Idaho Asphalt Supply, Inc.

2535 N 15th E, Idaho Falls, ID 83401 Roger Hott, Corporate Finance

Date: November 6, 2025

Application Facts:

Industry Manufacturing **NAICS** 444190 Type of App Expansion Location **Churchill County**

RDA CFED, Jim Barbee

Company Profile

Idaho Asphalt Supply, Inc. (Idaho Supply) has plans to build a comprehensive plant in Churchill County. The plant would produce, supply and distribute asphalt cement, slurry seal and other asphalt emulsion products to support construction and road construction in Nevada and other Western states. The company was founded in 1976 and is now a third-generation family business supplying more than 3MBbls of modified asphalt-based products to the highway construction industry. The company strives to provide a higher quality of life for communities by increasing pavement performance and working in partnership with government agencies, contractors, and other material suppliers, to build better roads, parking lots, highways and runways in the US West. In 2004, Idaho Supply began its first wave of expansion by acquiring two facilities in Utah and Wyoming. With this purchase, it established itself as the leading supplier in an eight-state region. In 2016 the company added seven new terminals to its network and now proudly serves the entire Western United States. The foundation of Idaho Supply's continued success has been built by its employees and their continued dedication and hard work. Idaho Supply believes its employees are its greatest assets and deeply believes that one of its highest callings is to enrich their lives by creating a company where people love to work. Source: Idaho Asphalt Supply, Inc

Tax Abatement Requirements:	<u>Statutory</u>	Company Application	Meeting Requirements
Job Creation	10	20	Yes
Average Wage	\$31.57	\$31.98	Yes
Equipment Capex (SU & MBT)	\$250,000	\$8,150,032	Yes
Equipment Capex (PP)	\$1,000,000	\$6,150,032	ies
Additional Requirements:			
Health Insurance	65%	81%	Yes
Revenues generated outside NV	51%	55%	Yes
Business License	✓ Current	Pending	☐ Will comply
Total Tax Liability (without tax abatements)	<u>Direct (company)</u>		Total
	\$1,977,202		\$7,288,892
Tax Abatements	Contract Terms		Estimated Tax Abatemen
Sales Tax Abmt.	2% for 2 years		\$456,402
Modified Business Tax Abmt.	50% for 4 years		\$19,505
Personal Property Tax Abmt.	50% for 10 years		\$319,945
Total Estimated Tax Abatement over 10 yrs.			\$795,852
Net New Tax Revenues	<u>Direct</u>	<u>Indirect</u>	Taxes after Abatements
Local Taxes			
Property	\$1,008,668	\$2,450,558	\$3,459,226
Sales	\$221,760	\$960,575	\$1,182,335
Lodging	\$0	\$0	\$0
State Taxes	±40.122	±104.470	
Property	\$49,133	\$184,470	\$233,603
Sales	\$242,201	\$530,163	\$772,364
Modified Business	\$480,504	\$365,008	\$845,512
Lodging	\$0 \$2,002,266	\$0 \$4,490,774	\$0
Total Estimated New Tax Revenue over 10 yrs.	\$2,002,266	\$4,490,774	\$6,493,040
Economic Impact over 10 yrs.	Economic	Construction	<u>Total</u>
Total Jobs Supported	169	44	213
Total Payroll Supported	\$85,510,228	\$3,089,774	\$88,600,002
Total Economic Value	\$381,237,407	\$9,581,667	\$390,819,074
Economic Impact Output per Abatement Dollar		New Total Tax per Aba	ted Dollar
\$479.03		\$8.16	

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

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.



Jim R Barbee Executive Director

775-720-3778 barbee@cfednv.com cfednv.com

90 N Maine Street Fallon, NV 89406

Date: September 9, 2025
Mr. Tom Burns
Executive Director
Nevada Governor's Office of Economic Development
555 E. Washington Avenue, Ste 5400
Las Vegas, NV 89101

Dear Mr. Burns,

Churchill Fallon Economic Development (CFED) is proud to present this letter of support for Idaho Asphalt Supply, Inc for its Sales & Use Tax, Modified Business Tax and Personal Property Tax abatements.

