

Foam of Nevada, Inc.

3774 West Cheyenna, Suite #130, Las Vegas, NV 89031

Rondell Fletcher, President

Date: June 16, 2022

Application Facts:

Industry	Manufacturing
NAICS	326140
Type of App	New
Location	Clark County
RDA	LVGEA, Michael Walsh

Company Profile

Foam of Nevada, Inc. (Foam of Nevada) plans to establish a 200,000 sq. ft. Expanded Polystyrene (EPS) manufacturing facility in Las Vegas. Foam of Nevada was created in 2022 to address the logistical challenges with sourcing raw materials for HomeFoam Corporation which is a Nevada form cutting and casting company. The existing EPS raw materials are shipped from various manufacturing facilities, primarily from Arizona. Given the recent pandemic, the supply chain issues have increased costs significantly and raw foam billets have become scarce. Once operational the manufacturing facility will produce products for Nevada, California, Arizona, and Utah. The company's business development strategy includes a childcare facility, multi-use retail food/beverage, and community park that will be located on the campus. The owners wanted to support the local community in a significant way. Additionally, the management will partner with community colleges, universities, and workforce training entities to obtain the skilled labor needed for the manufacturing operations. *Source: Foam of Nevada, Inc.*

Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	50	450	Yes
Average Wage	\$26.67	\$24.28	No
Equipment Capex (SU & MBT)	\$1,000,000.00	\$12,530,000	Yes
Equipment Capex (PP)	\$5,000,000.00		Yes

Additional Requirements:

Health Insurance	65%	80%	Yes
Revenues generated outside NV	51%	53%	Yes
Business License	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Pending	<input type="checkbox"/> Will comply

Total Tax Liability (without tax abatements)	<u>Direct (company)</u>	Total
	\$2,645,434	\$42,554,064

<u>Tax Abatements</u>	<u>Contract Terms</u>	<u>Estimated Tax Abatement</u>
Sales Tax Abmt.	4.6% for 2 years	\$473,008
Modified Business Tax Abmt.	25% for 4 years	\$298,849
Personal Property Tax Abmt.	25% for 10 years	\$499,174
Total Estimated Tax Abatement over 10 yrs.		\$1,271,031

<u>Net New Tax Revenues</u>	<u>Direct</u>	<u>Indirect</u>	<u>Taxes after Abatements</u>
Local Taxes			
Property	\$873,422	\$17,272,748	\$18,146,170
Sales	\$1,226,010	\$9,589,175	\$10,815,185
Lodging	\$0	\$690,537	\$690,537
State Taxes			
Property	\$47,771	\$1,005,017	\$1,052,788
Sales	\$533,025	\$3,200,392	\$3,733,417
Modified Business	\$4,015,782	\$2,607,301	\$6,623,083
Lodging	\$0	\$221,853	\$221,853
Total Estimated New Tax Revenue over 10 yrs.	\$6,696,010	\$34,587,023	\$41,283,033

<u>Economic Impact over 10 yrs.</u>	<u>Total</u>	<u>Construction</u>	<u>Total</u>
Total Jobs Supported	0	214	214
Total Payroll Supported	\$516,192,276	\$11,610,394	\$527,802,670
Total Economic Value	\$2,558,003,824	\$30,663,636	\$2,588,667,460

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.



May 10, 2022

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,

Foam of Nevada, Inc. 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 Foam of Nevada, Inc be placed on the June 16, 2022, GOED Board meeting agenda.

Foam of Nevada, Inc will create 450 new positions in the first 24 months of operations, with an average hourly wage of \$24.28. The company will make a capital equipment investment of \$12,530,000.00.

Foam of Nevada, Inc meets and exceeds the statutory 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 stylized flourish at the end.

Michael Walsh
VP Economic Development
Las Vegas Global Economic Alliance

Foam of Nevada Inc.

April 18, 2022

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

RE: Business Development Project – Incentives Request

Dear Mr. Brown:

Foam of Nevada Inc. was created in 2022 to address the logistical challenges with sourcing raw materials for HomeFoam Corporation which is a Nevada form cutting and casting company. The existing EPS raw materials are shipped from various manufacturing facilities, but, primarily from Arizona. Given the recent pandemic, the supply chain issues have increased costs significantly and raw foam billets have become scarce. After a detailed feasibility analysis and internal labor skill assessment, the executive management team made the decision to implement a vertical integration business model by creating the new manufacturing operations (there are currently no foam billet manufacturing facility in Las Vegas). The new business model starts with the EPS manufacturing facility and extends to the complete fabrication process.

3774 W. Cheyenne Ave. Suite 130
North Las Vegas, NV 89032

Given the favorable business climate and available abatement incentives in Nevada, the owners decided to implement the new business project in Clark County. Once operational the manufacturing facility will produce products for Nevada, California, Arizona, and Utah. The company will create 300 new jobs for the manufacturing operations and 150 new jobs for the Corporate Office. The new jobs will be created from the Southern Nevada labor pool.

The business development strategy includes a childcare facility, multi-use retail food/beverage, and community park that will be located on the campus. The owners wanted to support the local community in a significant way. Additionally, the management will partner with community colleges, universities, and workforce training entities to obtain the skilled labor needed for the manufacturing operations.

We respectfully are submitting this abatement incentives application to help with the implementation of our business development project.

Sincerely,

A handwritten signature in cursive script that reads "Rondell Fletcher". The signature is written in black ink and is positioned above the printed name and title.

Rondell Fletcher

President

Enclosures

ECONOMIC DEVELOPMENT

Incentive Application

Company Name: Foam of Nevada, Inc.
 Date of Application: April 18, 2022

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>Foam of Nevada, Inc.</u>		FEDERAL TAX ID # <u>88-1803141</u>	
CORPORATE ADDRESS <u>3774 West Cheyenne, Suite No. 130</u>	CITY / TOWN <u>Las Vegas</u>	STATE / PROVINCE <u>Nevada</u>	ZIP <u>89032</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER <u>702-750-6936</u>	WEBSITE		
COMPANY CONTACT NAME <u>Rondell Fletcher</u>	COMPANY CONTACT TITLE <u>President</u>		
E-MAIL ADDRESS fletcherd@gmail.com	PREFERRED PHONE NUMBER <u>702-337-8376</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>53%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Jun-2023</u>		
NAICS CODE / SIC <u>326140</u>	INDUSTRY TYPE <u>Expanded Polystyrene (EPS) Manufacturing</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Expanded Polystyrene (EPS) Manufacturing</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>Parcel nos.: 14020501001 and 14020501003</u>	CITY / TOWN <u>Las Vegas</u>	COUNTY <u>Clark County</u>	ZIP <u>89115</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>None</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? No</p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p>What year(s)? _____</p> <p>How much space (sq. ft.)? _____</p> <p>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>When to make improvements (month, year)? _____</p> <hr/> <p>Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>Purchase date, if buying (month, year): _____</p> <p>How much space (sq. ft.)? _____</p> <p>Do you plan on making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? Yes</p> <p>If Yes *, continue below:</p> <p>When to break ground, if building (month, year)? <u>Jul-2022</u></p> <p>Estimated completion date, if building (month, year): <u>Jun-2023</u></p> <p>How much space (sq. ft.)? <u>200,000 sq. ft.</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>What year(s)? _____</p> <p>How much space (sq. ft.)? _____</p> <p>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>Expanding at the current facility or a new facility? _____</p> <p>What year(s)? _____</p> <p>How much expanded space (sq. ft.)? _____</p> <p>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>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>How much space (sq. ft.)? _____</p> <p>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>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>Purchase date, if buying (month, year): _____</p> <p>When to break ground, if building (month, year)? _____</p> <p>Estimated completion date, if building (month, year): _____</p> <p>How much space (sq. ft.)? _____</p>

*** Please complete Section 7 - Capital Investment for New Operations / Startup.**

*** Please complete Section 7 - Capital Investment for Expansions below.**

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

The manufacturing and administration facilities project will created over 450 full-time prevailing wage jobs. Also, there will be jobs and small business opportunities created from the construction phase of the project.

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): _____	Building Purchase (if buying): _____
Building Costs (if building / making improvements): <u>\$21,725,000</u>	Building Costs (if building / making improvements): _____
Land: <u>\$1,700,000</u>	Land: _____
Equipment Cost: <u>\$12,530,000</u>	Equipment Cost: _____
Total: <u>\$35,955,000</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>450</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>\$24.28</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 type="checkbox"/> Tuition assistance | <input checked="" type="checkbox"/> Bonus |
| <input checked="" type="checkbox"/> PTO / Sick / Vacation | <input 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? 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: <u>Employer Sponsored</u>	
Employer Contribution (annual premium per employee): <u>\$ 6,400.00</u>	Company: <u>80%</u>
Employee Contribution (annual premium per employee) <u>\$ 1,600.00</u>	Employee: <u>20%</u>
Total Annual Premium: <u>\$ 8,000.00</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.

Rondell Fletcher
Name of person authorized for signature

President
Title


Signature

April 18, 2022
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: Foam of Nevada, Inc.

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:	<u>5</u>	Transportation infrastructure:	<u>3</u>
Labor costs:	<u>3</u>	Transportation costs:	<u>3</u>
Real estate availability:	<u>2</u>	State and local tax structure:	<u>5</u>
Real estate costs:	<u>2</u>	State and local incentives:	<u>5</u>
Utility infrastructure:	<u>4</u>	Business permitting & regulatory structure:	<u>4</u>
Utility costs:	<u>4</u>	Access to higher education resources:	<u>2</u>

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

The Nevada abatement program will help our business expansion project significantly. We will add 450 employees with the manufacturing facility and corporate office. Also, the manufacturing facility will require expensive equipment, along with other equipment purchases for the project. The abatement incentives will help offset the significant project costs and state payroll taxes.

5(B) Employment Schedule

Company Name: Foam of Nevada, Inc.

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	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
Chief Executives	11-1011	3	\$75.00	\$93.05	40	\$156,000.00	\$468,000.00
Financial Managers	11-3031	2	\$45.00	\$57.12	40	\$93,600.00	\$187,200.00
General and Operations Managers	11-1021	8	\$40.00	\$61.88	40	\$83,200.00	\$665,600.00
Office Clerks, General	43-9061	8	\$20.00	\$18.32	40	\$41,600.00	\$332,800.00
Sales Managers	11-2022	2	\$40.00	\$58.37	40	\$83,200.00	\$166,400.00
Sales Representatives, Wholesale and Manufacturing, Technical and Scientific	41-4011	6	\$35.00	\$56.33	40	\$72,800.00	\$436,800.00
Industrial Machinery Mechanics	49-9041	20	\$35.00	\$27.47	40	\$72,800.00	\$1,456,000.00
Machinists	51-4041	300	\$22.00	\$22.84	40	\$45,760.00	\$13,728,000.00
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	37-2011	50	\$20.00	\$15.66	40	\$41,600.00	\$2,080,000.00
Light Truck or Delivery Services Drivers	53-3033	50	\$30.00	\$17.84	40	\$62,400.00	\$3,120,000.00
Human Resources Managers	11-3121	1	\$40.00	\$53.60	40	\$83,200.00	\$83,200.00
TOTAL		450	\$24.28	\$23.60			\$22,724,000.00

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 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	45	\$26.00	\$2,433,600.00
4-Year	90	\$28.00	\$5,241,600.00
5-Year	135	\$30.00	\$8,424,000.00

* 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(D) Company Information

Company Name: Foam of Nevada, Inc.

County: Clark

Section 1 - 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
Rondell Fletcher	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:

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Foam of Nevada, Inc. County: Clark

Total Number of Full-Time Employees: 450
 Average Hourly Wage per Employee \$24.78
 Average Annual Wage per Employee (implied) \$51,542.40

COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$8,000.00
 Percentage of Premium Covered by:
 Company 80%
 Employee 20%

HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	HPN Solution
Deductible - per employee	\$ 2,500
Coinsurance	70% / 30%
Out-of-Pocket Maximum per employee	\$ 6,050

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 deducatable 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	3.9%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$8,700 (2022)	\$6,050	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.

Rondell Fletcher
 Name of person authorized for signature
 President
 Title

Rondell Fletcher
 Signature
 18-Apr-22
 Date

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Foam of Nevada Inc

Nevada Business Identification # NV20222426209

Expiration Date: 04/30/2023

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: B202204152586129

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 04/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAUSKE
Secretary of State