

**TensorWave, Inc.**

4675 S Valley View Blvd, NV 89103

Kathleen Simon, Executive Vice President of Finance

**Date:** May 8, 2025**Application Facts:**

Industry	<b>Information Technology</b>
NAICS	<b>311340</b>
Type of App	<b>New</b>
Location	<b>Clark County</b>
RDA	LVGEA, Heather Brown

**Company Profile**

TensorWave Inc. (TensorWave) plans to establish a Headquarter (HQ) operation in southern Nevada. TensorWave is a deep tech company on a mission to empower AI innovation by delivering scalable and accessible compute solutions. The company was founded in November 2023 and helps businesses leverage the potential of artificial intelligence (AI) and develop advanced AI-based software. TensorWave is revolutionizing AI computing with cutting-edge cloud services, powered by the industry's first deployment of AMD Instinct MI300x GPUs. As AI and machine learning applications continue to evolve, the need for high-performance networking solutions becomes increasingly critical. As TensorWave expands its infrastructure to support its growing demand for AI services, it will focus on growth opportunity in its HQ hub of Las Vegas. TensorWave plans to support local communities through charitable contributions, employee volunteer programs, and partnerships for educational and community development. TensorWave plans to support local communities through charitable contributions, employee volunteer programs, and partnerships for educational and community development. TensorWave is looking forward to partnering with UNLV and other local schools to provide opportunities as TensorWave aims to build its Las Vegas HQ. *Source: TensorWave, Inc.*

<b>Tax Abatement Requirements:</b>	<b>Statutory</b>	<b>Company Application</b>	<b>Meeting Requirements</b>
Job Creation	<b>50</b>	60	Yes
Average Wage	<b>\$32.51</b>	\$58.00	Yes
Equipment Capex (SU & MBT)	<b>\$1,000,000</b>	\$1,000,000	Yes
Equipment Capex (PP)			

**Additional Requirements:**

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

<b>Total Tax Liability</b> (without tax abatements)	<b>Direct (company)</b>	<b>Total</b>
	<b>\$376,460</b>	<b>\$25,906,067</b>

<b>Tax Abatements</b>	<b>Contract Terms</b>	<b>Estimated Tax Abatement</b>
Sales Tax Abmt.	2% for 2 years	\$63,750
Modified Business Tax Abmt.	50% for 4 years	\$130,929
Personal Property Tax Abmt.	50% for 10 years	\$15,426
<b>Total Estimated Tax Abatement over 10 yrs.</b>		<b>\$210,105</b>

<b>Net New Tax Revenues</b>	<b>Direct</b>	<b>Indirect</b>	<b>Taxes after Abatements</b>
<b>Local Taxes</b>			
Property	\$471,532	\$10,711,686	\$11,183,218
Sales	\$0	\$6,863,191	\$6,863,191
Lodging	\$0	\$642,122	\$642,122
<b>State Taxes</b>			
Property	\$25,790	\$626,951	\$652,741
Sales	\$20,000	\$2,304,154	\$2,324,154
Modified Business	\$1,609,475	\$2,214,763	\$3,824,238
Lodging	\$0	\$206,298	\$206,298
<b>Total Estimated New Tax Revenue over 10 yrs.</b>	<b>\$2,126,797</b>	<b>\$23,569,165</b>	<b>\$25,695,962</b>

<b>Economic Impact over 10 yrs.</b>	<b>Economic</b>	<b>Construction</b>	<b>Total</b>
Total Jobs Supported	610	0	610
Total Payroll Supported	\$371,637,682	\$0	\$371,637,682
Total Economic Value	\$1,481,542,401	\$0	\$1,481,542,401

**Economic Impact Output per Abatement Dollar****\$7,051****New Total Tax per Abated Dollar****\$122.30****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.



March 23<sup>rd</sup>, 2025

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

Dear Mr. Burns,

**Tensorwave Inc** is applying to the State of Nevada's Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. We request that **Tensorwave Inc** be placed on the May 8<sup>th</sup>, 2025, GOED Board meeting agenda.

**Tensorwave Inc** will create **60** new positions in the first 2 years of operations, with an average hourly wage of **\$58.00**. **Tensorwave Inc** will make a capital equipment investment of **\$1,000,000**.