Northern Nevada has a critical need for another asphalt production company. Idaho Asphalt Supply Inc, along with its subsidiary company Western Emulsions, has plans to build a comprehensive plant in Churchill County. The plant would produce, supply and distribute asphalt cement, slurry seal and other asphalt emulsion products to support construction and road construction in Nevada and other Western states.

The company initially is planning on twenty full-time employees with an average hourly wage of \$31/hr plus a full benefits package. They calculate an investment of over \$15 million dollars in building and equipment costs.

We have reviewed their application and found it to comply with Nevada's statutory requirements for tax abatement. CFED and Churchill County support Idaho Asphalt Supply Inc's application for abatements.

Sincerely,

Jim R Barbee

Executive Director

Idaho Asphalt Supply, Inc

September 8, 2025

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

Dear Mr. Burns:

Idaho Asphalt Supply, Inc. respectfully requests the State's consideration of granting economic development incentives to support our potential project in Churchill County. State and local support in the form of abatements and other programs will be a key factor in our decision on whether to proceed with investing in a new facility in this area or to deploy the capital into one of our other North American facilities.

Following is some background on our company:

- Idaho Asphalt Supply (IAS) was founded in 1976 and is now a third-generation family business supplying more than 3MBbls of modified asphalt-based products to the highway construction industry.
- We have grown to more than 2.3MB of asphalt storage and a fleet of tank trucks and 190 rail cars operating through 14 terminals with coverage of 17 western states.
- Our high-quality products are delivered by Johnny B. Transport. JBT is among the largest in-house asphalt transportation companies in the market with full-service capabilities utilizing asphalt tankers, asphalt distributors, railcars and portable pumping units.
- In 2004, IAS expanded by acquiring two facilities in Utah and Wyoming and continued our growth in 2016 by acquiring Western Emulsions, Inc., adding seven new terminals their network.
- In July of 2018, we acquired R-n-M Transportation to add to their transportation holdings.

IAS has identified a potential 20-acre parcel in Churchill County for this potential expansion. We would invest approximately \$15,000,000 and bring approximately 20 new jobs to the community. Our goal is to be operational in Q3 2026.

Thank you again for your consideration.

Regards,

Roger Hott

Chief Financial Officer Corporate Finance 2535 N 15th E

Idaho Falls, ID 83401



Company is an / a: (check one) **Standard Tax Abatement Incentive Application** ✓ New location in Nevada Idaho Asphalt Supply, Inc. Company Name: Expansion of a Nevada company Date of Application: August 20, 2025 Section I - Type of Incentives Please check all that the company is applying for on this application: ☑ Sales & Use Tax Abatement ✓ Modified Business Tax Abatement Recycling Real Property Tax Abatement ✓ Personal Property Tax Abatement Other: **Section 2 - Corporate Information** COMPANY NAME (Legal name under which business will be transacted in Nevada) FEDERAL TAX ID # Idaho Asphalt Supply, Inc. 82-0325664 CORPORATE ADDRESS CITY / TOWN STATE / PROVINCE ZIP 2535 N 15th E Idaho Falls 83401 MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above) CITY / TOWN STATE / PROVINCE 7IF 2535 N 15th E Idaho Falls 83401 ID **TELEPHONE NUMBER** WEBSITE 208.524.5871 idahoasphalt.com COMPANY CONTACT NAME COMPANY CONTACT TITLE Roger Hott Corporate Finance E-MAIL ADDRESS PREFERRED PHONE NUMBER rhott@idahoaspalt.com 208.524.5871 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 Mew businesses locating in urban areas require fifty (50) or more permanent, full-time employees on its payroll by the eighth calendar quarter following quarter in which the abatement becomes effective. In rural areas, the requirement is ten (10) or more. For an expansion, the business must increase employees on its payroll by 10% more than its existing employees prior to expansion, or by 25 (urban) or 6 (rural) employees, whichever is 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 Service Provider Distribution / Fulfillment □ Technology ☐ Back Office Operations Manufacturing Research & Development / Intellectual Property Other: PERCENTAGE OF REVENUE GENERATED BY THE NEW JOBS EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) CONTAINED IN THIS APPLICATION FROM OUTSIDE NEVADA Jun-2026 NAICS CODE / SIC INDUSTRY TYPE 444190 Construction Materials/Asphalt DESCRIPTION OF COMPANY'S NEVADA OPERATIONS Liquid asphalt manufacturing and distribution CITY / TOWN PROPOSED / ACTUAL NEVADA FACILITY ADDRESS COUNTY 7IP 2364 Paver Drive Fallon **Churchill County** WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP? Idaho Asphalt Supply has 17 other U.S. locations where this capital investment could be directed as an alternative to the proposed project.

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

Checl	the applicable box when form has been completed.	
5 (A)	Equipment List	
5 (B)	Employment Schedule	
5 (C)	Evaluation of Health Plan, with supporting documents to show the employer paid portion of plan meets the minimum of 65%	
5 (D)	Company Information Form	

New Operations / Start Up - Plans Over the Next <u>Ten Years</u>		Expansions - Plans Over the Next 10 Years
Part 1. Are you currently/planning on		Part 1. Are you currently leasing space in Nevada?
leasing space in Nevada?	No	If No, skip to Part 2. If Yes, continue below:
If No, skip to Part 2. If Yes, continue below:		What year(s)?
What year(s)?		How much space (sq. ft.)?
How much space (sq. ft.)?		Annual lease cost at current space:
Annual lease cost of space:		Due to expansion, will you lease additional space?
Do you plan on making building tenant improvements?		If No, skip to Part 3. If Yes, continue below:
If No, skip to Part 2. If Yes *, continue below:		Expanding at the current facility or a new facility?
When to make improvements (month, year)?		What year(s)?
		How much expanded space (sq. ft.)?
Part 2. Are you currently/planning on		Annual lease cost of expanded space:
buying an owner occupied facility in Nevada?	No	Do you plan on making building tenant improvements?
If No, skip to Part 3. If Yes *, continue below:		If No, skip to Part 3. If Yes *, continue below:
Purchase date, if buying (month, year):		When to make improvements (month, year)?
How much space (sq. ft.)?		
Do you plan on making building improvements?		Part 2. Are you currently operating at an
If No, skip to Part 3. If Yes *, continue below:		owner occupied building in Nevada?
When to make improvements (month, year)?		If No, skip to Part 3. If Yes, continue below:
		How much space (sq. ft.)?
Part 3. Are you currently/planning on		Current assessed value of real property?
building a build-to-suit facility in Nevada?	Yes	Due to expansion, will you be making building improvements?
If Yes *, continue below:		If No, skip to Part 3. If Yes *, continue below:
When to break ground, if building (month, year)?	Oct-2025	When to make improvements (month, year)?
Estimated completion date, if building (month, year):	Jun-2026	
How much space (sq. ft.)?	3,584	Part 3. Do you plan on building or buying a
		new facility in Nevada?
		If Yes *, continue below:
		Purchase date, if buying (month, year):
		When to break ground, if building (month, year)?
		Estimated completion date, if building (month, year):
		How much space (sq. ft.)?

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

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): \$7,200,000	Building Costs (if building / making improvements):			
Land:	Land:			
Equipment Cost: \$8,150,032	Equipment Cost:			
Total: \$15,350,032	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	How many full-time equivalent (FTE*) employees will be created by the			
end of the first eighth quarter of new operations?:20	end of the first eighth quarter of expanded operations?:			
Average hourly wage of these <u>new</u> employees: \$31.98	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 w set forth in NAC 360.474.	eek or more, is eligible for health care coverage, and whose position is a "primary job" as			
OTHER COMPENSATION (Check all that apply):				
✓ Overtime ✓ Merit increases	Tuition assistance Bonus			
✓ PTO / Sick / Vacation ☐ COLA adjustments	Retirement Plan / Profit Sharing / 401(k) Other:			
BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND EL	IGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):			
Section 9 - Employee Health Insurance Benefit Program	n			
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: First of the month following 30 days			
Health Insurance Costs:	Percentage of health insurance premium by (min 65%):			
Plan Type: PPO				
Employer Contribution (annual premium per employee):	\$ 8,245.08 Company: 81%			
Employee Contribution (annual premium per employee) \$ 1,943.04 Employee: 19% Total Annual Premium: \$ 10,188.12				

[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.

