

## STATE OF TENNESSEE DEPARTMENT OF REVENUE

JOURNEYS IN COMMUNITY LIVING INC 1130 HALEY RD MURFREESBORO TN 37129-4902 Effective Date: July 1, 2019
Expiration Date: June 30, 2023
Account No: 1000088654-SLC

Exemption No: 45267968

Facility Address:

MURFREESBORO TN 37129-4902

## Exempt Organizations or Institutions Sales and Use Tax Certificate of Exemption

This organization or institution qualifies for the authority to make sales and use tax exempt purchases of goods and services that it will use, consume or give away.

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This authorization for exemption is limited to sales made directly to the referenced organization. This exemption certificate may not be used for sales made to individuals paying with personal checks of personal debit or credit cards, even if the individual is a representative or employee of the organization, and he or she will be reimbursed for the purchase. Sellers must refuse to accept the certificate when the sale is made to someone other than the organization.

This exemption certificate may not be used to make purchases without the payment of sales and use tax for other locations and may not be transferred to ot used by any other person.

| Yubico Inc.                 | 530 Lyttor           | i Ave., Suite 3        | 801, Palo Alto, (      | CA 94301      |
|-----------------------------|----------------------|------------------------|------------------------|---------------|
| Seller's Name               |                      |                        | ress (City & State)    | h y dig       |
|                             |                      |                        |                        |               |
|                             |                      |                        |                        |               |
| 1. SEMISORIES               | as an a              | uthorized represe      | ntative of the taxpay  | er named      |
| above, affirm that the puri | chases qualify for t | ne exemption and       | will be used at the lo | cation of the |
| facility address referenced | l above. Under pen   | alty of perjury, i afi | firm this to be a true | and correct   |
| statement.                  |                      |                        |                        | 02/03/2020    |
| Jim Robert                  |                      |                        |                        |               |
| Print Name of Authorized Re | epresentative S      | ignature of Authori    | zed Representative     | Date          |