COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Casey's Marketing Company		County Vigo
Address of Taxpayer *(street and number, city, state and ZIP code)* One S.E. Convenience Blvd Ankeny IA 50021		DLGF Taxing District Number 84-024
Name of Contact Person Doug Beech	Telephone Number 515-965-6284	Email Address doug.beech@caseys.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body County Council of Vigo County	Resolution Number 2014-02	Estimated Start Date *(month, day, year)* 01/01/2015
Location of Property Vigo County of Industrial Park Terre Haute IN		Actual Start Date *(month, day, year)* / /
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. See attached		Estimated Completion Date*(month, day, year)* 12/31/2019
		Actual Completion Date *(month, day, year)* / /

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees		243
Salaries		16,554,036
Number of Employees Retained		
Salaries		
Number of Additional Employees	185	243
Salaries	5,675,800	16,554,036

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project					4,400,000		200,000	
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project					4,400,000		200,000	
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project					4,399,885	659,983	199,994	29,999
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project					4,399,885	659,983	199,994	29,999

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
	AGENT for CASEY'S	05/21/2026

ATTACHMENT TO FORM CF-1, page 1, Section 2

Name of taxpayer

Casey's Marketing Company

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Description of real property improvements and/or new manufacturing equipment to be acquired

Installation of new logistics and distribution facility equipment, including racking, conveyor systems, fork trucks, and loading equipment. IT equipment associated with distribution and inventory processes.

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [X] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Stan Ellis	6/9/26
Attested By:	**Designating Body**
Lori Clark	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R2 / 12-11)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing 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, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)*
2. *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 be approved*
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. *Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *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).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer
Casey's Marketing Company

Address of taxpayer *(number and street, city, state, and ZIP code)*
One S.E. Convenience Blvd. Ankeny, IA 50021

Name of contact person	Telephone number
Doug Beech -	(515) 965-6284

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body		Resolution number (s)
County Council of Vigo County		
Location of property	**County**	**DLGF taxing district number**
Vigo County Industial Park -	Vigo County	84-024

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(use additional sheets if necessary)*

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment		
R & D Equipment		
Logist Dist Equipment	01/01/2015	12/31/2019
IT Equipment	01/01/2015	12/31/2019

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
0	0.00	0	0.00	185	5,675,800.00

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the **COST** of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values								
Plus estimated values of proposed project					4,400,000.00		200,000.00	
Less values of any property being replaced								
Net estimated values upon completion of project								

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted *(pounds)* 0.00

Estimated hazardous waste converted *(pounds)* 0.00

Other benefits:

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Title	Date signed *(month, day, year)*
Douglas M Beech	Legal Counsel	5/6/14

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 2 calendar years * *(see below)*. The date this designation expires is 7/20/2016.

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment; ☒ Yes ☑ No
2. Installation of new research and development equipment; ☐ Yes ☑ No
3. Installation of new logistical distribution equipment. ☑ Yes ☐ No
4. Installation of new information technology equipment; ☑ Yes ☐ No

C. The amount of deduction applicable to new manufacturing equipment is limited to $ 0 cost with an assessed value of $ _____.

D. The amount of deduction applicable to new research and development equipment is limited to $ 0 cost with an assessed value of $ _____.

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ 4,400,000 cost with an assessed value of $ _____.

F. The amount of deduction applicable to new information technology equipment is limited to $ 200,000 cost with an assessed value of $ _____.

G. Other limitations or conditions *(specify)* _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:

☐ 1 year	☐ 6 years
☐ 2 years	☐ 7 years
☐ 3 years	☐ 8 years
☐ 4 years	☐ 9 years
☐ 5 years **	☑ 10 years **

** For ERA's established prior to July 1, 2000, only a 5 or 10 year schedule may be deducted.

I. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? ☐ Yes ☑ No
If yes, attach a copy of the alternative deduction schedule to this form.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: *(signature and title of authorized member)*	Telephone number	Date signed *(month, day, year)*
	(812) 462-3361	7/21/14
Attested by: Kathy Miller Timothy McPeak	Designated body: Vigo County Council	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5

under 2 million

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6(c).

FORM CF-1 / PP

2025 Pay 2026

RECEIVED
MAY 13 2026
VIGO COUNTY ASSESSOR

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).*

Midwest

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer: D&D Automation, Inc		County: Vigo
Address of Taxpayer (number and street, city, state, and ZIP code): 1207 E. Dallas Dr, Terre Haute, IN 47802		DLGF Taxing District Number: 840000004690000003
Name of Contact Person: David Decker	Telephone Number: (812) 299-1045	Email Address: davidd@ddautomation.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body: Vigo County Council	Resolution Number: 2019-17	Estimated Start Date (month, day, year): 11/1/2019
Location of Property: 1207 E. Dallas Dr. Terre Haute, IN 47802		Actual Start Date (month, day, year): 8/29/2019
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.		Estimated Completion Date (month, day, year): 3/1/2020
		Actual Completion Date (month, day, year): 12/20/2021

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	10	14
Salaries	358,000	483,925
Number of Employees Retained	10	11
Salaries	358,000	463,742
Number of Additional Employees	3	3
Salaries	120,000	120,183

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	$803,508	$243,736	$	$	$	$	$ 28766	$ 5,946
Plus: Values of Proposed Project	$ 154,700	$ 154,700	$ 8,500	$ 8,500	$	$	$ 4500	$ 4,500
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$958,208	$398,436	$ 8,500	$ 8,500	$	$	$ 33266	$ 10,446
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	$803,508	$243,736	$	$	$	$	$ 27,766	$ 5946
Plus: Values of Proposed Project	$ 158,000	$ 88,400	$ 8,500	$ 8,500	$	$	$ 4,500	$ 2520
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 961,508	$ 332,216	$ 8,500	$ 8,500	$	$	$ 32,266	$ 8,466

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed (month, day, year)
David Decker	Owner	5/12/26

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Steve Ulm	6/9/26
Attested By	**Designating Body**
Jennifer L. Hulse	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see Instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

under 2 millions

STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

RECEIVED
MAY 13 2026
VIGO COUNTY ASSESSOR

FORM SB-1 / PP

PRIVACY NOTICE
Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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.*
2. *The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.*
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 January 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 January 1 and the extended due date of that year.*
4. *Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	Name of contact person	Telephone number
D&D Automation, Inc.	David Decker	(812) 299-1045

Address of taxpayer *(number and street, city, state, and ZIP code)*: 1207 E. Dalla Dr. Terre Haute, In. 47802

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body: Vigo County Council

Resolution number (s): 2019-17

Location of property: 1207 E Dallas Dr. Terre Haute IN 47802

County: Vigo

DLGF taxing district number: 84-003

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(Use additional sheets if necessary.)*

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment	11/1/2019	03/01/2020
R & D Equipment		
Logist Dist Equipment		
IT Equipment	11/1/2019	03/01/2020

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current Number	Salaries	Number Retained	Salaries	Number Additional	Salaries
10	358,000	10	358,000	3	120,000

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the **COST** of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values	803,506	243,736					28,766	5946
Plus estimated values of proposed project	154,700	154,700	8,500	8,500			4,500	4,500
Less values of any property being replaced								
Net estimated values upon completion of project	958,206	398,436	8500	8,500			33,266	10446

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (*pounds*) _____

Estimated hazardous waste converted (*pounds*) _____

Other benefits:

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative

Date signed (*month, day, year*): 5/12/2026

Printed name of authorized representative

Title: Owner

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed _____ calendar years * *(see below)*. The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment; ☐ Yes ☐ No
2. Installation of new research and development equipment; ☐ Yes ☐ No
3. Installation of new logistical distribution equipment. ☐ Yes ☐ No
4. Installation of new information technology equipment; ☐ Yes ☐ No

☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types.*

C. The amount of deduction applicable to new manufacturing equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)*_____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

☐ Enhanced Abatement per IC 6-1.1-12.1-18
Number of years approved: _____
(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☐ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: *(signature and title of authorized member of designating body)*	Telephone number ( )	Date signed *(month, day, year)*
Printed name of authorized member of designating body	Name of designating body	
Attested by: *(signature and title of attester)*	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

(1) The total amount of the taxpayer's investment in real and personal property.
(2) The number of new full-time equivalent jobs created.
(3) The average wage of the new employees compared to the state minimum wage.
(4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. Except as provided in IC 6-1.1-12.1-18, an abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-I).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer FUTUREX INDUSTRIES, INC.		County VIGO
Address of Taxpayer *(street and number, city, state and ZIP code)* P.O. BOX 158 BLOOMINGDALE IN 47832		DLGF Taxing District Number 84024
Name of Contact Person DOUG WILSON	Telephone Number 765-498-3900	Email Address DOUGW@FUTUREXPLASTICS.COM

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body VIGO COUNTY COUNCIL	Resolution Number 2019-1	Estimated Start Date *(month, day, year)* 03/01/2019
Location of Property 10000 SOUTH CARLISLE STREET TERRE HAUTE IN 47802		Actual Start Date *(month, day, year)* 03/01/2019
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. (4) PLASTIC EXTRUSION LINES (4) ROLLS		Estimated Completion Date*(month, day, year)* 12/31/2019 Actual Completion Date *(month, day, year)* 12/31/2019

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	29	51
Salaries	15	20
Number of Employees Retained	29	36
Salaries	15	22
Number of Additional Employees	8	15
Salaries	12	17

RECEIVED
MAY 15 2026
VIGO COUNTY AUDITOR

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	4,570,409	1,371,120						
Plus: Values of Proposed Project	2,500,000	2,500,000						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	7,070,409	3,871,120						
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	4,570,409	1,371,120						
Plus: Values of Proposed Project	2,447,528	803,802						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	7,017,937	2,174,922						

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
	DIRECTOR OF FINANCE	5-11-26

Prepared by: BLUE & CO., LLC • 12800 N MERIDIAN ST, STE 400, CARMEL, IN 46032 • 317-848-8920

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to. (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Steve Lo	6/9/26
Attested By:	**Designating Body**
Lori T. Hulse	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see insruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R4 / 11-15)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE
Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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.*
2. *The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.*
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 January 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 January 1 and the extended due date of that year.*
4. *Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	Name of contact person
Futurex Industries Inc.	Doug Wilson
Address of taxpayer *(number and street, city, state, and ZIP code)*	**Telephone number**
169 E Smith St.	(765) 498-3900 x2117

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body		Resolution number (s)
Vigo County County Council		
Location of property	**County**	**DLGF taxing district number**
10000 S. Carlisle St.	Vigo	024 Linton

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(Use additional sheets if necessary.)*
(4) plastic extrusion lines
(4) Rolls
(4) Grinders
(5) Blenders
(1) Fork Lift
(1) Gear box

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment	March 1, 2019	December 31, 2019
R & D Equipment		
Logist Dist Equipment		
IT Equipment		

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
29	14.86	29	14.86	8	12.0

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values	4,570,409	1,371,120						
Plus estimated values of proposed project	2,500,000	2,500,000						
Less values of any property being replaced								
Net estimated values upon completion of project	7,070,409	3,871,120						

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (*pounds*) 0
Estimated hazardous waste converted (*pounds*) 0
Other benefits:

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed (*month, day, year*)
Douglas W Wilson	11-19-18
Printed name of authorized representative	**Title**
Douglas W. Wilson	Director of Finance / Treasurer

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed _____ calendar years * *(see below)*. The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	☐ Yes	☐ No	☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types.*
2. Installation of new research and development equipment;	☐ Yes	☐ No	
3. Installation of new logistical distribution equipment.	☐ Yes	☐ No	
4. Installation of new information technology equipment;	☐ Yes	☐ No	

C. The amount of deduction applicable to new manufacturing equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)*_____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

☐ Enhanced Abatement per IC 6-1.1-12.1-18
Number of years approved: _____
(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☐ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: *(signature and title of authorized member of designating body)*	Telephone number ( )	Date signed *(month, day, year)*
Printed name of authorized member of designating body	Name of designating body	
Attested by: *(signature and title of attester)*	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:
(1) The total amount of the taxpayer's investment in real and personal property.
(2) The number of new full-time equivalent jobs created.
(3) The average wage of the new employees compared to the state minimum wage.
(4) The infrastructure requirements for the taxpayer's investment.
(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

PRIVACY NOTICE	FORM CF-1 / PP
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.	20___ Pay 20___

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.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer: Great Dane, LLC		County: Vigo
Address of Taxpayer (number and street, city, state, and ZIP code): 4949 N. 13th Street, Terre Haute, IN 47805		DLGF Taxing District Number:
Name of Contact Person: Jim Petrarca	Telephone Number: (773) 579-4742	Email Address: jpetrarca@greatdane.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body: County Council of Vigo County, Indiana	Resolution Number: 2025-4	Estimated Start Date (month, day, year): February 1, 2022
Location of Property: 4901 N. 13th Street, Terre Haute, IN 47805		Actual Start Date (month, day, year): February 1, 2022
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.		Estimated Completion Date (month, day, year): December 31, 2027
Great Dane, LLC is planning to consolidate the operations of multiple fabricatic		Actual Completion Date (month, day, year):

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	483	307
Salaries	$21.69/hr	$26.11/hr
Number of Employees Retained	483	256
Salaries	$21.69/hr	$26.11/hr
Number of Additional Employees	125	51
Salaries	$25.00/hr	$27.06/hr

RECEIVED
MAY 15 2026
VIGO COUNTY AUDITOR

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	$	$	$	$	$	$	$	$
Plus: Values of Proposed Project	$ 38,600,000	$	$ 250,000	$	$ 3,000,000	$	$ 600,000	$
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 38,600,000	$	$ 250,000	$	$ 3,000,000	$	$ 600,000	$
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	$	$	$	$	$	$	$	$
Plus: Values of Proposed Project	$ 25,675,233	$	$	$	$	$	$ 121,471	$
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 25,675,233	$	$	$	$	$	$ 121,471	$

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits: The Equipment acquired will be highly technical and automat		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed (month, day, year)
Michael J. Kusch	Plant Controller	5/8/26

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has NOT made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [X] The property owner IS in substantial compliance
- [ ] The property owner IS NOT in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Steve Ellis	6/9/26
Attested By	**Designating Body**
Teresa K. Hulman	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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.*
2. *The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.*
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 January 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 January 1 and the extended due date of that year.*
4. *Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	Name of contact person	Telephone number
Great Dane, LLC	Matthew Johnson	(812) 460-7739

Address of taxpayer *(number and street, city, state, and ZIP code)*: 2664 E US Highway 40 Brazil, IN 47834

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body	Resolution number (s)
Vigo County Council	

Location of property	County	DLGF taxing district number
4901 N 13TH Street, Terre Haute, IN	Vigo	13-OTTER CREEK

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(Use additional sheets if necessary.)*

The project will occur in three phases and consist of approximately $42M of new equipment to the site at project completion to support the relocation of all Great Dane coupler and frame welding operations from around the country to the Vigo County site. Equipment to be acquired is attached to Applicant's petition.

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment	02/01/2022	12/31/2024
R & D Equipment	02/01/2022	12/31/2024
Logist Dist Equipment	02/01/2022	12/31/2024
IT Equipment	02/01/2022	12/31/2024

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current Number	Salaries	Number Retained	Salaries	Number Additional	Salaries
483	$21.69/hr	483	$21.69	125	$25.00/hr

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values								
Plus estimated values of proposed project	38,000,000		500,000		3,000,000		750,000	
Less values of any property being replaced								
Net estimated values upon completion of project	38,000,000		500,000		3,000,000		750,000	

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted *(pounds)*: 0

Estimated hazardous waste converted *(pounds)*: 0

Other benefits:

The equipment acquired will be highly technical and automated, and it is expected to support the creation of 125 advanced manufacturing jobs in Vigo County.

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed *(month, day, year)*
	October 20, 2021

Printed name of authorized representative	Title
Matthew Johnson	Plant Manager

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 10 calendar years * *(see below)*. The date this designation expires is 12/31/2024. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	☑ Yes	☐ No	☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types.*
2. Installation of new research and development equipment;	☑ Yes	☐ No	
3. Installation of new logistical distribution equipment.	☑ Yes	☐ No	
4. Installation of new information technology equipment;	☑ Yes	☐ No	

C. The amount of deduction applicable to new manufacturing equipment is limited to $ 38,000,000 cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ 500,000 cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ 3,000,000 cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ 750,000 cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)* _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☑ Year 10

☐ **Enhanced Abatement per IC 6-1.1-12.1-18** Number of years approved: _____ *(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)*

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☑ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: *(signature and title of authorized member of designating body)*	Telephone number (812) 231.5638	Date signed *(month, day, year)* 01/04/2022
Printed name of authorized member of designating body: Aaron Loudermilk	Name of designating body: Vigo County Council	
Attested by: *(signature and title of attester)* James W. Brambl (ins)	Printed name of attester: James W Brambl	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:
(1) The total amount of the taxpayer's investment in real and personal property.
(2) The number of new full-time equivalent jobs created.
(3) The average wage of the new employees compared to the state minimum wage.
(4) The infrastructure requirements for the taxpayer's investment.
(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. Except as provided in IC 6-1.1-12.1-18, an abatement schedule may not exceed ten (10) years.
(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

RECEIVED
MAY 1 2026
VIGO COUNTY AUDITOR

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-I).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Green Leaf, Inc.		County Vigo
Address of Taxpayer *(street and number, city, state and ZIP code)* 9490 N. Baldwin Street Fontanet IN 47851		DLGF Taxing District Number 84011 - County
Name of Contact Person Peter Goda	Telephone Number 812-877-1546	Email Address pete.goda@green-leaf.us

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Vigo County Council	Resolution Number 2020-07	Estimated Start Date *(month, day, year)* 10/01/2020
Location of Property 9490 N Baldwin St Fontanet IN 47851		Actual Start Date *(month, day, year)* 10/01/2020
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. See attached		Estimated Completion Date*(month, day, year)* 04/01/2021 Actual Completion Date *(month, day, year)* 11/15/2021

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	104	152
Salaries	4,067,703	10,029,620
Number of Employees Retained	104	104
Salaries	4,067,703	4,271,088
Number of Additional Employees	20	48
Salaries	707,200	5,758,532

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	250,000	200,000			50,000			
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	250,000	200,000			50,000			
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	69,343							
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	69,343							

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
	President	5-4-26

Prepared by: Sackrider & Company, Inc. • 1925 Wabash Ave., Terre Haute, IN 47807 • (812)232-9492

ATTACHMENT TO FORM CF-1, page 1, Section 2

Name of taxpayer

Green Leaf, Inc.

SECTION 2 — **LOCATION AND DESCRIPTION OF PROPERTY**

Description of real property improvements and/or new manufacturing equipment to be acquired

Machinery used in the manufacture, production, fabrication, assembly, processing, and finishing of plastic products sold by Green Leaf, Inc.

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to, (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member: Steve Ellis — Date Signed *(month, day, year)*: 6/9/26

Attested By: Lori Lee — Designating Body: Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see insruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member — Date Signed *(month, day, year)*

Attested By: — Designating Body

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY
State Form 51764 (R4 / 11-15)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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.

2 The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.

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 January 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 January 1 and the extended due date of that year.

4. Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)

5. For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	Name of contact person
Green Leaf, Inc. & GL Holding, LLC	Pete Goda
Address of taxpayer (number and street, city, state, and ZIP code)	**Telephone number**
9490 N. Baldwin St., Fontanet, IN 47851 & 9300 N Lucas St Terre Haute, IN 47805	(812) 877-1546

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body	Resolution number (s)
Vigo County Council	
Location of property	**County** / **DLGF taxing district number**
9490 N. Baldwin St., Fontanet, IN 47851	Vigo

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(Use additional sheets if necessary)*

Addition of 45,000 sqft. of warehousing and distribution space to allow for business growth.

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment	10/01/2020	11/30/2020
R & D Equipment		
Logist Dist Equipment	10/01/2020	04/01/2021
IT Equipment		

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
104	$4,067,703	104	$4,067,703	20	$707,200

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the cost of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values					50,000			
Plus estimated values of proposed project	250,000							
Less values of any property being replaced								
Net estimated values upon completion of project								

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____

Estimated hazardous waste converted (pounds) _____

Other benefits:

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed (month, day, year)
	01-17-20
Printed name of authorized representative	**Title**
Pete Goda	President / Manager

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed _____ calendar years * *(see below)*. The date this designation expires is _____. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:
1. Installation of new manufacturing equipment; ☐ Yes ☐ No
2. Installation of new research and development equipment; ☐ Yes ☐ No
3. Installation of new logistical distribution equipment. ☐ Yes ☐ No
4. Installation of new information technology equipment; ☐ Yes ☐ No

☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types*

C. The amount of deduction applicable to new manufacturing equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)*_____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

☐ Enhanced Abatement per IC 6-1.1-12.1-18 Number of years approved _____ *(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)*

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☐ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by *(signature and title of authorized member of designating body)*	Telephone number ( )	Date signed *(month, day, year)* 10/1/2020
Printed name of authorized member of designating body Ivan M. Morris	Name of designating body	
Attested by *(signature and title of attester)* Auditor	Printed name of attester James W. Bramble	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:
(1) The total amount of the taxpayer's investment in real and personal property.
(2) The number of new full-time equivalent jobs created.
(3) The average wage of the new employees compared to the state minimum wage.
(4) The infrastructure requirements for the taxpayer's investment.
(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-I).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer MARION TOOL & DIE, INC		County Vigo
Address of Taxpayer *(street and number, city, state and ZIP code)* 1126 WEST NATIONAL AVE WEST TERRE HAUTE IN 47885		DLGF Taxing District Number 84022
Name of Contact Person TAMMY, TIM OR LEONARD MARION	Telephone Number 812-533-9800	Email Address

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body WEST TERRE HAUTE TOWN COUNCIL	Resolution Number 2024-4-8-2	Estimated Start Date *(month, day, year)* 06/01/2024
Location of Property 1126 W US HWY 40 WEST TERRE HAUTE IN 47885		Actual Start Date *(month, day, year)* 06/01/2024
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. MACHINE TOOLS AND EQUIPMENT INCLUDING BUT NOT LIMITED TO EQUIPMENT OF THE TYPE DESCRIBED IN EXHIBIT A		Estimated Completion Date *(month, day, year)* 12/31/2026 Actual Completion Date *(month, day, year)* 12/31/2026

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	89	89
Salaries	4,845,261	4,845,261
Number of Employees Retained	89	89
Salaries	4,845,261	4,845,261
Number of Additional Employees	18	14
Salaries	951,320	871,321

RECEIVED
MAY 15 2026
Vigo County Auditor

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	2,117,000	2,117,000						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	2,117,000	2,117,000						
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	4,061,677	4,061,677						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	4,061,677	4,061,677						

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
		05/14/2026

Prepared by: Ryan Perkins CPA Group • 800 Poplar Street, Terre Haute, IN 47807 • 812-233-8888

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to. (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Steve Bolk	6/9/26
Attested By:	**Designating Body**
Lori Lee	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS (to be completed after the hearing)

☐ Approved ☐ Denied *(see insruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE
Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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 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.*
2. *The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.*
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 January 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 January 1 and the extended due date of that year.*
4. *Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)*

SECTION 1 — TAXPAYER INFORMATION

Name of taxpayer	Name of contact person	Telephone number
MARION TOOL & DIE, INC	TAMMY, TIM OR LEONARD MARION	812-533-9800

Address of taxpayer (street and number, city, state, ZIP code): 1126 WEST NATIONAL AVE WEST TERRE HAUTE IN 47885

SECTION 2 — LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body	Resolution number (s)
WEST TERRE HAUTE TOWN COUNCIL	2024-4-8-2

Location of property	County	DLFG taxing district number
1126 W US HWY 40 WEST TERRE HAUTE IN 47885	Vigo	84022

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment *(Use additional sheets if necessary)*

MACHINE TOOLS AND EQUIPMENT INCLUDING BUT NOT LIMITED TO EQUIPMENT OF THE TYPE DESCRIBED IN EXHIBIT A

	ESTIMATED	
	Start Date	Completion Date
Manufacturing Equipment	06/01/2024	12/31/2026
R & D Equipment		
Logist Dist Equipment *		
IT Equipment *		

SECTION 3 — ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
89	4,845,261	89	4,845,261	18	951,320

SECTION 4 — ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the **COST** of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values								
Plus estimated values of proposed project	2,117,000	2,117,000						
Less values of any property being replaced								
Net estimated values upon completion of project	2,117,000	2,117,000						

SECTION 5 — WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted *(pounds)* _____ Estimated hazardous waste converted *(pounds)* _____

Other benefits:

SECTION 6 — TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed *(month, day, year)*
	05/14/2026
Printed name of authorized representative	Title

Prepared by: Ryan Perkins CPA Group • 800 Poplar Street, Terre Haute, IN 47807 • 812-233-8888

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed _____ calendar years * *(see below).*The date this designation expires is _____ .*NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	☐ Yes	☐ No	☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types.*
2. Installation of new research and development equipment;	☐ Yes	☐ No	
3. Installation of new logistical distribution equipment.	☐ Yes	☐ No	
4. Installation of new information technology equipment;	☐ Yes	☐ No	

C. The amount of deduction applicable to new manufacturing equipment is limited to $ _____ cost with an assessed value of $ _____ . *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ _____ cost with an assessed value of $ _____ . *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ _____ cost with an assessed value of $ _____ . *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ _____ cost with an assessed value of $ _____ . *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)* _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

☐ Enhanced Abatement per IC 6-1.1-12.1-18
Number of years approved: _____
(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☐ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: *(signature and title of authorized member of designating body)*	Telphone number	Date signed *(month, day, year)*
Printed name of authorized member of designating body	Name of designating body	
Attested by: *(signature and title of attester)*	Printed name of attester	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:
(1)The total amount of the taxpayer's investment in real and personal property.
(2)The number of new full-time equivalent jobs created.
(3)The average wage of the new employees compared to the state minimum wage.
(4)The infrastructure requirements for the taxpayer's investment.
(b)This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
(c)An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-I).

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Saturn Petcare Inc		County Vigo
Address of Taxpayer *(street and number, city, state and ZIP code)* 100 East Saturn Petcare Dr Terre Haute IN 47802		DLGF Taxing District Number 84-003
Name of Contact Person Rouven Muell	Telephone Number 517-375-6870	Email Address c.lawler@saturnpetcare.us

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Vigo County County Council	Resolution Number 2022-13	Estimated Start Date *(month, day, year)* 10/03/2022
Location of Property 93 E Saturn Petcare Drive Terre Haute IN 47802		Actual Start Date *(month, day, year)* 10/03/2022
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. Machinery and equipment in the production and manufacturing of wet pet food products for consumer sales.		Estimated Completion Date*(month, day, year)* 06/30/2024 Actual Completion Date *(month, day, year)* 12/31/2025

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	163	228
Salaries	7,737,600	15,463,453
Number of Employees Retained		163
Salaries		7,737,600
Number of Additional Employees	50	65
Salaries	4,800,000	7,725,853

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	42,000,000	42,000,000						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	42,000,000	42,000,000						
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	12,399,425	6,021,331						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	12,399,425	6,021,331						

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.5 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
Cassidy Lawler	Accounting Manager	05/15/2026

Saturn Petcare Inc
Resolution 2022-13
EL Attachment

Asset Number	Description	Date In Service	Cost	Resolution	Abatment Pool
183	137 Admin Costs-Duralabel Kodiak Printer	7/1/2023	$ 3,995.00	2022-13	Pool 1 1/2/2025 - 1/1/2026
181	LVO P16S G3 U7 _ 10 computer	6/1/2025	$ 16,245.00	2022-13	Pool 1 1/2/2025 - 1/1/2026
187	137 Equip Install Vigo 2.0-Angle Supports	12/1/2025	$ 3,700.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
186	137 Equip Install Vigo 2.0-Water Recovery Start Up	12/1/2025	$ 3,100.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
185	Air Compressor Production	12/31/2025	$ 287,285.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
184	137 Solar & Roller Shades for Office	12/31/2025	$ 17,909.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
182	137 Facility Devices- Ice Machine	8/1/2025	$ 7,200.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
180	High Back Task Chair	12/31/2025	$ 3,064.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
179	Workstations	12/31/2025	$ 28,883.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
178	Honeywell PX65A ENET Thermal Printer	6/1/2025	$ 2,882.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
177	Mobile Computer WiFi 6E	6/1/2025	$ 2,860.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
176	Mobile Computer WiFi 6E	6/1/2025	$ 2,860.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
175	Samusung 85 Class CU 70000 + equipment	1/1/2025	$ 7,608.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
174	Electrical move- network drops added	12/31/2025	$ 5,687.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
173	Forklift	12/31/2025	$ 10,000.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
172	Fire Monitor Pathway Proposal QP	12/31/2025	$ 4,220.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
171	Honeywell PX65A Thermal Printer 1	6/1/2025	$ 2,775.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
170	1 trolley mechanical engineering somic	12/31/2025	$ 6,573.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
169	137 Public Announcement System	12/31/2025	$ 84,602.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
168	Auto Assortment Auto Film Cutting Device & Travel	12/31/2025	$ 37,768.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
167	137 Equip Install Reverse Osmosis	2/1/2025	$ 3,910.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
166	137 Equip Instal Vigo 2.0-Steam Train Housing	7/1/2024	$ 9,892.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
164	Scale System Hydraulic Load Cells	7/31/2025	$ 20,945.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
163	Scale System Hydraulic Load Cells	7/31/2025	$ 20,945.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
162	137 Cooling Towers Vigo 2.0	7/1/2025	$ 411,680.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
161	GEA Hygienic Butterfly 2_3	12/31/2025	$ 32,716.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
160	Somic N 201017	12/31/2025	$ 4,301.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
159	Compactlogix 3 MB Controler	12/31/2025	$ 7,480.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
158	Foxjet Solo Printhead Tone Connection	12/31/2025	$ 2,800.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
157	new Steritech Water Cascade retorts	12/31/2025	$ 18,721.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
156	Format Doso 20.9 - Waldner	12/31/2025	$ 119,762.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
155	Swing Check Geore E Booth (905389 Vigo 2.0)	12/31/2025	$ 325.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
153	Dosomat Waldner Line 2	12/31/2025	$ 28,198.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
152	Dosomat Waldner Line 1	12/31/2025	$ 4,766.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
151	Steritech Autoclave-Sterilizer # 6	12/31/2025	$ 10,704.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
150	Steritech Autoclave-Sterilizer # 5	12/31/2025	$ 10,678.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
149	Steritech Autoclave-Sterilizer # 4	12/31/2025	$ 10,678.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
148	Steritech Autoclave-Sterilizer # 3	12/31/2025	$ 10,678.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
147	Steritech Autoclave-Sterilizer # 2	12/31/2025	$ 10,678.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
146	Steritech Autoclave-Sterilizer # 1	12/31/2025	$ 10,678.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
144	137 Pond Fountain, Aerating, & Aquatic Control	12/31/2025	$ 23,250.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
143	2 Dumpsters	12/31/2025	$ 3,593.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
141	137 Forklift Wheel Stops & Concrete Anchors	12/31/2025	$ 1,859.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
139	137 Condensate Pump and Lines	12/31/2025	$ 32,320.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
138	Rack in distribution center	12/31/2025	$ 6,152.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
137	Building Adaptions Vigo 2.0 Rest Nalco Leasing #14	12/31/2025	$ 23,616.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
131	Incubation Room Heating	12/31/2025	$ 80,000.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
133	137 Low Voltage Installation Work	12/31/2025	$ 21,283.00	2022-13	Pool 2 1/2/2025 - 1/1/2026
		Total	**$ 1,482,024.00**		

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [X] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
	6/9/26
Attested By:	**Designating Body**
	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-I).

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Saturn Petcare Inc		County Vigo
Address of Taxpayer *(street and number, city, state and ZIP code)* 100 East Saturn Petcare Dr Terre Haute IN 47802		DLGF Taxing District Number 84-003
Name of Contact Person Rouven Muell	Telephone Number 517-375-6870	Email Address c.lawler@saturnpetcare.us

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Vigo County	Resolution Number 2018-03	Estimated Start Date *(month, day, year)* 01/01/2019
Location of Property 93 E Saturn Petcare Drive Terre Haute IN 47802		Actual Start Date *(month, day, year)* / /
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. See attached		Estimated Completion Date*(month, day, year)* 12/31/2019
		Actual Completion Date *(month, day, year)* 12/31/2022

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of **Employees**		228
Salaries		15,463,453
Number of **Employees** Retained		
Salaries	200	228
Number of Additional **Employees**	7,737,600	15,463,453
Salaries		

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before **Project**								
Plus: Values of **Proposed Project**	29,000,000	29,000,000						
Less: Values of **Any Property Being Replaced**								
Net Values Upon Completion of Project	29,000,000	29,000,000						
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before **Project**								
Plus: Values of **Proposed Project**	41,702,923	17,972,642						
Less: Values of **Any Property Being Replaced**								
Net Values Upon Completion of Project	41,702,923	17,972,642						

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6 **(c)**.

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative Courtney Lawler	Title Accounting Manager	Date Signed *(month, day, year)* 05/15/2026

ATTACHMENT TO FORM CF-1, page 1, Section 2

Name of taxpayer

Saturn Petcare Inc

SECTION 2	LOCATION AND DESCRIPTION OF PROPERTY

Description of real property improvements and/or new manufacturing equipment to be acquired

MAchinery and equipment used in the production and manufacturing of wet pet food products for consumer sale. See attached Exhibit A for a full description of the real property.

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT to be in substantial compliance**, **the designating body shall send** the **property owner written notice**. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. ***Based** on the information presented at the hearing, the designating body shall **determine whether or not the property owner has made reasonable effort** to **substantially comply** with the Statement of **Benefits** and whether any **failure** to **substantially comply was caused by factors** beyond the control of the **property** owner.*
4. *If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [X] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Steve Ellis	6/9/26
Attested By:	**Designating Body**
Jan Tolle	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS (to be completed after the hearing)

☐ Approved ☐ Denied *(see instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

20___ Pay 20___

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).*

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer		County
Select Genetics,LLC		Vigo
Address of Taxpayer *(number and street, city, state, and ZIP code)*		**DLGF Taxing District Number**
1800 Technology Drive NE Willmar MN 56201-2280		024
Name of Contact Person	**Telephone Number**	**Email Address**
Tammy Hansen	(320) 262-5722	Tammy.Hansen@Select-Genetics.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body	Resolution Number	Estimated State Date *(month, day, year)*
Vigo County Council	2017-03	
Location of Property		**Actual Start Date** *(month, day, year)*
Vigo Industrial Park (380 E. Industrial Park, Terre Haute IN 47082)		9/1/2017
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.		**Estimated Completion Date** *(month, day, year)*
75,000 Square Foot Turkey Hatchery		11/01/2018
		Actual Completion Date *(month, day, year)*
		8/27/2018

RECEIVED
MAY 15 2026
VIGO COUNTY AUDITOR

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	100	117
Salaries		6,992,413.08
Number of Employees Retained		
Salaries		
Number of Additional Employees		
Salaries		

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	$	$	$	$	$	$	$	$
Plus: Values of Proposed Project	$ 10,000,000.00	$	$	$	$	$	$	$
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 10,000,000.00	$	$	$	$	$	$	$
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	$	$	$	$	$	$	$	$
Plus: Values of Proposed Project	$ 14,500,241.18	$ 14,500,241.18	$	$	$	$	$	$
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 14,500,241.18	$ 14,500,241.18	$	$	$	$	$	$

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
	CEO	

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Stu E Co	6/9/26
Attested By	**Designating Body**
Jan T. Ulle	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see Instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R4 / 11-15)
Prescribed by the Department of Local Government Finance

RECEIVED
MAY 22 2017
VIGO COUNTY AUDITOR

FORM SB-1 / PP

PRIVACY NOTICE
Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

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.*
2. *The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.*
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 January 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 January 1 and the extended due date of that year.*
4. *Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	Name of contact person
Select Genetics, LLC	c/o Mary E. Solada, esq. Bingham Greenebaum Doll LLP
Address of taxpayer *(number and street, city, state, and ZIP code)*	**Telephone number**
2700 Market Tower, 10 West Market Street, Indianapolis, IN 46204	(312) 635-8900

SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body		Resolution number (s)
Vigo County Council		
Location of property	**County**	**DLGF taxing district number**
Vigo Industrial Park	Vigo	024

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(Use additional sheets if necessary.)*

75,000 sqft Hatchery
See Exhibit 1

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment		11/01/2018
R & D Equipment		
Logist Dist Equipment		
IT Equipment		

SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
0		0		100	$35,000-$120,000

SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values								
Plus estimated values of proposed project	10,000,000							
Less values of any property being replaced								
Net estimated values upon completion of project	10,000,000							

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (*pounds*) _____ Estimated hazardous waste converted (*pounds*) _____

Other benefits:
*Select Genetics is contemplating new job creation of 100, comprised of 48 Aviagen employees and 52 specialty employees supplied by a third-party (Note – the 52 employees are not "temporaries", but workers who will perform specific functions unique to Aviagen's business.)

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed (*month, day, year*)
J. Douglas	3/22/17
Printed name of authorized representative	**Title**
Jihad Douglas	CEO

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 1,644 calendar years * *(see below)*. The date this designation expires is 12/31/18. *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	☑ Yes	☐ No	☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types.*
2. Installation of new research and development equipment;	☐ Yes	☐ No	
3. Installation of new logistical distribution equipment.	☐ Yes	☐ No	
4. Installation of new information technology equipment;	☐ Yes	☐ No	

C. The amount of deduction applicable to new manufacturing equipment is limited to $ 10,000,000.00 cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)* _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1	☐ Year 2	☐ Year 3	☐ Year 4	☐ Year 5	☐ Enhanced Abatement per IC 6-1.1-12.1-18 Number of years approved: _____ *(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)*
☐ Year 6	☐ Year 7	☐ Year 8	☐ Year 9	☑ Year 10	

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☑ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: *(signature and title of authorized member of designating body)*	Telephone number	Date signed *(month, day, year)*
Bill Thomas	(812) 231.5638	05/10/17
Printed name of authorized member of designating body	Name of designating body	
Bill Thomas	Vigo County Council	
Attested by: *(signature and title of attester)*	Printed name of attester	
James W. Bramble	James W. Bramble	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:
(1) The total amount of the taxpayer's investment in real and personal property.
(2) The number of new full-time equivalent jobs created.
(3) The average wage of the new employees compared to the state minimum wage.
(4) The infrastructure requirements for the taxpayer's investment.
(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.
(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.*
3. *With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-I).*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer Steel Dynamics Heartland, LLC		County Vigo
Address of Taxpayer *(street and number, city, state and ZIP code)* 455 W Industrial Drive Terre Haute IN 47802		DLGF Taxing District Number 84-024
Name of Contact Person Matthew Peters	Telephone Number 260-469-4334	Email Address matt.peters@steeldynamics.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Vigo County Council	Resolution Number 2021-11	Estimated Start Date *(month, day, year)* 09/01/2021
Location of Property 455 West Industrial Drive Terre Haute IN 47802		Actual Start Date *(month, day, year)* 09/01/2021
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.		Estimated Completion Date*(month, day, year)* 12/31/2022
		Actual Completion Date *(month, day, year)* / /

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	226	357
Salaries	21,600,000	44,496,745
Number of Employees Retained	226	236
Salaries	21,600,000	28,870,564
Number of Additional Employees	84	121
Salaries	6,720,000	15,626,181

RECEIVED
MAY 13 2026
VIGO COUNTY AUDITOR

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	87,318,636	24,812,773						
Plus: Values of Proposed Project	196,350,000	78,540,000						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	283,668,636	103,352,773						
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project	321,693,345	155,255,252						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	321,693,345	155,255,252						

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed *(month, day, year)*
Matthew Peters	Ass't Secretary	5/12/2026

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to. (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Steve Cox	6/9/26
Attested By:	**Designating Body**
Jennifer Brown	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS (to be completed after the hearing)

☐ Approved ☐ Denied *(see insruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R5 / 1-21)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1

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.*
2. *The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.*
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 January 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 January 1 and the extended due date of that year.*
4. *Property owners whose Statement of Benefits wes approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)*
5. *For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)*

SECTION 1 — TAXPAYER INFORMATION

Name of taxpayer	Name of contact person
Steel Dynamics Heartland, LLC	Roberto Bohrer

Address of taxpayer (number and street, city, state, and ZIP code)	Telephone number
455 W. Industrial Drive, Terre Haute, IN. 47802-9266	(812) 299-4157

SECTION 2 — LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body	Resolution number (s)
Vigo County Council	

Location of property	County	DLGF taxing district number
455 W. Industrial Drive, Terre Haute, IN. 47802	Vigo	84024

Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. *(Use additional sheets if necessary.)*

Addition of Galvalume and Paint Lines consisting of galvalume equipment, paint line equipment, coil handling equipment (inc. wrappers and saddles), cranes, shears, etc

RECEIVED
MAY 13 2026
VIGO COUNTY AUDITOR

	ESTIMATED START DATE	ESTIMATED COMPLETION DATE
Manufacturing Equipment	09/01/2021	12/31/2022
R & D Equipment		
Logist Dist Equipment		
IT Equipment		

SECTION 3 — ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current Number	Salaries	Number Retained	Salaries	Number Additional	Salaries
226	21600000	226	21600000	84	6720000

SECTION 4 — ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Current values	87,318,636	24,812,773						
Plus estimated values of proposed project	196,350,000	78,540,000						
Less values of any property being replaced								
Net estimated values upon completion of project	283,668,636	103,352,779						

SECTION 5 — WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (*pounds*) _____ Estimated hazardous waste converted (*pounds*) _____

Other benefits:

SECTION 6 — TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed (*month, day, year*)
	07/12/2021

Printed name of authorized representative	Title
Roberto Bohrer	Operations Manager

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 10 calendar years * *(see below)*. The date this designation expires is 12/31/32 *NOTE: This question addresses whether the resolution contains an expiration date for the designated area.*

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	☐ Yes	☐ No	☐ Enhanced Abatement per IC 6-1.1-12.1-18 *Check box if an enhanced abatement was approved for one or more of these types*
2. Installation of new research and development equipment;	☐ Yes	☐ No	
3. Installation of new logistical distribution equipment	☐ Yes	☐ No	
4. Installation of new information technology equipment;	☐ Yes	☐ No	

C. The amount of deduction applicable to new manufacturing equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

D. The amount of deduction applicable to new research and development equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

E. The amount of deduction applicable to new logistical distribution equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

F. The amount of deduction applicable to new information technology equipment is limited to $ _____ cost with an assessed value of $ _____. *(One or both lines may be filled out to establish a limit, if desired.)*

G. Other limitations or conditions *(specify)* _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☑ Year 10

☐ Enhanced Abatement per IC 6-1.1-12.1-18 Number of years approved: _____ *(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)*

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? ☑ Yes ☐ No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved by: *(signature and title of authorized member of designating body)*	Telephone number (812) 231-5638	Date signed *(month, day, year)* 9/14/2021
Printed name of authorized member of designating body Aaron Loudermilk, Council President	Name of designating body Vigo County Council	
Attested by: *(signature and title of attestor)*	Printed name of attester James W. Brambl, County Auditor	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17
Abatement schedules
Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

(1) The total amount of the taxpayer's investment in real and personal property.
(2) The number of new full-time equivalent jobs created.
(3) The average wage of the new employees compared to the state minimum wage.
(4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. Except as provided in IC 6-1.1-12.1-18, an abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

2026 PAY 2027

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.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer: TAGHLEEF INDUSTRIES INC	County: Vigo
Address of Taxpayer (street and number, city, state and ZIP code): 3600 EAST HEAD AVENUE ROSEDALE IN 47874	DLGF Taxing District Number: 84012
Name of Contact Person	Telephone Number: 302.379.6066 / Email Address: donald.sturgeon@tl-films.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body: VIGO COUNTY COUNCIL / Resolution Number: 2018 5	Estimated Start Date (month, day, year):
Location of Property: 3600 EAST HEAD AVENUE ROSEDALE IN 47874	Actual Start Date (month, day, year):
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired: See attached	Estimated Completion Date (month, day, year): / Actual Completion Date (month, day, year):

SECTION 3 EMPLOYEES AND SALARIES

RECEIVED
MAY 15 2026
VIGO COUNTY AUDITOR

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	400	474
Salaries	25,119,409	43,000,000
Number of Employees Retained	400	400
Salaries	25,119,409	26,000,000
Number of Additional Employees		74
Salaries		17,000,000

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	124,876,156	18,975,870						
Plus: Values of Proposed Project	52,300,000	15,750,000						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project	177,176,156	34,725,870						
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project								
Plus: Values of Proposed Project								
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project								

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed (month, day, year)
	Chief Operating	MAY 12 2026

ATTACHMENT TO FORM CF-1, page 1, Section 2

Name of taxpayer

TAGHLEEF INDUSTRIES INC

SECTION 2	LOCATION AND DESCRIPTION OF PROPERTY

Description of real property improvements and/or new manufacturing equipment to be acquired

Install a biaxially oriented polypropylene film line consisting of a raw material transfer and dosing system, extrusion and casting section, MDO and TDO section, a winder, slitter, finishing roll handling and scrap handling.

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [X] The property owner IS in substantial compliance
- [ ] The property owner IS NOT in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
	6/9/26
Attested By:	**Designating Body**
	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see Instruction 5 above)*

Reasons for the Determination: *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By:	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

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

20 26 Pay 20 27

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.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer: Verdeco Recycling Midwest, Inc.	County: Vigo
Address of Taxpayer (number and street, city, state, and ZIP code): 10535 James Adams Street, Terre Haute, IN 47802	DLGF Taxing District Number: 84-024 – County
Name of Contact Person: Janice Garrett / Telephone Number: (864) 990-4475	Email Address: jan.garrett@verdecorecycling.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body: Vigo County Council / Resolution Number: 2014-01	Estimated Start Date (month, day, year): 08/13/2014
Location of Property: 10535 James Adams Street, Terre Haute, IN 47802	Actual Start Date (month, day, year): 08/13/2014
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. Machinery & Equipment	Estimated Completion Date (month, day, year): 12/31/2014
	Actual Completion Date (month, day, year): 12/31/2014

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	0	30
Salaries	0	1,526,460
Number of Employees Retained	0	0
Salaries	0	0
Number of Additional Employees	24	30
Salaries	986,000	1,526,460

RECEIVED
MAY 15 2026
VIGO COUNTY AUDITOR

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	$	$	$	$	$	$	$	$
Plus: Values of Proposed Project	$ 5,701,329	$ 1,995,470	$	$	$	$	$ 96,400	$ 33,470
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 5,701,329	$ 1,995,470	$	$	$	$	$ 96,400	$ 33,470
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	$	$	$	$	$	$	$	$
Plus: Values of Proposed Project	$ 9,273,505	$ 1,758,802	$	$	$	$	$	$
Less: Values of Any Property Being Replaced	$	$	$	$	$	$	$	$
Net Values Upon Completion of Project	$ 9,273,505	$ 1,758,802	$	$	$	$	$	$

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed (month, day, year)
Janice Garrett	CFO	5-15-2026

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner, (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] The property owner **IS** in substantial compliance
- [ ] The property owner **IS NOT** in substantial compliance
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
	6/9/26
Attested By	**Designating Body**
	Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ Approved ☐ Denied *(see instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	Date Signed *(month, day, year)*
Attested By	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)
Prescribed by the Department of Local Government Finance

PRIVACY NOTICE	FORM CF-1 / PP
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.	20___ Pay 20___

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.
3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer: ZINKPOWER-TERRE HAUTE, LLC	County: VIGO
Address of Taxpayer (number and street, city, state, and ZIP code): 2109 E PARK AVE, TERRE HAUTE, IN 47805	DLGF Taxing District Number: 84 013 - County
Name of Contact Person: WAYNE HENNECKE / Telephone Number: (281) 798-1861	Email Address: wayne.hennecke@zinkpower.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body / Resolution Number	Estimated Start Date (month, day, year)
Location of Property: 2109 E PARK AVE, TERRE HAUTE, IN 47805	Actual Start Date (month, day, year): January 1, 2026
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired.	Estimated Completion Date (month, day, year)
	Actual Completion Date (month, day, year): December 31, 2025

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	90	46
Salaries	$5,400,000	$2,405,000
Number of Employees Retained		
Salaries		
Number of Additional Employees		
Salaries		

RECEIVED MAY 15 2026 VIGO COUNTY AUDITOR

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Plus: Values of Proposed Project	$ 19,600,000	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Less: Values of Any Property Being Replaced	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Net Values Upon Completion of Project	$ 19,600,000	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
ACTUAL	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**	**COST**	**ASSESSED VALUE**
Values Before Project	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Plus: Values of Proposed Project	$ 20,716,000	$ 0	$ 0	$ 0	$ 0	$ 0	$ 538,000	$ 0
Less: Values of Any Property Being Replaced	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Net Values Upon Completion of Project	$ 20,716,000	$ 0	$ 0	$ 0	$ 0	$ 0	$ 538,000	$ 0

NOTE: The **COST** of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of Solid Waste Converted		
Amount of Hazardous Waste Converted		
Other Benefits:		

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of Authorized Representative	Title	Date Signed (month, day, year)
	Accounting Manager	5-14-2026

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

1. *Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.*
2. *If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.*
3. *Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.*
4. *If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.*

We have reviewed the CF-1 and find that:

- [x] **The property owner IS in substantial compliance**
- [ ] **The property owner IS NOT in substantial compliance**
- [ ] Other *(specify)* _____

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member: Steve Ezra	Date Signed *(month, day, year)*: 6/9/26
Attested By: Tom Ellyson	Designating Body: Vigo County Council

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance

Time of Hearing	Date of Hearing *(month, day, year)*	Location of Hearing
☐ AM ☐ PM		

HEARING RESULTS *(to be completed after the hearing)*

☐ **Approved** ☐ **Denied** *(see Instruction 5 above)*

Reasons for the Determination *(attach additional sheets if necessary)*

Signature of Authorized Member	**Date Signed** *(month, day, year)*
Attested By	**Designating Body**

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.