

(To support vendor's claim for a credit, payment or refund under
Section 60502 of the Revenue and Taxation Code)

NEW CERTIFICATE

RENEWAL CERTIFICATE

SELLER'S NAME E.R. VINE SONS, INC.

SELLER'S ADDRESS (street, city, state, zip code) 2825 RAILROAD AVE., CERES, CA. 95307

SELLER'S FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN)
48-1282164

SELLER'S BOARD OF EQUALIZATION DIESEL FUEL TAX NUMBER
DVMT 57-100160

The undersigned buyer hereby certifies the following under penalty of perjury. Buyer will use the undyed diesel fuel to which this certificate relates, either (must check one below):

On a farm (as defined in the Diesel Fuel Tax Regulation 1431 (d)) and Buyer is the owner, tenant or operator of the farm on which the fuel will be used.

Type of farming (include information relating to growing or raising) _____

On a farm (as defined in the Diesel Fuel Tax Regulation 1431 (d)) relating to cultivating, raising or harvesting and Buyer is not the owner, tenant or operator of the farm on which the fuel will be used.

Description of operation (harvesting, etc) _____

This Certificate applies to the following (check applicable box and complete as necessary):

Buyer account or order number _____

This is a certificate covering all purchases to be used on a farm for farming purposes.

Effective Date _____ Expiration Date (period not to exceed 1 year after the effective date) _____

This is a single purch certificate: Invoice or Delivery ticket #: _____ Number of gallons purchased _____

This is a certificate for _____ of all purchases to be used on a farm for farming purposes

Effective Date _____ Expiration Date (period not to exceed 1 year after the effective date) _____

NOTE: Buyer must provide a new certificate to the seller if any information in this certificate changes, or one year from effective date.

If Buyer uses the diesel fuel to which this certificate relates for a purpose other than stated in the certificate, Buyer will be liable for the state excise tax. California Diesel Fuel Tax is payable immediately upon use to the State of California, Board of Equalization, PO Box 942789, Sacramento. CA 94279-0030

Buyer understands the fraudulent use of this certificate may subject Buyer and all parties making such fraudulent use of this certificate to a fine or imprisonment, or both together with the cost of prosecution.

BUYER TYPE OF BUSINESS (check one)

Sole Owner Husband/wife Co-Ownership Partnership Corporate Limited Liability Company (LLC)

Other (please specify): _____

LIST PARTNERS (if partnership)

NAME OF BUYER/OWNER (print or type) _____ BUYER/OWNER EMPLOYER ID NUMBER _____

DBA

BUYER/OWNER SSN (husband/wife co-ownership or partnerships - list SSN for each partner) _____ CORPORATION ID (list corporation number issued by Secretary of State)

PHYSICAL ADDRESS OF BUYER/BUSINESS (street, city, state, zip code)

MAILING ADDRESS OF BUYER/BUSINESS (if different from physical address)

BULK DELIVERY ADDRESS (if different than physical address)

TELEPHONE NUMBER OF BUYER/BUSINESS _____ FAX NUMBER _____

To the best of my knowledge all the information on this certificate is accurate until such notice of changes, and is signed under penalty of perjury. If signature of other than the buyer, I certify I have the authority to bind the buyer.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME AND TITLE OF PERSON SIGNING