STATE AND COUNTY SALES/USE TAX CERTIFICATION

| I, | , of | | | | | |
|--|----------------------------|--------------------------|--------------------|--|--|--|
| hereby certify that the firms cited ha | ave been paid the North Ca | rolina Sales Tax and the | e Buncombe County | | | |
| Tax, as shown on the materials | purchased by us, and th | nat these materials bec | came a part of the | | | |
| Mountainbrook Road @ Chunns | Cove Road Sanitary Sew | er Rehabilitation, Proj | ject No. 2010112 | | | |
| in North Carolina, through | | (dar | (date). | | | |
| | | | | | | |
| Please see attached | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Name of Firm: | | | | | | |
| Signature: | | | | | | |
| Title: | | | | | | |
| SWORN TO AND SUBSCRIBED | before me, this the | day of | , 20 | | | |
| My Commission Expires | Notary Public | | | | | |
| | | | | | | |
| (Seal) | | | | | | |

| CONTRACTOR NAME | | |
|----------------------|------|--|
| PROJECT NAME AND NO. | | |

| INVOICE NO. | INVOICE DATE | VENDOR NAME | SUBTOTAL AMOUNT OF INVOICE | SALES TAX STATE | SALES TAX COUNTY | TOTAL TAX | TOTAL INVOICE | |
|----------------------|-----------------|-------------|----------------------------------|-----------------------|------------------------|--------------|------------------|--|
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| TOTALS MUST BE SHOWN | | | | | | | | |

(PAID INVOICES ATTACHED IN ORDER)