

Emergency 911 Surcharge Exemption Certificate

Check applicable states **and** provide each state's E-911 Tax I.D. or registration number adjacent to applicable states. If a state box is checked, make sure to add the state ID # or the form is invalid. If the state uses the FEIN for filing, use that as the ID.

Street address	City	State	Zip
Name of Business (hereafter "Customer")			
I certify that:			
Issued to Seller: NuWave Communications	s, Inc		
☐ Mississippi ID:			
☐ Minnesota ID:	l — — — — — — — — — — — — — — — — — — —	Wyoming ID:	_
☐ Michigan ID:		Wisconsin ID:	
☐ Massachusetts ID:		West Virginia ID:	
☐ Maryland ID:		Washington ID:	
☐ Maine ID:		Virginia ID:	
☐ Louisiana ID:		Utah ID:	
☐ Kentucky ID:		Texas ID:	
☐ Kansas ID:		Tennessee ID:	
□ Iowa ID:		South Dakota ID:	
☐ Indiana ID:		South Carolina ID:	
☐ Chicago-Form 7501 Resale Cert Required		Rhode Island ID:	
☐ Illinois ID:		Pennsylvania ID:	
☐ Idaho ID:	l ———	Oregon ID:	
☐ Georgia ID: ☐ Hawaii ID:		Oklahoma ID:	
		Ohio ID:	
☐ District of Columbia ID: ☐ Florida ID:		North Carolina ID:	
☐ Delaware ID:		New York ID: North Carolina ID:	
Connecticut ID:		New Mexico ID:	
Colorado ID:		New Jersey ID:	
☐ California ID:		New Hampshire ID:	
☐ Arkansas ID:	l ———	Nevada ID:	
☐ Arizona ID:		Nebraska ID:	
☐ Alaska ID:		Montana ID:	
☐ Alabama ID:		Missouri ID:	

is purchasing telecommunications and/or Voice over Internet Protocol ("VoIP") services for resale or 911 service is not provided by Seller in each state checked above. Customer certifies that it is a telecommunication service provider, Interconnected VoIP provider, or provides its own 911 service and accepts responsibility for remitting 911 surcharges, where applicable, directly to the proper authority in each jurisdiction. I hold the seller indemnifiable if this certificate is proven to be invalid and will incur all taxes and surcharges if this certificate does not hold up under audit.

I declare under penalty of perjury that this certificate has been examined by me and to the best of my knowledge and belief all statements contained herein are true, correct, and accurate.

Customer's	Authorized	l Signature:
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(Owner, Partner, Corporate Officer or Authorized Representative) Title Date