Roger Hott	OSLA TOX
Name of person authorized for signature	Signature
Chief Financial Officer	9 /8/25
Title	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: Idaho Asphalt Supply,	Name: Idaho Asphalt Supply, Inc.		County: Churchill	
Section I - Site Selection Ratings				
Directions: Please rate the select factors by importa Application.	nce to the	company's business (1 = very low; 5 = very high). Attach this form t	o the Incentives	
Availability of qualified workforce:	: 4	Transportation infrastructure:	5	
Labor costs:	: 4	Transportation costs:	4	
Real estate availability	: 3	State and local tax structure:	4	
Real estate costs	: 4	State and local incentives:	5	
Utility infrastructure	: 4	Business permitting & regulatory structure:	4	
Utility costs:	4	Access to higher education resources:	3	

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

Idaho Asphalt has been looking to establish a location in Northern Nevada for many years. The area near Fallon addresses strategic and geographic needs of the Company's footprint. From a logistics perspective, hot asphalt can only be transported a certain distance before it cools and cannot be handled properly. The Company's current location footprint has made it difficulat for Idaho Asphalt to serve markets in Northern California and Northern Nevada. The Fallon location addresses the Company's geographic needs while also providing desireable property and fulfilling critical workforce needs.

Idaho Asphalt Supply, Inc. respectfully requests the State's consideration of granting economic development incentives to support its planned project in Fallon. In these uncertain economic times, State and local support in the form of abatements and other programs will be a key factor ensuring the Company's ability to quickly execute its plans to invest in a new facility in the Fallon area.

5(A) Capital Equipment List

Company Name:	Idano Asphalt Supply, Inc.	County: Churchill	
·		<u>-</u>	

Section I - Capital Equipment List

Directions: Please provide an estimated list of the equipment [columns (a) through (c)] which the company intends to purchase over the two-year allowable period. For example, if the effective date of new / expanded operations begins April 1, 2015, the two-year period would be until March 31, 2017. Add an additional page if needed. For guidelines on classifying equipment, visit:

tax.nv.gov/LocalGovt/PolicyPub/ArchiveFiles/Personal_Property_Manuals. Attach this form to the Incentives Application.

	•	_	
(a)	(b)	(c)	(d)
Equipment Name/Description	# of Units	Price per Unit	Total Cost
Storage Tanks	28		\$2,898,531.90
Piping and Electrical Systems			\$1,428,456.70
Boiler	1		\$528,000.00
Hot Oil Heater	1		\$331,100.00
Loading Rack	2		\$210,718.20
Porcess Control Unit	1		\$386,100.00
Polymer Mill	1		\$110,000.00
Sulfur Conveyor	1		\$33,000.00
Super Sack Handler	1		\$16,500.00
Blending Skid	1		\$330,000.00
Office Equipment			\$44,000.00
Lab Equipment			\$165,000.00
Shop Equipment and Tools			\$110,000.00
Truck Scale	1		\$330,000.00
Fence	1		\$29,934.30
Fire Water Tank	1		\$274,690.90
Emulsion Skid	1		\$880,000.00
Alarms and Cameras			\$44,000.00
		1	
		 	
		 	
		1	
		 	
		†	
		†	
		†	
TOTAL EQUIPMENT COST			\$8,150,032.00

s any of this equipment* to be acquired under an operating lease	}?
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☐ Yes 🔽 No

