Return both certificates, each properly filled out to the vendor shown below. One is for the State Department of Revenue, and one for our records.

CERTIFICATE OF RESALE

BLANKET FORM

8 10				
To <u>Kankakee Nurs</u>	NAME OF VE	NDOR		
The undersigned hereby certifies that all poses of resale, and assumes liability for Use Tax with respect to receipts from t	tangible person	al property he ailers' Occupa	tion Tax, Service O	ccupation Tax or
This certificate shall be considered a paspecifies.	rt of each order	which we sha	ll give, unless such	order otherwise
opposition.		ii		* *
Purchaser's Name		Dat	te	
Address of Purchaser				
	2			
City	State		Zip Code	
Signature of Purchaser				
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0171-3248				
Certificate of Registration Number of Vendor		_{2.} Ca	rtificate of Registrati Number of Purchaser	on .
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	BLANKET FO	DRM		
8			***	
To Kankakee Nurs	ery Co.			
	NAME OF VE		S .	
The undersigned hereby certifies that all poses of resale, and assumes liability for Use Tax with respect to receipts from t	payment of Ret	ailers' Occupa	tion Tax, Service 🛛	ccupation Tax or
This certificate shall be considered a pa specifies.	rt of each order	which we sha	Il give, unless such	order otherwise
Burk and Marie A	17	Da		
Purchaser's Name		Da		
Address of Purchaser				
City	State	5	Zip Code	
City	Space		Zip Gode	
Signature of Purchaser		·		
(or Authorized Agent)	10	W .	2.	
0171-3248		1		•
Certificate of Registration Number of Vendor		Certificate of Registration Number of Purchaser		
I Aditinet of Action				1007