

**Buckeye Corrugated, Inc (BCI Reno Division)**

3010 Airway Drive, Suite 110, Reno NV, 89502

Vanessa Anton, CFO &amp; Treasurer

**Date:** August 5, 2026**Application Facts:**

Industry **Manufacturing**  
NAICS **322211**  
Type of App **New**  
Location **Washoe County**  
RDA **Northern NV Now (formerly EDAWN), Amanda Berry-Jones**

**Company Profile**

Buckeye Corrugated, Inc. (BCI) will establish and expand its advanced corrugated packaging manufacturing operations in northern Nevada, strengthening its ability to serve customers throughout the Western United States. The Reno facility will function as a strategic production and distribution hub, leveraging Nevada's central location, strong transportation network, and growing manufacturing workforce to provide faster lead times and enhanced service to West Coast markets. BCI specializes in custom corrugated packaging, retail-ready and point-of-purchase displays, contract packaging and fulfillment, digital and flexographic printing, and structural and graphic design services. The company combines innovative design, operational excellence, and American-sourced manufacturing to deliver packaging solutions that protect products, strengthen brands, and improve supply chain performance across industrial, e-commerce, and retail environments. Additionally, BCI focuses on sustainable packaging solutions, and emphasizes workforce development, innovation, customer partnerships, and community engagement as core elements of its business model. *Source: Buckeye Corrugated, Inc.*

**Tax Abatement Requirements:**

|                            | <u>Statutory</u> | <u>Company Application</u> | <u>Meeting Requirements</u> |
|----------------------------|------------------|----------------------------|-----------------------------|
| Job Creation               | 50               | 27                         | No                          |
| Average Wage               | \$31.57          | \$40.06                    | Yes                         |
| Equipment Capex (SU & MBT) | \$1,000,000      | \$12,755,000               | Yes                         |
| Equipment Capex (PP)       | \$5,000,000      |                            |                             |

**Additional Requirements:**

|                               |                                             |                                  |                                      |
|-------------------------------|---------------------------------------------|----------------------------------|--------------------------------------|
| Health Insurance              | 65%                                         | 85%                              | Yes                                  |
| Revenues generated outside NV | 51%                                         | 65%                              | Yes                                  |
| Business License              | <input checked="" type="checkbox"/> Current | <input type="checkbox"/> Pending | <input type="checkbox"/> Will comply |

**Tax Abatements**

|                                                   | <u>Contract Terms</u> | <u>Estimated Tax Abatement</u> |
|---------------------------------------------------|-----------------------|--------------------------------|
| Sales Tax Abmt.                                   | 2% for 2 years        | \$799,101                      |
| Modified Business Tax Abmt.                       | 50% for 4 years       | \$15,192                       |
| Personal Property Tax Abmt.                       | 50% for 10 years      | \$757,851                      |
| <b>Total Estimated Tax Abatement over 10 yrs.</b> |                       | <b>\$1,572,144</b>             |

**Net New Tax Revenues**

|                                                     | <u>Direct</u>      | <u>Indirect</u>    | <u>Taxes after Abatements</u> |
|-----------------------------------------------------|--------------------|--------------------|-------------------------------|
| <b>Local Taxes</b>                                  |                    |                    |                               |
| Property                                            | \$2,526,312        | \$2,038,035        | \$4,564,347                   |
| Sales                                               | \$37,042           | \$998,568          | \$1,035,610                   |
| Lodging                                             | \$0                | \$0                | \$0                           |
| <b>State Taxes</b>                                  |                    |                    |                               |
| Property                                            | \$123,058          | \$124,629          | \$247,687                     |
| Sales                                               | \$266,925          | \$400,194          | \$667,119                     |
| Modified Business                                   | \$297,588          | \$334,442          | \$632,030                     |
| Lodging                                             | \$0                | \$0                | \$0                           |
| <b>Total Estimated New Tax Revenue over 10 yrs.</b> | <b>\$3,250,925</b> | <b>\$3,895,868</b> | <b>\$7,146,793</b>            |

**Economic Impact over 10 yrs.**

|                         | <u>Economic</u> | <u>Construction</u> | <u>Total</u>  |
|-------------------------|-----------------|---------------------|---------------|
| Total Jobs Supported    | 101             | 0                   | 101           |
| Total Payroll Supported | \$64,547,483    | \$557,055           | \$65,104,538  |
| Total Economic Value    | \$290,334,943   | \$1,581,583         | \$291,916,526 |

**Economic Impact Output per Abatement Dollar****\$184.67****New Total Tax per Abated Dollar****\$4.55****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.

June 16, 2026

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

Re: Buckeye Corrugated, Inc.

Dear Mr. Burns:

EDAWN hereby supports the application of Buckeye Corrugated, Inc. for the Sales & Use Tax Abatement, Modified Business Tax Abatement, and Personal Property Tax Abatement incentives.

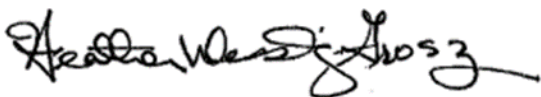
Buckeye Corrugated is an employee-owned company manufacturing custom corrugated packaging and display solutions, with a commitment to innovation, sustainability and stronger customer relationships across the U.S. BCI will be expanding its distribution and eventually manufacturing operations to Northern Nevada.

The company will be investing approximately \$12,755,000 in capital equipment and plans to hire 27 employees within the first 2 years at an average wage of \$40.06 per hour.

The company's compensation package includes medical benefits, overtime, PTO/sick/vacation, and bonuses. 85% of the employee health insurance is covered by the company.

EDAWN supports this application as the company meets the three incentive requirements. Your consideration and support of the incentive application for Buckeye Corrugated, Inc. is a significant factor in their pending decision to expand to Northern Nevada and speaks favorably to the State's business-friendly environment.

Sincerely,



Heather Wessling Grosz, Senior Vice President  
Economic Development Authority of Western Nevada (EDAWN)



June 2, 2026

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

**Re: Request for Tax Incentives for Buckeye Corrugated, Inc.'s Reno Manufacturing Facility**

Dear Tom,

Buckeye Corrugated, Inc. (BCI) is an employee-owned company creating custom corrugated packaging and display solutions, with a commitment to innovation, sustainability, and strong customer relationships across the U.S. Please accept this letter as BCI's formal request of consideration for tax incentives and other economic development assistance available through the State of Nevada for our planned manufacturing operations.

BCI has a newly established presence in Reno, Nevada with a 100,000-square-foot manufacturing facility. This project represents an initial capital investment of approximately \$13 million in equipment and technology, along with an additional \$12 million in operating lease right of use assets (initial 10-year building lease).

Our facility will: (1) contribute to the diversification of Nevada's economy by expanding its manufacturing-company base; (2) support local businesses, generating indirect and induced economic activity in the region; and (3) invest in workforce through job creation providing opportunities for Nevada residents.

To improve the feasibility and competitiveness of locating this project in Nevada, BCI respectfully requests consideration for applicable incentives administered by the State of Nevada.

We believe our business expansion aligns with Nevada's long-term economic development goals, particularly in the areas of job creation, workforce development, and economic diversification. With the State's support, BCI is prepared to move forward on an accelerated timeline.

Thank you for your consideration of this request. We look forward to the possibility of partnering with the State of Nevada to bring this important manufacturing investment to the region.

Sincerely,

BUCKEYE CORRUGATED, INC.

A handwritten signature in black ink, appearing to read "Vanessa Anton", is written over a light blue horizontal line.

Vanessa Anton, CFO & Treasurer

T 330-576-0590  
822 Kumho Dr, Ste 400  
Fairlawn, OH 44333

[bcipkg.com](http://bcipkg.com)

## Standard Tax Abatement Incentive Application

 Company Name: Buckeye Corrugated, Inc. (BCI Reno Division)

 Date of Application: November 21, 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) |                            | FEDERAL TAX ID #  |              |
| <u>Buckeye Corrugated, Inc. (BCI Reno Division)</u>                         |                            | <u>34-0831886</u> |              |
| CORPORATE ADDRESS                                                           | CITY / TOWN                | STATE / PROVINCE  | ZIP          |
| <u>822 Kumho Drive, Suite 400</u>                                           | <u>Fairlawn</u>            | <u>Ohio</u>       | <u>44333</u> |
| MAILING ADDRESS TO RECEIVE DOCUMENTS (If different from above)              | CITY / TOWN                | STATE / PROVINCE  | ZIP          |
| TELEPHONE NUMBER                                                            | WEBSITE                    |                   |              |
| <u>330-576-0602</u>                                                         | <u>www.bcipkg.com</u>      |                   |              |
| COMPANY CONTACT NAME                                                        | COMPANY CONTACT TITLE      |                   |              |
| <u>Vanessa Anton</u>                                                        | <u>CFO &amp; Treasurer</u> |                   |              |
| E-MAIL ADDRESS                                                              | PREFERRED PHONE NUMBER     |                   |              |
| <u>vanton@bcipkg.com</u>                                                    | <u>330-329-6655</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 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 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 "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                                                                                                      | EXPECTED DATE OF NEW / EXPANDED OPERATIONS (MONTH / YEAR) |                      |              |
| <u>65%</u>                                                                                                                                                                                             | <u>Building lease signed October 2025</u>                 |                      |              |
| NAICS CODE / SIC                                                                                                                                                                                       | INDUSTRY TYPE                                             |                      |              |
| <u>322211</u>                                                                                                                                                                                          | <u>Corrugated box manufacturer</u>                        |                      |              |
| DESCRIPTION OF COMPANY'S NEVADA OPERATIONS                                                                                                                                                             |                                                           |                      |              |
| <u>BCI is an employee-owned company creating custom corrugated packaging and display solutions, with a commitment to innovation, sustainability, and strong customer relationships across the U.S.</u> |                                                           |                      |              |
| PROPOSED / ACTUAL NEVADA FACILITY ADDRESS                                                                                                                                                              | CITY / TOWN                                               | COUNTY               | ZIP          |
| <u>3010 Airway Drive, Suite 110</u>                                                                                                                                                                    | <u>Reno</u>                                               | <u>Washoe County</u> | <u>89502</u> |
| WHAT OTHER STATES / REGIONS / CITIES ARE BEING CONSIDERED FOR YOUR COMPANY'S RELOCATION / EXPANSION / STARTUP?                                                                                         |                                                           |                      |              |
| <u>Reno is selected site</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 List5 (B) ☒ Employment Schedule5 (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 1. Are you currently/planning on leasing space in Nevada? <u>Yes</u><br><b>If No, skip to Part 2. If Yes, continue below:</b><br>What year(s)? <u>2025</u><br>How much space (sq. ft.)? <u>98,549</u><br>Annual lease cost of space: <u>\$1,158,830.40</u><br>Do you plan on making building tenant improvements? <u>Yes</u><br><b>If No, skip to Part 2. If Yes *, continue below:</b><br>When to make improvements (month, year)? <u>Jan-2026</u> | Part 1. Are you currently leasing space in Nevada? _____<br><b>If No, skip to Part 2. If Yes, continue below:</b><br>What year(s)? _____<br>How much space (sq. ft.)? _____<br>Annual lease cost at current space: _____<br>Due to expansion, will you lease additional space? _____<br><b>If No, skip to Part 3. If Yes, continue below:</b><br>Expanding at the current facility or a new facility? _____<br>What year(s)? _____<br>How much expanded space (sq. ft.)? _____<br>Annual lease cost of expanded space: _____<br>Do you plan on making building tenant improvements? _____<br><b>If No, skip to Part 3. If Yes *, continue below:</b><br>When to make improvements (month, year)? _____ |
| Part 2. Are you currently/planning on buying an owner occupied facility in Nevada? <u>No</u><br><b>If No, skip to Part 3. If Yes *, continue below:</b><br>Purchase date, if buying (month, year): _____<br>How much space (sq. ft.)? _____<br>Do you plan on making building improvements? _____<br><b>If No, skip to Part 3. If Yes *, continue below:</b><br>When to make improvements (month, year)? _____                                           | Part 2. Are you currently operating at an owner occupied building in Nevada? _____<br><b>If No, skip to Part 3. If Yes, continue below:</b><br>How much space (sq. ft.)? _____<br>Current assessed value of real property? _____<br>Due to expansion, will you be making building improvements? _____<br><b>If No, skip to Part 3. If Yes *, continue below:</b><br>When to make improvements (month, year)? _____                                                                                                                                                                                                                                                                                     |
| Part 3. Are you currently/planning on building a build-to-suit facility in Nevada? <u>No</u><br><b>If Yes *, continue below:</b><br>When to break ground, if building (month, year)? _____<br>Estimated completion date, if building (month, year): _____<br>How much space (sq. ft.)? _____                                                                                                                                                             | Part 3. Do you plan on building or buying a new facility in Nevada? _____<br><b>If Yes *, continue below:</b><br>Purchase date, if buying (month, year): _____<br>When to break ground, if building (month, year)? _____<br>Estimated completion date, if building (month, year): _____<br>How much space (sq. ft.)? _____                                                                                                                                                                                                                                                                                                                                                                             |

**\* 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):

The building tenant improvements will equip this space to operate a corrugated box manufacturing facility to Reno, Nevada.

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

| New Operations / Start Up                                              | Expansions                                                                         |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| How much capital investment is planned? (Breakout below):              | How much capital investment is planned? (Breakout below):                          |
| Building Purchase (if buying): _____                                   | Building Purchase (if buying): _____                                               |
| Building Costs (if building / making improvements): <u>\$1,075,000</u> | Building Costs (if building / making improvements): _____                          |
| Land: _____                                                            | Land: _____                                                                        |
| Equipment Cost: <u>\$12,755,000</u>                                    | Equipment Cost: _____                                                              |
| <b>Total: <u>\$13,830,000</u></b>                                      | <b>Total: _____</b>                                                                |
|                                                                        | Is the equipment purchase for replacement<br>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>27</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>\$40.06</u>                                                                   | Average hourly wage of these <u>new</u> employees: _____                                                                             |
|                                                                                                                                     | How many FTE employees prior to expansion?: _____                                                                                    |
|                                                                                                                                     | Average hourly wage of these <u>existing</u> employees: _____                                                                        |
|                                                                                                                                     | Total number of employees after expansion: _____                                                                                     |

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

OTHER COMPENSATION (Check all that apply):

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

BRIEF DESCRIPTION OF ADDITIONAL COMPENSATION PROGRAMS AND ELIGIBILITY REQUIREMENTS (Attach a separate sheet if necessary):

**Section 9 - Employee Health Insurance Benefit Program**

|                                                                                                                                                                                                    |                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is health insurance for employees and is an option for dependents offered?: <input checked="" type="checkbox"/> Yes ( <b>attach health plan and quote or invoice</b> ) <input type="checkbox"/> No |                                                                                                                                                            |
| Package includes (check all that apply):                                                                                                                                                           |                                                                                                                                                            |
| <input checked="" type="checkbox"/> Medical                                                                                                                                                        | <input checked="" type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Other: _____                                           |
| Qualified after (check one):                                                                                                                                                                       |                                                                                                                                                            |
| <input type="checkbox"/> Upon employment                                                                                                                                                           | <input checked="" 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>UMR</u>                                                                                                                                                                              |                                                                                                                                                            |
| Employer Contribution (annual premium per employee): <u>\$ 7,015.56</u>                                                                                                                            | Company: <u>85%</u>                                                                                                                                        |
| Employee Contribution (annual premium per employee): <u>\$ 1,248.00</u>                                                                                                                            | Employee: <u>15%</u>                                                                                                                                       |
| <b>Total Annual Premium: <u>\$ 8,263.56</u></b>                                                                                                                                                    |                                                                                                                                                            |

[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.

Vanessa A. Anton

Name of person authorized for signature



Signature

CFO & Treasurer

Title

June 25, 2026

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](http://www.goed.nv.gov)

## Site Selection Factors

Company Name: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

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### Section I - Site Selection Ratings

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

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Availability of qualified workforce: 5

Labor costs: 5

Real estate availability: 3

Real estate costs: 3

Utility infrastructure: 4

Utility costs: 4

Transportation infrastructure: 5

Transportation costs: 5

State and local tax structure: 4

State and local incentives: 5

Business permitting & regulatory structure: 4

Access to higher education resources: 3

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

As part of the strategic expansion plan of Buckeye Corrugated, Inc. (BCI), BCI assessed the business viability of various western states of the United States for our next manufacturing facility. Based on our assessment, Nevada appears to offer a business-friendly environment, with local market size, and accessibility to neighboring states; and this tax abatement program is deemed a factor in our overall decision to be a business to the State of Nevada.

## 5(A) Capital Equipment List

Company Name: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

## 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.

[illegible]

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: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

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

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

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

| (a)<br>New Hire Position Title/Description         | (b)<br>Position SOC Code | (c)<br>Number of Positions | (d)<br>Average Hourly Wage | (e)<br>US Bureau of Labor Statistics<br>Average Hourly Wage -<br>Washoe County | (f)<br>Average Weekly Hours | (g)<br>Annual Wage per Position | (h)<br>Total Annual Wages |
|----------------------------------------------------|--------------------------|----------------------------|----------------------------|--------------------------------------------------------------------------------|-----------------------------|---------------------------------|---------------------------|
| General and Operations Managers                    | 11-1021                  | 1                          | \$96.15                    | \$59.87                                                                        | 40                          | \$200,000.00                    | \$200,000.00              |
| General and Operations Managers                    | 11-1021                  | 1                          | \$43.27                    | \$59.87                                                                        | 40                          | \$90,000.00                     | \$90,000.00               |
| Accountants and Auditors                           | 13-2011                  | 1                          | \$40.87                    | \$43.80                                                                        | 40                          | \$85,000.00                     | \$85,000.00               |
| Market Research Analysts and Marketing Specialists | 13-1161                  | 4                          | \$67.31                    | \$36.64                                                                        | 40                          | \$140,000.00                    | \$560,000.00              |
| Graphic Designers                                  | 27-1024                  | 1                          | \$38.46                    | \$29.25                                                                        | 40                          | \$80,000.00                     | \$80,000.00               |
| Material Moving Workers, All Other                 | 53-7199                  | 10                         | \$31.25                    | \$21.09                                                                        | 40                          | \$65,000.00                     | \$650,000.00              |
| Machine Feeders and Offbearers                     | 53-7063                  | 9                          | \$31.25                    | \$20.31                                                                        | 40                          | \$65,000.00                     | \$585,000.00              |
| <b>TOTAL</b>                                       |                          | <b>27</b>                  | <b>\$40.06</b>             | <b>\$27.15</b>                                                                 |                             |                                 | <b>\$2,250,000.00</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)<br>Year | (b)<br>Number of New FTE(s) | (c)<br>Average Hourly Wage | (d)<br>Payroll |
|-------------|-----------------------------|----------------------------|----------------|
| 3-Year      | 10                          | \$40.00                    | \$832,000.00   |
| 4-Year      | 4                           | \$40.00                    | \$332,800.00   |
| 5-Year      | 4                           | \$40.00                    | \$332,800.00   |

\* 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

Company Name: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

Total Number of Full-Time Employees: 27  
Average Hourly Wage per Employee \$40.06  
Average Annual Wage per Employee (implied) \$83,333.33

### COST OF HELATH INSURANCE

Annual Health Insurance Premium Cost: \$8,263.56  
Percentage of Premium Covered by:  
Company 85%  
Employee 15%

### HEALTH INSURANCE PLANS:

#### Base Health Insurance Plan\*:

#### UMR

Deductible - per employee \$ -  
Coinsurance 70% / 30%  
Out-of-Pocket Maximum per employee \$ 4,500

#### Additional Health Insurance Plan\*:

#### N/A

Deductible - per employee \$ -  
Coinsurance 0% / 0%  
Out-of-Pocket Maximum per employee \$ -

#### Additional Health Insurance Plan\*:

#### N/A

Deductible - per employee \$ -  
Coinsurance 0% / 0%  
Out-of-Pocket Maximum per employee \$ -

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

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

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

|                                                              |      |     |
|--------------------------------------------------------------|------|-----|
| Covered employee's premium not to exceed 9.5% of annual wage | 1.8% | MEC |
|--------------------------------------------------------------|------|-----|

|                                                            |         |     |
|------------------------------------------------------------|---------|-----|
| Annual Out-of-Pocket Maximum not to exceed \$10,600 (2026) | \$4,500 | MEC |
|------------------------------------------------------------|---------|-----|

Minimum essential health benefits covered (Company offers PPO):

- |                                                                      |                                     |
|----------------------------------------------------------------------|-------------------------------------|
| (A) Ambulatory patient services                                      | <input checked="" type="checkbox"/> |
| (B) Emergency services                                               | <input checked="" type="checkbox"/> |
| (C) Hospitalization                                                  | <input checked="" type="checkbox"/> |
| (D) Maternity and newborn care                                       | <input checked="" type="checkbox"/> |
| (E) Mental health/substance use disorder/behavioral health treatment | <input checked="" type="checkbox"/> |
| (F) Prescription drugs                                               | <input checked="" type="checkbox"/> |
| (G) Rehabilitative and habilitative services and devices             | <input checked="" type="checkbox"/> |
| (H) Laboratory services                                              | <input checked="" type="checkbox"/> |
| (I) Preventive and wellness services and chronic disease management  | <input checked="" type="checkbox"/> |
| (J) Pediatric services, including oral and vision care               | <input checked="" type="checkbox"/> |

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.

Vanessa A. Anton

Name of person authorized for signature



Signature

Title: CFO & Treasurer

Date: 6/25/2026

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

Company Name: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

*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.

Vanessa A. Anton

Name of person authorized for signature



Signature

CFO & Treasurer

Title

25-Jun-26

Date

## 5(E) Company Information

Company Name: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

### 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)<br>Name                                                                     | (b)<br>Title                     |
|---------------------------------------------------------------------------------|----------------------------------|
| None in excess of 15%. Employee-owned company (non-ESOP, Privately-Held C-Corp) |                                  |
| Enterprise Executives & Corporate Officers:                                     |                                  |
| R. Dale Sommer                                                                  | President & CEO                  |
| Vanessa Anton                                                                   | CFO & Treasurer                  |
| Jaime Kolligian                                                                 | SVP & General Counsel, Secretary |
| Enterprise Executives:                                                          |                                  |
| Jack Nebesky                                                                    | SVP, Sales                       |
| Scott Trayer                                                                    | SVP, Manufacturing               |
| Scott Russell                                                                   | SVP, Supply Chain & Technology   |
| Craig Griffith                                                                  | Area VP, East                    |
| Adam Williams                                                                   | Area VP, West                    |
|                                                                                 |                                  |

### Section 2 - Company Affiliates and/or Subsidiaries

Are there any subsidiary or affiliate companies sharing tax liability with the applicant company? No ☒ Yes ☐

**If Yes, continue below:**

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

1. The names as they would read on the tax exemption letter.
2. Which entity(ies) will do the hiring?
3. Which entity(ies) will be purchasing the equipment?

| Name of Subsidiary or Affiliate Entity, Role and Legal Control Relationship |
|-----------------------------------------------------------------------------|
| N/A - None                                                                  |
|                                                                             |
|                                                                             |

Please include any additional details below:

**Abatement Application Addendum (for internal use / information)**Company Name: Buckeye Corrugated, Inc (BCI Reno Division)County: Washoe**Corporate Social Responsibility (CSR)**

**GOED is very interested in learning about a company's current CSR / Community Engagement Activities. Does the company have any current programs, or future plans in its Nevadan location, that it would like to list? If so please do so below in the space below. Feel free to add space if required:**

BCI has a strong culture of community engagement, including a charitable giving program that allows associates to support causes meaningful to them, with donations matched at both the division and corporate levels. As BCI expands to Reno, this initiative would extend to the local community, encouraging direct support of Nevada-based organizations. In addition, BCI is committed to sustainability through responsible sourcing, waste reduction, and packaging solutions designed with recyclability and circular economy principles in mind, reflecting our focus on sustainable, responsible growth.

**Equity, Diversity, and Inclusion**

**Would the company like to highlight any policies / practices for equity, diversity, and inclusion? Feel free to add space if required:**

## Abatement Application Addendum (for internal use / information)

Company Name: Buckeye Corrugated, Inc (BCI Reno Division)

County: Washoe

### Education Partnerships

**Does the company have existing partnerships to recruit or advance workforce development (e.g. workforce boards, community based organizations and education providers)? Additionally, would the company have any anticipated needs, for this project, where GOED / RDAs can provide support? Feel free to add space if required:**

At this time, we do not have any existing partnerships with workforce boards, community organizations, or educational partners. However, we have utilized these GOED/RDA's in several other locations and would anticipate building these relationships in the future for our Reno location.

### Supply Chain

**Does the company anticipate purchasing equipment, as noted in the Capital Equipment List, from or through Nevada-based businesses? Does the company wish to submit any notes / highlights re. this? Feel free to add space if required:**

Based on the business needs of the machinery and equipment necessary to operate a corrugated box manufacturing facility, we will assess our purchasing needs and if we can fulfill the business needs through the use of Nevada based businesses, we will do so.

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

**Buckeye Corrugated, Inc.**

**Nevada Business Identification # NV20253456308**

**Expiration Date: 10/31/2026**

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: B202510146175108

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 10/14/2025.

FRANCISCO V. AGUILAR  
Secretary of State

# NEVADA GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT



Buckeye Corrugated

*Presented by Vanessa Anton*

# OUTSTANDING SERVICE OUT-OF-THE-BOX THINKING

**BCI is a leading U.S.-based provider of corrugated packaging and retail display solutions, helping brands bring products to market through innovative design, manufacturing, and fulfillment services across a coast-to-coast network.**



# BASIC BELIEFS

- **SAFETY**

We will strive to provide a safe environment for our Associates and all others engaged with our company.

- **CUSTOMERS**

We believe in uncompromising service to all of our customers.

- **PEOPLE**

We believe great people produce great results. We will treat everyone with dignity and respect.

- **PROFITABILITY**

We believe it is our responsibility to generate profits for our shareholders & other stakeholders.

- **ETHICS**

We will conduct ourselves and our business with integrity and honesty, adhering to the highest ethical principles.

# CULTURE

At BCI, our people are our greatest strength. We foster a culture of teamwork, respect, and accountability, empowering employees to grow, contribute, and lead. Together, we partner with our customers to deliver exceptional service, innovative solutions, and reliable results.



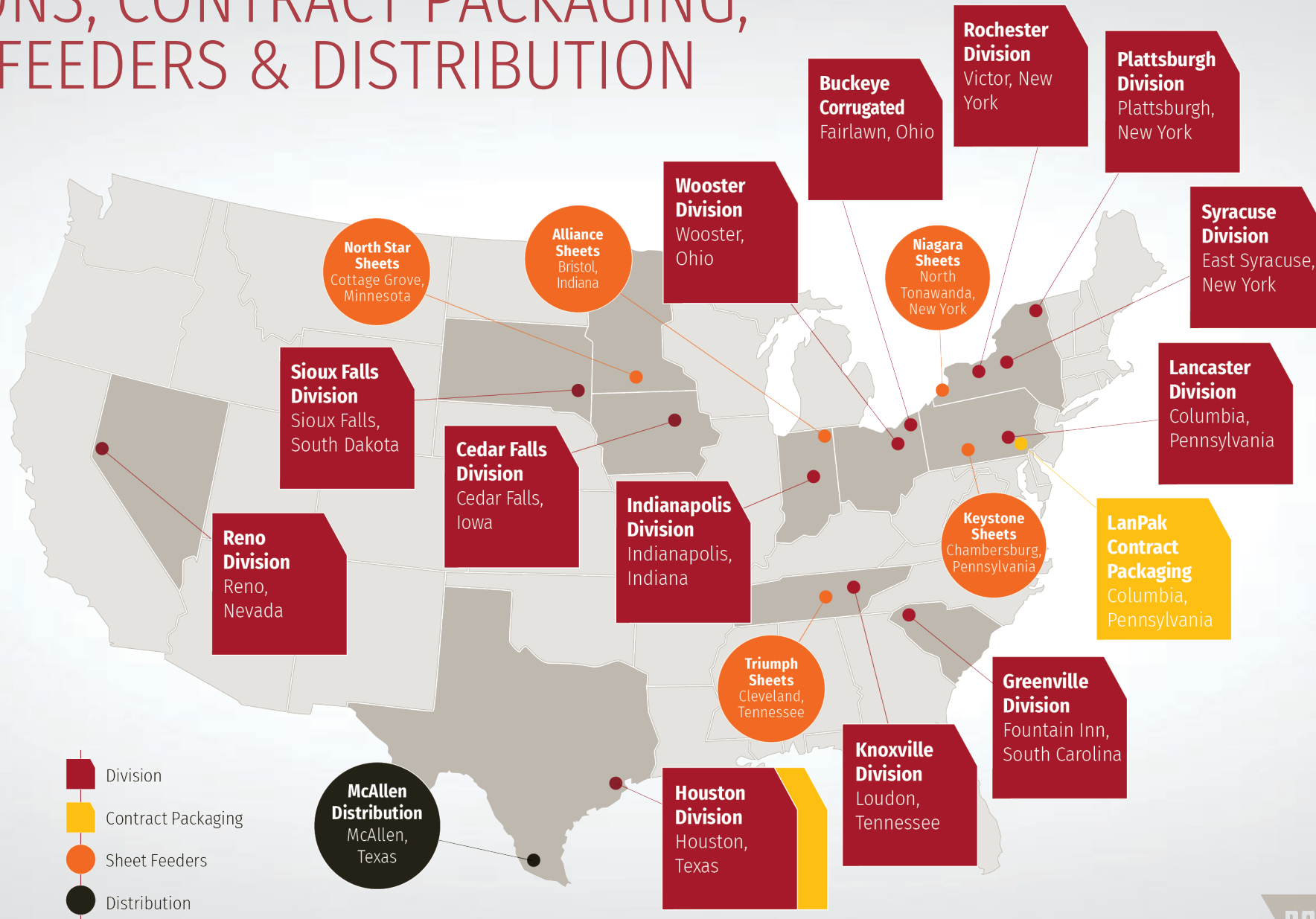
# BCI CAPABILITIES

## *Limitless Possibilities*

- Industrial Packaging
- Retail POP Displays
- E-Commerce Packaging
- Contract Packaging
- Graphic Packaging
- Digital Printing



# DIVISIONS, CONTRACT PACKAGING, SHEET FEEDERS & DISTRIBUTION



# ECONOMIC IMPACT

CAPITAL INVESTMENT

**\$12MM +**



WORKFORCE  
EXPANSION OF

**50%**

*OVER FIVE YEARS*

ANNUAL WAGES

**\$2MM +**

HOURLY WAGE

**48% HIGHER**

*THAN NATIONAL AVERAGE*

# Priority Capacity Allocation Across the Mountain West.

*CA, ID, NV, OR, UT, WA  
Executive-Level Planning  
and Visibility.*





**Corporate HQ**  
822 Kumho Drive, Ste 400  
Fairlawn, OH 44333

# Our strategic enterprise model means we're where our customers need us to be, anywhere in the Country.

## 12 Manufacturing Facilities



**Reno Division**  
3010 Airway Drive, Suite 110  
Reno, NV 89502



**Lancaster Division**  
3950 Continental Dr  
Columbia, PA 17512



**Houston, Division**  
10343 Ella Blvd  
Houston, TX 77038



**Syracuse, Division**  
1203 Kinne St  
East Syracuse, NY 13057



**Cedar Falls Division**  
2900 Capital Way  
Cedar Falls, IA 50613



**Rochester Division**  
797 Old Dutch Rd  
Victor, NY 14564



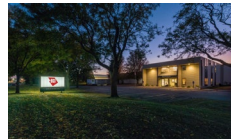
**Indianapolis Division**  
4001 South High School Rd  
Indianapolis, IN 46241



**Wooster Division**  
3350 Long Road  
Wooster, OH 44691



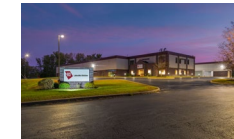
**Greenville Division**  
10 Jack Casey Court  
Fountain Inn, SC 29644



**Sioux Falls Division**  
4501 North 2nd Avenue  
Sioux Falls, SD 57104



**Knoxville Division**  
1500 Elizabeth Lee Parkway  
Loudon, TN 37774



**Plattsburgh Division**  
299 Arizona Avenue  
Plattsburgh, NY 12903

## 4 Fulfillment & Distribution Centers



**McAllen Distribution**  
5001 West Military Hwy  
McAllen, TX 78503



**Drake Pack**  
10343 Ella Blvd  
Houston, TX 77038



**Lancaster Fulfillment**  
3975 Continental Dr  
Columbia, PA 17512



**Indianapolis Warehousing**  
3902 Hanna Cir, Ste G  
Indianapolis, IN 46241

## 5 Sheet Feeders



**North Star Sheet Feeders**  
SE Industrial Park  
Cottage Grove, MN 55016



**Alliance Sheet Feeders**  
1725 Commerce Dr  
Bristol, IN 46507



**Niagara Sheets**  
7393 Shawnee Rd N.  
Tonawanda, NY 14120

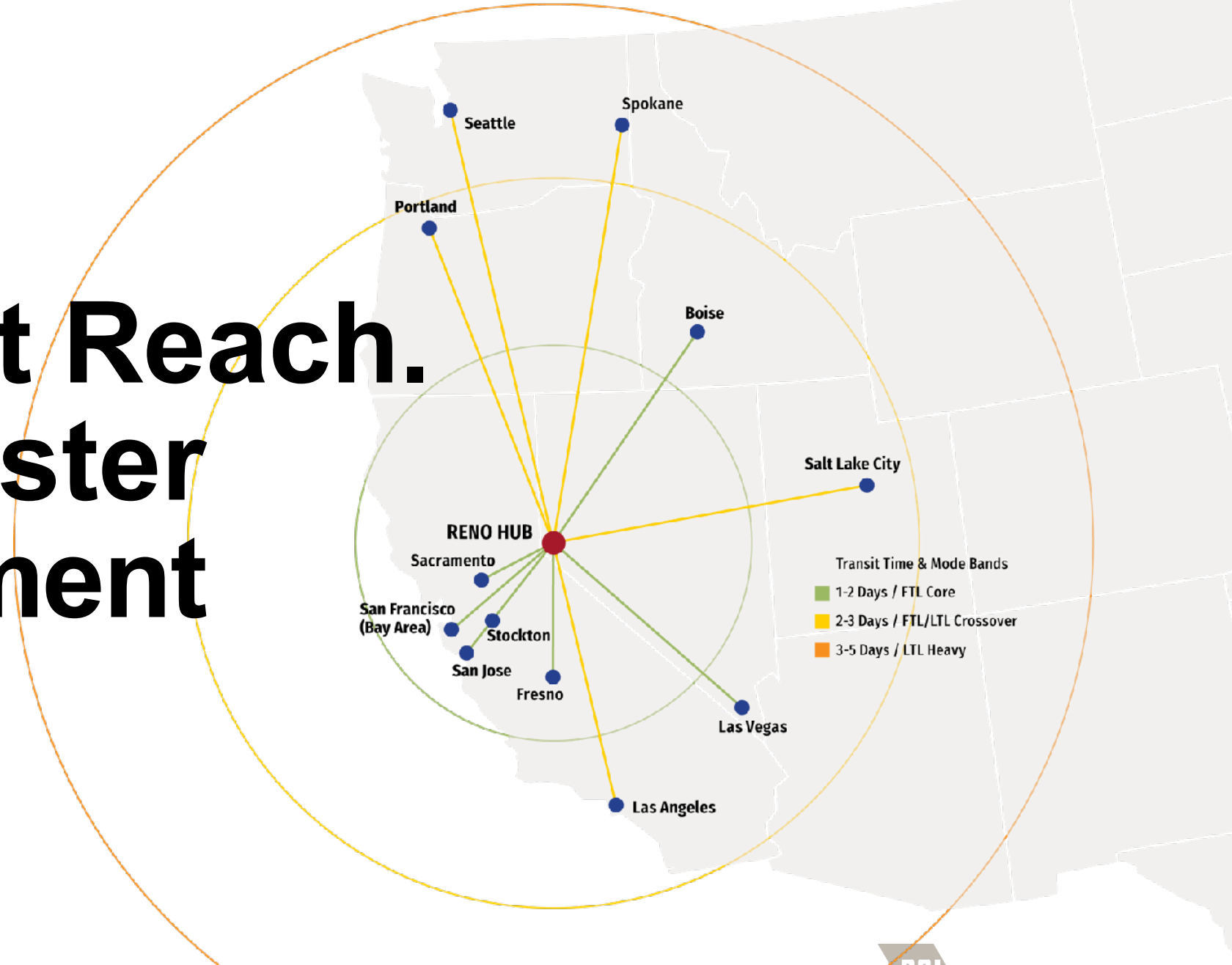


**Keystone Sheets**  
1465 Nitterhouse Dr  
Chambersburg, PA 17201



**Triumph Sheet Feeders**  
4100 Old Tasso Rd  
Cleveland, TN 37312

# West Coast Reach. Built for Faster Replenishment



The BCI logo is a red diamond shape with the letters "BCI" in white. It is positioned in the upper center of the image, above the main text.

BCI

The background is a large industrial warehouse with a high ceiling and many structural beams. The floor is filled with stacks of materials, possibly lumber or paper, on pallets. A forklift is visible on the right side, moving a pallet. The entire image has a red tint.

THANK YOU!