

**SAMSARG, Inc.**

2600 Utah Ave., Silver Springs, NV, 89429

Greg Johnson, President

**Date:** September 23, 2021**Application Facts:**

Industry **Manufacturing**  
 NAICS **336413**  
 Type of App **New**  
 Location **Lyon County**  
 RDA NNDA, Amy Miller

**Company Profile**

SAMSARG, Inc. is establishing facilities in Lyon County, offering 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 continues to skyrocket. Additionally, a future demand for maintaining and servicing executive and commercial aircraft supporting the Tahoe-Reno Industrial Center is anticipated. SAMSARG can fill both of these needs. SAMSARG is a veteran founded company that intends to work with the Communities and State of Nevada to cultivate interest and careers in the aviation maintenance industry.  
*Source: SAMSARG, Inc.*

**Tax Abatement Requirements:**

	<b>Statutory</b>	<b>Company Application</b>	<b>Meeting Requirements</b>
Job Creation	10	<b>25</b>	<b>Yes</b>
Average Wage	\$26.67	<b>\$32.88</b>	<b>Yes</b>
Equipment Capex (SU & MBT)	\$250,000	<b>\$1,167,240</b>	<b>Yes</b>
Equipment Capex (PP)	\$1,000,000		<b>Yes</b>

**Additional Requirements:**

Health Insurance	65%	<b>100%</b>	<b>Yes</b>
Revenues generated outside NV	51%	<b>90%</b>	<b>Yes</b>
Business License	<input checked="" type="checkbox"/> Current	<input type="checkbox"/> Pending	<input type="checkbox"/> Will comply

**Total Tax Liability** (without tax abatements)**Direct (company)****\$325,322****Total****\$6,236,396****Tax Abatements****Contract Terms****Estimated Tax Abatement**

Sales Tax Abmt.	2% for 2 years	\$59,529
Modified Business Tax Abmt.	50% for 4 years	\$79,880
Personal Property Tax Abmt.	50% for 10 years	\$41,344

**Total Estimated Tax Abatement over 10 yrs.****\$180,753****Net New Tax Revenues****Direct****Indirect****Taxes after Abatements****Local Taxes**

Property	\$692,090	\$2,098,027	\$2,790,117
Sales	\$198,900	\$899,056	\$1,097,956
Lodging	\$0	\$141,210	\$141,210

**State Taxes**

Property	\$34,171	\$181,734	\$215,905
Sales	\$101,345	\$618,545	\$719,890
Modified Business	\$946,088	\$138,337	\$1,084,425
Lodging	\$0	\$6,140	\$6,140

**Total Estimated New Tax Revenue over 10 yrs.****\$1,972,594****\$4,083,049****\$6,055,643****Economic Impact over 10 yrs.****Total****Construction****Total**

Total Jobs Supported	178	46	224
Total Payroll Supported	\$99,765,429	\$2,477,760	\$102,243,189
Total Economic Value	\$650,193,299	\$7,534,609	\$657,727,908

**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 SAMSARG, Inc.'s application for the Sales and Use Tax Abatement, Modified Business Tax Abatement and the Personal Property 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 \$32.88 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,



Amy Miller  
Director of Business Development  
Northern Nevada Development Authority

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

August 20, 2021

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 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, manage the Fernley Airport, SAMSARG Field, with plans to bring aviation maintenance work to that airport as well. We are very interested in supporting growth within the communities and fostering interest in aviation for folks of all ages. We believe that Nevada is the perfect location to establish a healthy flourishing business that cares about and participates with the Nevada Communities.

We are submitting an application for the GOED Standard Incentives and if granted these incentives will help us to be successful in this endeavor.

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.

**ECONOMIC DEVELOPMENT**

**Incentive Application**

Company Name: SAMSARG, INC  
 Date of Application: July 22, 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) <b>SAMSARG, INC.</b>			FEDERAL TAX ID #	
CORPORATE ADDRESS <b>2600 Utah Ave.</b>	CITY / TOWN <b>Silver Springs</b>	STATE / PROVINCE <b>NV</b>	ZIP <b>89429</b>	
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above) <b>POB 283</b>	CITY / TOWN <b>Silver Springs</b>	STATE / PROVINCE <b>NV</b>	ZIP <b>89429</b>	
TELEPHONE NUMBER <b>775-391-6110</b>	WEBSITE			
COMPANY CONTACT NAME <b>Greg Johnson</b>	COMPANY CONTACT TITLE <b>President</b>			
E-MAIL ADDRESS <a href="mailto:gjohnson@samsargaviation.com">gjohnson@samsargaviation.com</a>	PREFERRED PHONE NUMBER <b>617-406-9293</b>			

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 urban areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly in rural areas, the average hourly wage will equal or exceed the lesser of the county-wide average hourly wage or statewide average hourly wage.

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

**Section 4 - Nevada Facility**

Type of Facility:

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

<b>PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA</b> <b>90%</b>	<b>EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR)</b> <b>Jun-2022</b>		
<b>NAICS CODE / SIC</b> <b>336413</b>	<b>INDUSTRY TYPE</b> <b>Aerospace</b>		
<b>DESCRIPTION OF COMPANY'S NEVADA OPERATIONS</b> <b>Maintenance, Repair, Overhaul and Service of Aircraft</b>			
<b>PROPOSED / ACTUAL NEVADA FACILITY ADDRESS</b> <b>2600 Utah Ave.</b>	<b>CITY / TOWN</b> <b>Silver Springs</b>	<b>COUNTY</b> <b>Lyon County</b>	<b>ZIP</b> <b>89429</b>
<b>WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP?</b> <b>Texas, Arizona</b>			

**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? <u>Yes</u></p> <p><b>If No, skip to Part 2. If Yes, continue below:</b></p> <p style="padding-left: 40px;">What year(s)? <u>2018 on</u></p> <p style="padding-left: 40px;">How much space (sq. ft.)? <u>5 acres</u></p> <p style="padding-left: 40px;">Annual lease cost of space: <u>\$65,000.00</u></p> <p>Do you plan on making building tenant improvements? <u>No</u></p> <p><b>If No, skip to Part 2. If Yes *, continue below:</b></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>No</u></p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">Purchase date, if buying (month, year): _____</p> <p style="padding-left: 40px;">How much space (sq. ft.)? _____</p> <p>Do you plan on making building improvements? _____</p> <p><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>Yes</u></p> <p><b>If Yes *, continue below:</b></p> <p style="padding-left: 40px;">When to break ground, if building (month, year)? <u>March, 2021</u></p> <p style="padding-left: 40px;">Estimated completion date, if building (month, year): <u>June, 2022</u></p> <p style="padding-left: 40px;">How much space (sq. ft.)? <u>27,750</u></p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p><b>If No, skip to Part 2. If Yes, continue below:</b></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><b>If No, skip to Part 3. If Yes, continue below:</b></p> <p style="padding-left: 40px;">Expanding at the current facility or a new facility? _____</p> <p style="padding-left: 40px;">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><b>If No, skip to Part 3. If Yes *, continue below:</b></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><b>If No, skip to Part 3. If Yes, continue below:</b></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><b>If No, skip to Part 3. If Yes *, continue below:</b></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><b>If Yes *, continue below:</b></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><b>* Please complete Section 7 - Capital Investment for New Operations / Startup.</b></p>	<p><b>* Please complete Section 7 - Capital Investment for Expansions below.</b></p>
<p>BRIEF DESCRIPTION OF CONSTRUCTION PROJECT AND ITS PROJECTED IMPACT ON THE LOCAL ECONOMY (Attach a separate sheet if necessary):</p>	

**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>\$6,000,000</u>	Building Costs (if building / making improvements): _____
Land: <u>leased</u>	Land: _____
Equipment Cost: <u>\$1,167,240</u>	Equipment Cost: _____
<b>Total: <u>\$7,167,240</u></b>	<b>Total: _____</b>
	Is the equipment purchase for replacement of existing equipment? _____
	Current assessed value of personal property in NV: _____
	(Must <b>attach</b> 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>25</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>\$32.88</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 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>Anthem, Delta Dental, VSP</u>	
Employer Contribution (annual premium per employee): <u>\$16,700</u>	Company: <u>100%</u>
Employee Contribution (annual premium per employee): <u>\$0</u>	Employee: <u>0%</u>
<b>Total Annual Premium:</b> <u>\$16,700</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.

Greg Johnson

\_\_\_\_\_  
Name of person authorized for signature

President

\_\_\_\_\_  
Title



\_\_\_\_\_  
Signature

July 22, 2021

\_\_\_\_\_  
Date

**Nevada Governor's Office of Economic Development**

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

## Site Selection Factors

Company Name: SAMSARG, INC

County: Lyon

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### Section I - Site Selection Ratings

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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.

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Availability of qualified workforce:	<u>4</u>	Transportation infrastructure:	<u>4</u>
Labor costs:	<u>4</u>	Transportation costs:	<u>4</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>4</u>	Business permitting & regulatory structure:	<u>5</u>
Utility costs:	<u>4</u>	Access to higher education resources:	<u>4</u>

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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

### 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
ADS-B Flightline Test Equipment	2	\$ 51,152.44	\$102,304.88
Polymer 50' 300psi Air Hose	8	\$ 31.95	\$255.60
7'4"W x 7'7"L x 8'3.5"H Cleanroom/Paint Booth	2	\$ 4,999.00	\$9,998.00
CLECO Pliers & fastener kit	16	\$ 121.00	\$1,936.00
CLECO fasteners assortment	16	\$ 92.00	\$1,472.00
Chicago Straight 22000rpm Die Grinder	8	\$ 75.95	\$607.60
Digital Pressure 0 to 100 psig Gauge	4	\$ 500.00	\$2,000.00
Digital Vacuum -15 to 30 psi Gauge	6	\$ 460.00	\$30.00
Digital Multimeter	4	\$ 1,248.95	\$4,995.80
15" Drill Press	2	\$ 495.00	\$990.00
20V Max Drill & Bit Set	8	\$ 74.45	\$595.60
Roughneck 30 gal. Fuel Caddy	2	\$ 459.99	\$919.98
Aircraft Air Conditioning Unit / Heater	2	\$ 6,917.00	\$13,834.00
Startpac Portable Power	4	\$ 2,089.00	\$8,356.00
5 gal Hydraulic Power Unit	2	\$ 3,520.61	\$7,041.22
Pallet Truck 48"L x 27"W	2	\$ 312.00	\$624.00
2-Gallon Stainless Steel Hydraulic Service Reservoir	2	\$ 1,049.00	\$2,098.00
Roughneck 2200 lb. capacity Hydraulic Table	8	\$ 589.99	\$4,719.92
10 HP175 psi, 3φ, 2 Stage, 120 gal Air Compressor	4	\$ 4,313.00	\$17,252.00
Metal Lathe	2	\$ 5,995.00	\$11,990.00
Portanle Gases Cart	4	\$ 15,903.95	\$63,615.80
Ironton 3.7 gpm Oil Cart	2	\$ 629.99	\$1,259.98
2011 Genie Platform Lift - used	4	\$ 49,900.00	\$199,600.00
Tronair Potable Water Cart Electric	2	\$ 11,757.52	\$23,515.04
Deluxe 777 rivet gun kit	8	\$ 259.95	\$2,079.60
72"L x 48"W x 34-48"H - 1000# capacity Rolling Work Table	8	\$ 550.00	\$4,400.00
Foot Stomp Sheet Metal Shear 52" 16ga.	2	\$ 2,295.00	\$4,590.00
Stock Rivets, Nuts, Bolts, Terminals, Connectors	2	\$ 10,000.00	\$20,000.00
Sheet Metal Brake	2	\$ 1,695.00	\$3,390.00
Metal Bench Press	2	\$ 995.00	\$1,990.00
Snake Drill Attachments	2	\$ 465.85	\$931.70
Tool Box	8	\$ 1,370.00	\$10,960.00
3/8" sqr, Torque Tool Tester 4 lbf-ft	4	\$ 1,275.00	\$5,100.00
CDI 3/8" memory 0 to 150"# Torque Wrench	4	\$ 154.97	\$619.88
Mountz Miniture Break-over Torque Wrench	20	\$ 110.00	\$2,200.00
Digital Torque Screwdriver 3.5-35 lbf-in	4	\$ 349.00	\$1,396.00
Tronair Towbar	4	\$ 2,039.80	\$8,159.20
Aircraft Caddy 35K	4	\$ 6,995.00	\$27,980.00

(a) Equipment Name/Description	(b) # of Units	(c) Price per Unit	(d) Total Cost
Tug small aircraft	2	\$61,000.00	\$122,000.00
Tug large aircraft	2	\$ 79,000.00	\$158,000.00
Overhead Crane, 10 ton	2	\$ 22,100.00	\$44,200.00
Fuel Truck	1	\$ 179,900.00	\$179,900.00
Avgas Fuel Tank	1	\$ 32,000.00	\$32,000.00
Jet Fuel Tank	1	\$ 32,000.00	\$32,000.00
Modular Drawer Cabinet 44"H x 30"W	4	\$ 2,412.82	\$9,651.28
Storage Racks 72"W x 24"D x72"H	10	\$ 349.00	\$3,490.00
Tronair Lavatory Service Unit	2	\$ 4,245.54	\$8,491.08
Hobart 140 Flux-Cored/MIG Welder	2	\$ 529.99	\$1,059.98
48"W x 24"D x 63"H Wire Racks	6	\$ 439.95	\$2,639.70
<b>TOTAL EQUIPMENT COST</b>			<b>\$1,167,239.84</b>
Is any of this equipment* to be acquired under an operating lease? *Certain lease hold equipment does not qualify for tax abatements		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## 5(B) Employment Schedule

Company Name: SAMSARG, Inc.

County: Lyon

### 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](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 - Nevada Non-Metro Area	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
General and Operations Managers	11-1021	1	\$65.00	\$53.48	40	\$135,200.00	\$135,200.00
Receptionists and Information Clerks	43-4171	1	\$17.00	\$13.63	40	\$35,360.00	\$35,360.00
First-Line Supervisors of Office and Administrative Support Workers	43-1011	1	\$55.00	\$22.02	40	\$114,400.00	\$114,400.00
Managers, All Other	11-9198	1	\$55.00	\$37.92	40	\$114,400.00	\$114,400.00
Avionics Technicians	49-2091	21	\$30.00	\$32.92	40	\$62,400.00	\$1,310,400.00
<b>TOTAL</b>		<b>25</b>	<b>\$32.88</b>	<b>\$32.73</b>			<b>\$1,709,760.00</b>

### 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	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.

Source: [US Bureau of Labor Statistics](#)

## 5(C) Evaluation of Health Plans Offered by Companies

Company Name: SAMSARG, INC

County: Lyon

Total Number of Full-Time Employees: 25

Average Hourly Wage per Employee \$32.88

Average Annual Wage per Employee (implied) \$68,390.40

### COST OF HEALTH INSURANCE

Annual Health Insurance Premium Cost: \$16,700.00

Percentage of Premium Covered by:

Company 100%

Employee 0%

### HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	Gold Choice PPO 7000
Deductible - per employee	\$ 2,000
Coinsurance	80% / 20%
Out-of-Pocket Maximum per employee	\$ 7,000

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 deductible and out of the pocket amounts .**

### Generalized Criteria for Essential Health Benefits (EHB)

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

Covered employee's premium not to exceed 9.5% of annual wage	0.0%	MMQ
Annual Out-of-Pocket Maximum not to exceed \$8,700 (2022)	\$7,000	NQ

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.

Greg Johnson  
Name of person authorized for signature

  
Signature

President  
Title

22-Jul-21  
Date

## 5(D) Company Information

Company Name: SAMSARG, INC

County: Lyon

### 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
Greg Johnson	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 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:

**ITY INFORMATION**

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SAMSARG, INC.	<b>Entity Name:</b>
E0546002017-2	<b>Entity Number:</b>
Domestic Corporation (78)	<b>Entity Type:</b>
Active	<b>Entity Status:</b>
11/22/2017	<b>Formation Date:</b>
NV20171754361	<b>NV Business ID:</b>
Perpetual	<b>Termination Date:</b>
11/30/2021	<b>Annual Report Due Date:</b>