SAMSARG, INC.

2600 Utah Ave., Silver Springs, NV, 89429 Greg Johnson, President Manufacturing - Aerospace

Date: December 2, 2020 Meeting Location: Virtual Regional Development Authority: Andrew Haskin, NNDA

APPLICATION HIGHLIGHTS

- Silver Springs Aircraft Maintenance and Service, Inc.'s (SAMSARG) new Lyon County facility would offer FAA certified aircraft maintenance, repair and overhaul (MRO) capabilities to the aviation community.
- The company is a veteran owned and founded company.
- SAMSARG plans to work with local education providers to prepare local students for a career working in the aviation maintenance industry.

COMPANY PROFILE

SAMSARG is a new venture in the Northern Nevada Region. Founded by four individuals with decades of experience in the aerospace/aviation industry, the company plans to offer FAA certified aircraft maintenance, repair and overhaul (MRO) capabilities. This capability is an essential necessity to ensure that aircraft are maintained in pre-determined conditions of airworthiness to safely transport passengers and cargo. Having the ability to provide MRO capability also gives SAMSARG a foundation to gain expected long term military aviation modification contracts from the U.S. Department of Defense (DoD). There is an increasing need for the U.S. military to extend the service life for existing fleet aircraft as the cost of new aircraft has skyrocketed. Additionally, a future demand for maintaining and servicing executive and commercial aircraft supporting the Tahoe-Reno Industrial Center is anticipated. SAMSARG could fill both of these needs. Source: SAMSARG, Inc.

Business License:	✓ Current	Pending	☐ Will comply	
Industry & Nevada Operations:	Manufacturing - Aircraft Parts and Aircraft Maintenance			
Location:	Lyon County			

INCENTIVES

Application:	New			
Requirements:	<u>Statutory</u>	<u>Application</u>	<u>Sufficient</u>	% Over / Under
Job Creation	10	25	Yes	150%
Average Wage	\$24.16	\$53.88	Yes	123%
Equipment Capex (SU & MBT)	\$250,000	6200 OF 7	Yes	20%
Equipment Capex (PP)	\$1,000,000	\$300,057	No	-70%

Abatements:	Requested Terms	Estimated \$ Amount
Sales Tax Abmt.	2% for 2 years	\$15,303
Modified Business Tax Abmt.	50% for 4 years	\$111,343
Total:		\$126,646

EMPLOYEE BENEFITS

Health Insurance: Company Coverage of employee healthcare premiums: 100%

Other Benefits Offered: Overtime, PTO/Sick/Vacation, Merit Increases, Retirement Plan / Profit Sharing / 401(k)

SIGNIFICANCE OF ABATEMENTS

Company:

SAMSARG is also considering Texas and Arizona. The company is applying for the incentive program offered by GOED to support its planned expansion at Silver Springs Regional Airport in Nevada. SAMSARG believes that Nevada is the perfect location to establish a healthy flourishing business that cares about, and participates in, the Nevada Community. The company is very thankful for the support that the State of Nevada has offered and welcomes the opportunity to be considered for the incentives that the Nevada Governor's Office of Economic Development may provide. Source: SAMSARG, Inc.

ECONOMIC IMPACT Contracted Job Creation: 2-Year 5- Year 25 147 10 **Other Capital Investments: BTS / Building Improvements Building Purchase** <u>Land</u> \$0 \$0 \$6,000,000 **Economic Impact (10 Yrs. cumulative)** <u>Total</u> Construction **Total Jobs Supported** 180 46 **Total Payroll Supported** \$2,477,760 \$111,354,564 **Total Output Estimate** \$725,722,245 \$7,534,609

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	<u>Direct</u>	<u>Indirect</u>	<u>Total</u>			
Property	\$661,374	\$2,139,413	\$2,800,787			
Sales	\$198,900	\$1,003,494	\$1,202,394			
Lodging	\$0	\$157,613	\$157,613			
State Taxes	<u>Direct</u>	<u>Indirect</u>	<u>Total</u>			
Property	\$32,655	\$185,318	\$217,973			
Sales	\$84,001	\$690,398	\$774,399			
Modified Business	\$1,102,814	\$154,407	\$1,257,221			
Lodging	<u>\$0</u>	\$6,853	\$6,853			
Total	\$2,079,744	\$4,337,496	\$6,417,240			
NOTES:						

- Percentage of revenue generated by the new jobs contained in this application from outside Nevada: 90%.



October 2, 2020

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 SAMSARG, Inc.'s application for the Sales and Use Tax Abatement and the Modified Business Tax Abatement as stated on the attached expansion incentives application.

We have reviewed the application submitted by SAMSARG INC and we are working with them in support of their efforts to locate a new facility in Silver Springs, Lyon County, Nevada. The company will add 25 new jobs in the first two years with an average wage of \$53.88 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,

Andrew Haskin
Director of Business Development
Northern Nevada Development Authority

SAMSARG, INC. 1991 US Hwy 50 Silver Springs, NV 89429

October 1, 2020

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

Dear Executive Director Brown,

SAMSARG, INC. is a Veteran owned and founded company. Our business focuses on modifying U.S. Government aircraft for various specialized missions. This is a niche business for us and we plan to expand at the Silver Springs Regional Airport with more hangars for performing this work. We also, plan to work with local education providers to prepare local students for a career working in our industry. We believe that Nevada is the perfect location to establish a healthy flourishing business that cares about and participates with the Nevada Community.

Consequently, we are applying for this incentive program offered by GOED so that we will be able to support our planned expansion at Silver Springs Regional Airport in Nevada.

We are very thankful for the support that the State of Nevada has offered plus we welcome the opportunity to be considered for the incentives that the Nevada Governor's Office of Economic Development may provide.

Very Respectfully,

Greg Johnson President

SAMSARG, INC.

SAMSARG Business Plan

Executive Summary

Silver Springs Aircraft Maintenance and Service (SAMSARG, Inc., the Company), is a new venture in the Northern Nevada Region. Founded by four individuals with decades of experience in the aerospace/aviation industry, the Company plans to offer FAA certified aircraft maintenance, repair and overhaul (MRO) capabilities to the aviation community. This capability is an essential necessity to ensure that aircraft are maintained in pre-determined conditions of airworthiness to safely transport passengers and cargo. Having the ability to provide MRO capability also gives SAMSARG a foundation to gain expected long term military aviation modification contracts from the U.S. Department of Defense (DoD).

There is an increasing need for the U.S. military to extend the service life for existing fleet aircraft as the cost of new aircraft has skyrocketed. Additionally, a future demand for maintaining and servicing executive and commercial aircraft supporting the Tahoe-Reno Industrial Center is anticipated. SAMSARG could fill both of these needs.

The problem is that while the demand for MRO capability is increasing, especially on the U.S. military front, the pool of contractors providing MRO capabilities is actually shrinking. Traditional competitors have operation and quality plans that have not evolved with current regulatory requirements. Consequently, they are experiencing large fines and rework costs for noncompliant work in the MRO sector. Accordingly, some of those companies are migrating away from the MRO contract business. Plus, the U.S. government is looking for new blood to accept the challenge and comply with the current and simultaneously increasing requirements.

We believe the solution is that SAMSARG embraces evolutionary, efficient, compliant and modern operations to ensure the job is done correctly the first time, on time, and within budget both now and in the future. We believe SAMSARG is truly, the answer for both the Military and the future Commercial/Executive Customers.

SAMSARG expects to spend approximately \$7,750,000 to build a hangar and start operations at Silver Springs Airport in Nevada.

The management team of the Company consists of:

- Greg Johnson, Founder & Professional Engineer 40+ years of experience working in the U.S. military & defense aerospace industry
- Arthur Griswold, Repair Station Manager 30+ years working with the Federal Aviation Authority, aviation and defense aerospace industries
- Rodney Johnson, Repair Station Owner/Accountable Manager, FAA certified Airframe & Power-plant mechanic with Inspection Authorization – 30+ years in the aviation industry
- Thomas Kirkpatrick, Pilot 30+ years of experience working in the National Guard, U.S. military & defense aerospace industry.

Nevada Governor's Office of **ECONOMIC DEVELOPMENT** Company is an / a: (check one) **Incentive Application** ✓ New location in Nevada SAMSARG, INC Company Name: □ Expansion of a Nevada company Date of Application: September 29, 2020 **Section I - Type of Incentives** Please check all that the company is applying for on this application: ☑ Sales & Use Tax Abatement ☐ Sales & Use Tax Deferral ✓ Modified Business Tax Abatement ☐ Recycling Real Property Tax Abatement Personal Property Tax Abatement Other: **Section 2 - Corporate Information** COMPANY NAME (Legal name under which business will be transacted in Nevada) FEDERAL TAX ID # SAMSARG, INC. **CORPORATE ADDRESS** CITY / TOWN STATE / PROVINCE Silver Springs 2600 Utah Ave. MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above) CITY / TOWN STATE / PROVINCE **POB 283** Silver Springs NV TELEPHONE NUMBER WEBSITE 775-391-6110 COMPANY CONTACT NAME COMPANY CONTACT TITLE **Greg Johnson** President E-MAIL ADDRESS PREFERRED PHONE NUMBER 617-406-9293 gjohnson@samsargaviation.com Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development? Yes 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:

ZIP

ZIP 89429

89429

✓ No

- 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 guarter 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
- 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

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., Tural area).				
Section 4 - Nevada Facility				
Type of Facility:				
	Service Provider			
□ Technology	□ Distribution / Fulfilln	ment		
□ 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 OPERATIONS (MONTH / YE		ONS (MONTH / YEAR)		
	Jun-2022			
NAICS CODE / SIC	INDUSTRY TYPE			
336413	aircraft			
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS				
Maintenance, Repair, Overhaul and Service of aircraft				
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS	CITY / TOWN	COUNTY	ZIP	
2600 Utah Ave.	Silver Springs	Lyon County	89429	
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED F	OR YOUR COMPANY'S RELOCA	ATION / EXPANSION / S	STARTUP?	
Texas, Airzona				

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

Chec	k 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

New Operations / Start Up - Plans Over the Next <u>Ten Years</u>		Expansions - Plans Over the Next 10 Years	
Part 1. Are you currently/planning on		Part 1. Are you currently leasing space in Nevada?	
leasing space in Nevada?	Yes	If No, skip to Part 2. If Yes, continue below:	
If No, skip to Part 2. If Yes, continue below:		What year(s)?	
What year(s)?	2018 on	How much space (sq. ft.)?	
How much space (sq. ft.)?	5 acres	Annual lease cost at current space:	
Annual lease cost of space:	\$65,000.00	Due to expansion, will you lease additional space?	
Do you plan on making building tenant improvements?	No	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?	
When to make improvements (month, year)?		What year(s)?	
_		How much expanded space (sq. ft.)?	
Part 2. Are you currently/planning on		Annual lease cost of expanded space:	
buying an owner occupied facility in Nevada?	No	Do you plan on making building tenant improvements?	
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)?	
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?	Yes	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)?_	March, 2021	When to make improvements (month, year)?	
Estimated completion date, if building (month, year): _	June, 2022		
How much space (sq. ft.)?_	27,750	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.)?	

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

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): \$6,000,	<u> </u>
Land: lease	<u> </u>
Equipment Cost: \$300,0	57 Equipment Cost:
Total: \$6,300,	
	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 Operation	ons/Startup or Expansion, not both.)
New Operations / Start Up	Expansions
How many full-time equivalent (FTE*) employees will be created by th	e How many full-time equivalent (FTE*) employees will be created by the
end of the first eighth quarter of new operations?: 25	end of the first eighth quarter of expanded operations?:
Average hourly wage of these <u>new</u> employees: \$53.8	8 Average hourly wage of these <u>new</u> employees:
	How many FTE employees prior to expansion?:
	Average hourly wage of these existing employees:
	Total number of employees after expansion:
* FTE represents a permanent employee who works an average of 30 hours set forth in NAC 360.474.	per week or more, is eligible for health care coverage, and whose position is a "primary job"
OTHER COMPENSATION (Check all that apply):	
✓ Overtime ✓ Merit increases	☐ Tuition assistance ☐ Bonus
☑ PTO / Sick / Vacation ☐ COLA adjustments	✓ Retirement Plan / Profit Sharing / 401(k)
BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AN	ID ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):
Section 9 - Employee Health Insurance Benefit Prog	gram
Is health insurance for employees and is an option for dependents offer	ered?:
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, Delta Dental, VSP	
Employer Contribution (annual premium per employee):	\$14,500 Company: 100%
Employee Contribution (annual premium per employee)	\$0 Employee: 0%
Total Annual Premium:	\$14,500

[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.

Greg Johnson	mon		
Name of person authorized for signature	Signature		
President	September 29, 2020		
Title	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: SAMSARG, INC		County: Lyon County	
Section I - Site Selection Ratings			
Directions: Please rate the select factors by important Application.	ce to the co	ompany's business (1 = very low; 5 = very high). Attach this form t	o the Incentives
Availability of qualified workforce:	4	Transportation infrastructure:	4
Labor costs:	4	Transportation costs:	4
Real estate availability:	4	State and local tax structure:	5
Real estate costs:	4	State and local incentives:	5
Utility infrastructure:	4	Business permitting & regulatory structure:	5
Utility costs:	4	Access to higher education resources:	4

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:	SAMSARG, INC	County:	Lyon County

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
ADS-B Flightline Test Equipment	1	\$ 51,152.44	\$51,152.44
Polymer 50' 300psi Air Hose	4	\$ 31.95	\$127.80
7'4"W x 7'7"L x 8'3.5"H Cleanroom/Paint Booth	1	\$ 4,999.00	\$4,999.00
CLECO Pliers & fastener kit	8	\$ 121.00	\$968.00
CLECO fasteners assortment	8	\$ 92.00	\$736.00
Chicago Straight 22000rpm Die Grinder	4	\$ 75.95	\$303.80
Digital Pressure 0 to 100 psig Gauge	2	\$ 500.00	\$1,000.00
Digital Vacuum -15 to 30 psi Gauge	3	\$ 460.00	\$1,380.00
Digital Multimeter	2	\$ 809.99	\$1,619.98
15" Drill Press	1	\$ 495.00	\$495.00
20V Max Drill & Bit Set	4	\$ 74.45	\$297.80
Roughneck 30 gal. Fuel Caddy	1	\$ 459.99	\$459.99
Aircraft Air Conditioning Unit / Heater	1	\$ 6,917.00	\$6,917.00
Startpac Portable Power	2	\$ 2,089.00	\$4,178.00
5 gal Hydraulic Power Unit	1	\$ 3,520.61	\$3,520.61
Pallet Truck 48"L x 27"W	1	\$ 312.00	\$312.00
2-Gallon Stainless Steel Hydraulic Service Reservoir	1	\$ 1,049.00	\$1,049.00
Roughneck 2200 lb. capacity Hydraulic Table	4	\$ 589.99	\$2,359.96
10 HP175 psi, 3φ, 2 Stage, 120 gal Air Compressor	2	\$ 4,313.00	\$8,626.00
Metal Lathe	1	\$ 5,995.00	\$5,995.00
Portanle Gases Cart	2	\$ 15,903.95	\$31,807.90
Ironton 3.7 gpm Oil Cart	1	\$ 629.99	\$629.99
2011 Genie Platform Lift - used	2	\$ 49,900.00	\$99,800.00
Tronair Potable Water Cart Electric	1	\$ 11,757.52	\$11,757.52
Deluxe 777 rivet gun kit	4	\$ 259.95	\$1,039.80
72"L x 48"W x 34-48"H - 1000# capacity Rolling Work Table	4	\$ 550.00	\$2,200.00
Foot Stomp Sheet Metal Shear 52" 16ga.	1	\$ 2,295.00	\$2,295.00
Stock Rivets, Nuts, Bolts, Terminals, Connectors	1	\$ 10,000.00	\$10,000.00
Sheet Metal Brake	1	\$ 1,695.00	\$1,695.00
Metal Bench Press	1	\$ 995.00	\$995.00
Snake Drill Attachments	1	\$ 465.85	\$465.85
Tool Box	4	\$ 1,370.00	\$5,480.00
3/8" sqr, Torque Tool Tester 4 lbf-ft	2	\$ 1,275.00	\$2,550.00
CDI 3/8" memory 0 to 150"# Torque Wrench	2	\$ 154.97	\$309.94
Mountz Miniture Break-over Torque Wrench	10		\$1,100.00
Digital Torque Screwdriver 3.5-35 lbf-in	2	\$ 349.00	\$698.00
Tronair Towbar	2	\$ 2,039.80	\$4,079.60
Aircraft Caddy 35K	2	\$ 6,995.00	\$13,990.00
Modular Drawer Cabinet 44"H x 30"W	2	\$ 2,412.82	\$4,825.64
Storage Racks 72"W x 24"D x72"H	5	\$ 349.00	\$1,745.00
Tronair Lavatory Service Unit	1	\$ 4,245.54	\$4,245.54
Hobart 140 Flux-Cored/MIG Welder	1	\$ 529.99	\$529.99
48"W x 24"D x 63"H Wire Racks	3	\$ 439.95	\$1,319.85
TOTAL EQUIPMENT COST			\$300,057.00

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

^{*}Certain lease hold equipment does not qualify for tax abatements

5(B) Employment Schedule

Company Name: SAMSARG, Inc. County: Lyon County

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#11-0000

(a)	(b)	(c)	(d)	(e)	<i>(f)</i>	(g)	(h)
New Hire Position Title/Description	Position SOC Code	Number of Positions	Average Hourly Wage	US Bureau of Labor Statistics Average Hourly Wage - NV Non- Metro Area	Δναταπα	Annual Wage per Position	Total Annual Wages
General and Operations Managers	11-1021	1	\$65.00	\$54.46	40	\$135,200.00	\$135,200.00
Receptionists and Information Clerks	43-4171	1	\$17.00	\$13.48	40	\$35,360.00	\$35,360.00
First-Line Supervisors of Office and Adı	43-1011	1	\$55.00	\$22.83	40	\$114,400.00	\$114,400.00
Managers, All Other	11-9199	1	\$55.00	U	40	\$114,400.00	\$114,400.00
Avionics Technicians	49-2091	21	\$55.00	U	40	\$114,400.00	\$2,402,400.00
TOTAL		25	\$53.88				\$2,801,760.00

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)	(<i>b</i>)	(c)	(d)
Year	Number of new FTES	Average Hourly Wage	Payroll
3-Year	32	\$40.00	\$2,662,400.00
4-Year	40	\$42.00	\$3,494,400.00
5-Year	50	\$44.00	\$4,576,000.00

^{*} 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.

5(C) Evaluation of Health Plans Offered by Companies

Company Name: SAMSARG, INC	County:		_yon County
Total Number of Full-Time Employees:		25	
Average Hourly Wage per Employee Average Annual Wage per Employee (implied)	:	\$53.88 \$112,070.4	0
COST OF HELATH INSURANCE			
Annual Health Insurance Premium Cost:		\$14,500.00)
Percentage of Premium Covered by:		1000/	
Company Employee		100% 0%	
HEALTH INSURANCE PLANS:		370	
Base Health Insurance Plan*:		Anthem	. Gold
Deductible - per employee		\$ 2,000	
Coinsurance		80% / 20%	
Out-of-Pocket Maximum per employee			
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	S.	Ψ	
Generalized Criteria for Essential Health Benefits (EHB)			
[following requirements outlined in the Affordable Care Act and US Co.	de, including	<u>42 USC Se</u> 0	
Covered employee's premium not to exceed 9.5% of annual wage		U	MMQ
Annual Out-of-Pocket Maximum not to exceed \$8,150 (2020)		\$4,000	MMQ
Minimum essential health benefits covered (Company offers PPO):			
(A) Ambulatory patient services		✓	
(B) Emergency services		✓	
(C) Hospitalization		✓	
(D) Maternity and newborn care	- 1	<u> </u>	
(E) Mental health/substance use disorder/behavioral health treatme(F) Prescription drugs	ent		
(G) Rehabilitative and habilitative services and devices			
(H) Laboratory services			
(I) Preventive and wellness services and chronic disease managem	nent		
(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 D	evelopment th	at the facts	herein stated are
true, and that I have attached a qualified plan with information highlightin			
minimum threshold for the employee paid portion of the plan for GOED to it			
i v L i	1 -	4)	
Greg Johnson	Sol	(6	
Name of person authorized for signature Sign	nature V	/	** ***********************************

5(D) Company Information

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 oractice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the beliable 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?	Company Name: SAMSARG, INC	County: Lyon County
Section 2 - Company Affiliates and/or Subsidiaries Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No Yes of Yes, continue below: Tyes, continue below: The names as they would read on the tax exemption letter. The names as they would read on the tax exemption letter. Which entity(ies) will do the hiring? Which entity(ies) will be purchasing the equipment?	Section I - Company Interest List	
Name President RAGSS QOZB, INC. 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 coractice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the beliable to show the exact relationships between the companies and include: 1. The names as they would read on the tax exemption letter. Which entity(ies) will do the hiring? 3. Which entity(ies) will be purchasing the equipment?	strives to maintain the highest standards of integrity, and it is vital that th conflict or appearance of a conflict must be avoided. To maintain our into	e public be confident of our commitment. Accordingly, any egrity and credibility, the applicant is required to provide a
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 beliable 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?	· ·	
RAGSS QOZB, INC. 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 beliable 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?		
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 beliable 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?		President
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 beliable 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?		
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 beliable 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?		
Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No Yes f 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 beliable 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?		
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 beliable 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?		
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 beliable 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?		
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 beliable 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?		
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 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?	Section 2 - Company Affiliates and/or Subsidiaries	
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 beliable 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?	Are there any subsidiary or affiliate companies sharing tax liability wit	h the applicant company? No 🗸 Yes 🗌
practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the beliable 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?	f Yes, continue below:	
Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship	practice GOED requires a corporate schematic to understand the exact relative to show the exact relationships between the companies and include: The names as they would read on the tax exemption letter. Which entity(ies) will do the hiring?	· · · · · · · · · · · · · · · · · · ·
	Name of Subsidiary or Affiliate Entity, Role and Legal Control Relations	ship
Please include any additional details helew		

Please include any additional details below:

ORMATION

Entity Name:
N
Entity Number:
Entity Type:
Entity Status:
Formation Date:
NV Business ID:
Termination Date:
Annual Parant Dua Pata
Annual Report Due Date: