

TEXAS USE TAX PERMIT



CAROLE KEETON RYLANDER  
Comptroller

This permit is issued in accordance with the law governing the type of business specified and is the authorization to conduct business in Texas. The permit may be revoked for a violation of the provisions of the applicable law and/or any rules adopted by the Comptroller to administer the law.

TEX. TAX CODE ANN. CH. 151

Taxpayer number	1-91-1827267-3
Effective date	07/01/1999

Taxpayer name and mailing address

SHELTER PRODUCTS INC  
PO BOX 42100  
PORTLAND

OR 97242-0100

*Carole Keeton Rylander*

CAROLE KEETON RYLANDER  
Comptroller of Public Accounts

THIS PERMIT IS NON-TRANSFERABLE

*Detach here and display your permit only.*

**Is the information printed on this permit correct?**

If not, please tell us in the space below.

- If your taxpayer name and/or mailing address are incorrect, enter the correct information.
- If you have received a Federal Employer's Identification Number (FEIN), enter the number.
- If you are no longer in business, enter the date of your last business transaction.

**If your permit is correct, DO NOT return this form.**

If any corrections are required, please enter the correct information on this form and return it to:

COMPTROLLER OF PUBLIC ACCOUNTS  
111 E. 17th Street  
Austin, Texas 78774-0100

**Keep this permit until you receive a corrected permit.**

**NOTE:** This form cannot be used if there has been a change of ownership. For this change and to obtain a new permit, please contact your local Comptroller's field office. For the telephone numbers to call for assistance, see the back of this form.

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Taxpayer name shown on the permit SHELTER PRODUCTS INC	Taxpayer number shown on the permit 1-91-1827267-3
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**Please enter only the information that has to be corrected.**

Correct taxpayer name	Phone number (Area code and number)		
Correct mailing address			
City	State	ZIP Code	FEI number

If you are no longer in business, enter the date of your last business transaction.

**For additional information, see the back of this form.**

sign here Taxpayer or authorized agent	Date
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Comptroller use only

Job name-MISCAPP

Microfilm

00990

01170

Taxpayer number change

NENTRY \* 01000

Master name correction

NENTRY \* 01170

Master mailing address change

NENTRY \* 01180

County code

Master phone number add/change

NENTRY \* 01185

OOB tax permit

\* XUSTAT