DIRECT PAYMENT PERMIT (This permit is only transferrable to a controlled subsidiary)

(Name and Address of Permitholder)	(Name and Address of Seller)		
3M Company 3M Center - Tax - 224-5N-40 St. Paul, MN 55144-1000			
Effective Date of Permit: October	1,2003 Nebraska	Identification Nun	aber: 02-1870831
DIRECT PAY. As the holder of Nebraska Department of Revenue Nebraska Department of Revenue permit to a seller of taxable person approved for use by 3M Company Mary Jane Egr State Tax Commissioner	to pay the Nebraska instead of to the seller nal property and servio	and local sales and . 3M Company is ces. This Direct Pa	l use tax directly to the authorized to issue this
SELLER. The seller's receipt of this Direct Payment Permit taken in good faith is conclusive proof that the seller is relieved of the responsibility of collecting the state and local sales tax of personal property and services to 3M Company for three (3) years after received by the seller or until the delegation expires. At the end of three (3) years 3M Company should reissue this Permit to each seller.			
This Direct Payment Permit is not	valid for:		
 Cash purchases, Purchases of motor vehicle motorboats, Purchases of taxable lodging services related thereto, 	6.	Purchases of taxable food and beverages, Purchases of admissions, and Purchases of taxable items purchased for resale.	
SIGNATURE OF PURCHASER. This Direct Payment Permit is valid only when an authorized person of the company to whom this Direct Payment Permit has been issued or delegated has affixed their signature. 3M Company or its subsidiary must sign and date this Permit at the time it is issued to the seller.			
Dichole Lung	Tax Analyst	1/1.	/2025
Authorized Signature	Title	Dat	te
DELEGATION. 3M Company is authorized by the Nebraska Department of Revenue to delegate this Direct Payment Permit to any of its subsidiaries in which it has at least an 80% ownership. 3M Company, by completing the information below and affixing its signature, delegates its Direct Payment Permit to the named subsidiary and accepts responsibility for its use by the subsidiary. This delegation of the Direct Payment Permit to the named subsidiary continues in force for three (3) years from the date of delegation.			
Name of Subsidiary Street	t Address	City State	e Zip Code
Nebraska Identification Number	 		
Authorized Signature	Title		Date