

Texas Sales and Use Tax Exemption Certification This certificate does not require a number to be valid.

Name of purchaser, firm or agency	Name of purchaser, firm or agency		
The Texas International Institute of Health Profe	essions (dba) Vcare Clinics	kts	
Address (Street & number, P.O. Box or Route number)	Phone (Area code	e and number)	
8121 Broadway St Ste 103		(713) 640 - 2273	
City, State, ZIP code			
Houston, TX 77061	=		
I, the purchaser named above, claim an exemption items described below or on the attached order or in	from payment of sales and use taxes (for nvoice) from:	the purchase of taxable	
Seller:			
Street address: City, State, ZIP code:			
Description of items to be purchased or on the attached order or invoice:			
Purchaser claims this exemption for the following reason The Texas International Institute of Health Pro organization.		ofit 501 (c) (3)	
I understand that I will be liable for payment of all state ar the provisions of the Tax Code and/or all applicable law. I understand that it is a criminal offense to give an exemption will be used in a manner other than that expressed in this conform a Class C misdemeanor to a felony of the second defined.	on certificate to the seller for taxable items that I i ertificate, and depending on the amount of tax e	know, at the time of purchase	
sign here	Title Executive Officer	Date 02/20/2017	
NOTE: This certificate cannot be issued	I for the purchase, lease, or rental of a motor v	ehicle.	

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.