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

5(B) Employment Schedule

Company Name: Idaho Asphalt Supply, Inc. County: Churchill

Section I - Full-Time Equivalent (FTE) Employees

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

Please use the Bureau of Labor Statistics Standard Occupational Classification System (SOC) link to populate section (b): https://www.bls.gov/soc/2018/major_groups.htm#11-0000

(a)	(b)	(c)	(d)	(e)	(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		Annual Wage per Position	Total Annual Wages
General and Operations Managers	11-1021	1	\$50.00	\$52.20	40	\$104,000.00	\$104,000.00
Sales Managers	11-2022	1	\$48.50	\$63.32	40	\$100,880.00	\$100,880.00
Billing and Posting Clerks	43-3021	1	\$20.00	\$22.93	40	\$41,600.00	\$41,600.00
Plant and System Operators, All Other	51-8099	7	\$23.00	U	40	\$47,840.00	\$334,880.00
Transportation, Storage, and Distribution Managers	11-3071	10	\$36.00	\$48.34	40	\$74,880.00	\$748,800.00
TOTAL		20	\$31.98	\$31.09			\$1,330,160.00

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 <u>estimated new full</u> 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	25	\$32.00	\$1,664,000.00
4-Year	27	\$33.00	\$1,853,280.00
5-Year	27	\$34.00	\$1,909,440.00

^{*} 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: LighcastTM 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

Average Hourly Wage per Employee (mplied) Average Annual Wage per Employee (implied) S84,376.00 COST OF HELATH INSURANCE Annual Health Insurance Premium Cost: \$10,188.12 Percentage of Premium Covered by: Company 81% Employee 19% HEALTH INSURANCE PLANS: Base Health Insurance Plan*: Cigna HealthCare PPO 1000 Deductible - per employee \$1,000 Colinsurance 80% /20% Count-of-Pocket Maximum per employee \$3,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 3000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 5000 Additional Health Benefits Cigna Health Benefits (EHB) Annual Out-of-Pocket Maximum not to exceed \$9,200 (2025) \$3,000 MEC Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (Pi Laboratory Services (Pi Laboratory Services (Pi Laboratory Services (Pi Laborator	Company Name: Idaho Asphalt Supply, Inc.	County:	Churchill	
Average Annual Wage per Employee (implied) COST OF HELATH INSURANCE Annual Health Insurance Premium Cost: \$10,188.12 Percentage of Premium Covered by: Company 81% Employee 19% HEALTH INSURANCE PLANS: Base Health Insurance Plan*: Cigna HealthCare PPO 1000 Deductible - per employee \$1,000 Coinsurance 0ut-of-Pocket Maximum per employee \$3,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 3000 Deductible - per employee \$3,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 3000 Deductible - per employee \$3,000 Coinsurance 90% / 10% Out-of-Pocket Maximum per employee \$3,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 3000 Deductible - per employee \$3,000 Coinsurance 90% / 40% Out-of-Pocket Maximum per employee \$5,000 Coinsurance Cout-of-Pocket Maximum per employee \$5,000 Coinsurance 60% / 40% Out-of-Pocket Maximum per employee \$6,000 *Note: Please list only *1n 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 \$9,200 (2025) \$3,000 MEC Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Mestal health substance use disorder/behavioral health treatment (F) Prescription drugs (G) Rehabilitative and habilitative services and devices (H) Laboratory services (I) Mental health substance use disorder/behavioral health treatment (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 independent or onfirm the same. Roger Hott Name of person auth	Total Number of Full-Time Employees:		20	
Annual Health Insurance Premium Cost: Percentage of Premium Covered by: Company Employee 19% HEALTH INSURANCE PLANS: Base Health Insurance Plan*: Deductible - per employee 0ut-of-Pocket Maximum not to exceed 9.5% of annual wage 0ut-of-Pocket Maximum not to exceed 9.5% of annual wage 0ut-of-Pocket Maximum not to exceed 9.5% of annual wage 0ut-of-Pocket Maximum not to exceed \$9.200 (2025) 0ut-of-Pocket			· · · · · · · · · · · · · · · · · · ·)
Percentage of Premium Covered by: Company Employee 19% HEALTH INSURANCE PLANS: Base Health Insurance Plan*: Deductible - per employee \$ 1,000 Coinsurance Out-of-Pocket Maximum per employee \$ 3,000 Additional Health Insurance Plan*: Deductible - per employee \$ 3,000 Coinsurance Out-of-Pocket Maximum per employee \$ 3,000 Coinsurance Out-of-Pocket Maximum per employee \$ 3,000 Coinsurance Out-of-Pocket Maximum per employee \$ 5,000 Coinsurance Out-of-Pocket Maximum per employee \$ 5,000 Coinsurance Out-of-Pocket Maximum per employee \$ 5,000 Coinsurance Out-of-Pocket Maximum per employee \$ 6,000 Note: Please list only "In Network" for deductible and out of the pocket amounts Generalized Criteria for Essential Health Benefits (EHB) Ifollowing requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022] Covered employee's premium not to exceed \$9,200 (2025) Minimum essential health benefits covered (Company offers PPO): (A) Ambulatory patient services (B) Emergency services (C) Hospitalization (J) Maternity and newborn care (E) Mental health benefits covered (Company offers PPO): (A) Hospitalization (J) Metalmity and health services and devices (H) Laboratory services (H) Laboratory services and chronic disease management (J) Preditric services, including oral and vision care No Annual Limits on Essential Health Benefits (J) Predictire services, including oral and vision care No Annual Limits on Essential Health Benefits (J) Predictire services, including oral and vision care No Annual Limits on Essential Health Benefits (J) Predictire services, including oral and vision care No Annual Limits on Essential Health Benefits (J) Predictire services, including oral and vision care No Annual Content of the propose of the plan for GOED to independently confirm the same. No Annual Content of the plan for GOED to independently confirm the same.	COST OF HELATH INSURANCE			
Employee 19% HEALTH INSURANCE PLANS: Base Health Insurance Plan*: Cigna HealthCare PPO 1000 Deductible - per employee \$ 1,000 Coinsurance 88% /20% Out-of-Pocket Maximum per employee \$ 3,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 3000 Deductible - per employee \$ 3,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 3000 Deductible - per employee \$ 3,000 Coinsurance 90% / 10% Out-of-Pocket Maximum per employee \$ 4,000 Additional Health Insurance Plan*: Cigna HealthCare HDHP 5000 Deductible - per employee \$ 5,000 Coinsurance 90% / 40% Out-of-Pocket Maximum per employee \$ 6,000 *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 3.7% MEC Annual Out-of-Pocket Maximum not to exceed \$9,5% of annual wage 3.7% MEC Minimum essential health benefits covered (Company offers PPO): (A) Annual and Out-of-Pocket Maximum not to exceed \$9,200 (2025) \$ 3,000 MEC Minimum essential health benefits covered (Company offers PPO): (A) Annual Cut-of-Pocket Maximum not to exceed \$9,200 (2025) \$ 3,000 MEC Minimum essential health benefits covered (Company offers PPO): (A) Policialization			\$10,188.12	2
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Additional Health Insurance Plan*: Deductible - per employee Coinsurance Cout-of-Pocket Maximum per employee So,000 Seneralized Criteria for Essential Health Benefits (EHB) Iffoliowing requirements outlined in the Affordable Care Act and US Code, including 42 USC Section 18022] Covered employee's premium not to exceed \$9,200 (2025) Annual Out-of-Pocket Maximum not to exceed \$9,200 (2025) 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. Roger Hott Name of person authorized for signature Chief Financial Officer Chief Financial Officer Cignature	Coinsurance		90% / 10%)
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Name of person authorized for signature Chief Financial Officer Signature 10/10/2025	true, and that I have attached a qualified plan with information highlig	hting wher	e our plan re	eflects meeting the 65%
Name of person authorized for signature Chief Financial Officer Signature 10/10/2025	Roger Hott		Jogu	Tox
		Signature		
	Chief Financial Officer		10/10/2020	5
		Date	10/10/202	<u> </u>

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

Company Name: Idaho Asphalt Supply, Inc.

eighth calendar quarter following the calendar quarter in the earlier of the eighth calendar quarter following the ca or the date on which the business has at least 50 full-tim for paid family and medical leave and agrees that all em	50 full-time employees on the payroll of the business by the which the abatement becomes effective the business, by alendar quarter in which the abatement becomes effective me employees on the payroll of the business, has a policy ployees who have been employed by the business for at family and medical leave at a rate of at least 55 percent of
the regular wage of the employee.	anny and medical leave at a rate of at least oo percent of
I, the undersigned, hereby declare to the Governor's Offi true, and that the Applicant will meet this threshold for P	ice of Economic Development that the facts herein stated are FML.
Roger Hott	ocut ou
Name of person authorized for signature	Signature))
Chief Financial Officer	9/8/25
Title	Date

County: Churchill

5(E) Company Information

Company Name: Idaho Asphalt Supply, Inc.	County: Churchill
Section I - Company Interest List	
Directions: Please provide a detailed list of owners and/or members of the strives to maintain the highest standards of integrity, and it is vital that conflict or appearance of a conflict must be avoided. To maintain our detailed list of owners, members, equity holders and Board members of the	the public be confident of our commitment. Accordingly, any integrity and credibility, the applicant is required to provide a
(a) Name	(b) Title
Pamela J Cook	Owner
Theresa Woodman	Owner
Lyn Charsten	Owner
The AJB Trust	Owner
Matt Blake	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 practice GOED requires a corporate schematic to understand the exact retable to show the exact relationships between the companies and included. The names as they would read on the tax exemption letter. Which entity(ies) will do the hiring? Which entity(ies) will be purchasing the equipment?	elationships between the companies. Please populate the below
Name of Subsidiary or Affiliate Entity, Role and Legal Control Relation	onship
Peak Asphalt, LLC. is directly owned by Idaho Asphalt, Inc. and wil purchase of capital equipment.	ll be also participating in the hiring of employees and the
Please include any additional details below:	

Peak Asphalt, LLC confirms it will register with the Nevada Secretary of State pursuant to the laws of the State of Nevada and obtain all licenses and permits required by the State of Nevada, the county, and the city or town in which the business operates as is necessary and required for lawful operation of the Project in those jurisdictions.

Abatement Application Addendum (for internal use / information)		
Company Name: Idaho Asphalt Supply, Inc.	County: Churchill	
Corporate Social Responsibility (CSR)		
	y's current CSR / Community Engagement Activities. Does the	
company nave any current programs, or future plans below in the space below. Feel free to add space if required	in its Nevadan location, that it would like to list? If so please do so	
Idaho Asphalt does not have a formal CSR policy or plan. We do pa ocal community.	articipate in various community engagement activities and plan on being involved in the	
Equity, Diversity, and Inclusion		
	actices for equity, diversity, and inclusion? Feel free to add space if	
required:		
TBD - once project is operational.		

Abatement Application Addendum (for	•
Company Name: Idaho Asphalt Supply, Inc.	County: Churchill
Education Partnerships	
	uit or advance workforce development (e.g. workforce boards, lers)? Additionally, would the company have any anticipated needs, port? Feel free to add space if required:
TBD - Once project is operational.	
Supply Chain	
	as noted in the Capital Equipment List, from or through Nevada- any notes / highlights re. this? Feel free to add space if required:
Equipment that can be reasonably sourced locally will be purchased l	

Entity Information

Entity Information

Entity Name: IDAHO ASPHALT Entity Number: C3655-1987

SUPPLY, INC.

Entity Type: Foreign Corporation Entity Status: Active

(80)

Formation 05/13/1987 **NV Business ID:** NV19871023267

Date:

Termination Annual Report Due 5/31/2026

Date: Date:

Compliance Hold:

Domicile Jurisdiction: Idaho

Name: