



STATE OF WEST VIRGINIA
 State Tax Department, Tax Account Administration Div
 P.O. Box 1826
 Charleston, WV 25327-1826



Earl Ray Tomblin, Governor

Mark W. Matkovich, Tax Commissioner

WILLIAMS COMPRESSION, LLC
 PO BOX 18355
 OKLAHOMA CITY OK 73154-0355

Letter Id: L0455498048
 Issued: 06/05/2015
 Account #: 2306-3326

DIRECT PAY PERMIT GENERAL INFORMATION

This Direct Pay Permit is issued to the within named taxpayer to be used for taxable or exempt purchases made from vendors as specified in the application submitted to the West Virginia State Tax Department.

The permit holder shall pay the tax for sales of taxable services, and leases of tangible personal property, from specified vendors directly to the State Tax Department. The tax will be due on or before the twentieth (20th) day of the month after the preceding month's transactions. The State Tax Department may cancel this permit and interest and penalties may apply if the holder does not file returns by the due date.

This permit shall continue to be valid until the holder surrenders the permit or the State Tax Department cancels the permit for cause.

The holder of this permit shall notify each specified vendor from whom tangible property is purchased or leased or from whom services are purchased of their direct pay permit number and that any tax thereon is being paid directly to the State Tax Department.

Upon the expiration, cancellation or surrender of the permit, the holder shall promptly notify in writing, the specified vendors from whom tangible property is purchased or leased or by whom services are rendered of such cancellation or surrender.

The State Tax Department will forward specifically printed forms for remitting this tax.

Should you need further assistance concerning this matter, contact the Taxpayer Services Division at (304) 558-3333 or toll free (800) 982-8297.

atL025 v.17

PLEASE CUT HERE

**WEST VIRGINIA STATE TAX DEPARTMENT
 CONSUMERS' SALES AND SERVICE TAX AND USE TAX
 DIRECT PAY PERMIT NUMBER: 23063326**



Effective Date: 01-Dec-2014

Use this Direct Pay Permit for purchases made from the vendors as specified in the application to the West Virginia State Tax Department. State law prohibits use of this permit by anyone other than the named taxpayer. The vendor, on all applicable invoices, should record the permit number.

BUSINESS LOCATION ADDRESS

Account ID: 2306-3326
 WILLIAMS COMPRESSION, LLC
 525 CENTRAL PARK DR
 OKLAHOMA CITY OK 73105-1723

*This is your Permanent Number and is in effect until you surrender your permit, or until otherwise cancelled.

You may not use this permit to purchase gasoline or special fuels.

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multi-state Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3. Please print

Name of purchaser Williams Compression, LLC			
Business Address P.O. BOX 2400 #MD46	City Tulsa	State OK	Zip Code 74102
Purchaser's Tax ID Number	State of Issue	Country of Issue	
If no Tax ID Number Enter one of the following:	FEIN 36-4778590	Driver's License Number/State Issued ID Number State of Issue: Number	Foreign diplomat number
Name of seller from whom you are purchasing, leasing or renting			
Seller's address	City	State	Zip code

4. Type of business. Circle the number that describes your business

- | | |
|---|---|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) <u>Natural gas compression and services</u> |

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|---|---|
| A Federal government (department) _____ | H Agricultural production # _____ |
| B State or local government (name) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (name) _____ | J Direct pay permit # <u>2306-3326</u> |
| D Foreign diplomat # _____ | K Direct mail # _____ |
| E Charitable organization # _____ | L Other (explain) _____ |
| F Religious or educational organization # _____ | |
| G Resale # _____ | |

6. Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser 	Print Name Here Shae Garcia	Title Tax Analyst III	Date 08/15/2022
--	--------------------------------	--------------------------	--------------------