THE UNIVERSITY OF TEXAS

MD Anderson Cancer Center

Making Cancer History®

To Whom It May Concern:

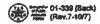
We have recently received a credit application from your organization. The attached information should provide the information you requested. As an Agency of the great State of Texas, The University of Texas M. D. Anderson Cancer Center is exempt from payment of sales tax on purchases. A copy of our IRS Form W-9 and exemption certificate is also attached. This letter is our authorization for you to contact and obtain information from our bank and credit references. If you need additional information, please contact us at (713) 745-9580.

Regards,

Brad L. Gibson, CPA Associate Vice President and Treasurer

Paus Kissin

attachments



Name of purchaser, firm or egency

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

Address (Street & number, F.O. Box or Route number)	Phone (Aree code and number)		
1515 Holcombe Blvd, Unit 0186 (713) 745-			
City, State, ZIP code	V		
Houston, TX 77030			
I, the purchaser named above, claim an exemption from paym items described below or on the attached order or invoice) from	ent of sales and use taxes (for the purchase of taxable m;		
Seller:			
Street address:	City, State, ZIP code:		
Description of items to be purchased or on the attached order or investigation	oice:		
Purchaser claims this exemption for the following reason:			
EXEMPT UNDER SUBCHAPTER H. SEC. 151.309 GOVE PURCHASER IS AN AGENCY OF THE STATE OF TEXAS FEDERAL I.D. 74-6001118; TEXAS TAXPAYER I.D. 3508	5 .		
I understand that I will be liable for payment of all state and local sale the provisions of the Tax Code and/or all applicable law.	s or use taxes which may become due for failure to comply with		
I understand that it is a criminal offense to give an exemption certificate will be used in a manner other than that expressed in this certificate, an from a Class C misdemeanor to a felony of the second degree.	to the seller for taxable items that I know, at the time of purchase, d depending on the amount of tax evaded, the offense may range		
Purchaser Title	Dale		

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle. 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.

Form (Rev. October 2007) Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

4	Name (as shown on your income tax return)					
2	The University of Texas M.D. Anderson Cancer Center					
8	Business name, if different from above					
8	M.D. Anderson Cancer Center					
₽∦ [Check appropriate box: Individual/Sola propriator Corporation Partnership Limited liability company. Enter the tax classification (D-disregarded entity, C-corporation, P-partnership) . Other (see instructions) State Agency			Exempt payee		
걸절	ARER Malanus Minds		's name and address (optional) pxes in Houston, Tx. 77210			
<u> </u>						
2 1	City, state, and ZIP code		4434 4439 4447 4460			
8	Houston, Texas 77030	4461 4464 4486 4470 4489				
	Jist account number(s) here (optional)					
Part I	Taxpayer Identification Number (TIN)					
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid packup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is						
MOUL GUI	or					
your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose			Employer identification number			
number to enter.		74	6001118			
Part I	Certification					
Inder po	enalties of perjury, I certify that:					
. The	number shown on this form is my correct taxpayer identification number (or I am waiting	for a num	ber to be la	isuad to me), and		
Reve	not subject to backup withholding because: (a) I am exempt from backup withholding, one Service (IRS) that I am subject to backup withholding as a result of a failure to reposed me that I am no longer subject to backup withholding, and	or (b) I have ort all intere	e not been i est or divide	notified by the Internal ands, or (c) the IRS has		
	a U.S. citizen or other U.S. person (defined below).					
/ithholdi or mort mangen	tion instructions. You must cross out item 2 above if you have been notified by the IR- ng because you have falled to report all interest and dividends on your tax return. For re gage interest paid, acquisition or abandonment of secured property, cancellation of deb tent (IRA), and generally, payments other than interest and dividends, you are not required four correct TIN. See the instanctions on page 4.	eal estate (t. contribul	ransactions tions to an i	i, item 2 does not appty. Individual retirement		
3ign	Signature of		01.1	2010		

U.S. person ▶ General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal lax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United
- An estate (other than a foreign estate), or
- · A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the

The U.S. owner of a disregarded entity and not the entity.

THE UNIVERSITY OF TEXAS

MDAnderson Cancer Center

Making Cancer History"

Credit Information

(Texas State Agency – Established in 1941)

Bill To:

U. T. M. D. Anderson Cancer Center

Accounts Payable Unit 199

P. O. Box 301401

Houston, TX 77230-1401

Ship To:

(Please see purchase order)

Fed. Tax I.D. #

74-6001118

Telephone:

(713) 745-9439 (Accounts Payable) (713) 745-9580 (Credit Information)

E-mail:

mdaccap@mdnaderson.org

Bank Information:

Chase Bank

707 Travis - 9th Floor North

Houston, TX 77002

Account #
Acct Officer:

9980000139

Karen Powers

Healthcare Banking (713) 216-7889

Fax (713) 216-4048

References:

Marriott Medical Center Hotel

6580 Fannin Street Houston, TX 77030 (713) 770-8167

Contact Person: Karam Saba

Carey Limousine of Houston

37 Lyerly Street Houston, TX 77022 (713) 772-5277

Contact Person: Courtney Brown

Corporate Travel Planners

1919 NW Loop 410, Suite 200

San Antonio, TX 78213

(210) 366-4450

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Chase Bank

707 Travis - 9th Floor North

Houston, TX 77002

Account #
Acct Officer:

9980000139

Karen Powers

Healthcare Banking (713) 216-7889 Fax (713) 216-4048

References:

AmerisourceBergen

12727 W. Airport Blvd Sugar Land, TX 77478

(832) 567-7166 Fax: (281) 240-3712

Contact Person: Tina Moore

Summus Industries, Inc.

245 Commerce Green Blvd. Suite 155

Sugarland, TX 77478

(281) 640-1765 Fax: (281) 640-1766

Contact Person: Rod Craig

SourceOne Healthcare Technologies

8020 Tyler Blvd. Mentor, OH 44060

(866) 326-1362 Ext. #11581 Fax: (440) 701-1348

Contact Person: Jacey Morris

Cardinal Healthcare 7000 Cardinal Place Dublin, OH 43017

(614) 553-3100 Ext. #4417 Contact Person: Sean Martin (614) 553-3100 Ext. #4565 Contact Person: Justin Karajci

CARING

INTEGRITY

DISCOVERY