7	=	>	
55	,		)
V			ı
7	)		ļ
<	2	1	ļ

ST-587 (R-10/04)

## Illinois Department of Revenue

## **Equipment Exemption Certificate**

Step 1: Identity the seller		
The seller must keep this certificate.		
Name AmeriKen Die Supply, Inc.		Phone (800 ) 553-7777
Address 618 N Edgewood Avenue		BT no. 0 9 2 8 - 2 9 2 0
Wood Dale, IL 60191		
City State	ZIP	
Step 2: Identify the purchas	er (lessor)	
Name		Phone ()
Address		Date of nurshage
Address	*	Date of purchase//
City State	ZIP	-
Step 3: Identify the lessee		
Name		Phone ()
Name		rnone (
Address Number and street	Who to supplies the supplies to the supplies t	- * · · · · · · · · · · · · · · · · · ·
Number and Street		
City State	ZIP	
Type of equipment		
Serial no.		
Step 5: Identify how you wil	l use this ed	quipment. Check the appropriate box.
I state that this equipment will be used		The second constitution of the second constituti
primarily in the manufacturing or ass primarily in production agriculture. primarily in graphic arts production.	sembling of tangib	ole personal property for wholesale or retail sale or lease.
Step 6: Sign below		*
Under penalties of perjury, I state that I have complete.	ve examined this	certificate and, to the best of my knowledge, it is true, correct, and
Purchaser's signature		
You may photocopy this form or you may recalling our Springfield office weekdays bet	equest additional ween 8 a.m. and	forms by visiting our web site at www.ILtax.com, by writing us, or by 5 p.m. Our address and telephone number are below.
ILLINOIS DEPARTMENT OF REVENUE		
PO BOX 19010		
SPRINGFIELD IL 62794-9010		
217 785-3707		A COVERED IN
ST-587 (R-10/04) This form is authorized as outlined by the Re	egistration and Licensing Div	rision and has been approved by the Forms Management Center. IL-492-3002 SOY-BASE INK RECYCLED PAPER