**Tensorwave Inc** meets the statutory requirements for the Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement. This application has the support of the Las Vegas Global Economic Alliance.

Sincerely,

Heather Brown  
SVP Entrepreneurial Development  
Las Vegas Global Economic Alliance



March 25, 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,

By way of this letter, TensorWave Inc. is applying to the state of Nevada for the Sales and Use, Modified Business, and Personal Property Tax Abatement. Recent strategic planning has the company focused on creating a presence in Nevada. A significant part of this consideration is the economic incentives offered by the state. We are projecting to add 60 full-time employees with an average wage of \$58.00 over the next two years of operations.

A brief history of our company along with an overview of our products is included with submission. TensorWave Inc. was founded in November 2023. TensorWave Inc. is leading the charge in AI computer, building versatile cloud platform that's driving the next generation of AI innovation. TensorWave Inc. is focused on creating a foundation that empowers cutting-edge advancements in intelligent computing, pushing the boundaries of what's possible in the AI landscape. As we expand our infrastructure to support our growing demand for AI services, we're focusing on our growth opportunity in our HQ hub, Las Vegas Nevada.

The economic development incentives offered by the State of Nevada have been an integral factor in our strategy. The projected cost savings from the support of these incentives will allow TensorWave Inc. to hire a greater number of full time employees, supporting the Governor's initiative for providing more Nevadan's with long term work and career opportunities. Additionally, Nevada's pro-business climate provides TensorWave Inc. with a sustainable location for ongoing strategic growth.

Our experience with representatives from the Las Vegas Global Economic Alliance has been positive and we look forward to your approval in supporting our expansion efforts. We appreciate your time and consideration.

Sincerely,

*Kathleen Simon*

Kathleen Simon  
EVP of Finance  
TensorWave Inc.



# Standard Tax Abatement Incentive Application

Company is an / a: (check one)  
 New location in Nevada  
 Expansion of a Nevada company

Company Name: TENSORWAVE INC.  
Date of Application: March 20, 2025

## 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) TENSORWAVE INC.			FEDERAL TAX ID # 93-4613491
CORPORATE ADDRESS 6543 S LAS VEGAS BLVD.	CITY / TOWN LAS VEGAS	STATE / PROVINCE NV	ZIP 89119
MAILING ADDRESS TO RECEIVE DOCUMENTS (if different from above)	CITY / TOWN	STATE / PROVINCE	ZIP
TELEPHONE NUMBER 7702-343-5542	WEBSITE WWW.TENSORWAVE.COM		
COMPANY CONTACT NAME KATHLEEN SIMON	COMPANY CONTACT TITLE EVP OF FINANCE		
E-MAIL ADDRESS KATHLEEN@TENSORWAVE.COM	PREFERRED PHONE NUMBER 702-343-5542		

Has your company ever applied and been approved for incentives available by the Governor's Office of Economic Development?  Yes  No  
If Yes, list the program awarded, date of approval, and status of the accounts (attach separate sheet if necessary):

## Section 3 - Program Requirements

Please check two of the boxes below; the company must meet at least two of the three program requirements:

- A capital investment of \$1,000,000 in eligible equipment in urban areas or \$250,000 in eligible equipment in rural areas are required. This criteria is businesses. In cases of expanding businesses, the capital investment must equal at least 20% of the value of the tangible property owned by the business.
- New businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is greater.
- In both urban and rural areas, the average hourly wage that will be paid by the business to its new employees is at least 100% of the average statewide hourly wage.  
Note: Criteria is different depending on whether the business is in a county where the population is 100,000 or more or a city where the population is 60,000 or more "urban" area), or if the business is in a county where the population is less than 100,000 or a city where the population is less than 60,000 (i.e., "rural" area).

## Section 4 - Nevada Facility

Type of Facility:

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

PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA 100%	EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) Oct-2025		
NAICS CODE / SIC 518210	INDUSTRY TYPE CLOUD COMPUTE		
DESCRIPTION OF COMPANY'S NEVADA OPERATIONS INVESTMENT IN A NEW HQ OFFICE			
PROPOSED / ACTUAL NEVADA FACILITY ADDRESS TBD	CITY / TOWN TBD	COUNTY Clark County	ZIP

WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP?  
FLORIDA, TEXAS, MARYLAND AND CALIFORNIA

**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>What year(s)? <u>2025</u></p> <p>How much space (sq. ft.)? <u>20,000 SQFT</u></p> <p>Annual lease cost of space: <u>\$600,000.00</u></p> <p>Do you plan on making building tenant improvements? <u>Yes</u></p> <p><b>If No, skip to Part 2. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? <u>Oct-2025</u></p> <hr/> <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>Purchase date, if buying (month, year): _____</p> <p>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>When to make improvements (month, year)? _____</p> <hr/> <p>Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>No</u></p> <p><b>If Yes *, continue below:</b></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><b>If No, skip to Part 2. If Yes, continue below:</b></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><b>If No, skip to Part 3. If Yes, continue below:</b></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><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 2. Are you currently operating at an owner occupied building in Nevada? _____</p> <p><b>If No, skip to Part 3. If Yes, continue below:</b></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><b>If No, skip to Part 3. If Yes *, continue below:</b></p> <p>When to make improvements (month, year)? _____</p> <hr/> <p>Part 3. Do you plan on building or buying a new facility in Nevada? _____</p> <p><b>If Yes *, continue below:</b></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>
<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>

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

**Section 7 - Capital Investment (Fill in either New Operations/Startup or Expansion, not both.)**

New Operations / Start Up	Expansions
How much capital investment is planned? (Breakout below):	How much capital investment is planned? (Breakout below):
Building Purchase (if buying): _____	Building Purchase (if buying): _____
Building Costs (if building / making improvements): _____	Building Costs (if building / making improvements): _____
Land: _____	Land: _____
Equipment Cost: <u>\$1,000,000</u>	Equipment Cost: _____
<b>Total: <u>\$1,000,000</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>60</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>\$58.00</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 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 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: 1ST DAY OF THE FOLLOWING MONTH

Health Insurance Costs:	Percentage of health insurance premium by (min 65%):
Plan Type: <u>AETNA PPO PLAN</u>	
Employer Contribution (annual premium per employee): <u>\$ 6,000.00</u>	Company: <u>100%</u>
Employee Contribution (annual premium per employee) _____	Employee: <u>0%</u>
<b>Total Annual Premium:</b> <u>\$ 6,000.00</u>	

[SIGNATURE PAGE FOLLOWS]

**Section 10 - Certification**

I, the undersigned, hereby grant to the Governor's Office of Economic Development access to all pertinent and relevant records and documents of the aforementioned company. I understand this requirement is necessary to qualify and to monitor for compliance of all statutory and regulatory provisions pertaining to this application.

Being owner, member, partner, officer or employee with signatory authorization for the company, I do hereby declare that the facts herein stated are true and that all licensing and permitting requirements will be met prior to the commencement of operations. In addition, I and /or the company's legal counsel have reviewed the terms of the GOED Tax Abatement and Incentives Agreement, the company recognizes this agreement is generally not subject to change, and any material revisions have been discussed with GOED in advance of board approval.

KATHLEEN SIMON

Name of person authorized for signature

*Kathleen Simon*

Signature

EVP OF FINANCE

Title

March 20, 2025

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: TensorWave, Inc.

County: Clark

---

### Section I - Site Selection Ratings

---

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

---

Availability of qualified workforce:	<u>5</u>	Transportation infrastructure:	<u>1</u>
Labor costs:	<u>3</u>	Transportation costs:	<u>1</u>
Real estate availability:	<u>2</u>	State and local tax structure:	<u>3</u>
Real estate costs:	<u>3</u>	State and local incentives:	<u>4</u>
Utility infrastructure:	<u>4</u>	Business permitting & regulatory structure:	<u>2</u>
Utility costs:	<u>3</u>	Access to higher education resources:	<u>3</u>

---

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

The projected cost savings from the support of these incentives will allow TensorWave Inc. to hire a greater number of full time employees, supporting the Governor's initiative for providing more Nevadan's with long term work and career opportunities. Additionally, Nevada's pro-business climate provides TensorWave Inc. with a sustainable location for ongoing strategic growth.





## 5(B) Employment Schedule

Company Name: TensorWave, Inc.

County: Clark

### Section 1 - Full-Time Equivalent (FTE) Employees

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

	(b)	(c)	(d)	(e)	(f)	(g)	(h)
New Hire Position Title/Description	Position SOC Code	Number of Positions	Average Hourly Wage	US Bureau of Labor Statistics Average Hourly Wage - Clark County	Average Weekly Hours	Annual Wage per Position	Total Annual Wages
Chief Executives	11-1011	5	\$120.00	\$120.44	40	\$249,600.00	\$1,248,000.00
Executive Secretaries and Executive Administrative Assistants	43-6011	5	\$30.00	\$31.82	40	\$62,400.00	\$312,000.00
Financial Managers	11-3031	5	\$40.00	\$67.57	40	\$83,200.00	\$416,000.00
Engineers, All Other	17-2199	20	\$65.00	\$49.98	40	\$135,200.00	\$2,704,000.00
Computer and Information Systems Managers	11-3021	10	\$50.00	\$69.93	40	\$104,000.00	\$1,040,000.00
Designers, All Other	27-1029	3	\$45.00	\$43.01	40	\$93,600.00	\$280,800.00
Buyers and Purchasing Agents	13-1028	3	\$40.00	\$31.64	40	\$83,200.00	\$249,600.00
Sales Managers	11-2022	5	\$55.00	\$66.62	40	\$114,400.00	\$572,000.00
Marketing Managers	11-2021	4	\$50.00	\$55.95	40	\$104,000.00	\$416,000.00
<b>TOTAL</b>		<b>60</b>	<b>\$58.00</b>	<b>\$59.65</b>			<b>\$7,238,400.00</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	20	\$70.00	\$2,912,000.00
4-Year	30	\$75.00	\$4,680,000.00
5-Year	40	\$80.00	\$6,656,000.00

\* 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: 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: TensorWave, Inc.

County: Clark

Total Number of Full-Time Employees: 60

Average Hourly Wage per Employee \$58.00

Average Annual Wage per Employee (implied) \$120,640.00

### COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$6,000.00

Percentage of Premium Covered by:

- Company 100%
- Employee 0%

### HEALTH INSURANCE PLANS:

**Base Health Insurance Plan\*:** **AETNA PPO 550/80%**

Deductible - per employee \$ 500

Coinsurance 20/80

Out-of-Pocket Maximum per employee \$ 3,500

**Additional Health Insurance Plan\*:** **KPCA Rippling HMO**

Deductible - per employee \$ -

Coinsurance 0% / 0%

Out-of-Pocket Maximum per employee \$ 1,500

**Additional Health Insurance Plan\*:**

Deductible - per employee \$ -

Coinsurance 0% / 0%

Out-of-Pocket Maximum per employee \$ -

\*Note: *Please list only "In Network" for deducatable and out of the pocket amounts .*

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

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

Covered employee's premium not to exceed 9.5% of annual wage 0% MEC

Annual Out-of-Pocket Maximum not to exceed \$9,200 (2025) \$3,500 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

KATHLEEN SIMON  
Name of person authorized for signature

*Kathleen Simon*  
Signature

EVP OF FINANCE  
Title

20-Mar-25  
Date

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

Company Name: TensorWave, Inc.

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.

KATHLEEN SIMON

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

*Kathleen Simon*

\_\_\_\_\_  
Signature

EVP OF FINANCE

\_\_\_\_\_  
Title

20-Mar-25

\_\_\_\_\_  
Date

## 5(E) Company Information

Company Name: TenorWave, Inc.

County: Clark

### Section I - 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
Piotr Tomasik	President And COO
Darrick Horton	CEO
Jeff Tatarchuk	CGO
Rebecca Lee Whiting	Corporate Secretary
Kathleen Simon	Corporate Treasurer

### 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:

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:

## Entity Information

### Entity Information

**Entity Name:**

TENSORWAVE INC.

**Entity Number:**

E36834202023-6

**Entity Type:**

Foreign Corporation (80)

**Entity Status:**

Active

**Formation Date:**

12/08/2023

**NV Business ID:**

NV20232972221

**Termination Date:**

**Annual Report Due Date:**

12/31/2025

**Compliance Hold:**

**Domicile Name:**

TENSORWAVE INC.

**Jurisdiction:**

Delaware - United States