS PIPELINE COMPANY LLC  
PO BOX 2400  
TULSA OK 741720000

Director, Department of Revenue

Certificate Print Date:6/26/2006

Direct pay permit holders shall furnish each vendor with a copy of their direct pay permit

Cut along this line to separate permit. Please retain the information below for your reference.

**WYOMING DIRECT PAY PERMIT TAX REPORTING INFORMATION**

1. Your filing frequency is Monthly beginning: 08/01/2006.  
You will receive your return approximately the first week of the month in which it is due. Example: MONTHLY filers; January return will be received first half of February and it must be postmarked on or before the last day of February.
2. Failure to receive a return from the Department of Revenue does not relieve you from the responsibility of filing and paying the tax due on or before the due date. \*Call our office for a duplicate return, if you have not received a return by the 15th of the month. Returns must be filed even if no purchases were made or any tax due.
3. The postmark date determines the timeliness of your return. Returns with a late postmark are subject to a 10% penalty plus a monthly interest rate to be determined by the State Treasurer under W.S. 39-15-108, which is calculated on a daily basis.
4. Please notify your Regional Section at the Cheyenne Office in writing if there is a change of address or ownership. Mail to: Department of Revenue, 122 W 25th St., Cheyenne WY 82002-0110. Be sure to include your Wyoming Direct Pay Permit number on any correspondence and/or remittance sent to the Department to ensure timely processing.
5. Contact your local Field Representative (identified on the enclosed listing) or Taxpayer Services at 307-777-5200.

Permit No. 27000016

Direct Pay Start Date: 8/1/2006 12:00:00A

Certificate Print Date: 6/26/2006

DBA: OVERLAND PASS PIPELINE COMPANY LLC  
Owner: OVERLAND PASS PIPELINE COMPANY LLC  
Mailing Address: PO BOX 2400  
TULSA OK 741720000

Location Address: 1720 CAREY AVE  
CHEYENNE WY 820010000