

Applied Manufacturing, LLC

22872 Avenida Empresa, Rancho Santa Margarita, CA 92688

Fazlia Seraj, Senior Director

Date: September 23, 2021

Application Facts:

Industry	Manufacturing
NAICS	339112
Type of App	New
Location	Clark County
RDA	LVGEA, Michael Walsh

Company Profile

Applied Manufacturing, LLC (Applied Manufacturing) is considering establishing an advanced medical device manufacturing facility in North Las Vegas. Applied Manufacturing is a new generation medical device company committed to improving the accessibility and affordability of high-quality healthcare globally. The company is a global leader in developing breakthrough technologies and solutions for Minimally Invasive and General Surgery, as well as Bariatric, Cardiac, Colorectal, Gynecologic, Obstetric, Urologic, and Vascular specialties. The company invests heavily in team members, R&D and advanced manufacturing technologies in order to develop the products and processes to meet customer needs for innovative products, exceptional support and advanced education. Applied Medical has taken many important measures to respond to COVID-19. At the onset of the pandemic, the company utilized in-house manufacturing capabilities to meet the overwhelming demand for PPE and COVID-19 testing supplies, to quickly design, develop and implement solutions to support healthcare partners on the front lines. The company is also considering Arizona and California as potential locations for the project. *Source: Applied Manufacturing, LLC*

Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	50	54	Yes
Average Wage	\$26.67	\$22.77	Yes (For the purposes of receiving full abatements if county unemployment is over 7%)
Equipment Capex (SU & MBT)	\$1,000,000	\$5,111,000	Yes
Equipment Capex (PP)	\$5,000,000		Yes

Additional Requirements:

Health Insurance	65%	81%	Yes
Revenues generated outside NV	51%	99%	Yes
Business License	<input type="checkbox"/> Current	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Will comply

Total Tax Liability (without tax abatements)

Direct (company)

\$764,150

Total

\$11,394,814

Tax Abatements

Contract Terms

Estimated Tax Abatement

Sales Tax Abmt.	2% for 2 years	\$325,826
Modified Business Tax Abmt.	50% for 4 years	\$92,055
Personal Property Tax Abmt.	50% for 10 years	\$75,997
Total Estimated Tax Abatement over 10 yrs.		\$493,878

Net New Tax Revenues

Direct

Indirect

Taxes after Abatements

Local Taxes

Property	\$1,722,354	\$4,038,770	\$5,761,124
Sales	\$331,500	\$2,053,597	\$2,385,097
Lodging	\$0	\$150,687	\$150,687

State Taxes

Property	\$94,203	\$234,996	\$329,199
Sales	\$206,220	\$685,389	\$891,609
Modified Business	\$764,982	\$569,826	\$1,334,808
Lodging	\$0	\$48,412	\$48,412

Total Estimated New Tax Revenue over 10 yrs.

\$10,900,936

Economic Impact over 10 yrs.

Total

Construction

Total

Total Jobs Supported	268	79	347
Total Payroll Supported	\$110,546,618	\$4,275,404	\$114,822,022
Total Economic Value	\$661,795,700	\$11,291,557	\$673,087,257

IMPORTANT TERMS & INFORMATION

Tax Abatements are reduction or discount of tax liability and companies do not receive any form of payment.

Total Estimated Tax Abatement is a tax reduction estimate. This estimated amount will be discounted from total tax liability.

Estimated New Tax Revenue is amount of tax revenues local and state government will collect after the abatement was given to applying company.

Economic Impact is economic effect or benefits that this company and it's operations will have on the community and state economy measured by total number of jobs, payroll and created output.



July 28, 2021

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,

Applied Manufacturing, LLC is applying to the State of Nevada for the Sales & Use Tax Abatement, the Modified Business Tax Abatement, and the Personal Property Tax Abatement. We request that Applied Manufacturing, LLC be placed on the agenda for the September 23, 2021 GOED Board meeting.

Applied Manufacturing, LLC. will create 54 new positions in the first 24 months of operations, with an average hourly wage of \$22.77. The company will make a capital investment of \$5,111,000.00

Applied Manufacturing, LLC meets and exceeds the three requirements for tax abatements. This application has the full support of the Las Vegas Global Economic Alliance.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Walsh", with a long, sweeping horizontal line extending to the right.

Michael Walsh
VP Economic Development
Las Vegas Global Economic Alliance



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, Applied Medical is requesting tax incentives to assist with our planned operation in the state of Nevada. Recent strategic planning has the company focused on creating a presence in Nevada. A review of our operating costs has shown that we will have lower operating costs in Nevada than we have at our headquarters in Rancho Santa Margarita, CA. We anticipate hiring 54 full-time employees at an average wage of \$22.77 in our first year of operations. Please find a brief history of our company along with an overview of our products enclosed with this letter.

The economic development incentives offered by the State of Nevada have been one of the factors in our decision making process to locate our operation in Nevada. Applied Medical has considered multiple locations throughout the western states and ultimately, Nevada was chosen for its overall incentive package and pro business climate.

We are considering opening a 35,000 square foot facility by the year's end. Preliminary projections show that additional space will be needed by mid-2023.

Our experience with Michael Walsh from the Las Vegas Global Economic Alliance has been very positive and we look forward to your approval of our application to assist us with our efforts to grow our business in Nevada. If you have any questions, please feel free to call me at (949) 713-8428. Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink that reads "Tom Wachli" followed by the date "23 July 21".

Tom Wachli
President
Applied Manufacturing, LLC

TW/jm

Enclosures

ECONOMIC DEVELOPMENT

Incentive Application

Company Name: Applied Manufacturing, LLC
 Date of Application: July 23, 2021

Company is an / a: (check one)
 New location in Nevada
 Expansion of a Nevada company

Section 1 - Type of Incentives

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

- Sales & Use Tax Abatement
- Modified Business Tax Abatement
- Personal Property Tax Abatement
- Sales & Use Tax Deferral
- Recycling Real Property Tax Abatement
- Other: _____

Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>Applied Manufacturing, LLC</u>		FEDERAL TAX ID # <u>82-3405770</u>	
CORPORATE ADDRESS <u>22872 Avenida Empresa</u>	CITY / TOWN <u>Rancho Santa Margarita</u>	STATE / PROVINCE <u>California</u>	ZIP <u>92688</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER <u>9497138000</u>	WEBSITE https://appliedmedical.com/		
COMPANY CONTACT NAME <u>Fazlia Seraj</u>	COMPANY CONTACT TITLE		
E-MAIL ADDRESS fazlia.seraj@appliedmedical.com	PREFERRED PHONE NUMBER <u>949-713-7191</u>		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development? Yes No
 If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

Section 3 - Program Requirements

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 both urban and rural 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 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).

Section 4 - Nevada Facility

Type of Facility:

- Headquarters
- Technology
- Back Office Operations
- Research & Development / Intellectual Property
- Service Provider
- Distribution / Fulfillment
- Manufacturing
- Other: _____

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>99%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Jan-2022</u>		
NAICS CODE / SIC <u>339112</u>	INDUSTRY TYPE <u>Manufacturing</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Manufacturing</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>TBD</u>	CITY / TOWN <u>North Las Vegas</u>	COUNTY <u>Clark County</u>	ZIP
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>California, Arizona</u>			

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) Employment Schedule
- 5 (C) Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%.
- 5 (D) Company Information Form

Section 6 - Real Estate & Construction (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up - Plans Over the Next <u>Ten</u> Years	Expansions - Plans Over the Next <u>10</u> Years
<p>Part 1. Are you currently/planning on leasing space in Nevada? _____</p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost of space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p>If No, skip to Part 2. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr/> <p>Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u>Yes</u></p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): <u>Sep-2021</u></p> <p style="padding-left: 40px;">How much space (sq. ft.)? <u>35,000</u></p> <p>Do you plan on making building improvements? <u>Yes</u></p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? <u>Sep-2021</u></p> <hr/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>Yes</u></p> <p>If Yes *, continue below:</p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? <u>Jan-2023</u></p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): <u>Sep-2023</u></p> <p style="padding-left: 40px;">How much space (sq. ft.)? <u>100,000</u></p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p style="padding-left: 40px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost at current space: _____</p> <p>Due to expansion, will you lease additional space? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p style="padding-left: 40px;">Expanding at the current facility or a new facility? _____</p> <p style="padding-left: 80px;">What year(s)? _____</p> <p style="padding-left: 40px;">How much expanded space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Annual lease cost of expanded space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr/> <p>Part 2. Are you currently operating at an owner occupied building in Nevada? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p style="padding-left: 40px;">Current assessed value of real property? _____</p> <p>Due to expansion, will you be making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr/> <p>Part 3. Do you plan on building or buying a new facility in Nevada? _____</p> <p>If Yes *, continue below:</p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): _____</p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? _____</p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p>
<p>* Please complete Section 7 - Capital Investment for New Operations / Startup.</p>	<p>* Please complete Section 7 - Capital Investment for Expansions below.</p>

BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):
 Acquire existing building and improve to industrial grade for advanced medical device manufacturing. Building improvements valued at \$8,000,000.
 The project will stimulate high paying construction jobs which will indirectly add local economic impact.

Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): <u>\$5,300,000</u>	Building Purchase (if buying): _____
Building Costs (if building / making improvements): <u>\$8,000,000</u>	Building Costs (if building / making improvements): _____
Land: <u>\$3,200,000</u>	Land: _____
Equipment Cost: <u>\$5,111,000</u>	Equipment Cost: _____
Total: <u>\$21,611,000</u>	Total: <u>\$0</u>
	Is the equipment purchase for replacement of existing equipment? _____
	Current assessed value of personal property in NV: _____
	(Must attach the most recent assessment from the County Assessor's Office.)

Section 8 - Employment (Fill in either New Operations/Startup or Expansion, not both.)

New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of new operations?: <u>54</u>	How many full-time equivalent (FTE*) employees will be created by the end of the first eighth quarter of expanded operations?: _____
Average hourly wage of these <u>new</u> employees: <u>\$22.77</u>	Average hourly wage of these <u>new</u> employees: _____
	How many FTE employees prior to expansion?: _____
	Average hourly wage of these <u>existing</u> employees: _____
	Total number of employees after expansion: _____

* 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 job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Overtime | <input checked="" type="checkbox"/> Merit increases | <input checked="" type="checkbox"/> Tuition assistance | <input checked="" type="checkbox"/> Bonus |
| <input checked="" type="checkbox"/> PTO / Sick / Vacation | <input checked="" type="checkbox"/> COLA adjustments | <input checked="" type="checkbox"/> Retirement Plan / Profit Sharing / 401(k) | <input type="checkbox"/> 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? No

Package includes (check all that apply):

- Medical Vision Dental Other: Basic Life/AD&D, Supplemental Life, Disability and Umbrella

Qualified after (check one):

- Upon employment Three months after hire date Six months after hire date Other: First of the month following 30 days employment

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>PPO</u>	
Employer Contribution (annual premium per employee): <u>\$ 4,868.04</u>	Company: <u>81%</u>
Employee Contribution (annual premium per employee) <u>\$ 1,140.00</u>	Employee: <u>19%</u>
Total Annual Premium: <u>\$ 6,008.04</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.

Tom Wachli

Name of person authorized for signature



Signature

President

Title

July 23, 2021

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: Applied Manufacturing, LLC

County: Clark County

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:	<u>5</u>	Transportation infrastructure:	<u>2</u>
Labor costs:	<u>5</u>	Transportation costs:	<u>3</u>
Real estate availability:	<u>5</u>	State and local tax structure:	<u>3</u>
Real estate costs:	<u>5</u>	State and local incentives:	<u>3</u>
Utility infrastructure:	<u>3</u>	Business permitting & regulatory structure:	<u>5</u>
Utility costs:	<u>3</u>	Access to higher education resources:	<u>3</u>

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

5(B) Employment Schedule

Company Name: Applied Manufacturing, LLC

County: Clark

Section 1 - 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#11-0000

(a) New Hire Position Title/Description	(b) Position SOC Code	(c) Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage - Clark County	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
Production Workers, All Other	51-9199	22	\$17.00	\$14.57	40	\$35,360.00	\$777,920.00
First-Line Supervisors of Production and Operations	51-1011	4	\$24.00	\$28.72	40	\$49,920.00	\$199,680.00
Helpers--production workers	51-9198	6	\$20.00	\$15.54	40	\$41,600.00	\$249,600.00
Managers, All Other	11-9199	2	\$38.00	\$43.97	40	\$79,040.00	\$158,080.00
General and Operations Managers	11-1021	1	\$38.47	\$61.83	40	\$80,017.60	\$80,017.60
Engineers, All Other	17-2199	8	\$33.66	\$40.61	40	\$70,012.80	\$560,102.40
Maintenance Workers, Machinery	49-9043	2	\$27.00	\$26.24	40	\$56,160.00	\$112,320.00
Industrial Engineering Technicians	17-3026	4	\$20.00	\$25.93	40	\$41,600.00	\$166,400.00
Material Moving Workers, All Other	53-7199	2	\$18.00	\$14.20	40	\$37,440.00	\$74,880.00
Human Resources Specialists	13-1071	1	\$33.66	\$26.09	40	\$70,012.80	\$70,012.80
Heavy and Tractor-Trailer Truck Drivers	53-3032	2	\$26.00	\$23.33	40	\$54,080.00	\$108,160.00
TOTAL		54	\$22.77	\$23.35			\$2,557,172.80

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 estimated new full time employees on a year by year basis (not cumulative)**

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	40	\$24.59	\$2,045,738.24
4-Year	40	\$25.20	\$2,096,881.70
5-Year	40	\$25.83	\$2,149,303.74

* Column (e) determines if wage is commensurate to current wage ranges in the region the company plans to locate/is located. For these purposes the mean average hourly wage for the location has been used.

U = Unknown / data set for region is not currently available.

Source: US Bureau of Labor Statistics

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Applied Manufacturing, LLC

County: Clark

Total Number of Full-Time Employees: 54

Average Hourly Wage per Employee \$22.77

Average Annual Wage per Employee (implied) \$47,355.05

COST OF HEALTH INSURANCE

Annual Health Insurance Premium Cost: \$6,008.04

Percentage of Premium Covered by:

Company 81%

Employee 19%

HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:

EPO

Deductible - per employee \$ 250

Coinsurance 100% / 0%(preventive care)/90%/10% (hospital care)

Out-of-Pocket Maximum per employee \$ 2,500

Additional Health Insurance Plan*:

PPO

Deductible - per employee \$ 500

Coinsurance 100% / 0% and 90%/10%

Out-of-Pocket Maximum per employee \$ 2,500

Additional Health Insurance Plan*:

HDHP

Deductible - per employee \$ 1,400

Coinsurance 100% / 0% and 80%/20%

Out-of-Pocket Maximum per employee \$ 3,500

*Note: **Please list only "In Network" for deductible and out of the pocket amounts .**

Generalized Criteria for Essential Health Benefits (EHB)

[following requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022]

Covered employee's premium not to exceed 9.5% of annual wage	3.0%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$8,700 (2022)	\$2,500	MMQ

Minimum essential health benefits covered (Company offers PPO):

- (A) Ambulatory patient services
- (B) Emergency services
- (C) Hospitalization
- (D) Maternity and newborn care
- (E) Mental health/substance use disorder/behavioral health treatment
- (F) Prescription drugs
- (G) Rehabilitative and habilitative services and devices
- (H) Laboratory services
- (I) Preventive and wellness services and chronic disease management
- (J) Pediatric services, including oral and vision care

No Annual Limits on Essential Health Benefits

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.

Tom Wachli

Name of person authorized for signature

[Signature]
Signature

President

Title

July 23, 2021

Date

5(D) Company Information

Company Name: Applied Manufacturing, LLC

County: Clark

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
Applied Medical Resources Corporation	Sole member and manager
Tom Wachli	President

Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No Yes

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:

The applicant, Applied Manufacturing, LLC, will hire all of the employees and purchase all of the personal property, machinery, and equipment in Nevada. Applied Medical Resources Corporation will lease and/or own all of the real property, and fixtures attached to the real property, in Nevada, and will lease and/or sublease the real property to Applied Manufacturing, LLC.