

LiniCo Corporation

2500 Peru Drive, McCarran, NV 89434

Michael Vogel, Chief Executive Officer

Date: December 2, 2021

Application Facts:

Industry	Manufacturing
NAICS	335912
Type of App	New
Location	Storey County
RDA	NNDA, Amy Miller

Company Profile

LiniCo Corporation (LiniCo) plans to establish a lithium battery recycling facility in Storey County. LiniCo recycles batteries, electronics, and end-of-life products using environmentally sustainable technology to produce 99.9% pure cathode. The Nevada operation will be a state-of-the-art plant and with a 100,000 metric ton / per annum recycling capacity, and is slated to be the largest lithium-ion battery recycling plant in North America. The company is focused on creating world class sustainable clean technologies to support a circular economy by addressing lithium-ion battery waste from EVs, grid/solar renewable storage, manufacturing, devices and electronic waste. LiniCo's mission is to create viable state-of-the-art clean technologies to power the world in an environmentally sustainable way and to reduce the global carbon footprint for tomorrow's generations. Additionally, Lithium supply security has become a top priority for technology companies in the United States and Asia. Strategic alliances and joint ventures among technology companies, and exploration companies, continue to be established to ensure a reliable, diversified supply of lithium for battery suppliers and vehicle manufacturers. *Source: LiniCo Corporation*

Tax Abatement Requirements:

	<u>Statutory</u>	<u>Company Application</u>	<u>Meeting Requirements</u>
Job Creation	10	30	Yes
Average Wage	\$26.67	\$35.96	Yes
Equipment Capex (SU & MBT)	\$250,000	\$6,019,275	Yes
Equipment Capex (PP)	\$1,000,000		Yes

Additional Requirements:

Health Insurance	65%	100%	Yes
Revenues generated outside NV	51%	65%	Yes
Business License	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Pending	<input type="checkbox"/> Will comply

Total Tax Liability (without tax abatements)

Direct (company)

\$1,067,068

Total

\$4,702,731

Tax Abatements

	<u>Contract Terms</u>	<u>Estimated Tax Abatement</u>
Sales Tax Abmt.	2% for 2 years	\$337,359
Modified Business Tax Abmt.	50% for 4 years	\$67,003
Personal Property Tax Abmt.	50% for 10 years	\$214,474
Total Estimated Tax Abatement over 10 yrs.		\$618,836

Net New Tax Revenues

	<u>Direct</u>	<u>Indirect</u>	<u>Taxes after Abatements</u>
Local Taxes			
Property	\$2,240,799	\$79,095	\$2,319,894
Sales	\$204,750	\$18,099	\$222,849
Lodging	\$0	\$95,099	\$95,099
State Taxes			
Property	\$115,761	\$204,308	\$320,069
Sales	\$193,611	\$323,188	\$516,799
Modified Business	\$470,884	\$134,596	\$605,480
Lodging	\$0	\$3,705	\$3,705
Total Estimated New Tax Revenue over 10 yrs.			\$4,083,895

Economic Impact over 10 yrs.

	<u>Direct</u>	<u>Construction</u>	<u>Total</u>
Total Jobs Supported	94	43	137
Total Payroll Supported	\$52,127,153	\$2,322,900	\$54,450,053
Total Economic Value	\$251,917,371	\$7,063,696	\$258,981,067

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.

August 20, 2021

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

Dear Mr. Brown,

Northern Nevada Development Authority (NNDA) is pleased to provide this letter in support of LiniCo Corporation's application for the Sales and Use Tax Abatement, Modified Business Tax Abatement and the Personal Property Tax Abatement as stated on the company's incentives application.

We have reviewed the application submitted by LiniCo Corporation and we are working with them in support of their efforts to locate a new facility in Douglas County, Nevada. The company will add 30 new jobs in the first two years with an average wage of \$35.96 per hour.

NNDA respectfully requests this application be considered by the Governor's Office of Economic Development and be placed on the next available GOED Board agenda for review and action.

Best Regards,



Amy Miller
Director of Business Development
Northern Nevada Development Authority



July 12, 2021

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

Dear Mr. Brown,

On behalf of LiNiCo Corporation, I am pleased to express our excitement in submitting our application and hopeful opportunity to participate in the available abatement programs offered by the Nevada Governor's Office of Economic Development. LiNiCo and team has strategically selected to position of our newly headquarters within the Reno Tahoe Industrial Park. The available abatement programs are, and have been, a critical factor in our location planning and future success within our strategic vision.

LiNiCo Corporation, and its state-of-the-art lithium-ion battery ("LIB") recycling facility ("LIB Recycling Facility") that has now been designed for increased capacity and yields at a fraction of the capital of the known alternatives. Construction of the first phase of LiNiCo's new processes will commence at the LIB Recycling Facility upon approval of the Application, with anticipated completion and start-up during the first half of 2022.

About 500,000 tons of expired LIBs containing over \$900 million in strategic metals are being landfilled annually. A recent industry report estimated annual growth to more than \$26 billion over the next two decades. Once complete, LiNiCo's first LIB Recycling Facility is expected to scale up to its initial nameplate capacity, exceeding 100,000 tons per year of LIBs over three years, with revenues exceeding \$500,000,000, in its third full year, while adding more than 100 new jobs opportunities within the next 5 years. As our operations continue to expand, we will also be evaluating new storage facilities with the Reno Tahoe Industrial Center.

As LiNiCo continues to make substantial capital investments these available programs provide the much-needed support that greatly improves our success in hiring, expansion, and delivering new technology / new jobs to that state of Nevada. As a company we are excited for the opportunity to participate in these programs and look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Zachary Stogdill".

Zachary Stogdill
Director of Operations
www.linicocorp.com



The Comstock Foundation for History and Culture

P.O. Box 61
Virginia City NV 89440
www.comstockfoundation.org

Steven Saylor
Executive Director
steven@comstockfoundation.org

Corrado De Gasperis, Chairman
Joe Curtis, Treasurer
Johnye Saylor, Secretary
P. Lee Halavais, Director
Don Bergstrom, Director
Alexia Sober, Director

July 16, 2021

*Nevada Governor's Office of Economic Development
808 West Nye Lane
Carson City, NV 89703*

Dear Nevada Governor's Office of Economic Development,

As a local educator at Western Nevada College and Executive Director of The Comstock Foundation for History and Culture, I would like to express my strong support for the LiNiCo Corporation and the work they are doing to close the loop on Lithium-Ion Battery (LIB) waste and critical raw material supply.

I believe the LiNiCo Company will be an integral part of the Tahoe Reno Industrial Center (TRI) by both providing living-wage meaningful employment and in creating a more sustainable future. The rapid increase in LIB use and exponential growth in demand has and will make LIB recycling critically important in sustaining the electrical vehicle market as well as the consumer electronic market. Recycling LIB material and the subsequent re-use of the material to manufacture new LIBs in a circular economy is the most effective way to sustain current demand. Most importantly, the vast majority of the used LIBs are currently making their way to local landfills, which is why it is imperative for companies like LiNiCo to exist, especially in the TRI Center.

I am extremely pleased for the opportunity to express my support for LiNiCo, and that the Nevada Governor's Office of Economic Development has programs in place to support companies like LiNiCo Corporation, that I am confident will make a difference on a local, national, and global scale.

Respectfully,

*Steven Saylor
Executive Director
Comstock Foundation for History and Culture
Restoring the Legacy of a Nation*

ECONOMIC DEVELOPMENT

Incentive Application

Company Name: LiniCo Corporation
 Date of Application: July 7, 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>LiniCo Corporation</u>		FEDERAL TAX ID # <u>85-3986903</u>	
CORPORATE ADDRESS <u>2500 Peru Drive</u>	CITY / TOWN <u>McCarren</u>	STATE / PROVINCE <u>Nevada</u>	ZIP <u>89434</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)		CITY / TOWN	STATE / PROVINCE / ZIP
TELEPHONE NUMBER <u>775-446-4425</u>	WEBSITE www.linicocorporation.com		
COMPANY CONTACT NAME <u>Michael Vogel</u>	COMPANY CONTACT TITLE <u>CEO</u>		
E-MAIL ADDRESS mvogel@linicocorp.com	PREFERRED PHONE NUMBER <u>775-2478679</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 following 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 more "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>65%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>Feb-2022</u>		
NAICS CODE / SIC <u>335912/325991</u>	INDUSTRY TYPE <u>Lithium Battery Recycling</u>		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Receiving feedstock of lithium-ion Batteries & process through our recycling process</u>			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>2500 Peru Drive</u>	CITY / TOWN <u>MC Carren</u>	COUNTY <u>Storey County</u>	ZIP <u>89434</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>We intend to evaluate additional strategic locations, however 2500 Peru Drive will remain HQ</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 Years</u>	Expansions - Plans Over the Next <u>10 Years</u>
<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 style="border-top: 1px dashed black;"/> <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>Feb-2021</u></p> <p style="padding-left: 40px;">How much space (sq. ft.)? <u>138,000</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>Oct-2021</u></p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? _____</p> <p>If Yes *, continue below:</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>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 style="border-top: 1px dashed black;"/> <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 style="border-top: 1px dashed black;"/> <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):

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>\$14,025,000</u>	Building Purchase (if buying): _____
Building Costs (if building / making improvements): <u>\$5,625,000</u>	Building Costs (if building / making improvements): _____
Land: _____	Land: _____
Equipment Cost: <u>\$6,019,275</u>	Equipment Cost: _____
Total: <u>\$25,669,275</u>	Total: _____
	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>30</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>\$35.96</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 type="checkbox"/> Merit increases | <input type="checkbox"/> Tuition assistance | <input 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>PPO</u>	
Employer Contribution (annual premium per employee): <u>\$ 9,975.00</u>	Company: <u>100%</u>
Employee Contribution (annual premium per employee) _____	Employee: <u>0%</u>
Total Annual Premium: <u>\$ 9,975.00</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.

Zachary Stogdill
Name of person authorized for signature

Zachary Stogdill
Signature

Director of Operations
Title

9/13/21
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: LiniCo Corporation

County: Storey

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>4</u>	Transportation infrastructure:	<u>1</u>
Labor costs:	<u>3</u>	Transportation costs:	<u>2</u>
Real estate availability:	<u>4</u>	State and local tax structure:	<u>5</u>
Real estate costs:	<u>4</u>	State and local incentives:	<u>5</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(A) Capital Equipment List

Company Name: LiniCo Corporation

County: Storey

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) Equipment Name/Description	(b) # of Units	(c) Price per Unit	(d) Total Cost
Air Compressor-- Dry screw air compressor	1	\$12,000.00	\$12,000.00
Air Compressor Rotary Valve	1	\$20,000.00	\$20,000.00
Air Seperator	1	\$350,000.00	\$350,000.00
AL-CU Air Table Seperator	1	\$250,000.00	\$250,000.00
Aluminium Fraction Box Pallet	1	\$5,000.00	\$5,000.00
Bag Filter 1 bag filter, 10 micron	2	\$10,000.00	\$20,000.00
Bag House Filter	1	\$150,000.00	\$150,000.00
Bag House Rotary Valve	1	\$25,000.00	\$25,000.00
Balling Drain Conveyor	1	\$25,000.00	\$25,000.00
Balling Feed Conveyor	1	\$45,000.00	\$45,000.00
Balling Unit	1	\$250,000.00	\$250,000.00
Batch Distilation Column- Jacketed ver. Dish vessel & column	1	\$150,000.00	\$150,000.00
Battery Loading Station	1	\$25,000.00	\$25,000.00
Bottom Conveyor	1	\$25,000.00	\$25,000.00
Bottom Sliding Scale	1	\$18,000.00	\$18,000.00
Box Pallet Iron Strap	1	\$500.00	\$500.00
Box Pallet Light Fration	1	\$5,000.00	\$5,000.00
Bucket Elevator	1	\$35,000.00	\$35,000.00
Bucket Elevator Second Screening	1	\$35,000.00	\$35,000.00
Bulk Bag Black Mass	1	\$5,000.00	\$5,000.00
Bulk Bag Loading for Black Mass	1	\$15,000.00	\$15,000.00
Chiller	2	\$120,000.00	\$240,000.00
Column Circulation pump	1	\$15,000.00	\$15,000.00
Column Condenser- Gasketed plate heat exchanger	1	\$15,000.00	\$15,000.00
Copper Fraction Box Pallet	1	\$5,000.00	\$5,000.00
Cyclone Drain Rotary Valve	1	\$15,000.00	\$15,000.00
Cyclone Seperator	1	\$25,000.00	\$25,000.00
Dryer Drain Conveyor- Screw conveyor with coolong jacket, 30D	1	\$75,000.00	\$75,000.00
Dryer Drain Rotary Valve	2	\$15,000.00	\$30,000.00
Dryer Feed Conveyor- Screw conveyor with jacket 30D	1	\$75,000.00	\$75,000.00
Electricle Heater	1	\$15,000.00	\$15,000.00
Electrolite Fractionation-1 Tank verticle tank	1	\$20,000.00	\$20,000.00
Electrolite Fractionation-2 Tank verticle tank	1	\$20,000.00	\$20,000.00
Electrolite Fractionation-3 Tank verticle tank	1	\$20,000.00	\$20,000.00
Electrolite Fractionation-4 Tank verticle tank	1	\$20,000.00	\$20,000.00

(a) Equipment Name/Description	(b) # of Units	(c) Price per Unit	(d) Total Cost
Electrolyte Drain Pump- centrifugal pump	1	\$15,000.00	\$15,000.00
Electrolyte Loading Pump- centrifugal pump	1	\$15,000.00	\$15,000.00
Electrolyte Storage Tank	1	\$20,000.00	\$20,000.00
Exhaust Blower	1	\$15,000.00	\$15,000.00
Exhaust Blower Pump	1	\$20,000.00	\$20,000.00
Expansion Vessel	1	\$22,000.00	\$22,000.00
Flasher	2	\$25,000.00	\$50,000.00
Hammer Assist	1	\$8,500.00	\$8,500.00
Holding Conveyor	1	\$250,000.00	\$250,000.00
Horizontal Dryer	1	\$750,000.00	\$750,000.00
Hot Oil Circulation Pump	1	\$15,000.00	\$15,000.00
Magnetic Drum Separator	1	\$75,000.00	\$75,000.00
Metal Fraction Conveyor	1	\$25,000.00	\$25,000.00
Non-Magnetic Fraction Conveyor	1	\$25,000.00	\$25,000.00
Packaging Bottom Conveyor	1	\$18,500.00	\$18,500.00
Pressure Swing Compressor- PSA N2 Generator	1	\$200,000.00	\$200,000.00
Scrubber Circulation Pump	1	\$15,000.00	\$15,000.00
Scrubber Condenser- shell & tube heat exchanger	1	\$25,000.00	\$25,000.00
Scrubber Cooler- gasketed plate heat exchanger	1	\$15,000.00	\$15,000.00
Sieve Screening Machine	2	\$250,000.00	\$500,000.00
Stage-1 Belt Conveyor	1	\$35,000.00	\$35,000.00
Stage-1 Crusher	1	\$925,000.00	\$925,000.00
Stage-2 Belt Conveyor	1	\$35,000.00	\$35,000.00
Stage-2 Crusher	1	\$250,000.00	\$250,000.00
Top Sliding Gate	1	\$15,000.00	\$15,000.00
Vacuum Pump	1	\$180,000.00	\$180,000.00
Vent Condenser	1	\$20,000.00	\$20,000.00
Weighing Scale	6	\$7,500.00	\$45,000.00
Wet Scrubber or Bag House Filtration	1	\$155,000.00	\$155,000.00
Evaporator and Chiller System	1	\$6,800.00	\$6,800.00
ICP Spectrometer	2	\$85,550.00	\$171,100.00
EC200 lab Crusher	1	\$42,500.00	\$42,500.00
Thermo Conditioning Lab Crusher	1	\$4,375.00	\$4,375.00
TOTAL EQUIPMENT COST			\$6,019,275.00

Is any of this equipment* to be acquired under an operating lease?

Yes

No

*Certain lease hold equipment does not qualify for tax abatements

5(B) Employment Schedule

Company Name: LiniCo Corporation

County: Storey

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	1	\$103.37	\$116.44	40	\$215,009.60	\$215,009.60
General and Operations Managers	11-1021	1	\$48.08	\$59.55	40	\$100,006.40	\$100,006.40
Production Workers, All Other	51-9199	12	\$24.04	\$19.07	40	\$50,003.20	\$600,038.40
Material Moving Workers, All Other	53-7199	6	\$24.04	\$19.96	40	\$50,003.20	\$300,019.20
Installation, Maintenance, and Repair Workers, All Other	49-9099	3	\$24.04	\$22.39	40	\$50,003.20	\$150,009.60
Clinical Laboratory Technologists and Technicians	29-2018	2	\$24.04	\$29.79	40	\$50,003.20	\$100,006.40
Managers, All Other	11-9199	1	\$42.07	\$46.40	40	\$87,505.60	\$87,505.60
Managers, All Other	11-9199	2	\$96.15	\$46.40	40	\$199,992.00	\$399,984.00
Transportation, Storage, and Distribution Workers, All Other	11-3071	1	\$64.90	\$43.21	40	\$134,992.00	\$134,992.00
Sales Managers	11-2022	1	\$75.12	\$67.92	40	\$156,249.60	\$156,249.60
TOTAL		30	\$35.96	\$30.06			\$2,243,820.80

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	14	\$34.04	\$991,244.80
4-Year	14	\$34.04	\$991,244.80
5-Year	14	\$34.04	\$991,244.80

* 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: LiniCo Corporation County: Storey

Total Number of Full-Time Employees: 30
 Average Hourly Wage per Employee \$35.96
 Average Annual Wage per Employee (implied) \$74,796.80

COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$9,975.00
 Percentage of Premium Covered by:
 Company 100%
 Employee 0%

HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	Gold Benefit Plan – 21 SG PPO
Deductible - per employee	\$ 1,000
Coinsurance	0% (included in Out-of-the pocket max)
Out-of-Pocket Maximum per employee	\$ 5,500

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 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	0%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$7,900 (2019)	\$5,500	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

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.

Zachory Stogdill
 Name of person authorized for signature

Zachory Stogdill
 Signature

Director of Operations
 Title

7/13/21
 Date

5(D) Company Information

Company Name: LiniCo Corporation

County: Storey

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
Michael Vogel	CEO
Corrado Degasperis	Chairman
Steve Cotton	Director
Judd Merrill	Secretary

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:

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

LINICO CORPORATION

Nevada Business Identification # NV20201948210

Expiration Date: 11/30/2022

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: B202110212087277

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 10/21/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State