Safe Life Defense

6075 E. Ann Road, North Las Vegas, NV 89115 David Smith, Chief Financial Officer

Manufacturing and Headquarters

Date: December 2, 2020 Meeting Location: Virtual

APPLICATION HIGHLIGHTS

- Safe Life Defense, LLC (Safe Life Defense) plans to expand its current NV operations and establish a 137,225 sq. ft. headquarters, manufacturing and research and development facility in Henderson NV.

- Safe Life Defense is a Nevadan company founded and grown in Nevada since 2016.

- The company runs the Guardian Angel Body Armor Donation Program. The Program provides free body armor to people in need. The program receives thousands of applications and aims to select applicants who will use the body armor to help others.

COMPANY PROFILE

Safe Life Defense, designs and manufactures industry changing body armor and duty gear. The company's mission is to protect people with quality body armor, to be used as a safety tool, and to provide protection to law abiding citizens. The company designs and manufacturers safety vests, tactical belts, hearing protection, and other safety accessories. The company's clients include airports teams, law enforcement, security organizations, and bank employees. In 2017, the company launched its First Response Vest, specifically for Emergency Medical Services (EMS). This line of vests was designed to protect the elite group of men and women who are first responders. Through its Guardian Angel donation program the company aims to donate one vest a month (although its usually more). In March, 2020, to support the people keeping America safe during the COVID-19 pandemic, the company doubled its body armor donations. *Source: Safe Life Defense*

Business License:	Current	Pending	Has confirmed will	comply
Industry & Nevada Operations:	Manufacturing, Headquarters, Re	search and Development		
Location:	Clark County			
INCENTIVES				
Application:	Expansion			
Requirements:	<u>Statutory</u>	Application	Sufficient	<u>% Over / Under</u>
Job Creation	25	50	Yes	100%
Average Wage	\$24.16	\$24.59	Yes	2%
Equipment Capex (SU & MBT)				
Equipment Capex (PP)	\$43,544	\$2,319,300	Yes	5226%
Abatements:	Requested Terms	Estimated \$ Amount		
Sales Tax Abmt.	4.6% for 2 years	\$87,554		
Modified Business Tax Abmt.	50% for 4 years	\$122,762		
Personal Property Tax Abmt.	50% for 10 years	\$78,216		
Total:		\$288,532		
EMPLOYEE BENEFITS				
Health Insurance:	Company Coverage of employee h	nealthcare premiums: 65%		
Other Benefits Offered:	Overtime, PTO/Sick/Vacation, Me	rit Increases, COLA Adjustments, F	Retirement Plan / Profit Sharing / 401	.(k), Bonus
SIGNIFICANCE OF ABATEMENTS				
Company:	consideration is the economic ince have been an integral factor in Sal was examining multiple locations	entives offered by the state. The fe Life Defense's decision making throughout the valley and other s	tronger and expansive presence in No economic development incentives of process to expand operations here in states and ultimately, after much due centive package and pro business clir	ffered by the State of Nevac a the state. Safe Life Defense e diligence and economic

Job Creation:	Contracted	2-Year	<u>5- Year</u>	

Regional Development Authority: Michael Walsh, LVGEA

	25	50	275	
Other Capital Investments:	Land	Building Purchase	BTS / Building Improvements	
	\$0	\$0	\$1,800,000	
Economic Impact (10 Yrs. cumulative)	Total	Construction		
Total Jobs Supported	377	18		
Total Payroll Supported	\$144,952,412	\$961,966		
Total Output Estimate	\$526,300,998	\$2,540,600		

Estimate includes jobs, payroll & output by the company assisted as well as the secondary impacts to other local businesses.

NEW TAX REVENUE ESTIMATES				
Local Taxes	Direct	Indirect	<u>Total</u>	
Property	\$1,328,815	\$5,391,435	\$6,720,250	
Sales	\$134,889	\$2,692,745	\$2,827,634	
Lodging	\$0	\$114,205	\$114,205	
State Taxes	Direct	Direct	<u>Total</u>	
Property	\$72,678	\$313,702	\$386,380	
Sales	\$69,786	\$898,705	\$968,491	
Modified Business	\$1,253,663	\$546,113	\$1,799,776	
Lodging	<u>\$0</u>	\$36,691	\$36,691	
Total	\$2,859,831	\$9,993,596	\$12,853,427	
NOTES:				

- Percentage of revenue generated by the new jobs contained in this application from outside Nevada: 95%.



10/23/20

Mr. Michael Brown Executive Director Nevada Governor's Office of Economic Development 555 E. Washington Avenue, Suite 5400 Las Vegas, Nevada 89101

Dear Mr. Brown,

Safe Life Defense is applying to the State of Nevada for the Sales & Use Tax Abatement, the Modified Business Tax Abatement, and the Personal Property Tax Abatement for their planned expansion into Henderson. We request that Safe Life Defense be placed on the agenda for the December 2, 2020 GOED Board meeting.

Safe Life Defense will create 50 new positions in the first 24 months of operations, with an average hourly wage of \$24.59. The company will make a capital investment of \$2,319,300.10.

Safe Life Defense meets and exceeds the three requirements for tax abatements. This application has the full support of the Las Vegas Global Economic Alliance.

Sincerely,

Way No. 2-

Michael Walsh VP Economic Development Las Vegas Global Economic Alliance



10/20/20 Mr. Michael Brown Executive Director Governor's Office of Economic Development 808 West Nye Lane Carson City, NV 89703

Dear Mr. Brown,

By way of this letter and the attached application, Safe Life Defense is requesting tax incentives to assist with our planned expansion of our operations in the state of Nevada.

Recent strategic planning has the company focused on creating a stronger and expansive presence in Nevada. A big part of this consideration is the economic incentives offered by the state. A review of our operating costs has shown that we will have lower operating costs as we expand our operations in Henderson, Nevada than we have at our current location in downtown Las Vegas. We anticipate hiring 50 new full-time employees at an average wage of \$24.59 within our first 24 months of operations, and a total capital investment of \$2.2M.

A brief history of our company along with an overview of our products is attached. Safe Life Defense was founded in June of 2016 by Nick Groat (President & CEO). Safe Life Defense holds a US Patent for Level iiia+ soft armor, and we are the only body armor company in the industry with a Flexible Rifle Armor System. This Enhanced Multi-Threat armor comes with every feature (bullet, strike, taser and slash protection), but is enhanced to provide NIJ level 1 spike protection (up to 36 joules of force) & by defending against Liberty Civil Defense 9mm & FN 5.7×28! Safe Life Defense Level iiia+ Enhanced Multi-Threat is the only soft body armor to achieve this level of advanced protection. We also manufacture and distribute tactile belts along multiple accessories that attach to these belts, and hearing protection.

The economic development incentives offered by the State of Nevada have been an integral factor in our decision making process to expand our operation here in the state. Safe Life Defense was examining multiple locations throughout the valley and other states and ultimately, after much due diligence and economic feasibility analysis, Henderson Nevada was chosen for its overall incentive package and pro business climate.

We are leasing a 137,225 sq. ft. facility on Raiders Way in Henderson NV within the next few months. Preliminary projections show that additional space may be needed by mid-2025.

Our experience with representatives from the Las Vegas Global Economic Alliance has been positive and we look forward to your approval of our application to assist us with our efforts to expand our operations in your state. If you have any questions, please feel free to call me. Thank you for your time and consideration.

Sincerely, Dave Smith

David Smith - CFO Safe Life Defense Enclosures.

ECONOMIC DEVELOPMENT

Incentive Application

Company Name: Safe Life Defense

Date of Application: October 19, 2020

Company is an / a: (check one)

New location in Nevada

 $\hfill \square$ Expansion of a Nevada company

Section I - Type of Incentives

Please check all that the company is applying for on this application:

Modified Business Tax Abatement

Sales & Use Tax Deferral

Recycling Real Property Tax Abatement

Personal Property Tax Abatement

ent Other:

Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Ne Safe Life Defense, LLC	evada)		FEDERAL TA 81-292371	X ID #
CORPORATE ADDRESS 5725 S. Valley View Blvd, Suite #4	CITY / TOWN Las Vegas	STATE NV	E / PROVINCE	ZIP 89118
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE	E / PROVINCE	ZIP
TELEPHONE NUMBER	WEBSITE www.safelifedefense.com			
COMPANY CONTACT NAME David Smith	COMPANY CONTACT TITLE CFO			
E-MAIL ADDRESS dave@safelifedefense.com	PREFERRED PHONE NUMBE 702-600-4819	R		
Has your company ever applied and been approved for incentives available b	y the Governor's Office of Econom	ic Develo	pment?]Yes 🗸

If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

Section 3 - Program Requirements

Section 4 - Nevada Facility

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- In urban areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly in rural areas, the average hourly wage will equal or exceed the lesser of the county-wide average hourly wage or statewide average hourly wage.

Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

Type of Facility:					
✓ Headquarters	Service Provider				
Technology	Distribution / Fulfilln	nent			
Back Office Operations	Manufacturing				
Research & Development / Intellectual Property	☐ Other:				
PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA	EXPECTED DATE OF NEW /	EXPANDED OPERATIC	ONS (MONTH / YEAR)		
95%	Apr-2021				
NAICS CODE / SIC	INDUSTRY TYPE				
45399 / 314999	Retailing & Manufacturing				
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS					
Retailer, & Manufacture, and distribute tacticle belts and body armor & acces	sories				
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS	CITY / TOWN	COUNTY	ZIP		
1379 Raiders Way	Henderson	Clark County	89052		
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED F	OR YOUR COMPANY'S RELOCA	TION / EXPANSION / S	TARTUP?		
2022 Possible Expansion with Manufacturing facility in Europe					

Section 5 - Complete Forms (see additional tabs at the bottom of this sheet for each form listed below)

Check the applicable box when form has been completed.

5 (A) 🔽 Equipment List

5 (B) **Section** Employment Schedule

5 (C) Sevaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.

5 (D) Company Information Form

New Operations / Start Up - Plans Over the Next Ten Years	Expansions - Plans Over the Next 10 Years	
Part 1. Are you currently/planning on	Part 1. Are you currently leasing space in Nevada?	Yes
leasing space in Nevada?	If No, skip to Part 2. If Yes, continue below:	
If No, skip to Part 2. If Yes, continue below:	What year(s)?	2018-2023
What year(s)?	How much space (sq. ft.)?	46,000
How much space (sq. ft.)?	Annual lease cost at current space:	\$506,400.0
Annual lease cost of space:	Due to expansion, will you lease additional space?	Yes
Do you plan on making building tenant improvements?	If No, skip to Part 3. If Yes, continue below:	
If No, skip to Part 2. If Yes *, continue below:	Expanding at the current facility or a new facility?	New
When to make improvements (month, year)?	What year(s)?	2020-2027
	How much expanded space (sq. ft.)?	134,225
Part 2. Are you currently/planning on	Annual lease cost of expanded space:	\$1,416,162.
buying an owner occupied facility in Nevada?	Do you plan on making building tenant improvements?	Yes
If No, skip to Part 3. If Yes *, continue below:	If No, skip to Part 3. If Yes *, continue below:	
Purchase date, if buying (month, year):	When to make improvements (month, year)?	Nov-2020
How much space (sq. ft.)?	-	
Do you plan on making building improvements?	Part 2. Are you currently operating at an	
If No, skip to Part 3. If Yes *, continue below:	owner occupied building in Nevada?	
When to make improvements (month, year)?	If No, skip to Part 3. If Yes, continue below:	
	How much space (sq. ft.)?	
Part 3. Are you currently/planning on	Current assessed value of real property?	
building a build-to-suit facility in Nevada?	Due to expansion, will you be making building improvements?	
If Yes *, continue below:	If No, skip to Part 3. If Yes *, continue below:	
When to break ground, if building (month, year)?	When to make improvements (month, year)?	
Estimated completion date, if building (month, year):		
How much space (sq. ft.)?	Part 3. Do you plan on building or buying a	
	new facility in Nevada?	
	If Yes *, continue below:	
	Purchase date, if buying (month, year):	
	When to break ground, if building (month, year)?	
	Estimated completion date, if building (month, year):	
	How much space (sq. ft.)?	
Please complete Section 7 - Capital Investment for New Operations / Startur	b. * Please complete Section 7 - Capital Investment for Expan	sions helow

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):

Land:	Section 7 - Capital Investment (Fill in either New Op	oerati	ions/Startup	o or Expansion, not both.)	
Building Purchase (if buying): Building Costs (if building / making improvements): I.and: Land: Land: I.and: Land: I.and:	New Operations / Start Up			Expansions	
Building Costs (if building / making improvements): Land: Land: Land: Land: Land: Land: Land: Equipment Cost: \$2.245 Total: \$0 Total: \$4,042 Is the equipment Cost: \$4,042 Is the equipment purchase for replacement of existing equipment? Nr Querter assessed value of personal property in NV: \$22.75 Kuer attach the mest recent assessment from the County Assessor's Offic Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.) Expansion New Operations / Start Up Expansion How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: Average hourly wage of these new employees: Average hourly wage of these new employees: 22.71 Total number of employees after expansion: 44 * TE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary set forth in NAC 300 474. Other:	How much capital investment is planned? (Breakout below):		How much ca	pital investment is planned? (Breakout below):
Land:	Building Purchase (if buying):			Building Purchase (if buying):	
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How many FTE employees prior to expansion?: 92 Average hourly wage of these <u>existing</u> employees: \$21. Total number of employees after expansion: 144 * FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary set forth in NAC 360.474. 144 OTHER COMPENSATION (Check all that apply): Overtime Merit increases Tuition assistance Bonus PTO / Sick / Vacation COLA adjustments Retirement Plan / Profit Sharing / 401(k) Other:	end of the first eighth quarter of new operations?:		end of the	first eighth quarter of expanded operations?:	50
Average hourly wage of these existing employees: \$21. Total number of employees after expansion: 142 * FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary set forth in NAC 360.474. 142 OTHER COMPENSATION (Check all that apply): Overtime Merit increases Tuition assistance Bonus PTO / Sick / Vacation COLA adjustments Retirement Plan / Profit Sharing / 401(k) Other: BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary): Section 9 - Employee Health Insurance Benefit Program Is health insurance for employees and is an option for dependents offered?: Yes (attach health plan and quote or invoice) No Package includes (check all that apply): Medical Vision Dental Other: Qualified after (check one): Upon employment Three months after hire date Six months after hire date Other: Percentage of health insurance premium by (min 65% Plan Type: Antem Choice PPO Employee Contribution (annual premium per employee): \$ 1,473.46 Employee: 35% 	Average hourly wage of these <u>new</u> employees:		Av	rerage hourly wage of these <u>new</u> employees:	\$24.59
Total number of employees after expansion: 142 * FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary set forth in NAC 360.474. OTHER COMPENSATION (Check all that apply): Overtime Merit increases Tuition assistance Bonus PTO / Sick / Vacation COLA adjustments Retirement Plan / Profit Sharing / 401(k) Other: BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary): Section 9 - Employee Health Insurance Benefit Program Is health insurance for employees and is an option for dependents offered?: Yes (attach health plan and quote or invoice) No Package includes (check all that apply): Medical Vision Dental Other: Qualified after (check one): Upon employment Three months after hire date Six months after hire date Other: Health Insurance Costs: Percentage of health insurance premium by (min 65% Plan Type: Anthem Choice PPO Employee Contribution (annual premium per employee): \$ 1,473.46 Company: 65% Employee: 35% Employee: 35% Employee: 35% Employee: 35% Employee: 35% Employee:<!--</td--><td></td><td></td><td>Ho</td><td>w many FTE employees prior to expansion?:</td><td>92</td>			Ho	w many FTE employees prior to expansion?:	92
* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary set forth in NAC 360.474. OTHER COMPENSATION (Check all that apply): ✓ Overtime			Avera	ge hourly wage of these existing employees:	\$21.00
set forth in NAC 360.474. OTHER COMPENSATION (Check all that apply):				Total number of employees after expansion:	142
☑ Overtime ☑ Merit increases ☐ Tuition assistance ☑ Bonus ☑ PTO / Sick / Vacation ☑ COLA adjustments ☑ Retirement Plan / Profit Sharing / 401(k) ☑ Other: BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary): Section 9 - Employee Health Insurance Benefit Program Is health insurance for employees and is an option for dependents offered?: ☑ Yes (attach health plan and quote or invoice) No Package includes (check all that apply): ☑ ☑ Dental Other:		er week	or more, is eligibl	e for health care coverage, and whose position is	a "primary job" as
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BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary): Section 9 - Employee Health Insurance Benefit Program Is health insurance for employees and is an option for dependents offered?: Yes (attach health plan and quote or invoice) No Package includes (check all that apply): Other: Qualified after (check one): Dental Other: Qualified after (check one): Three months after hire date Six months after hire date Other: Health Insurance Costs: Percentage of health insurance premium by (min 65% Plan Type: Anthem Choice PPO \$ 1,473.46 Company: 65% Employee Contribution (annual premium per employee): \$ 1,473.46 Employee: 35%	☑ Overtime ☑ Merit increases	🗌 Т	uition assistanc	e 🔽 Bonus	
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Is health insurance for employees and is an option for dependents offered?: ✓ Yes (attach health plan and quote or invoice) No Package includes (check all that apply): ✓ Medical ✓ Vision ✓ Dental Other: Qualified after (check one): ✓ Upon employment ✓ Three months after hire date Six months after hire date Other: Health Insurance Costs: Percentage of health insurance premium by (min 65% Plan Type: Anthem Choice PPO Employee Contribution (annual premium per employee): \$ 1,473.46 Company: 65% Employee Contribution (annual premium per employee) \$ 793.40 Employee: 35%	BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND	D ELIGI	BILITY REQUIRE	MENTS (Attach a separate sheet if necessary):	
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Package includes (check all that apply): □ </td <td>Section 9 - Employee Health Insurance Benefit Prog</td> <td>ram</td> <td></td> <td></td> <td></td>	Section 9 - Employee Health Insurance Benefit Prog	ram			
☑ Medical ☑ Vision ☑ Dental □ Other: Qualified after (check one): ☑ Three months after hire date □ Six months after hire date □ Other: ☐ Upon employment ☑ Three months after hire date □ Six months after hire date □ Other: Health Insurance Costs: Percentage of health insurance premium by (min 65% Plan Type: Anthem Choice PPO § 1,473.46 Company: 65% Employee Contribution (annual premium per employee): § 1,473.40 Employee: 35%	Is health insurance for employees and is an option for dependents offer	red?:	🗹 Yes (a	ttach health plan and quote or invoice) \square] No
Qualified after (check one): Upon employment Image: Anthem Choice PPO Employer Contribution (annual premium per employee): Image: Six months after hire date	Package includes (check all that apply):				
□ Upon employment □ Three months after hire date □ Six months after hire date □ Other: Health Insurance Costs: Percentage of health insurance premium by (min 65% Plan Type: Anthem Choice PPO Employer Contribution (annual premium per employee): \$ 1,473.46 Employee Contribution (annual premium per employee) \$ 793.40 Employee: 35%			Other:		
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Plan Type: Anthem Choice PPO Employer Contribution (annual premium per employee): \$ 1,473.46 Employee Contribution (annual premium per employee) \$ 793.40	Upon employment		Six months afte	r hire date 🔲 Other:	
Employer Contribution (annual premium per employee):\$ 1,473.46Company:65%Employee Contribution (annual premium per employee)\$ 793.40Employee:35%				Percentage of health insurance premium by	(min 65%):
Employee Contribution (annual premium per employee) \$ 793.40 Employee: 35%			• • • • • •		
Lotal Annual Premium' \$7.266.87	Employee Contribution (annual premium per employee) Total Annual Premium:	_	\$	Empioyee: <u>35%</u>	

[SIGNATURE PAGE FOLLOWS]

Section 10 - Certification

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

David Smith

Name of person authorized for signature

Dave Smith

Signature

CFO

Title

October 20, 2020

Date

Nevada Governor's Office of Economic Development

555 E. Washington Ave., Ste 5400 • Las Vegas, Nevada 89101 • 702.486.2700 • (Fax) 702.486.2701 • www.diversifynevada.com

Site Selection Factors

Company Name: Safe Life Defense, LLC

County: Clark

Section I - Site Selection Ratings

Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

Availability of qualified workforce:	5	Transportation infrastructure:	5
Labor costs:	4	Transportation costs:	3
	3		4
	4		5
Utility infrastructure:	5	 Business permitting & regulatory structure: 	5
	4	Access to higher education resources:	2

Please summarize the importance of the abatement program to your decision (please include at least a paragraph summary):

5(A) Capital Equipment List

Company Name: Safe Life Defense, LLC

County: Clark

Section I - Capital Equipment List

Directions: Please provide an estimated list of the equipment [columns (a) through (c)] which the company intends to purchase over the two-year allowable period. For example, if the effective date of new / expanded operations begins April 1, 2015, the two-year period would be until March 31, 2017. Add an additional page if needed. For guidelines on classifying equipment, visit:

tax.nv.gov/LocalGovt/PolicyPub/ArchiveFiles/Personal_Property_Manuals. Attach this form to the Incentives Application.

(a)	(b)	(c)	(d)
Equipment Name/Description	# of Units	Price per Unit	Total Cost
Velding Machine Complete	1	\$4,500.00	\$4,500.00
/illing Lathe	1	\$5,000.00	\$5,000.00
Bridgeport CNC	1	\$7,500.00	\$7,500.00
/acuum Forming Machine	1	\$44,000.00	\$44,000.00
/acuum Pump/Tank(s)	1	\$4,000.00	\$4,000.00
PAC system	1	\$10,000.00	\$10,000.00
CNC Machine for Metal	1	\$60,000.00	\$60,000.00
/acuum Dust Evac	1	\$4,000.00	\$4,000.00
Adhesive Dispensing System for Carrying Pouch Option2	1	\$69,000.00	\$69,000.00
Vater Jet 5 Axis Cutter	1	\$100,000.00	\$100,000.00
AccuDyne Laminator	1	\$750,000.00	\$750,000.00
Brother Sewing Machines 8 to 10	8	\$80,000.00	\$640,000.00
alon 25X-70x5.5 Cutting Table with Computer & Vacuum Table w/Auto Fabri	1	\$222,585.00	\$222,585.00
CNC machine ShopBot or Laguna M2	1	\$76,715.00	\$76,715.00
orklift (Narrow picking swing man) \$60K 2 ea	2	\$60,000.00	\$120,000.00
Pallet Racks \$850 15 pallet locations 3x4 with Permitting	15	\$13,333.34	\$200,000.10
Raw Brass Molding Machine	1	\$2,000.00	\$2,000.00
Annual Out-of-Pocket Maximum not to exceed \$8,150 (2020)			
TOTAL EQUIPMENT COST			\$2,319,300.10
			vz,319,300.10 ✓ No

*Certain lease hold equipment does not qualify for tax abatements

5(B) Employment Schedule

Company Name: Safe Life Defense

County: Clark

Section I - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b): https://www.bls.gov/soc/2018/major_groups.htm

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
New Hire Position Title/Description	Position SOC Code	Number of Positions	Average Hourly Wage	US Bureau of Labor Statistics Average Hourly Wage - Clark County	Average Weekly Hours	Annual Wage per Position	Total Annual Wages
Chief Executives	11-1011	1	\$96.15	\$115.32	40	\$200,000.00	\$200,000.00
Executive Secretaries and Executive Administrative Assistants	43-6011	1	\$28.85	\$32.35	40	\$60,000.00	\$60,000.00
Budget Analysts	13-2031	1	\$43.27	\$34.15	40	\$90,000.00	\$90,000.00
Accountants and Auditors	13-2011	1	\$31.25	\$32.44	40	\$65,000.00	\$65,000.00
Financial Managers	11-3031	1	\$48.08	\$57.84	40	\$100,000.00	\$100,000.00
Computer and Information Systems Managers	11-3021	1	\$38.46	\$65.72	40	\$80,000.00	\$80,000.00
Marketing Managers	11-2021	1	\$38.46	\$69.18	40	\$80,000.00	\$80,000.00
General and Operations Managers	11-1021	7	\$35.37	\$61.28	40	\$73,571.43	\$515,000.00
Transportation, Storage, and Distribution Managers	11-3071	3	\$32.05	\$43.30	40	\$66,666.67	\$200,000.00
Industrial Production Managers	11-3051	1	\$21.63	\$48.47	40	\$45,000.00	\$45,000.00
Transportation Workers, All Other	53-6099	1	\$28.85	U	40	\$60,000.00	\$60,000.00
Transportation Inspectors	53-6051	1	\$24.04	U	40	\$50,000.00	\$50,000.00
First-Line Supervisors of Production and Operating Workers	51-1011	2	\$21.63	\$28.78	40	\$45,000.00	\$90,000.00
Human Resources Managers	11-3121	1	\$38.46	\$57.66	40	\$80,000.00	\$80,000.00
Assemblers and Fabricators, All Other	51-2099	27	\$15.00	\$14.96	40	\$31,200.00	\$842,400.00
TOTAL		50	\$24.59				\$2,557,400.00

Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. Please enter the <u>estimated new full</u> <u>time employees</u> on a year by year basis (not cumulative)

<i>(a)</i> Year	<i>(b)</i> Number of New FTE(s)	<i>(c)</i> Average Hourly Wage	<i>(d)</i> Payroll
3-Year	60	\$25.10	\$3,132,480.00
4-Year	75	\$24.95	\$3,892,200.00
5-Year	90	\$24.75	\$4,633,200.00

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Safe Life Defense LLC	County:		Clark
Total Number of Full-Time Employees:		50	
Average Hourly Wage per Employee Average Annual Wage per Employee (implied)		\$24.59 \$51,147.20	
COST OF HELATH INSURANCE			
Annual Health Insurance Premium Cost:		\$2,266.87	
Percentage of Premium Covered by:			
Company		65%	
		35%	
HEALTH INSURANCE PLANS:			
Base Health Insurance Plan*:		Anthem Choi	ce PPO
Deductible - per employee		\$-	
Coinsurance		30% / 70%	
Out-of-Pocket Maximum per employee		\$ 4,500	
Additional Health Insurance Plan*:			
Deductible - per employee		\$ -	
Coinsurance		0% / 0%	
Out-of-Pocket Maximum per employee		\$-	
Additional Health Insurance Plan*:			
Deductible - per employee		\$ -	
Coinsurance		0% / 0%	
Out-of-Pocket Maximum per employee		\$-	
*Note: Please list only "In Network" for deducatble and out of the pocket amounts			
Generalized Criteria for Essential Health Benefits (EHB)	ala in a la alla	. 10 1 100 0	View 400001
[following requirements outlined in the Affordable Care Act and US Coord Covered employee's premium not to exceed 9.5% of annual wage	ae, incluain	2.4%	MMQ
Covered employee's premium not to exceed 9.5% of annual wage		2.470	IVIIVIQ
Annual Out-of-Pocket Maximum not to exceed \$8,150 (2020)		\$4,500	MMQ
		φ4,500	IVIIVIQ
Minimum accortic hoolth honofite covered (Company offers BBO):			
Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services			
(B) Emergency services		\checkmark	
(C) Hospitalization			
(D) Maternity and newborn care			
(E) Mental health/substance use disorder/behavioral health treatme	nt	$\overline{\mathbf{v}}$	
(F) Prescription drugs	110	l ⊂	
(G) Rehabilitative and habilitative services and devices		$\overline{\mathbf{v}}$	
(H) Laboratory services		$\overline{\mathbf{v}}$	
	ont	\checkmark	
(I) Preventive and wellness services and chronic disease managem		\checkmark	
(J) Pediatric services, including oral and vision care		\checkmark	
No Annual Limits on Essential Health Benefits		\checkmark	
L the undersigned, hereby declare to the Governor's Office of Economic	Developme	nt that the facts	herein stated are

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that I have attached a qualified plan with information highlighting where our plan reflects meeting the 65% minimum threshold for the employee paid portion of the plan for GOED to independently confirm the same.

David Smith

Name of person authorized for signature

Dave Smith Signature

CFO

10/20/20 Date

5(D) Company Information

Company Name: #REF!

 \checkmark

Yes

No

Section I - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.

(a) Name	(b) Title
Nicholas Groat	CEO/Manager

Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company?

If Yes, continue below:

Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must to be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

- 1. The names as they would read on the tax exemption letter.
- 2. Which entity(ies) will do the hiring?
- 3. Which entity(ies) will be purchasing the equipment?

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship

Please include any additional details below:

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

SAFE LIFE DEFENSE L.L.C.

Nevada Business Identification # NV20161344454 Expiration Date: 06/30/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B20200531827909 You may verify this certificate online at <u>http://www.nvsos.gov</u> IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/31/2020.

Barbara K. Cegenske

BARBARA K. CEGAVSKE Secretary of State

TY INFORMATION

	Entity Name:
SAFE LIFE DEFENSE L.L.C.	Entity Number:
E0263812016-6	
	Entity Type:
Domestic Limited-Liability Company (86)	
Active	Entity Status:
	Formation Date:
06/12/2016	
NV20161344454	NV Business ID:
	Termination Date:
Perpetual	
	Annual Report Due Date:
6/30/2021	
	Series LLC:
	Restricted LLC: