

NOTIFICATION CERTIFICATE OF TAXABLE FUEL REGISTRANTS

**for
Buckeye Partners, L.P.'s
subsidiaries as listed below
c/o Tax Department
TEK #5, 9999 Hamilton Blvd.
Breinigsville, PA 18031
Telephone: 610-904-4000
Fax: 610-904-4134**

Entity	FEIN
Buckeye Pipe Line Transportation, LLC	37-1504935
Buckeye Pipe Line Holdings, L.P.	23-2431967
Buckeye Pipe Line Company, L.P.	23-2431965
Wood River Pipe Lines, LLC	90-0191780
WesPac Pipelines – Reno, LLC	88-0382963
Everglades Pipe Line Company, L.P.	23-2439446
NORCO Pipe Line Company, LLC	23-3083143
Laurel Pipe Line Company, L.P.	23-2704007
Buckeye Terminals, LLC	23-3045458
Buckeye Albany Terminal LLC	26-2847541
WesPac Pipelines - San Diego, LLC	33-0839203
Buckeye Gulf Coast Pipe Lines, L.P.	52-2314550
West Shore Pipeline Company	36-6047448
Buckeye Texas Pipe Line Company, L.P.	32-0142217

The undersigned taxable registrant (“Registrant”) hereby certifies under penalties of perjury that Registrant is registered by the Internal Revenue Service with registration number:

and that Registrant’s registration has not been revoked or suspended by the Internal Revenue Service.

Registrant understands that the fraudulent use of this certificate may subject Registrant and all parties making such fraudulent use of this certificate to a fine or imprisonment, or both, together with the costs of prosecution.

Signature

Date Signed

Printed or typed name of person signing

Employer Identification Number

Title of person signing

Address of Registrant

Name of registrant

City, State, Zip

Tax Exemption Authorization Form

Please list all tax exemption numbers that apply to your company and ATTACH the exemption certificates.

Federal Employer Identification Number : _____

Federal 637 Registration Number: _____

State License Numbers (fill in the blanks in table below):

<u>State License Type</u>	<u>Illinois</u>	<u>Indiana</u>	<u>Connecticut</u>	<u>California</u>	<u>Nevada</u>	<u>Massachusetts</u>	<u>Michigan</u>	<u>Missouri</u>
State Motor Fuel	_____	_____	_____	_____	_____	_____	_____	_____
State Sales Tax	_____	_____	_____	_____	_____	_____	_____	_____
Pre-Paid Sales Tax	_____	_____	_____	_____	_____	_____	_____	_____
Special Fuel Tax	_____	_____	_____	_____	_____	_____	_____	_____
Gross Receipts Tax	_____	_____	_____	_____	_____	_____	_____	_____
Seller-User Tax	_____	_____	_____	_____	_____	_____	_____	_____
Inspection Tax	_____	_____	_____	_____	_____	_____	_____	_____
Bulk User Tax	_____	_____	_____	_____	_____	_____	_____	_____
Environmental Tax (UST)	_____	_____	_____	_____	_____	_____	_____	_____
County Tax - Cook County	_____	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____

<u>State License Type</u>	<u>New Jersey</u>	<u>New York</u>	<u>Ohio</u>	<u>Pennsylvania</u>	<u>Texas</u>	<u>Wisconsin</u>	<u>Other</u>
State Motor Fuel	_____	_____	_____	_____	_____	_____	_____
State Sales Tax	_____	_____	_____	_____	_____	_____	_____
Pre-Paid Sales Tax	_____	_____	_____	_____	_____	_____	_____
Special Fuel Tax	_____	_____	_____	_____	_____	_____	_____
Gross Receipts Tax	_____	_____	_____	_____	_____	_____	_____
Seller-User Tax	_____	_____	_____	_____	_____	_____	_____
Inspection Tax	_____	_____	_____	_____	_____	_____	_____
Bulk User Tax	_____	_____	_____	_____	_____	_____	_____
Environmental Tax (UST)	_____	_____	_____	_____	_____	_____	_____
County Tax - Cook County	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____

Please send copies of all license that are applicable to your business.

I certify that all the above information is accurate and current.

Signature:	Title:	Date:
Company:	Address:	
City:	State:	Zip:
Phone Number:	Fax Number:	Email Address: