

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY State Form 51765 (R7 / 12-22)

PRIVACY NOTICE This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6. FORM CF-1 / PP

Client/Loc 4500 HJE/KLH

2025 PAY 2026

- Prescribed by the Department of Local Government Finance INSTRUCTIONS: 1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 - 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.

e designating bo	ody, compliance	information f	or multiple projects	may be	consolidated or	one (1)	compliance :	form (CF-I).
	KAT	(PAYER INF	ORMATION					
Inc.								
tate and ZIP co	de)				DLGF	Taxing D	District Numb	per
/e 5					031	Bri	stol	
					Email		wan@glfp.n	net
10	CATION AND D	ESCRIPTIO	N OF PROPERTY					
					Estima	ted Start	Date (month	ı, day, year)
			03-21-19R		03/	01/20)19	
					Actual	Start Dat	e (month, da	y, year)
	nd development	equipment.	or new information	1				month day yea
					Actual 12/	Completi 31/20	on Date <i>(moi</i> 121	nth, day, year)
	EMPLOY	EES AND SA	ALARIES					
LOYEES AND	SALARIES				AS ESTIMATED	ON SB-1	A	CTUAL
							ļ	
						50		150
					1,56	0,000		5,569,517
		AND VALU	ES					
	MENT	R&DE		L I	EQUIPMENT		IT EQUI	
COST	VALUE VALUE	COST	VALUE VALUE	cos			COST	ASSESSED VALUE
						-		
4,500,000			+			_	15,000	
1	i 1							
			+		-			
4,500,000	Veceser		ACCECCED		ACCEC	een een	15,000	APPERED
4,500,000 COST	ASSESSED VALUE	COST	ASSESSED VALUE	cos	T ASSES		15,000 COST	ASSESSED VALUE
		COST		cos			ì	
COST	VALUE	COST		cos			ì	
COST 8,341,823	2,518,701	COST		cos			ì	
8,341,823 1,187,414 9,529,237	VALUE 2, 518, 701 379, 972 2, 898, 673	,		cos			ì	ASSESSED VALUE
8,341,823 1,187,414 9,529,237	2,518,701 379,972	,		cos			ì	
6,341,823 1,187,414 9,529,237 I pursuant to IC	2,518,701 379,972 2,898,673 6-1.1-12.1-5.6 (C	c). R BENEFITS			VALU	JE	COST	VALUE
6,341,823 1,187,414 9,529,237 I pursuant to IC	2, 518, 701 379, 972 2, 898, 673 6-1,1-12,1-5.6 (c	c). R BENEFITS	VALUE		T VALU	JE	COST	
6,341,823 1,187,414 9,529,237 I pursuant to IC	2,518,701 379,972 2,898,673 6-1.1-12.1-5.6 (C	c). R BENEFITS	VALUE		VALU	JE	COST	VALUE
6,341,823 1,187,414 9,529,237 I pursuant to IC	2,518,701 379,972 2,898,673 6-1.1-12.1-5.6 (C	c). R BENEFITS	VALUE		VALU	JE	COST	VALUE
6,341,823 1,187,414 9,529,237 I pursuant to IC	2,518,701 379,972 2,898,673 6-1.1-12.1-5.6 (C	c). R BENEFITS	VALUE		VALU	JE	COST	VALUE
6,341,823 1,187,414 9,529,237 I pursuant to IC	2, 518, 701 379, 972 2, 898, 673 6-1.1-12.1-5.6 (c	c). R BENEFITS TS	PROMISED BY		VALU	JE	COST	VALUE
6,341,823 1,187,414 9,529,237 I pursuant to IC	2,518,701 379,972 2,898,673 6-1,1-12.1-5.6 (CIED AND OTHER BENEFI	c). R BENEFITS	PROMISED BY		VALU	JE	COST	VALUE
8,341,823 1,187,414 9,529,237 I pursuant to IC STE CONVERT	2,518,701 379,972 2,898,673 6-1,1-12.1-5.6 (CIED AND OTHER BENEFI	c). R BENEFITS TS ER CERTIFO	PROMISED BY		VALU KPAYER AS ESTIMATED	ON SB-1	COST	CTUAL
	Street 46507 new research a ion equipment to	Inc. State and ZIP code) Ve S LOCATION AND D Street 46507 The research and development ion equipment to be acquired. EMPLOY PLOYEES AND SALARIES COST MANUFACTURING EQUIPMENT COST ASSESSED VALUE	TAXPAYER INF Inc. State and ZIP code) Ve S LOCATION AND DESCRIPTION Street 46507 The research and development equipment, ion equipment to be acquired. EMPLOYEES AND SALARIES COST AND VALUE MANUFACTURING EQUIPMENT R & D E COST ASSESSED VALUE COST VALUE COST	TAXPAYER INFORMATION In c. State and ZIP code) Ve S Telephone Numbe 574-389-99 LOCATION AND DESCRIPTION OF PROPERTY Resolution Numbe 03-21-19R Street 46507 The research and development equipment, or new information ion equipment to be acquired. EMPLOYEES AND SALARIES PLOYEES AND SALARIES COST AND VALUES MANUFACTURING R & D EQUIPMENT COST ASSESSED VALUE COST ASSESSED VALUE	TAXPAYER INFORMATION In c. State and ZIP code) Ve S Telephone Number 574-389-9664 LOCATION AND DESCRIPTION OF PROPERTY Resolution Number 03-21-19R Street 46507 The research and development equipment, or new information ion equipment to be acquired. EMPLOYEES AND SALARIES PLOYEES AND SALARIES COST AND VALUES MANUFACTURING R & D EQUIPMENT L COST ASSESSED VALUE COST VALUE COST COST ASSESSED COST VALUE COST COST VALUE COST VALUE COST	TAXPAYER INFORMATION Count E1k state and ZIP code) Ve S Telephone Number 574-389-9664 LOCATION AND DESCRIPTION OF PROPERTY Resolution Number 03-21-19R Street 46507 Inew research and development equipment, or new information ion equipment to be acquired. Estima 12/ Actual 12/ EMPLOYEES AND SALARIES PLOYEES AND SALARIES AS ESTIMATED COST AND VALUES MANUFACTURING R & D EQUIPMENT EQUIPMENT COST ASSESSED VALUE COST ASSESSED VALUE COST ASSES VALUE COST ASSESSED COST ASSESSED VALUE COST ASSES VALUE COUNTY TELEPHONE TO THE TEN TO THE TEN THE TE	TAXPAYER INFORMATION County E1khart Inc. Telephone Number 574-389-9664 DLGF Taxing I 031 Bri Telephone Number 574-389-9664 Email Address jro LOCATION AND DESCRIPTION OF PROPERTY Resolution Number 03-21-19R O3/01/20 Street 46507 Actual Start Dat 03/01/20 Actual Completi 12/31/20 Actual Completi 12/31/20 Actual Completi 12/31/20 EMPLOYEES AND SALARIES AS ESTIMATED ON SB-1 COST AND VALUES MANUFACTURING EQUIPMENT COST ASSESSED VALUE COST ASSESSED VALUE	Telephone Number 574-389-9664 Telephone Number 574-389-9664 Email Address jrowanegifp LOCATION AND DESCRIPTION OF PROPERTY Resolution Number 03-21-19R O3/01/2019 O3/01/2019

Form CF-1/PP, page 1 - NACTP 1585 - Software only copyright @ 2025 DIS, Inc. Page 1 of 2

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO R	VIEW THE COMPLIANCE WITH STAT	EMENT OF RENEEITS (FORM CF. 1)	
- S. MANIEL OF OUE DAY DESIGNATING BODT WHO ELECTS TO KI	THE STATE OF THE S	TABLET TO (TOTAL CITY)	
INSTRUCTIONS: (IC 6-1.1-12-5.9)			
 Within forty-five (45) days after receipt of this form, the designating body may det the Statement of Benefits. 	ermine whether or not the property owne	r has substantially complied with	
If the property owner is found NOT to be in substantial compliance, the designati include the reasons for the determination and the date, time and place of a hearin property owner, a copy of the written notice will be sent to the county assessor at	g to be conducted by the designating bo	ritten notice. The notice must dy. If a notice is mailed to a	
 Based on the information presented at the hearing, the designating body shall de substantially comply with the Statement of Benefits and whether any failure to su- owner. 	ermine whether or not the property owns stantially compy was caused by factors	er has made reasonable effort to beyond the control of the property	
 If the designating body determines that the property owner has NOT made reaso terminating the deduction. The designating body shall immediately mail a certified and (3) the county assessor. 	nable effort to comply, then the designati copy of the resolution to. (1) the propert	ing body shall adopt a resolution ty owner; (2) the county auditor;	·
We have reviewed the CF-1 and find that:]
The property owner IS in substantial compliance			
The property owner IS NOT in substantial compliance			1
☐ Other (specify)			
Reasons for the Determination (attach additional sheets if necessary)			
Signature of Authorized Member		Date Signed (month, day, year)	
Attested By:	Designating Body		_
			_
If the property owner is found not to be in substantial compliance, the pro- following date and time has been set aside for the purpose of considering	compliance.	rtunity for a hearing. The	
Time of Hearing	Location of Hearing		
	completed after the hearing)		
Approved Reasons for the Determination (attach additional sheets if necessary)	Denied (see insruction 5 above)		_
Treasure of the Selection leader advisorial science in recordingly			
			1
Signature of Authorized Member		Date Signed (month, day, year)	
Attested By:	Designating Body		
APPEAL RIGI	TS [IC 6-1.1-12.1-5.9(e)]		_
A property owner whose deduction is denied by the designating body may appeal the Circuit or Superior Court together with a bond conditioned to pay the costs of the app			
Separation Search Registrate What is seen a second restriction to pay the costs of life app		p.sparty amou	
Form CF-1/PP, page 2 - NACTP 1585 - Software only copyright © 2025 DIS, Inc. Page	2 of 2	Client/Loc 4500 HJE/KL	LH

•

ATTACHMENT TO FORM CF-1, page 1, Section 2 Name of taxpayer

Attachment to Form CF-1, page 1, Section 2 - NACTP 1585 - Software only copyright © 2025 DIS, Inc.

Name	of	tayna	We

Great Lakes Lamination, Inc.
ECTION 2 LOCATION AND DESCRIPTION OF PROPERTY
Description of real property improvements and/or new manufacturing equipment to be acquired This is a start up company and will be producing wood laminated products. Lamination
equipment and ancilliary equipment will be purchased. We expect to add a minimum of
50 employees over the next three years.



INSTRUCTIONS:

SCHEDULE OF DEDUCTION FROM ASSESSED VALUATION PERSONAL PROPERTY IN **ECONOMIC REVITALIZATION AREA**

State Form 52503 (R22 / 1-25)

Prescribed by the Department of Local Government Finance

FORM 103 - ERA

JANUARY 1, 2025 For Assessor's Use Only

PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1.1-35-9.

- 1. In order to receive a deduction, this schedule must be submitted with a timely filed Form 103-Long.

 2. A separate schedule must be completed and attached to Form 103-Long for each approved Form SB-1 / PP for that abatement.

 3. Attach a copy of the applicable approved Form CF-1 to this schedule. First-time filings must also include the SB-1 and the resolution from the designating body.

 4. For any acquisitions included herein since the last assessment date, attach a list of the newly included equipment on Form 103-EL.

	CTION 1			TA	XPAYER INFO	ORMAT	TION						
	e of Taxpayer eat Lakes Laminati	on, Inc					of Contact Pe eph Rowa						
	Address (number and street, city, s 76 Woodland Hills Driv			30			Address of Co an@glfp.n		on		Telephone N 574-389		
Coun Elk	ny khart	Towns Wasi	ship hington				District Bristol	L			Fax number 574-389	9-9	664
SEC	TION 2		ECONOM	IC RE	VITALIZATIO	N ARE	A INFORMA	ATION					
Nam Bri	e of Body Designating the Econom Lstol Town Council	nic Revitalizatio	on Area				ution Number 21-19R				Length of A	bate	ment (years)
	Designation Approved <i>(month, d</i> $21/2019$	ay, year)	Designation 1 12/31/2		ation Date (mo	nth, day	, year)	X YES		nit is ba	ar Amount of sed on Equip Assessed Va	men	t
SEC	TION 3		ABAT	ED E	QUIPMENT P	OOLIN	G SCHEDU						
Th re:	ne total cost of depreciable assets search and development, logist	cal distribution	ed on Form 10 on, and/or info	3-Long ormati	g. This schedi on technology	ule inclu equipm	udes only the ent under ab	values at atement p	er the re	esolutio	n and IC 6-1	.1-12	ıring, 2.1.
	Vinimum Value Ratio applies if Lin	e 53 is greater	than Line 52	O on pa	age 2 of the	Box 1	Enter Amo	ount Show	n on Line	e 53 of F	Form 103-Lor	_	2 050 7
	103-Long [IC 6-1.1-12.1-4.5(g)]	EOD of F "	02 Los-				. <u>5.7. =</u>		0.75	.	B 1 1 2 2		2,858,7
BOX 2	2 — Enter Amount Shown on Line	5∠U of Form 1	บ ร-Long	2	898,673	Box 3	- Divide Bo	x 1 by Box	2 (Carry	Ratio 5	Decimal Pla	ces)	
					•								1.0000
			PO	OL N	UMBER 1 (1 T	O 4 YE	EAR LIFE)						
1,		Form 103-l Schedule A, C Adjusted	olumn C, TT	v %	True Tax V	alue	Minimum Ratio (if ap	plicable)	Year	Year*	Percent		Deduction Claimed
13	1-2-24 to 1-1-25	\$		5%	\$			00000	1		%	\$	
14	1-2-23 to 1-1-24	\$			\$			00000	2			\$	
15	1-2-22 to 1-1-23	\$			<u>*</u>			00000	3		%	\$	
16A	1-2-21 to 1-1-22	\$	20		\$			00000	4			\$	
16B	1-2-20 to 1-1-21	\$	20	$\overline{}$	\$		1.0	00000	5		%	\$	
16C	1-2-19 to 1-1-20	\$	20)%	\$		1.0	00000	6		%	\$	
16D	1-2-18 to 1-1-19	\$	20)%	\$		1.0	00000	7		%	\$	
16E	1-2-17 to 1-1-18	\$	20)%	\$		1.0	00000	8		%	\$	
16F	1-2-16 to 1-1-17	\$	20)%	\$		1.0	00000	9		%	\$	
16G	3-2-15 to 1-1-16	\$	20)%	\$		1.0	00000	10		%	\$	
	TATAL BASE MUNICIPES 4			-								_	
17	TOTAL POOL NUMBER 1	\$	-		\$							\$	
17	TOTAL POOL NUMBER 1	\$	PO(\$ JMBER 2 (5 T	O 8 YE					~•·	\$	
17	TOTAL POOL NUMBER 1	Form 103-L Schedule A, C Adjusted (Long, olumn C, TTV		•			Value plicable)	 Year		Percent	\$	Deduction Claimed
	1-2-24 to 1-1-25	Form 103-L Schedule A, C Adjusted (Long, olumn C, TT\ Cost	OL NI V %	JMBER 2 (5 T		 AR LIFE) Minimum Ratio (if ap (5 decimal	Value plicable)			Percent		
18		Form 103-L Schedule A, C	olumn C, TTV	OL NI V %)%	JMBER 2 (5 T			Value plicable) places)	Year			\$	
18 19	1-2-24 to 1-1-25	Form 103-L Schedule A, C Adjusted (Long, olumn C, Cost 40	OL NU V %)%	JMBER 2 (5 T			Value plicable) places)	Year		Percent 100 % 80 %	\$	
18 19 20	1-2-24 to 1-1-25 1-2-23 to 1-1-24	Form 103-L Schedule A, Ca Adjusted (\$ \$	Long, otumn C, TTV Cost 40	OL NU V % D% D% E%	JMBER 2 (5 T True Tax Va \$ \$ \$			Value plicable) places)	Year		Percent 100 % 80 % 60 %	\$ \$	Claimed
18 19 20 21	1-2-24 to 1-1-25 1-2-23 to 1-1-24 1-2-22 to 1-1-23	Form 103-L Schedule A, Ca Adjusted (\$ \$	Long, olumn C, TTV Cost 40 56 42 17,414 32	OL NU V % D% D% D% D%	JMBER 2 (5 T True Tax Va \$ \$ \$	alue		Value plicable) places)	Year 1 2 3		Percent 100 % 80 %	\$ \$ \$	Claimed
19 20 21 22	1-2-24 to 1-1-25 1-2-23 to 1-1-24 1-2-22 to 1-1-23 1-2-21 to 1-1-22	Form 103-L Schedule A, C Adjusted (\$ \$ \$	Long, olumn C, Cost 40 56 42 7,414 32 24	OL NU V % 0% 5% 2% 1%	True Tax Va \$ \$ \$ \$ \$	alue		Value plicable) places) 00000 00000	Year 1 2 3 4		Percent 100 % 80 % 60 % 40 %	\$ \$ \$ \$	Claimed
18 19 20 21 22 23	1-2-24 to 1-1-25 1-2-23 to 1-1-24 1-2-22 to 1-1-23 1-2-21 to 1-1-22 1-2-20 to 1-1-21	Form 103-4 Schedule A, C. Adjusted (\$ \$ \$ \$ \$	Long, olumn C, Cost 40 56 42 17,414 32 24 18	OL NU V % 0% 6% 2% 14% 14% 15%	True Tax Va \$ \$ \$ \$ \$ \$ \$	alue	AR LIFE) Minimum Ratio (if app (5 decimal 1.0 1.0 1.0 1.0 1.0 1.0	Value plicable) places) 00000 00000 00000 00000 00000 00000 0000	Year 1 2 3 4 5		Percent 100 % 80 % 60 % 40 %	\$ \$ \$ \$ \$ \$	Claimed
18 19 20 21 22 23	1-2-24 to 1-1-25 1-2-23 to 1-1-24 1-2-22 to 1-1-23 1-2-21 to 1-1-22 1-2-20 to 1-1-21 1-2-19 to 1-1-20	Form 103-4 Schedule A, C: Adjusted 6 \$ \$ \$ \$ \$ \$ \$	Long, olumn C, Cost 40 56 42 17,414 32 24 18	OL NU V % 0% 6% 2% 2% 4% 8% 6%	True Tax Va \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	alue		Value plicable) places) 00000 00000 00000 00000 00000 00000 0000	Year 1 2 3 4 5 6		Percent 100 % 80 % 60 % 40 % %	\$ \$ \$ \$ \$ \$ \$ \$	Claimed
17 18 19 20 21 22 23 24A 24B 24C	1-2-24 to 1-1-25 1-2-23 to 1-1-24 1-2-22 to 1-1-23 1-2-21 to 1-1-22 1-2-20 to 1-1-21 1-2-19 to 1-1-20 1-2-18 to 1-1-19	Form 103-4 Schedule A, Cr Adjusted G \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Long, olumn C, Cost 40 56 42 17,414 32 24 18 15	OL NU V % 0% 6% 2% 2% 14% 5% 5%	True Tax Va \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	alue		Value plicable) places) 00000 00000 00000 00000 00000 00000 0000	Year 1 2 3 4 5 6 7		Percent 100 % 80 % 60 % 40 % % %	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
18 19 20 21 22 23 24A 24B	1-2-24 to 1-1-25 1-2-23 to 1-1-24 1-2-22 to 1-1-23 1-2-21 to 1-1-22 1-2-20 to 1-1-21 1-2-19 to 1-1-20 1-2-18 to 1-1-19 1-2-17 to 1-1-18	Form 103-1 Schedule A, Ca Adjusted G \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Long, olumn C, Cost 40 56 42 17,414 32 24 18 15	OL NU V %)% 5% 2% 1	True Tax Va \$	alue		Value plicable) places) 00000 00000 00000 00000 00000 00000 0000	Year 1 2 3 4 5 6 7 8		Percent 100 % 80 % 60 % 40 % % % %	\$ \$ \$ \$ \$ \$ \$	Claimed

Form 103-ERA, page 1 - NACTP 1585 - Software only copyright @ 2025 DIS, Inc. Client/Loc 4500 HJE/KLH

SEC	TION 3 (continued)			QUIPMENT POOLIN UMBER 3 (9 TO 12 N					
		Form 103-Long, Schedule A, Column C, Adjusted Cost	TTV %		Minimum Value Ratio (if applicable) (5 decimal places)	Year	Year*	Percent	Deduction Claimed
26	1-2-24 to 1-1-25	\$	40%	\$	1.00000	1		%	
27	1-2-23 to 1-1-24	\$	60%	\$	1.00000	2		%	\$
28	1-2-22 to 1-1-23	\$	55%	\$	1.00000	3			\$
29	1-2-21 to 1-1-22	\$	45%	\$	1.00000	4		%	\$
30	1-2-20 to 1-1-21	\$	37%	\$	1.00000	5		%	\$
31	1-2-19 to 1-1-20	\$	30%	\$	1.00000	6		%	\$
32	1-2-18 to 1-1-19	\$	25%	\$	1.00000	7		%	\$
33	1-2-17 to 1-1-18	\$	20%	\$	1.00000	8		%	\$
34	1-2-16 to 1-1-17	\$	16%	\$	1.00000	9		%	
35	3-2-15 to 1-1-16	\$	12%	\$	1.00000	10		%	\$
37	TOTAL POOL NUMBER 3	\$		\$					\$
		POOL	NUMBE	R 4 (13 YEAR AND	LONGER LIVES)				
		Form 103-Long, Schedule A, Calumn C, Adjusted Cost	TTV %	True Tax Value	Minimum Value Ratio (if applicable) (5 decimal places)	Year	Year*	Percent	Deduction Claimed
38	1-2-24 to 1-1-25	\$	40%	\$	1.00000	1		%	\$
39	1-2-23 to 1-1-24	\$	60%	\$	1.00000	2		%	\$
40	1-2-22 to 1-1-23	\$	63%	\$	1.00000	3		%	\$
41	1-2-21 to 1-1-22	\$	54%	\$	1.00000	4		%	\$
42	1-2-20 to 1-1-21	\$	46%	\$	1.00000	5		%	\$
43	1-2-19 to 1-1-20	\$	40%	\$	1.00000	6		%	\$
44	1-2-18 to 1-1-19	\$	34%	\$	1.00000	7		%	\$
45	1-2-17 to 1-1-18	\$	29%	\$	1.00000	8		%	

SUB-TOTAL- POOLS 3 and 4 (Total lines 37 and 51. Enter at right and below)

25% \$

21% \$

SPECIAL TOOLING Abatement True Tax Value Round all figures to the nearest \$1. Report only the cost Deduction of abated special tools, dies, jigs, etc. (50 IAC 4.2-6-2) (Included on Form 103-T) Claimed Year Year* Percent S1 1-2-24 to 1-1-25 30% \$ S2 1-2-23 to 1-1-24 3% \$ 2 % \$ S3 1-2-22 to 1-1-23 3% \$ 3 % \$ The Minimum S4 1-2-21 to 1-1-22 3% \$ Value Ratio 4 % \$ S5 Is Not 5 % \$ 1-2-20 to 1-1-21 3% \$ S6 S7 Applicable To 3% \$ 6 1-2-19 to 1-1-20 Special Tooling 7 3% \$ % \$ 1-2-18 to 1-1-19 S8 1-2-17 to 1-1-18 3% \$ 8 % \$ % \$ % \$ S9 3% \$ 9 1-2-16 to 1-1-17 3-2-15 to 1-1-16 3% \$ 10 S11 TOTAL SPECIAL TOOLS

1.00000 9

10

\$

1.00000

		\$	151,989
		\$	
		\$	
		\$	151,989
Cost		Assessed	Value
\$	4,515,000	\$	
		\$	151,989
	Cost \$		\$ \$ \$ Cost

Obsolescence Claimed on Form 106? Yes X No

46

47

1-2-16 to 1-1-17

3-2-15 to 1-1-16 51 TOTAL POOL NUMBER 4 \$

NOTE: If obsolescence is claimed on depreciable assets, the applicable adjustment must be taken on the Abatement Deduction being claimed. Show calculations on the Form 106.

Page 2 of 2

Form 103-ERA, page 2 - NACTP 1585 - Software only copyright @ 2025 DIS, Inc. Client/Loc 4500 HJE/KLH

Line numbers on this form match the line numbers on the Form 103-Long. Lines were added to Pools 1 & 2 and deleted from Pools 3 & 4 to reflect the ten (10) year abatement limitation.

^{*} This column may be used when the abatement year does not correlate with the acquisition year within the pool.

An example might be when used equipment is moved into Indiana from out of state and it was granted an abatement.



FORM SB-1/PP

PRIVACY NOTICE

The east and any specific individual's salary information is confidential; the balance of the fling is public record per IC 6-1,1-12,1-5,1 (c) and (d).

INSTRUCTIONS:

- 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, equire a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may
- 3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
- 4. Properly owners whose Statement of Benefits was approved after June 30, 1991, must submit Form GF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

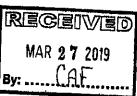
Name of texpayer			IAM AIL	RINFORM	JATION				
GREAT LAKES LAMINA	TION INC								
Address of texpayer (number and stre	ent pitt state and	717 andel							_
21861 PROTECTA DRIVE;	FI KHART IN	IDIANA 168	140						
Name of contact person	ELICITATI III	IDIANA 400	10			···········			
JOSEPH ROWAN							Telephone nu	-	
SECTION 2		OCATION A	ND SESCRIO	TONAS	ROPOSED PRO	le o m	(574) 369	-9683	
Name of designating body		- DOATION A	AD DESCRIP	HOM OF F	ROPOSED PRO	MEC I	lane et al		
GREAT LAKES LAMINATION	I, INC.						Resolution m	imber (s)	
ocalion of property	-			l Co	punty		DI GE Invine	district number	
1103 SOUTH MAPLE STR	EET; BRISTO	DL, INDIAN	A 46507	ء ا	ELKHART COUN	TY	031/031 E		
Description of manufacturing equi and/or logistical distribution equip fuse additional sheels if necessar	ipment and/or re ment and/or info	search and cormation tech	levelopment e	quipment		•	00110311	ESTIMATED)
use additional sheets if necessàr	או		naia8) adaibii	IOI II.			START D	ATE COM	PLETION DATE
This is a start up com	pany and	wili be pr	oducina v	vood		ng Equipment	03/01/201	9 12	/31/2021
iaminated products.	Lamination	n equipm	ent and a	ncillian	R&D Equit	ment			
equipment will be pur	rchased. V	Ve exped	t to add a	1	Logist Dist 8	quipment			
minimum of 50 emplo	yees over	the next	three yea	irs.	IT Equipmen	nt	03/01/201	0 40	24 10004
SECTION 3	ESTIMATE OF	EMPLOYER	S AND SALA	RIES AS E	ESULT OF PRO	DOSED ONO	03/01/201	9 121	31/2021
urrent number Salaries	1		retained	. Salari		Numberad		Salaries	
0		ŀ				50	MANIPI IQU	1,560,0	00.00
SECTION 4	ESTI	MATED TOTA	AL COST AND	VALUE O	F PROPOSED F			1,000,0	00.00
NOTE; Pursuant to IC 6-1.1-12.1		MANUFA	CTURING PMENT		EQUIPMENT	LOGIS		IT FOL	IPMENT
OST of the property is confident	ial,	COST	ASSESSED	COST	ASSESSED	COST	ASSESSED	COST	ASSESSED
zurrent values		9.00	VALUE		VALUE		VALUE		VALUE
lus estimated values of proposed	project	4,500,000,00	 						<u></u>
ass vains? Of SUA blobsith beill d		1,000,000	 					15,000.00	4,515,000.00
	replaced								
	replaced ation of project	4,500,000.00	VD OTHER RI	NCFITS I	PROMISED BY	HE TAYDAYO		15,000.00 15,000.00	4,515,000.00 4,515,000.00
ess values of any property being et estimated values upon comple SECTION 5 stimated solid waste converted (replaced ation of project WASTE CO	4,500,000.00	VD OTHER BI		PROMISED BY T				
et estimated values upon comple SECTION 5 stimated solid waste converted (replaced ation of project WASTE CO	4,500,000.00	VD OTHER B		PROMISED BY T				
et estimated values upon comple SECTION 5 stimated solid waste converted (replaced ation of project WASTE CO	4,500,000.00	VD OTHER BI						
et estimated values upon comple SECTION 5 istimated solid waste converted (ther benefits:	replaced ation of project WASTE CO	4,500,000.00	VID OTHER BI						
et estimated values upon comple SECTION 5 stimated solid waste converted (replaced ation of project WASTE CO pounds)	4,500,000.00 NVERTED AT	TAXPAYER (Estimated	i hazardous was	te converted (
et estimated values upon comple SECTION 5 istimated solid waste converted (ther benefits: SECTION 6	replaced ation of project WASTE CO pounds)	4,500,000.00 NVERTED AT	TAXPAYER (Estimated	d hazardous was	te converted (
et estimated values upon comple SECTION 5 istimated solid waste converted (ther benefits:	replaced ation of project WASTE CO pounds)	4,500,000.00 NVERTED AT	TAXPAYER (Estimated	i hazardous was TION statement are tr	te converted (15,000.00	4,618,000.00
et estimated values upon comple SECTION 5 istimated solid waste converted (ther benefits: SECTION 6	replaced ation of project WASTE CO pounds)	4,500,000.00 NVERTED AT	TAXPAYER (Estimated ERTIFICA ons in this	i hazardous was TION statement are tri	te converted (pounds) Date signed (n)	15,000.00	4,618,000.00



 (5B-1/PE)	

	FC	OR USE OF THE DESI	GNATING BODY			
We have reviewed ou adopted in the resolu	r prior actions relating to the designition previously approved by this -1.1-12.1-2.			that the applicant meets the	general standards	
A . The designated are	re has been limited to a period of t <u>・ 当: </u>	time not to exceed <u>Colum</u>	(4) calendar years	(see below). The date this	designation expires	
B . The type of deducti	on that is allowed in the designation with the designation of the contract of	ed area is limited to:				
2. Installation of ne	w research and development ear	ulpment;	图Yes IN o IYes IN o			
4. Installation of na	w logistical distribution equipmen w information technology equipm	ent;	□Yes □No ☑Yes □No			
C. The amount of dedu	ction applicable to new manufact	turing equipment is limited	6\$ 4,500,000	_cost with an assessed ve	live of	
D. The amount of dedu	ction applicable to new research	and development equipme	ent is limited to \$	cost with an	8888888eff Value of	
	ction applicable to new logistical o					
1						
I	ction applicable to new informatio	n technology equipment is	limited to \$ (5,0	CO cost with an asse	essed value of	
G. Other limitations or co		-	· ·		-	
	v manufacturing equipment and/o nology equipment installed and fir	or new research and develors the claimed eligible for ded	opment e quipment and/o uction on or efter July 1. :	r new logistical distribution 2000, is allowed for	equipment and/or	
☐ 1 year	Li C years "" Fr	or ERA's established prior	to July 1, 2000, only a	and in publica foll		
2 years	- c leads 2	or 10 year schedule move	ha dadustad		- 1	
☐ 2 years ☐ 3 years Ø 4 years	☐ 6 years ☐ 9 years	or 10 year schedule may	be deducted.			
☐ 2 years ☐ 3 years Ø 4 years ☐ 5 years **	☐ 8 years ☐ 9 years ☐ 10 years **	or 10 year schedule may	ba deducied.			
☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years **	☐ 6 years ☐ 9 years	or 10 year schedule may	ba deducied.	No		
☐ 2 years ☐ 3 years ☐ 3 years ☐ 5 years ** I. Did the designating bo	☐ 8 years ☐ 9 years ☐ 10 years ** Ody adopt an alternative deduction schedu	or 10 year schedule may n schedule per IC 6-1.1-1; ule to this form.	be deducied. 2.1-17? □ Yes (%)		e and have	
2 years 3 years 3 years 5 years 1. Did the designating be if yes, attach a copy o Also we have reviewed the determined that the totality	☐ 8 years ☐ 9 years ☐ 10 years ** ody adopt an alternative deduction fine alternative deduction schedule information contained in the stay of benefits is sufficient to justify authorized member;	or 10 year schedule may n schedule per IC 6-1.1-1; ule to this form. Itement of benefits and fine the deduction described a	that the estimates and obove.	expectations are reasonabl		
2 years 3 years 3 years 5 years 1. Did the designating be if yes, attach a copy o Also we have reviewed the determined that the totality	☐ 8 years ☐ 9 years ☐ 10 years ** ody adopt an alternative deduction fine alternative deduction schedule information contained in the stay of benefits is sufficient to justify authorized member;	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove.	Date signed (month, da 3 - 21 - 19	y, year)	
I 2 years I 3 years I 4 years I 5 years I 5 years I 1 Did the designating be If yes, attach a copy of Also we have reviewed the determined that the totality Approved years Attested by	☐ 8 years ☐ 9 years ☐ 10 years ** Doy adopt an alternative deduction of the alternative deduction schedule information contained in the stay of benefits is sufficient to justify authorized member)	or 10 year schedule may n schedule per IC 6-1.1-1; ule to this form. Itement of benefits and fine the deduction described a	that the estimates and obove. In number 1 = 44 - 100 7 In a body Bristol Town	Date algned (month, de 3 - 21 - / 4	PK year)	
I 2 years I 3 years I 4 years I 5 years I 5 years I Did the designating both of the designation of the totality Approved years and the of Atlested by: If the designating body live	☐ 8 years ☐ 9 years ☐ 10 years ** ody adopt an alternative deduction fine alternative deduction schedule information contained in the stay of benefits is sufficient to justify authorized member;	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
I 2 years I 3 years I 4 years I 5 years I 5 years I Did the designating both of the designation of the totality Approved years and the of Atlested by: If the designating body live	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
I 2 years I 3 years I 4 years I 5 years I 5 years I Did the designating both of the designation of the totality Approved years and the of Atlested by: If the designating body live	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
I 2 years I 3 years I 4 years I 5 years I 5 years I Did the designating both of the designation of the totality Approved years and the of Atlested by: If the designating body live	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years 1. Did the designating be if yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attested by: * If the designating body lie	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years 1. Did the designating be if yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attested by: * If the designating body lie	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years 1. Did the designating be if yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attested by: * If the designating body lie	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years 1. Did the designating be if yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attested by: * If the designating body lie	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years 1. Did the designating be if yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attested by: * If the designating body lie	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years ** I. Did the designating be If yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attended by: If the designating body fire	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	PK year)	
2 years 3 years 3 years 4 years 5 years ** I. Did the designating be If yes, attach a copy of Also we have reviewed the determined that the totality Approved yeignetime and the of Attended by: If the designating body fire	S years D 10 years ** D 40 years ** D 50 years ** D 60 years ** D 70 years ** D 70 years ** D 70 years ** D 80 years ** D 80 years ** D 90 years	or 10 year schedule may n schedule per IC 6-1.1-1; uie to this form. itement of benefits and fine the deduction described a	that the estimates and obove. In tumber In tumber In the following th	Date algned (month, de 3 - 21 - / 4	a taxpayer is	

RESOLUTION 03-21-19R



RESOLUTION SETTING FORTH FINAL ACTION IN DETERMINING THAT THE QUALIFICATIONS FOR AN ECONOMIC REVITALIZATION AREA HAVE BEEN MET AND CONFIRMING RESOLUTION NO. 1-17-19R

WHEREAS, Great Lakes Forest Products, Inc., hereinafter referred to as "Great Lakes" filed with the Town Council for Bristol, Indiana an Application for designation of an economic revitalization area on or about January 9, 2019, which was approved and thereafter filed for an Amended Declaratory changing the applicants to Great Lakes Lamination, Inc. ("Lamination") which was approved pursuant to I.C. § 6-1.1-12.1 (combined, the "Application");

WHEREAS, Lamination has filed with the Bristol Town Council the Statement of Benefits on State Form 51764 (R2/12-11) prescribed by the Indiana Department of Local Government Finance, also known as Form SB-1/PP;

WHEREAS, at a duly constituted meeting of the Bristol Town Council held on January 17, 2019, the Bristol Town Council reviewed and approved said Application, and at said meeting the Bristol Town Council adopted Resolution 1-17-19R, entitled "Declaratory Resolution Designating Economic Revitalization Area and Qualifying Certain Personal Property for a Property Tax Phase-in," the Amended Declaratory was approved 2-21-19* which Resolutions, among other things, made certain findings, declared the real estate described in the Application and in the Resolution to be an "Economic Revitalization Area," and determined that the property tax deduction and phase-in for new manufacturing equipment and new information technology equipment shall be allowed for four (4) years as provided by law;

WHEREAS, the Bristol Town Council, by its Clerk-Treasurer, filed a duly executed copy of Resolution No. 1-17-19R and amended 2-21-19R (including all exhibits thereto, being the legal description and map) with the Elkhart County Assessor on or about March 20, 2019;

WHEREAS, pursuant to I.C. § 6-1.1-12.1-2.5, the Bristol Town Council caused to be published in *The Goshen News* on March 4, 2019 the "Notice of Public Hearing on County of Elkhart, Indiana Declaration of Economic Revitalization Area," which Notice and the publication thereof comply with applicable law;

WHEREAS, the Town of Bristol and Lamination have executed and entered into a Commitment and Payment Agreement; and

WHEREAS, the Bristol Town Council, on March 21, 2019, as provided in said published Notice of Public Hearing, held a public hearing and heard all persons desiring to be heard concerning any remonstrances or objections to said Resolution 1-17-19R and 2-21-19R.

*The Amended Application and Declaratory Resolution simply changed the applicant from Great Lakes Forest Products, Inc. to a newly formed Corporation, Great Lakes Lamination, Inc. (Lamination).

1

NOW, THEREFORE, BE IT RESOLVED AND DETERMINED by the Town Council for Bristol, Indiana as follows:

- 1. <u>Final Action</u>. After legally required publication of notice of public hearing, after filing required information with the various taxing units potentially affected by the designation of the economic revitalization area, and after conducting a public hearing pursuant to such notice, the Bristol Town Council hereby takes "final action," as that phrase is defined in I.C. § 6-1.1-12.1-2.5, with regard to the aforesaid Application of Lamination and the adoption of Resolutions No. 1-17-19R on January 17, 2019 and 2-21-19R Amended on 2-21-19.
- 2. <u>Confirmation of Resolution No. 1-17-19R and 2-21-19R</u>. It is hereby declared by the Bristol Town Council that Resolution No. 1-17-19R adopted on January 17, 2019 and Resolution 2-21-19 adopted February 17, 2019 are in all respects hereby ratified and confirmed, and it is hereby stated that the qualifications for an economic revitalization area have been met by Lamination as and to the real estate described in Exhibit "A" of Resolution No. 1-17-19R and Resolution No. 2-21-19R.
- 3. <u>Effective Date</u>. The Resolution shall be effective immediately upon its passage, subject to any appeal proceedings, through court action, contemplated by I.C. § 6-1.1-12.1-2.5.
- 4. <u>Statement of Benefits</u>. The Statement of Benefits filed by Lamination on State Form 51764 (R/2/12-11) and identified as Form SB-1/PP prescribed by the Indiana Department of Local Government Finance are hereby completed, signed, and approved in that portion designated "For Use of the Designating Body" and a copy of said Statement of Benefits are hereby attached hereto as Exhibit "A" and made a part hereof. The information provided on the Statement of Benefit forms attached hereto as Exhibit "A" supersede and replace the estimates previously provided by Lamination in its Application and the estimates recited in the Declaratory Resolution.
- 5. <u>Commitment and Payment Agreement</u>. Lamination and the Town of Bristol have executed and entered into a Commitment and Payment Agreement which is approved and signed.
- 6. <u>Filing with Governmental Authorities</u>. Upon the adoption of this Resolution, the Bristol Clerk-Treasurer shall file a copy of this Resolution in the Elkhart County Auditor's Office and shall also cause a copy of this Resolution to be filed with the Elkhart County Assessor and the Indiana Department of Local Government Finance along with the aforesaid Statement of Benefits as filed with the Bristol Town Council by Lamination and as completed and signed by the Bristol Town Council. If any additional filings are necessary to make Lamination eligible to file for the real estate property tax deductions and personal property tax deductions contemplated by this Resolution, such filings shall be the responsibility of Lamination.

ADOPTED by the Town Council for Bristol, Indiana this 2/day of March, 2019.

TOWN COUNCIL OF BRISTOL, INDIANA

By: Cathy Burke

By: Whitney Pierle

By: Delbut Mehruck

Delbert Schrock

By: A SON

Floyd Lynch

By: Jeff Beachy

ATTEST:

JULIA JUAN

Mary Ryman, Clerk/Treasurer

Julian Swark Deputy Clerk

STATE OF INDIANA

)SS:

COUNTY OF ELKHART

Before me, the undersigned Notary Public in and for said County and State, personally appeared Cathy Barke, President of the Bristol Town Council, Whitney Pierle, Delbert Schrock, Floyd Lynch, and Jeff Beachy, as members of the Bristol Town Council, and Mary Ryman, Clerk-Treasurer of the Town of Bristol, Indiana, and acknowledged the execution of the above and foregoing Resolution this 3/2 day of March, 2019.



Residing in Fill rut County,
State of Indiana

My Commission Expires:

3

COMMITMENT AND PAYMENT AGREEMENT

THIS AGREEMENT is made and entered into effective the day of March, 2019 by and between the Town of Bristol, Indiana (hereinafter referred to as "Town of Bristol") and Great Lakes Lamination, Inc. (hereinafter referred to as "Lamination");

WITNESSETH:

WHEREAS the Town Council for the Town of Bristol, Indiana adopted Resolution No. 1-17-19R on January 17, 2019 and 2-21-19 on February 21, 2019, which Resolutions are entitled "Declaratory Resolution Designating Economic Revitalization Area and Qualifying Certain Personal Property for Property Tax Phase-In" and Amended Declaratory Resolution Designating Economic Revitalization Area and Qualifying Certain Personal Property For Property Tax Phase-In for the benefit of Lamination;

WHEREAS said Resolution is subject to the condition that Lamination enters into an Agreement with the Town of Bristol, Indiana concerning the Economic Revitalization Area prior to the Resolution being, finalized and confirmed;

NOW, THEREFORE, in consideration of the premises, the terms and provisions contained herein, and other good and valuable consideration, the receipt of which is hereby acknowledged, Town of Bristol and Lamination mutually agree as follows:

- 1. <u>Commitment of Investment and Employment</u>. Provided Resolution 1-17-19R and Resolution 2-21-19 are finalized and confirmed by the Town of Bristol, Indiana on terms no less favorable to Lamination as are contained in Resolution 1-17-19R and 2-21-19, Lamination does hereby agree to fulfill the following commitments:
 - (a) That Lamination will invest no less than Four Million, Five Hundred

Fifteen Thousand and 00/100 Dollars (\$4,515,000.00) in new manufacturing equipment to be located at the location in Bristol, Indiana identified in Exhibit A to Resolution No. 1-17-19R and Resolution No. 2-21-19 on or before December 31, 2023;

- (b) That Lamination will have an annual payroll, not including fringe benefits, of at least One Million, Seven Hundred Fifty Thousand and 00/100 Dollars (\$1,750,000.00) with no less than 53 full-time positions for the location in Bristol, Indiana identified in Exhibit A to Resolution No. 1-17-19R and Resolution No. 2-21-19 on or before December 31, 2023;
- (c) That Lamination will remain in operation at its location in Bristol, Indiana for a term of no less than five (5) years commencing December 31, 2019 through and including December 31, 2024; and
- (d) Every employee at the facility of Lamination located in Bristol, Indiana will have a regular (i.e., non-overtime) pay rate whether salary or hourly of no less than Thirteen and 00/100 Dollars (\$13.00) per hour exclusive of any benefits and no more than Twenty Percent (20%) of the employees or workers at Lamination's Bristol, Indiana facility will be part time or contract labor (80% of workers at Lamination's Bristol, Indiana facility must be full time employees of Lamination).
- 2. Re-Payment Agreement. In the event that Lamination fails to meet any of its respective commitments contained within this Agreement within the time frames specified above, Lamination shall be liable and shall cause to be paid to the Town of Bristol, Indiana the percentage specified below for the applicable time frame multiplied by the total real estate and personal property tax savings generated by the property tax phase-in established and authorized by Resolution 1-17-19R and 2-21-19R:

Failure to meet commitment occurs:

Percentage of Property Tax

Savings to be Paid:

First Year of Deduction

100%

Second Year of Deduction

80%

Third Year of Deduction

60%

Fourth Year of Deduction

40%

It is understood and agreed by Lamination that it, its successors and assigns, are jointly and severally liable, each for the performance of themselves and the other, of the terms of this agreement. Any reimbursement requirement of any tax savings to either is included in this joint obligation. In the event Lamination fails to pay said amount within thirty (30) days of being invoiced by Elkhart County and/or the Town of Bristol, that Company shall also be responsible for all costs of collection and enforcement incurred by the Town of Bristol including but not limited to reasonable attorney fees, expenses, and court costs.

- 3. <u>Commitment of Verifying Documentation</u>. Lamination commits and agrees to and shall provide annually to the Town of Bristol documentation verifying its compliance with the terms and provisions of this Agreement within Ninety (90) days after the end of each calendar year. Such documentation submitted shall be certified under oath as being true, accurate, and complete.
- 4. <u>Economic Development Fee</u>. Indiana Code Section 6-1.1-12.1-14 provides that a designating body of an economic revitalization area may impose a fee not exceeding fifteen percent (15%) of the reduction in property taxes to which the property owner is entitled in each

year as a result of the economic revitalization area for which the property owner's property tax liability is reduced by a property tax deduction. Lamination hereby agrees and consents to the imposition of this fee in an amount equal to fifteen percent (15%) of the reduction in property taxes for each tax year generated by the property tax phase-in established and authorized by Resolution 1-17-19R, Resolution 2-21-19R and Confirmatory Resolution 3-21-19R. Indiana Code Section 6-1.1-12.1-14 is hereby incorporated by reference, with the consent of Lamination into this Agreement and the initial approval of Lamination's Statement of Benefit Forms and property tax deductions established and authorized by Resolution 1-17-19R and Resolution 2-21-19R. It is understood and agreed by Lamination that in the event the Elkhart County Auditor does not notify Lamination of a lesser amount due, Lamination itself shall calculate and pay the full 15% fee to the Bristol Redevelopment Commission, Bristol, Indiana. Annual payment shall be made each year during any period of reduction on December 1st.

- 5. <u>Assessment Appeals</u>. Lamination hereby agrees and commits not to file any property tax assessment appeal, review, or other challenge of the property tax assessments made for its economic development project during the time periods for which property tax deductions are received unless:
 - (a) the original assessment for the economic development project is in excess of the economic development project cost;
 - (b) the original assessment of real estate is in excess of the purchase price paid for the real estate in an arms-length transaction; or
 - (c) a trending assessment or reassessment increases the assessment for the economic development project more than fifteen percent (15%) for any year-to-year change or more than an average of ten percent (10%) per year over two or more years.

- 6. Governing Law. This Agreement shall be governed by and construed in accordance with the substantive laws of the State of Indiana without resort to conflict of law principles. Jurisdiction and venue of any claims or disputes arising under this Agreement shall be exclusively in the state and federal courts located in the State of Indiana.
- 7. <u>Binding Effect</u>. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns; provided, however, that no assignment shall relieve a party of any of its obligations hereunder.

IN WITNESS WHEREOF, the Town of Bristol and Great Lakes Lamination, Inc., have executed this Agreement effective on the date first set forth above by their duly authorized representatives.

TOWN OF BRISTOL:

TOWN COUNCIL FOR THE TOWN OF BRISTOL, INDIANA

By: Its: President

ATTEST:
\bigcap 1. \bigcap \triangle
Iduan Juan2
man marc
Mary Ryman, Clerk/Treasurer
Mary Ryman, Clerk/Treasurer Julian Swa/tz Deputy Clerk Tracs. Date:
Date: March 21 0 NG
Date: - WILLIAM ST & OLD

GREAT LAKES:

GREAT LAKES LAMINATION, INC.

By: Sienature)

Printed Name: Joseph Rowan Title: Chief Financial Officer

ATTEST:	! !		
Date:			