

Findlay Machine & Tool, LLC dba Kreate

2000 Industrial Dr, Findlay, OH 45840

David Feldman, Chief Business Officer

Date: February 6, 2025

Application Facts:

Industry	Manufacturing
NAICS	326199
Type of App	New
Location	Clark County
RDA	LVGEA, Mitch Keenan

Company Profile

Findlay Machine & Tool, LLC dba Kreate (Kreate) is in the process of establishing a west coast production and distribution facility in the City of North Las Vegas. Kreate is a world class plastic products design, engineering and manufacturing company established in 2018, producing a variety of products for the retail market – storage totes, shelving, trashcans, chairs, and garden beds as well as other products. The company's largest customer is The Home Depot. Kreate's new facility will serve its client's western Regional Distribution Centers that then ship the product to various stores for sale. Initially the products produced in this facility will be storage totes (the iconic yellow and black) in a variety of sizes. Kreate currently has multiple locations in Ohio and Texas and focuses on the local community, providing good paying jobs and treating employees well, which is a core tenet of the company's culture. As good corporate citizens, Kreate works to keep its environmental impact as low as possible. The company has designed its products for the use of recycled plastics. More than 75% of purchased raw material resin is recycled post industrial/consumer waste. The molding presses that will be put in place are state of the art, all electric machines. These presses consume approximately one-third of the electrical usage of more traditional servo-hydraulic machines. *Source: Findlay Machine & Tool, LLC dba Kreate*

Tax Abatement Requirements:	Statutory	Company Application	Meeting Requirements
Job Creation	50	31	No
Average Wage	\$32.51	\$32.62	Yes
Equipment Capex (SU & MBT)	\$1,000,000	\$11,558,600	Yes
Equipment Capex (PP)	\$5,000,000		Yes

Additional Requirements:

Health Insurance	65%	86%	Yes
Revenues generated outside NV	51%	70%	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)	Total
	\$1,878,711	\$7,679,619

Tax Abatements	Contract Terms	Estimated Tax Abatement
Sales Tax Abmt.	2% for 2 years	\$736,861
Modified Business Tax Abmt.	50% for 4 years	\$34,901
Personal Property Tax Abmt.	50% for 10 years	\$420,438
Total Estimated Tax Abatement over 10 yrs.		\$1,192,200

Net New Tax Revenues	Direct	Indirect	Taxes after Abatements
Local Taxes			
Property	\$2,759,313	\$1,814,076	\$4,573,389
Sales	\$0	\$735,089	\$735,089
Lodging	\$0	\$57,564	\$57,564
State Taxes			
Property	\$150,918	\$106,177	\$257,095
Sales	\$231,172	\$246,789	\$477,961
Modified Business	\$168,805	\$199,022	\$367,827
Lodging	\$0	\$18,494	\$18,494
Total Estimated New Tax Revenue over 10 yrs.	\$3,310,208	\$3,177,211	\$6,487,419

Economic Impact over 10 yrs.	Economic	Construction	Total
Total Jobs Supported	92	0	92
Total Payroll Supported	\$39,804,610	\$0	\$39,804,610
Total Economic Value	\$191,859,207	\$0	\$191,859,207

Economic Impact Output per Abatement Dollar

\$161

New Total Tax per Abated Dollar

\$5.44

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.



January 7th, 2025

Mr. Tom Burns
Executive Director
Nevada Governor's Office of Economic Development
1 State of Nevada Way, 4th Floor
Las Vegas, Nevada 89119

Dear Mr. Burns,

Findlay Machine & Tools, LLC dba Kreate is applying to the State of Nevada's Standard Incentive Package. That includes abatements on Sales Tax, Modified Business & Personal Property Tax. We request that **Findlay Machine & Tools, LLC dba Kreate** be placed on the February 6th, 2025, GOED Board meeting agenda.

Findlay Machine & Tools, LLC dba Kreate will create **31** new positions in the first 2 years of operations, with an average hourly wage of **\$32.62**. **Findlay Machine & Tools, LLC dba Kreate** will make a capital investment of **\$11,558,600 + Industrial Real Estate expansion**.

Findlay Machine & Tools, LLC dba Kreate meets the statutory requirements for the Standard Package Tax Abatements. This application has the support of the Las Vegas Global Economic Alliance.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitch Keenan", is written over a light blue horizontal line. To the right of the signature, the date "1/7/2025" is handwritten in black ink.

Mitch Keenan
SVP Economic Development
Las Vegas Global Economic Alliance

December 31, 2024

Thomas Burns,
Executive Director,
Nevada GOED
1 State of Nevada Way
4th Floor
Las Vegas, Nevada 89119

Subject: Findlay Machine & Tool, LLC dba Kreate

Mr. Burns,

Findlay Machine & Tool, LLC dba Kreate is in the process of establishing a west coast production and distribution facility. Kreate is a world class plastic products design, engineering and manufacturing company established in 2018. We produce a variety of products for the retail market – storage totes, shelving, trashcans, chairs, and garden beds as well as other products. Our largest customer is The Home Depot. We are establishing this facility to serve their western Regional Distribution Centers that then ship the product to their stores for sale. Initially the products produced in this facility will be storage totes (the iconic yellow and black) in a variety of sizes.

We have been looking at facilities for the last year and have experience opening plants in the West while running our prior companies. We need to have a facility that is an area that has a good employment pool, easy access to the interstate system and a local government that is supportive of manufacturing growth. The abatements offered by the various locales are very important to our decision. The new facility is an expensive investment that will provide benefits to both our company and the local community. The abatement on the equipment sales/use tax along with tax abatements are necessary to help bring the costs in line.

We plan to be operational by March with minimal production and then ramp up as additional presses arrive. The first-year investment in equipment by Kreate will exceed \$12 million.

We currently have multiple locations in Ohio and Texas. We focus on the local community and provide good paying jobs and treat employees well, which is a core tenet of the company's culture. As good corporate citizens we work to keep our environmental impact as low as possible. We have designed our products for the use of recycled plastics. More than 75% of our purchased raw material resin is recycled post industrial/consumer waste. The molding presses that will be put in place are state of the art, all electric machines. These presses consume approximately one-third of the electricity of the more traditional servo-hydraulic machines.

We are looking forward to establishing a presence in Nevada and are hopeful that you will be in favor of supporting our new operation.

Sincerely,

David J Feldman
Chief Business Officer

Mayor
Pamela A. Goynes-Brown

City Manager
Micaela Moore

Council Members
Isaac E. Barron
Ruth Garcia-Anderson
MPT Scott Black
Richard J. Cherchio



Economic and Business Development Department – Jared Luke, Sr. Director

2250 Las Vegas Boulevard, North · Suite 900 · North Las Vegas, Nevada 89030
Telephone: (702) 633-1523 · Fax: (702) 633-7164 · TDD: (800) 326-6868
www.cityofnorthlasvegas.com

January 16, 2025

Tom Burns
Executive Director
Nevada Governor's Office of Economic Development
1 State of Nevada Way, 4th Floor
Las Vegas, Nevada 89119

Director Burns:

The City of North Las Vegas is in full support of Kreate, and their incentive application for abatements to be reviewed by the GOED Board at their next scheduled meeting.

Kreate is a market leader in product design and innovation with plans to establish 235,000 sq. ft. of manufacturing space in North Las Vegas. Company leadership is considering an investment of approximately \$12 million dollars to establish sixteen manufacturing lines, generating thirty-three full-time positions over the first two years, and sixty-one full time positions over the next five years, with a generous health benefits program.

It is my pleasure to support Kreate's application. I look forward to their continued success here in North Las Vegas.

Sincerely,

Jared Luke
Senior Director, Economic Development

Incentive Application

Company Name: Findlay Machine & Tool, LLC dba Kreate
 Date of Application: January 2, 2025

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
 Recycling Real Property Tax Abatement
 Other: _____

Section 2 - Corporate Information

COMPANY NAME (Legal name under which business will be transacted in Nevada) <u>Findlay Machine & Tool, LLC dba Kreate</u>		FEDERAL TAX ID # <u>87-1464094</u>	
CORPORATE ADDRESS <u>2000 Industrial Dr</u>	CITY / TOWN <u>Findlay</u>	STATE / PROVINCE <u>OH</u>	ZIP <u>45840</u>
MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above) <u>PO Box 1562</u>	CITY / TOWN <u>Findlay</u>	STATE / PROVINCE <u>OH</u>	ZIP <u>45839</u>
TELEPHONE NUMBER <u>419-434-3100</u>	WEBSITE <u>www.kreate.com</u>		
COMPANY CONTACT NAME <u>David Feldman</u>	COMPANY CONTACT TITLE <u>CBO</u>		
E-MAIL ADDRESS <u>dave@nickolas.com</u>	PREFERRED PHONE NUMBER <u>404-822-1221</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 applicable to new 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 the calendar quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase the number of 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 (i.e., "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:

<input type="checkbox"/> Headquarters	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Distribution / Fulfillment
<input type="checkbox"/> Back Office Operations	<input checked="" type="checkbox"/> Manufacturing
<input type="checkbox"/> Research & Development / Intellectual Property	<input type="checkbox"/> Other: _____

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA <u>70%</u>	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) <u>May-2025</u>
NAICS CODE / SIC <u>326199</u>	INDUSTRY TYPE <u>Plastic Manufacturing</u>
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS <u>Manufacturing and distribution of plastic home storage products - totes and shelving</u>	
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS <u>3110 Commerce Rd</u>	CITY / TOWN <u>North Las Vegas</u>
	COUNTY <u>Clark</u>
	ZIP <u>89032</u>
WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? <u>Arizona, Utah, New Mexico</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 Ten Years	Expansions - Plans Over the Next 10 Years
<p>Part 1. Are you currently/planning on leasing space in Nevada? <u>Yes</u></p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p>What year(s)? <u>2025-2035</u></p> <p>How much space (sq. ft.)? <u>235,000 sq ft</u></p> <p>Annual lease cost of space: <u>\$3,100,000.00</u></p> <p>Do you plan on making building tenant improvements? <u>Yes</u></p> <p>If No, skip to Part 2. If Yes *, continue below:</p> <p>When to make improvements (month, year)? <u>Jun-2025</u></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>If No, skip to Part 3. If Yes *, continue below:</p> <p>Purchase date, if buying (month, year): _____</p> <p>How much space (sq. ft.)? _____</p> <p>Do you plan on making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? _____</p> <hr style="border-top: 1px dashed black;"/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>No</u></p> <p>If Yes *, continue below:</p> <p>When to break ground, if building (month, year)? _____</p> <p>Estimated completion date, if building (month, year): _____</p> <p>How much space (sq. ft.)? _____</p>	<p>Part 1. Are you currently leasing space in Nevada? _____</p> <p>If No, skip to Part 2. If Yes, continue below:</p> <p>What year(s)? _____</p> <p>How much space (sq. ft.)? _____</p> <p>Annual lease cost at current space: _____</p> <p>Due to expansion, will you lease additional space? _____</p> <p>If No, skip to Part 3. If Yes, continue below:</p> <p>Expanding at the current facility or a new facility? _____</p> <p>What year(s)? _____</p> <p>How much expanded space (sq. ft.)? _____</p> <p>Annual lease cost of expanded space: _____</p> <p>Do you plan on making building tenant improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? _____</p> <hr 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>How much space (sq. ft.)? _____</p> <p>Current assessed value of real property? _____</p> <p>Due to expansion, will you be making building improvements? _____</p> <p>If No, skip to Part 3. If Yes *, continue below:</p> <p>When to make improvements (month, year)? _____</p> <hr 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>Purchase date, if buying (month, year): _____</p> <p>When to break ground, if building (month, year)? _____</p> <p>Estimated completion date, if building (month, year): _____</p> <p>How much space (sq. ft.)? _____</p>
* Please complete Section 7 - Capital Investment for New Operations / Startup.	* Please complete Section 7 - Capital Investment for Expansions below.

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

New building construction being completed

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): Building Purchase (if buying): _____ Building Costs (if building / making improvements): _____ Land: _____ Equipment Cost: <u>\$11,558,600</u> Total: <u>\$11,558,600</u>	How much capital investment is planned? (Breakout below): Building Purchase (if buying): _____ Building Costs (if building / making improvements): _____ Land: _____ Equipment Cost: _____ 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>31</u> Average hourly wage of these <u>new</u> employees: <u>\$32.62</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: _____ How many FTE employees prior to expansion?: _____ Average hourly wage of these <u>existing</u> employees: _____ Total number of employees after expansion: _____

* FTE represents a permanent employee who works an average of 30 hours per week or more, is eligible for health care coverage, and whose position is a "primary job" as set forth in NAC 360.474.

OTHER COMPENSATION (Check all that apply):

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Overtime | <input checked="" type="checkbox"/> Merit increases | <input type="checkbox"/> Tuition assistance | <input checked="" type="checkbox"/> Bonus |
| <input checked="" type="checkbox"/> PTO / Sick / Vacation | <input checked="" type="checkbox"/> COLA adjustments | <input checked="" type="checkbox"/> Retirement Plan / Profit Sharing / 401(k) | <input checked="" type="checkbox"/> Other: <u>Attendance bonus</u> |

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? x Yes (attach health plan and quote or invoice) No

Package includes (check all that apply):

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Medical | <input checked="" type="checkbox"/> Vision | <input checked="" type="checkbox"/> Dental | <input checked="" type="checkbox"/> Other: <u>Short term disability, accidental life, critical illness</u> |
|---|--|--|--|

Qualified after (check one):

- | | | | |
|---|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Upon employment | <input type="checkbox"/> Three months after hire date | <input type="checkbox"/> Six months after hire date | <input type="checkbox"/> Other: _____ |
|---|---|---|---------------------------------------|

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>PPO and PPO access</u>	
Employer Contribution (annual premium per employee): <u>\$ 8,696.00</u>	Company: <u>86%</u>
Employee Contribution (annual premium per employee): <u>\$ 771.00</u>	Employee: <u>14%</u>
Total Annual Premium: <u>\$ 9,467.00</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.

David J Feldman
Name of person authorized for signature

CBO
Title



Signature

December 31, 2024
Date

Nevada Governor's Office of Economic Development
1 State of Nevada Way, 4th Floor, Las Vegas, Nevada 89119 • 702.486.2700 • www.goed.nv.gov

Site Selection Factors

Company Name: Findlay Machine & Tool, LLC dba Kreate

County: Clark

Section I - Site Selection Ratings

Directions: Please rate the select factors by importance to the company's business (1 = very low; 5 = very high). Attach this form to the Incentives Application.

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

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

FMT is looking to establish a west coast manufacturing/distribution operation. We need a site that had easy access to the interstate system, readily available buildings, and a reasonably sized work force pool.. The building needed to be ready to occupy and have infrastructure (electrical and physical) to support a manufacturing operation. Start up tax incentives are important to insure a successful operation to keep costs inline from a profitability stand point. The area needed to have an available workforce that had some degree of technical capabilities. Not getting abatements would marginalize the business opportunity and preclude the establishment of the operation.

5(A) Capital Equipment List

Company Name: Findlay Machine & Tool, LLC dba Kreate

County: Clark

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
UBE 610 TON INJECTION MOLDING PRESS	2	\$480,000.00	\$960,000.00
UBE 720 TON INJECTION MOLDING PRESS	2	\$525,000.00	\$1,050,000.00
UBE 950 TON INJECTION MOLDING PRESS	3	\$640,000.00	\$1,920,000.00
UBE 1200 TON INJECTION MOLDING PRESS	1	\$795,000.00	\$795,000.00
LS MITRON 720 TON INJECTION MOLDING PRESS	4	\$1,000,000.00	\$4,000,000.00
LS MITRON 950 TON INJECTION MOLDING PRESS	4	\$708,400.00	\$2,833,600.00
TOTAL EQUIPMENT COST			\$11,558,600.00

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: Findlay Machine & Tool, LLC dba Kreate

County: Clark

Section 1 - Full-Time Equivalent (FTE) Employees

Directions: Please provide an estimated list of full time employees [columns (a) through (d)] that will be hired and employed by the company by the end of the first eighth quarter of new / expanded operations. For example, if the effective date of new / expanded operations is April 1, 2015, the date would fall in Q2, 2015. The end of the first eighth quarter would be the last day of Q2, 2017 (i.e., June 30, 2017). Attach this form to the Incentives Application. A qualified employee must be employed at the site of a qualified project, scheduled to work an average minimum of 30 per week, if offered coverage under a plan of health insurance provided by his or her employer, is eligible for health care coverage, and whose position of a "primary job" as set forth in NAC 360.474.

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b):

(a) New Hire Position Title/Description	(b) Position SOC Code	(c) Number of Positions	(d) Average Hourly Wage	(e) US Bureau of Labor Statistics Average Hourly Wage - Clark County	(f) Average Weekly Hours	(g) Annual Wage per Position	(h) Total Annual Wages
Plant Manager	11-3051	1	\$79.33	\$47.81	40	\$165,000.00	\$165,000.00
Plant Controller	11-3031	1	\$43.27	\$67.10	40	\$90,000.00	\$90,000.00
HR	13-1071	1	\$36.06	\$35.43	40	\$75,000.00	\$75,000.00
Purchasing	43-3060	1	\$43.27	\$20.17	40	\$90,000.00	\$90,000.00
Maintenance Technician	49-9041	1	\$44.00	\$29.44	40	\$91,520.00	\$91,520.00
Shipping Processor	43-5071	1	\$33.65	\$19.20	40	\$70,000.00	\$70,000.00
Process Technican	51-1011	4	\$44.00	\$30.93	40	\$91,520.00	\$366,080.00
Material Handler	53-7063	4	\$27.50	\$17.38	40	\$57,200.00	\$228,800.00
Warehouse Associate	53-7063	1	\$27.50	\$17.38	40	\$57,200.00	\$57,200.00
Operator - Hourly Associate	51-4072	16	\$26.13	\$19.96	40	\$54,340.00	\$869,440.00
TOTAL		31	\$32.62	\$36.98			\$2,103,040.00

Section 2 - Employment Projections

Directions: Please estimate full-time job growth in Section 2, complete columns (b) and (c). These estimates are used for state economic impact and net tax revenue analysis that this agency is required to report. The company will not be required to reach these estimated levels of employment. Please enter the estimated new full time employees on a year by year basis (not cumulative)

(a) Year	(b) Number of New FTE(s)	(c) Average Hourly Wage	(d) Payroll
3-Year	10	\$25.00	\$57,200.00
4-Year	10	\$25.00	\$57,200.00
5-Year	10	\$25.00	\$57,200.00

* 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: Lighcast™ county wages based on the Bureau of Labor Statistics Occupational Employment and Wage Statistics program and county-level administrative wage data.

5(C) Evaluation of Health Plans Offered by Companies

Company Name: Findlay Machine & Tool, LLC dba Kreate County: Clark

Total Number of Full-Time Employees: 31
 Average Hourly Wage per Employee \$32.62
 Average Annual Wage per Employee (implied) \$67,840.00

COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$9,467.00
 Percentage of Premium Covered by:
 Company 86%
 Employee 14%

HEALTH INSURANCE PLANS:

Base Health Insurance Plan*:	Blue Access PPO
Deductible - per employee	\$ 2,500
Coinsurance	100%/0%
Out-of-Pocket Maximum per employee	\$ 5,000

Additional Health Insurance Plan*:	Blue Access Options (PPO)
Deductible - per employee	\$ 3,000
Coinsurance	100%/0%
Out-of-Pocket Maximum per employee	\$ 8,150

Additional Health Insurance Plan*:	Blue Access (HSA)
Deductible - per employee	\$ 3,200
Coinsurance	100%/0%
Out-of-Pocket Maximum per employee	\$ 4,000

*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	2.0%	MEC
Annual Out-of-Pocket Maximum not to exceed \$9,450 (2024)	\$8,150	MEC

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.

David J Feldman
 Name of person authorized for signature

CBO
 Title


 Signature

31-Dec-24
 Date

5(D) Paid Family and Medical Leave (PFML)

Company Name: Findlay Machine & Tool, LLC dba Kreate

County: Clark

After October 1, 2023, if the business will have at least 50 full-time employees on the payroll of the business by the eighth calendar quarter following the calendar quarter in which the abatement becomes effective the business, by the earlier of the eighth calendar quarter following the calendar quarter in which the abatement becomes effective or the date on which the business has at least 50 full-time employees on the payroll of the business, has a policy for paid family and medical leave and agrees that all employees who have been employed by the business for at least 1 year will be eligible for at least 12 weeks of paid family and medical leave at a rate of at least 55 percent of the regular wage of the employee.

I, the undersigned, hereby declare to the Governor's Office of Economic Development that the facts herein stated are true, and that the Applicant will meet this threshold for PFML.

David J Feldman
Name of person authorized for signature

CBO
Title


Signature

31-Dec-24
Date

5(E) Company Information

Company Name: Findlay Machine & Tool, LLC dba Kreate

County: Clark

Section 1 - Company Interest List

Directions: Please provide a detailed list of owners and/or members of the company. *The Governor's Office of Economic Development strives to maintain the highest standards of integrity, and it is vital that the public be confident of our commitment. Accordingly, any conflict or appearance of a conflict must be avoided. To maintain our integrity and credibility, the applicant is required to provide a detailed list of owners, members, equity holders and Board members of the company.*

(a) Name	(b) Title
Nickolas L. Reinhart	Owner

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:

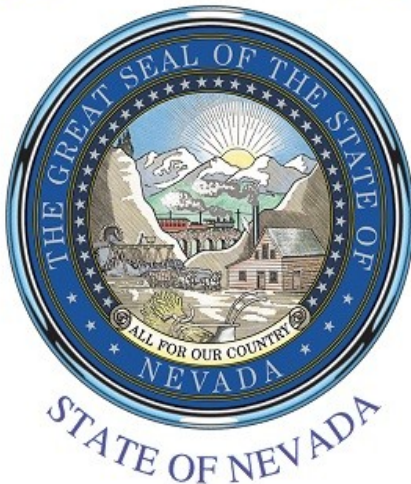
Directions: In order to include affiliates/subsidiaries, under the exemption letter, they must be added to the Contract. Per standard practice GOED requires a corporate schematic to understand the exact relationships between the companies. Please populate the below table to show the exact relationships between the companies and include:

- The names as they would read on the tax exemption letter.

Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship

Please include any additional details below:

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Findlay Machine & Tool, LLC

Nevada Business Identification # NV20243264951

Expiration Date: 12/31/2025

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: B202412315310463

You may verify this certificate
online at <https://www.nvsilverflume.gov/home>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 12/31/2024.

FRANCISCO V. AGUILAR
Secretary of State