

2002 Business Assistance Report

APPENDIX T

Business and Financial Assistance Forms Submitted by State, County, City and Local Government Agencies Provided between July 1, 1995 through December 31, 2001 In Accordance with Minnesota Statutes § 116J.993 through § 116J.995

VOLUME 2 OF 2

Part C

Prepared by:

Volume 2 consists of Part A through Part C

Analysis and Evaluation Office Minnesota Department of Trade and Economic Development 500 Metro Square Building 121 7th Place East St. Paul, Minnesota 55101-2146

Print This Page

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2000 Minnesota Business Assistance Forms Submitted by Government Agencies for Eligible Projects Reported in 2002

Forms Submitted by City, County, and State Government Agencies

Select the agency from the list below to obtain a copy (in PDF format) of the submitted form(s).

- Albany, City of (1 form)
- Belview, City of (1 form)
- Cambridge, City of (1 form)
- Cannon Falls EDA (1 form)
- Dakota County Community Development Agency (1 form)
- Fergus Falls, City of (1 form)
- Hibbing, City of (1 form)
- Little Falls, City of (1 form)
- Melrose Area Development Authority (1 form)
- Mendota Heights, City of (4 forms)
- Minnesota Department of Trade and Economic Development (9 forms)
- Monticello, City of (1 form)
- Monticello EDA (1 form)
- Monticello HRA (1 form)
- Norwood Young America, City of (1 form)
- Osakis, City of (2 forms)
- Robbinsdale EDA (1 form)
- Saint Cloud HRA (3 forms)
- South Saint Paul HRA (1 form)
- Spicer, City of (1 form)
- Windom EDA (1 form)

Forms Submitted by Government Agencies (Financial Assistance)

• Saint Louis Park EDA (1 form)

1999 Minnesota Business Assistance Forms Submitted by Government Agencies for Eligible Projects Reported in 2002

Forms Submitted by City, County, and State Government Agencies

Select the agency from the list below to obtain a copy (in PDF format) of the submitted form(s).

- Austin, City of (1 form)
- Brooklyn Park EDA (6 forms)
- Burnsville EDA (20 forms)

- Chisago County HRA-EDA (1 form)
- Fergus Falls Port Authority (1 form)
- Henderson, City of (1 form)
- Jenkins, City of (1 form)
- Maple Grove, City of (1 form)
- Minnesota Department of Trade and Economic Development (23 forms)
- Montrose, City of (1 form)
- Moorhead, City of (1 form)
- New Brighton, City of (1 form)
- New Ulm, City of (1 form)
- North Branch, City of (1 form)
- Pelican Rapids EDA (1 form)
- Perham, City of (1 form)
- Red Wing Port Authority (1 form)
- Rockford, City of (1 form)
- Rogers, City of (2 forms)
- Rosemount Port Authority (1 form)
- Saint Joseph, City of (1 form)
- Saint Paul Port Authority (7 forms)
- Scott County (1 form)
- Shakopee, City of (2 forms)
- Spring Valley EDA (2 forms)
- Stillwater, City of (1 form)
- Watkins, City of (1 form)
- Welcome, City of (2 forms)
- Windom EDA (1 form)

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Section 1 Information About Grantor

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01-0498

2000 Minnesota Business Assistance Form

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §1161.993 to \$116J.995. Please use a separate form to report each agreement. (13-31-01)
- The following government agencies must submit a 2000 MBAP even if an agreement was not signed during the period August I, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

1. Name of grantor (funding entity) CITY OF ALBANY		2. Name of person comple	ting thir form HNE10E尺	
3. Super address P.O. Box 370		4. City ALGANY	5. ZIF code _563	כין
6. COULTY STEARNS	7. Phone mimber 320-845-4244	1. Fex suspect 330 - 845 - 3340	9. B-mail add	en Oalbanytel
10. Please indicate who in yo	our organization should receive the	2001 MBAF if different from	, ,	, ,
Name/Title	Phote aumber	Street waters	City	ZIP code
11. Classification of granus (Mark one, if grantor is entity created by gov's agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Har your organization adopted creezia for aw compliance with Mini	rarding business subs n. Scar. §115J,9947 (A	idies in
City government County government Regional government		O'Yes (Indicase hearing a O No O We held a public hearing	g trut have not yet ad	opted
State government Other (Please specify.)		criteria (Indicate date)	,	
, -	ghed any agreements to award a but	sincus subtisty or financial as inder Minn. Sur. \$1167,993 a		
	emplete the remainder of the form.)	O No (Stop here, go to a	ection 5 on page 4.))
	emplete the remainder of the form.)	O No (Stop Bert. 80 to a	ection 5 on page 4.)]
Yes (Co	mplete the runainder of the form.) About Recipient anization	15. Address where busines will be used		al assistance
Section 2 Information A	mplete the runainder of the form.) About Recipient anization	15. Address where busine	ALBAIVY	
Section 2 Information A	About Recipient anization anistance	15. Address where business will be used		
Section 2 Information A 14. Name of business or org receiving subsidy or fine STEARNS R	About Recipient anization anistance	15. Address where busines will be used 500 13 10 ST	ALBAIVY	56307
Section 2 Information 14. Name of business or org receiving subsidy or fina STEARNS R 16. Does the recipicat have a	About Recipient anization activities ANIC	15. Address where busine will be used 500 13 Th ST Street address	ALBAIVY City	56307

17. Industry of recipient's facility (Mark one.):		
	rvices Bolesale Trade	A Finance, Insurance, Real Estate 3 Construction 3 Other (please specify)
18. Did the recipiess miocase as a result of signing	this agreement?	(Mark one.)
(i) Yes (Indicase city and state of previous address of No (Go so Question 19.)	and reason tecipi	ient did nos complete this project as that address.)
Cky/State of previous address Remon project no	t completed at pr	EARINTE SEPTICES
 Would the recipiont have remained in previous financial equistance? (Mark one.) 	tocation or reloc	cated elsewhere if not awarded this business subsidy or
Remained at provious location (6 Reloa	rated to different	Minnesota location C Relocated outside Minacrota
Section 3 General Information About the Agrees	nens	
 Total dollar value of business subsidy or finen- assistance (Please separate by type - see Quest and 25 - and indicate only principal amount for 	tions 24	 Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
#256,000		10/26/99
 Bosefu date (Indicate the date the recipient wi Indicate the date improvements were finished, eq whichever is earlier.) 	pripment wat pla	te business subaidy or financial assurance. For example, uced listo service, or the recipiens occupied the property,
23. Does the agreement provide a business subuid	.79	tur types of financial assistance (see Question 25) required to
be reported? (Mark one.)	ess subsidy C	Э брансіні енінарое
 If the agreement provided a business subsidy, yandicate the type(s). 	please 2	25. If the assistance was one of the four types of financial assistance, please indicase the type(s).
LI not applicable, agreement provided financial ass	istance)	not applicable, agreement provided a business subsidy
Stoan grant (i.e., forgivable loan) C tex abstement		assistance for property pollured by contaminants areistance for renovating building stock or bringing it up to code, when 50% or less of total cost
Fiff or other tax reduction or deferral		□ assistance for a TIF soils condition district
26. If the assistance included tax increment financipolisms the type of TIP district? (Mark one.)	ing, please	27. Are any other grantors providing a business missidy or financial assistance to the same project? (Mark one.)
The species ble, assistance was not in the form of	ftte	Tes (Specify such grantor and the value of their assistance below; attach an additional theet if nace wary.)
C redevelopment C reasonal and renovation C soils condition	V	K No
M-economic development O mined underground space O hazardous subsunace subdistrict		Granton(s) and value of the agreement(s):
	(3	Greatur Value (\$)
		Graneor Value (\$)

 Minn, Smt. §1161.994 re of the following public pur 	-	•	_	is claic a public po	upose. Which
Enhancing economic dive	raity .		Increasing tax base (co	annot be only pury	ose)
Creating high-quality job (grown		TOther (please specify)	encounted a	is him concer
Job retention			DO Other (please specify)		
Stabilizing the community			Other (please specify)/6	verage 1.6m	intructe (Nes
 Indicate whether the agree at the time of this report. 			=	recipient had semi	ard those goals
				et attainment	All goels
				(month & year)	attained?
) Specific Wege and job go		d within 2 years		8/1/3003	D Yes DENO
i) Other job-creation and/or	expression Books		Olym DNo		O Yes O No
() Other wage goels () Other goels other than w	اميد بلية المعوجوة	_	U Yes UNo		UYa UNo
	ng wago categori ngo hourly value	ea, indicate the job o of any employer-pr		uls stated in the la for those Jobs.	
	Pull-time	Part-time/	FIX (pply if goods mat		·
Enerty Wage	Job	Street Tomp.	stated as \$1/21)	Job Rotandon	Beauty Value of
(excluding beautity)	Creation	Job Cressian	Job Creation		Health Instrument
no hourly wage-level goal		******			Binery
Jose Caso \$7.00					8
\$7.00 to \$8.99	<u>34</u>			<u>59</u>	<u>, 1.14</u>
39.00 to \$10.99					5
\$11.00 to \$12.99					5
\$13.00 to \$14.59					5
\$15.00 and bigfor					4
	urly value of any	employer-provided	ther of actual jobs created I health immunice for those tion into full- and part-time FIX (pair II masks to superst: FI/PI)	jobs. (<u>Only</u> indica	
(excluding handle)	Creedings	Job Crestion	Job Creation		Firsth hunrance
•					-
less than \$7.00					·
•					·
less than \$7.00	3				5
less than \$7.00 \$7.00 to \$8.99	<u> </u>				3 3 3
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99					3 5
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99					3 3 3 3

	ncipients who felled to report as
lue of subsidy or flaanci	ial essistance awarded to that
tions 24 and 25.) V	After of subsidy or assistance
	her obligations under an of this report?(Mark one.)
No (Stop here and stell	nits form to DTED .)
o fulfill goals or any other pages if necessary.)	er terms of an agreement that
subsidy or assistance	Initial value of subsidy or secistance
code of recipient	Outstanding value of subuldy or assistance
sat relocated to a different (Specify reason.)	and community
t one.)	
recipiest has not begun	to repay the assistance.
e for fulfilling in obliga	stions?(Mark one.)
No	
or spooup the submidy.	
	or recoup the submidy.

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 Bast 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

Section 1 Information About Grantor

City of Belview

1. Name of grantor (funding entity)

2. Name of person completing this form



2000 Minnesota Business Assistance Form

- The 2000 Minnesota Husiness Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn, Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>; 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DIED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

3. Street address			
	lain St., P.O. Box 159	4. City Belview	5. ZIP code 56214
6. County Redwood	7. Phone number 507 938 4335	8. Fex number 507 938 · 438	9. E-muil address 2 belview@redred.com
10. Please indicate who	in your organization should receive t	he 2001 MBAF if different from	the person in Question 2.
Nume/Title	Phone number	Street address	City ZIP code
created by you'l ago	intor (Murk one. If grantor is entity ency, please indicate affiliation. For would check City government.)	adopted criteria for av	held a public hearing on and varding business subvidies in a. Stat. §116J.994? (Mark one.)
☐ City government ☐ County government ☐ Regional government		☐ No ☐ We held a public bearm	
☐ State government ☐ Other (Please specify)	criteria (Indicate date) Other (Please attach ex	·
13. Has your organizati through December;	on signed any agreements to award a 31, 1999 that is required to be reported a -4, H. 814162 (Complete the remainder of the form	business subsidy or financial as d under Minn. Stat. §116J.993 :	planation.) sistumee from August 1, 1999 and §116J.994? (Mark one.)
13. Has your organization through December	on signed any agreements to award a 31, 1999 that is required to be reporte	business subsidy or financial as d under Minn. Stat. §116J.993 :	planation.) sistumee from August 1, 1999 and §116J.994? (Mark one.)
13. Has your organization through December	on signed any agreements to award a 31, 1999 that is required to be reported a -4, H. BIGIOZ (Complete the remainder of the formation About Recipient organization	business subsidy or financial as d under Minn. Stat. §116J.993 :	planation.) sistumee from August 1, 1999 and §116J.994? (Mark one.)
13. Has your organization through December 2 Yes Section 2 Informa 14. Name of business or receiving subsidy or	on signed any agreements to award a 31, 1999 that is required to be reported a -4, H. BIGIOZ (Complete the remainder of the formation About Recipient organization	business subsidy or financial as d under Minn. Stat. §116J.993: 1.) □ No (Stap here, go to so t	planation.) sistumee from August 1, 1999 und §116J.994? (Mark one.) section 5 on page 4.)
13. Has your organization through December: Yes Section 2 Informa 14. Name of business or receiving subsidy or Heart land	on signed any agreements to award a 31, 1999 that is required to be reported. Complete the remainder of the formation About Recipient organization financial assistance	business subsidy or financial as d under Minn. Star. \$116J.993 : 1) No (Stop here, go to so the start of the	planation.) sistunce from August 1, 1999 und \$116J.994? (Mark one.) section 5 on page 4.) as subsidy or financial assistance
13. Has your organization through December: Yes Section 2 Informa 14. Name of business or receiving subsidy or Heart land 16. Does the recipient has	on signed any agreements to award a straight of the signed any agreements to award a straight of the signal straight of the sort of the so	business subsidy or financial as d under Minn. Star. §116J.993; 1) No (Stap here, go to note that the subside that the subsi	sistance from August 1, 1999 and \$116J.994? (Mark one.) section 5 on page 4.) St. Belview MN Sc. City ZIP code

17. Industry of recipient's facility (Mark one.):		
	rvices holesule Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing	this agreement?	(Mark one.)
☐ Yes (Indicate city and state of previous address of Previous ad	and reason recipi	ent did not complete this project at that address.)
City/State of previous address Remon project no	t completed at pr	cvious address
 Would the recipient have remained in previous financial assistance? (Mark one.) 	location or reloc	cated elsewhere if not awarded this business subsidy or
Remained at previous location U Relocated to	different Minnes	sota location D Relocated outside Minnesota
Section 3 General Information Abou	t the Agreen	nent
20. Total dollar value of business subsidy or finant assistance (Please separate by type - see Quest and 25 - and indicate only principal amount f	tions 24	 Date agreement signed (in addition to the agreement date, indicate any dates the agreement was amended.)
\$ 100,000		11-5-99
	juipment was pla	e business subsidy or financial assistance. For example, ced into service, or the recipient occupied the property,
he reported? (Mark one.)		ur types of financial assistance (see Question 25) required to I financial assistance
24. If the agreement provided a business subsidy, prindicate the type(s).	pleasc	 If the assistance was one of the four types of financial assistance, please indicate the type(s).
inot applicable, agreement provided financial ass	istance	That applicable, agreement provided a business subsidy
ba loan		☐ assistance for property polluted by contaminants ☐ assistance for renovating huilding stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
26. If the assistance included tax increment finance indicate the type of TIF district? (Mark one.)	ing, please	 Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one)
is not applicable, assistance was not in the form of	TIF	Yes (Specify each grantor and the value of their assistance helaw; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		Gruntor(s) and value of the agreement(s).
		Grantor Value (\$) MN Initiative Fund \$50,000 Grantor Value (\$)

8. Minn. Stat. \$116J.994 r of the following public po				ents state a public pur	pose. Which	
Enhancing economic dive	ctsity		(2) Increasing tax base	(cannot be only purp	ose)	
Creating high-quality job	growth		U Other (please specify)			
Job retention			Uther (please speci	lfy)		
Stabilizing the communit	<u>y</u>		Other (please spec	-ify)		
 Indicate whether the ag at the time of this report 				to recipient had attain	ed those goals	
			Goals	Target attainment	All goals	
				ates (month & year)	attained?	
a) Specific wage and job gr	uals to be attained	d within 2 years		12-31-01	LIYes JINO	
) Other jub-creation and/o					JYCI DNo	
Other wage goals					JYea JNo	
)) Other goals other than w	rage und job goal	3	Li Yes Di No _		☐ Yes ☐ No	
Please uttach descriptions ttainment if not document						
	age hourly value ill-time equivale Full-time	of any employer-presses if you are unable Part-time/	ovided health insurance (to separate goals by full PTE (only if goals no	goals for those jobs. (I- and part-time postu ot	ons.)	
Hourly Wage	Job	Scanonal/Temp. Job Crestion	stated as FT/PT)	Job Retention	Hourly Value o	
(excluding benefits)	Escation	Jub ("LANGOD	Jeb Creation		Health marrant	
no hourly wage-level goal	— `				s	
			 -		5	
less than \$7.00		_				
					3	
\$7.00 to \$8.99					s _	
		_			\$ \$	
\$7.00 to \$8.99					\$ \$ \$	
\$7.00 to \$8.99 \$9.00 to \$10.99	· —-				\$ \$ \$	
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99					\$ \$ \$ \$	
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher L. For each of the follow data and the actual ho	arly value of any Tyou are unable	employer-provided	abor of actual jobs create health insurance for tho tion into full- and part-to	ed and/or retained sind se jobs. (<u>Only</u> indicat ime positions.)	ss	
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher L. For each of the follow data and the actual ho	orly value of any	employer-provided to separate job creat	health insurance for thosion into full- and part-to	ed and/or retained sind se jobs. (<u>Only</u> indicat ime positions.)	ss	
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\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher L. For each of the follow data and the actual ho full-time equivalents if Hourly Wage (exchading benefits) less than \$7.00	grly value of any fyou are unable full-time	employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thostion into full- and part-to PTE (only if unable separate FT/PT)	ed and/or retained sind se jobs. (<u>Only</u> indicat ime positions.)	sssssssssssss	
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\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher L. For each of the follow data and the actual ho full-time equivalents if Heurly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	grly value of any fyou are unable full-time	employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thostion into full- and part-to PTE (only if unable separate FT/PT)	ed and/or retained sind se jobs. (<u>Only</u> indicat ime positions.)	Ssssssssss	
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher The each of the follow data and the acrual ho full-time equivalents if Hourty Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	grly value of any fyou are unable full-time	employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for thostion into full- and part-to PTE (only if unable separate FT/PT)	ed and/or retained sind se jobs. (<u>Only</u> indicat ime positions.)	Ssssssssss	

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on unother 2000 MBAF submitted to DTED.)

	of each recipient failing to littional pages if necessary.)	report and the value of subsidy or finan	ciul assistance awarded to that
SNO Q.7. H. 8/19	02		
Name of recipient	Type of subsidy or as:	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on		tiled to achieve any goals or fulfill any or twere required to be fulfilled by the time this section.) □ No (Stop here and su	c of this report? (Mark one.)
	-	recipient failing to fulfill goals or any of (Ayach additional pages if necessary.)	- 1
35. Information on recipi <u>Heart Lewe L</u> Number of recipient in defau	Voodlaguers	Type of subsidy or manistance	Initial value of subsidy or assistance
Street address of recipient	, St	Beliste MN56214 City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all thut apply.):		
recipient caused operate recipient was unable to		other (Specify reason.) fell	rent community
37. To date, has the recip	ient fulfilled its repayment of 4/0 2 has begun to repay the assi	obligation? (Mark one.) stance. UNo, recipient has not begu	n to repay the assistance.
· · · · · · · · · · · · · · · · · · ·		ecipient's deadline for fulfilling its oblig	
٠.	/cs □ No		
39. Describe the steps be	ing taken to bring recipient	into compliance or recoup the subsidy:	

Return your completed MBAF(a) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146 Or fax to: (651) 215-3841

2000 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

** Please note: Heartland wood Products was sold in 2001 and the \$100,000 was paid back to DTED as required. Heir Ryen, City Clerk

(Please return by April 1, 1999)

Terry Westphal

2. Contact name

Development

Please complete lines I through 16 for all agreements.

1. Funding government agency name

City of Wilcome

			1		
3. Agency street address		4. City		-	
	. South Dugan	_ Welc			
5. Zip code	6. Phone number (area code)	8. Type of gover	mment agency	-	
56181	(\$7)128-8740 7. Fax number (area code)	_KCity _	_County	Regional	State
	(507) 728-8740		cuse indicate)		
9. Name of business receiv	ing assistance	10. industry of r	ecipient (SIC or	vie)	Sex
EASY SYSTE	om				
11. Type of assistance (e.g.	lcon, TIF, grant, infrastructure, etc.)	12. Name of TIF	district (if app	licable)	
Loan					
13. Date of business	14. Date assistance first	15. Date project			lue of business
assistance agreement	provided	machinery/e placed in ser		assistance	
Fcb 4, 1997	Feb 4, 1997	Jun 19		\$150,0	500
For assistance agreements:	signed between July 1, 1995 and De	ecember 31, 1997	, complete line	s 17 through 2	20. For
agreements signed during l	1998 and future years, please comp			_	
17. Job creation goals for b	usiness receiving assistance	18. Average hourly wage level goals for business receiving			
90		assistance	8.50	_	
Actual jobs created since	ce business received assistance				vees hired since
76.9		business rec	eived assistance	:	
	cassistance: (Please indicate ch wage level and indicate the	Actual performation indicate number the corresponding	of employees a	at each wage le	
21. Job Creation	Hourly Wage 22. Hourly Value of Voluntary	23. Job Creation		rfy Wage Level	24 Hourly Value of Voluntary
Full-time Part-time	excl. benefits (\$) Benefits (\$)	Full-time F	Part-time (excl	l. benefits)	Benefits (\$)
	less than \$7,00		less	than \$7,00	
	\$7.00 to \$7.99		\$7.0	0 to \$7,99	
	\$8 00 to \$ 9.99		9.82	0 to \$ 9 99	
	\$10.00 to \$11.90		\$10.	00 to \$11.99	· ——
	\$12.00 and higher		\$12.	00 and higher	
If necessary, please attach		If necessary, ple	ase attach addi	tional documer	
Please complete lines 25 th	rough 27 for all agreements.				
25. Last date actual wage a	and job creation levels documented	26. Date this M	innesota Busine	ess Assistance	Form completed
5-pt 30	1000 goals been achieved? Yes — do	3-	12-02		
27. Have all wage and job		not submit future ase submit the 20			tance Form
This form replaces all	previous forms. Please complete				

agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a husiness since July 1, 1995.

PEGause of Runkruptcy reduced Number of Jobs was

accepted. John AS MIN DTED GROWT.

RECEIVED MAR 1 4 2002

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Picase complete lines I through 16 for all agreements.

lease combiere times 1 difforms to for an astronucier	pevaohman
Funding government agency name	2. Contact name
City of Welcome 3. Agency street address	Jeny Wastphil
3. Agency street address	4. City
Box72 102 South Dugar 5. Zip code 6. Phone number (area code)	Welcom
	8. Type of government agency
56.181 (507) 768-8740 7. Fax number (irrea code)	CityCountyRegionalState
(307)768-8740	Other (Please indicate)
9 Name of business receiving assistance	10. Industry of recipient (SIC code)
Easy Systemo	Computer Software Producer Car An mai land I a due to
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
GRANT	
13. Date of business 14. Date assistance first provided	15. Date project (building) 16. Dollar value of business machinery/etc.) was assistance
	placed in service
Det 1 1997 Det 1 1997	June 1997 5000
For assistance agreements signed between July 1, 1995 and I agreements signed during 1998 and future years, please com	
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving
50	assistance
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since
26.9	business received assistance
Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly Value	· · · · · · · · · · · · · · · · · · ·
Level of Voluntary Full-time Part-time (excl benefits) Benefits (\$	•
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	\$7.00 to \$7.99
\$8,00 to \$9,99	\$8.00 to \$9.99
\$10.00 to \$11.99	\$10,00 to \$11,99
\$12.00 and higher	\$12 00 and higher
If necessary, please attach additional documentation	If necessary, please attach additional documentation
Please complete lines 25 through 27 for all agreements.	
25 Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
27. Have all wage and job goals been achieved? Pyes - c	3-12.02
	lo not submit future forms for this project. ease submit the 2000 Minnesota Business Assistance Form.
This form replaces all previous forms. Please comple	ete one form for each husiness assistance agreement your

This form replaces all previous forms. Please complete one form for each husiness assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

your agency has not agreed to provide assistance to a business since July 1, 1995.

The numbers (educated In frace of Paying back to the state

01-0216

1999 Minnesota Business Assistance Form



(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

RECEIVED MAR / 0

1. runging government ag	ency name	2. Comact name
	Watkins	Deb Kraher
3. Agency street address		4. City
III Conti	6. Phone number (area code)	Watkins
5. Zip code		8. Type of government agency
55389	320 - 764-6405 7. Fax number (area code)	CityCountyRegionalState
22201	13-20-764-6401	Other (Please indicate)
9. Name of business receiv	vine assistance	10. Industry of recipient (SIC code)
ا ا	<u> </u>	2439 12. Name of TIF district (if applicable)
11. Type of assistance (e.g.	loan, TIF, grant, inflantructure, etc.)	12. Name of TIF district (if applicable)
10an		TIF District #4
13. Date of business assistance agreement	14. Date assistance first provided	machinery/etc.) was assistance
1	0 12 01	placed in service
11-14-96	8-13-96	12-1-95 \$85,500
	signed between July 1, 1995 and D 1998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For slete lines 21 through 24.
	business receiving assistance	18. Average hourly wage level goals for business receiving
-25		assistance \$7/hr.
19. Actual jobs created sin	ice business received assistance	20. Actual average hourly wage paid to employees hired since
	8	business received assistance \$11.25
	g assistance: (Please indicate ach wage level and indicate the el.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicat the corresponding benefit level.)
21. Job Creation	Hourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Hourly Wage 24. Hourly Val
Full-time Part-time	(excl. benefits) Benefits (\$)	Pull-time Part-time (excl. benefits) Benefits (
!	less than \$7.00	lcss than \$7.00
	\$7.00 to \$7.99	\$7.00 to \$7.99
	\$8.00 to \$9.99	\$8.00 to \$9.99
	\$10.00 to \$11.99	\$10 00 to \$11.99
	\$12.00 and higher	\$12.00 and higher
If necessary, please attach	additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 th	rough 27 for all agreements.	
25. Last date actual wage	and job creation levels documented	26. Date this Minnesota Business Assistance Form complete
3	128/02	not submit future forms for this project.
27. Have all wage and job	goals been achieved? Yes — do	onot submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

14. Date assistance first

provided

Agust 1997



27. Have all wage and job goals been achieved?

13. Date of business

assistance agreement

Effective 8-25-95

lease complete lines 1 through 16 for all agreements.		ECEIVED MAR 2 2 2002 Development		
1. Funding government agency name		2. Contact name Larry D. Hunsen		
City of Stillwater	•	City Administrator/Treasurer		
3. Agency street address 216 North 4th Street		4. City Stillwater		
55082	651,430,8801 7. Fax number (area code)	X CityCountyRegionalState		
	651.430.8809	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC code)		
Schoonover Real Es	state Co., LLP			
11. Type of assistance (e.g. loan	, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		

16. Dollar value of business

\$143,000 f.t.ll. per powers

assistance

TIF #1 Downtown & Industrial Park

15. Date project (building/

placed in service

machinery/etc.) was

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For ents signed during 1998 and future years, please complete lines 21 through 24

atticements signed on n	ig 1990 and latare ye	an s, picase (omp	ete unes 21 unough 24.		
17. Job creation goals for	r business receiving a	ssistance	18. Average hourly wage level goals for business receiving		
18 new job first year after completi			On assistance		ŀ
25 new jobs 2	vears after	completion	\$27,000 6\$ 3	4,000	ļ
25 new jobs 2 years after completion 19. Actual jobs created since business received assistance			20. Actual average hourl		yees hired since
		į	business received ass	istance	l
			Average_sal	<u>lary is \$50,</u>	000/year
Goals of business receiving assistance: (Please indicate			Actual performance sine	e project placed in se	rvice: (Please
number of employees at each wage level and indicate the			indicate number of empl		evel and indicate
corresponding benefit level.)			the corresponding benefit	it level.)	
21. Job Creation	Hourly Wage	22. Hourly Value	23. Job Creation	Hourly Wage	24. Hourly Value
Tull day Day day	Level	of Voluntary	End bed	Level	of Voluntary
Full-time Part-time	•	Benefits (\$)	Full-time Part-time		Benefits (\$)
	less than \$7.00			less than \$7.00	
	_ \$7.00 to \$7.99			\$7.00 to \$7.99	
	\$8.00 to \$9.99		·——-	\$8.00 to \$9.99	
	\$10,00 to \$11,99			\$10.00 to \$11.99	
	\$12.00 and higher			\$12.00 and higher	
If necessary, please atta	ich additional docume	ntation.	, If necessary, please attach additional documentation.		
Please complete lines 25	through 27 for all a	greements.	· · · 	 -	· · —— ·
25. Last date actual wa	ge and job creation lev	rels documented	26. Date this Minnesota	Business Assistance	Form completed
December 31, 2001			March 25, 200	2	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

Yes — do not submit future forms for this project.

No — please submit the 2000 Minnesota Business Assistance Form.

2. Contact name

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade &—
Economic
Development

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

CITY OF SPRIN	SINALITY	MIXE BUSA	PCH
3. Agency street address		4. City	
112- W. Coa	L'AND L	SPRING VAL	IEY _
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55975	507 3414 7.367 7. Fax number (area code)	CityCounty	RegionalState
	507 346 7 249	Other (Please indicate)	
9. Name of business receiving		10. Industry of recipient (SIC c	ode)
GARY JOHNESON	J ALL IN ONE	undesale tape	
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	licable)
LCIAN			
13. Date of business assistance agreement	14. Date assistance first provided	 Date project (building/ machinery/etc.) was 	16. Dollar value of business assistance
9-55-97	9-5-97	placed in service	+35,000
	ned between July 1, 1995 and Do 8 and future years, please comp		es 17 through 20. For
17. Job creation goals for bus:	ness receiving assistance	18. Average hourly wage level	goals for business receiving
19. Actual jobs created since b	PT	assistance - +5	/hc
19. Actual jobs created since b	ousiness received assistance	, 20. Actual average hourly was	e paid to employees hired since {
1 FT/9	PT	business received assistance	· ·
Goals of business receiving as number of employees at each corresponding benefit level.)		Actual performance since prop indicate number of employees the corresponding benefit leve	at each wage level and indicate
21. Job Creation Ho	· •		urly Wage 24. Hourly Value
Full-time Part-time (exc	Level of Voluntary el. benefits (\$)	Full-time Part-time (exc	Level of Voluntary al. benefits) Benefits (\$)
	than \$7.00	less	than \$7.00
S7.	00 to \$7.99	<u>9</u> \$7.0	00 to \$7.99
58.	00 to \$9.99	· 	00 to \$9.99
_ _),00 to \$11.99	5 1 1 Slides to	•
\$17	1.00 and higher	_	.00 and higher
If necessary, please attach add	litional documentation.	If necessary, please attach add	itional documentation.
Please complete lines 25 thros		,	
I	job creation levels documented		ess Assistance Form completed
1 4 - 9	-2002/		4/2002
27. Have all wage and job go	als been achieved? MYes — do	not submit future forms for this ase submit the 2000 Minnesota	
m			• .

2. Contact name

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name

GITY OF SKING CALLEY	MIKE DEBYNY
3. Agency street address	4 Cux
5. Zip code 6. Phone number (area code)	TRINE VALLEY
5. Zip code 6. Phone number (area code)	8. Type of government agency
559 75 7. Fax number (area code)	CityCountyRegiona!State
17:7 346 724	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
Wood Day LLC	MOTEL_
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12 Name of TIF district (if applicable)
πF	41-6
13. Date of business 14. Date assistance first	15. Date project (building) 16. Dollar value of business
assistance agreement provided	machinery/etc.) was assistance placed in service
1/8/98 : 6/1999	4/1999 \$349,64)
For assistance agreements signed between July 1, 1995 and D	
agreements signed during 1998 and future years, please com	
17. Jub creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving
\bigcirc	assistance
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since
Y/1	husiness received assistance
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
	23. Job Creation Hourly Wage 24. Hourly Value
Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	
less than \$7.00	less than \$7.00
57.00 to \$7.99	\$7.00 to \$7.99
\$8.00 to \$9.99	58.00 to \$9.99
\$10.00 to \$11.99	\$10 00 to \$11.99
512.00 and higher	\$12.00 and higher
If necessary, please attach additional documentation	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
$ $ $\forall A$	5/24/02
27. Have all wage and job goals been achieved? Yes d	·
	te one form for each business assistance agreement your

8-1-02

3-25-02

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

•			
į,	2 Contact name PAUL SNOOK ECONOMIC DEVELOPMENT COORDINATOR		
Sr. So.	4. City SHAKOPER		
6. Phone number (area code) (952) 496-9661 7. Fax number (area code) (952) 233-3801	8. Type of government agency CityCountyRegionalState Other (Please indicate)		
	10. Industry of recipient (SIC 3572	code)	
n, TIP, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
14. Date assistance first provided 8/1/00	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance 4, 247, 600	
	(952) 496-9661 7. Fax number (area code) (952) 233-3801 assistance NOLOGY m. TIF, grant, infrastructure, etc.) 14. Date assistance first provided	PAUL SNOOK ECONOMIC DEVELO 4. City 57: So. 6. Phone number (area code) (952) 496-9661 7. Fax number (area code) (953) 233-3801 2. Stype of government agency CityCounty Other (Please indicate) assistance 10. Industry of recipient (SIC 3572 11. Name of TIF district (if ap No. // 14. Date assistance first provided provided S/1/00 15. Date project (building/ machinery/etc.) was placed in service	

agreements signed during 1998 and future years, please complete lines 21 through 24.

_							
ſ	17. Job creation goals for	business receiving a	ssistance			level goals for busin	
1	850 by	7-27-00 8-01-02 (at le	ant 40 at 12/6	assistance /	, at	least \$12.0	0/hr.
J	,		(.)	,	tor 40 o	f the 416 addit	ional jobs)
	19. Actual jobs created at		1 assistance	20. Actual ave	rage nourly	wage paid to emplo	yees hired since
	1,097	(7-29-00)		Not require	ed to rep	ort until 8-1-	02
ı	Goals of business receiving	ng assistance: (Please	indicate	Actual perform	nance since	project placed in ser	vice: (Please
Ì	number of employees at	each wage level and i	ndicate the	Indicate numb	er of employ	yees at each wage le	vel and indicate
- 1	corresponding benefit lev	el.)		the correspond	ing benefit	level) Not regure	a to report
Ì	21. Job Creation	Hourly Wage	22. Hourly Value			Hourly Wage	24. Hourly Value
Ì		Level	of Voluntary			Level	of Voluntary
1	Full-time Part-time	(excl. benefits)	Benefits (\$)		Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	486	\$7.00 to \$7.99				\$7.00 to \$7.99	
	ABOUT	\$8.00 to \$9.99				\$8.00 to \$9.99	
	·	\$10.00 to \$11.99				\$10.00 to \$11.99	
	40	\$12.00 and higher	notsentied	1097	(<u>7-29-00)</u>	\$12.00 and higher	
<	If necessary, please attac	h additional docume	ntation.	If necessary, p	please attacl	additional documen	ntation.
_							

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
7/29/00	3/25/02	
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project.	

01-0402

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



lease complete lines 1 through			Developmen	
1. Funding government agency CITY OF SHA	NAME KOPEE (Scott County)	2. Contact name PAUL SNOOK ECONOMIC DEVEL	OPMENT COOR DINATOR	
3. Agency street address 129 HOLMES	ST. So.	4. City SHAKOPEE		
5. Zip code 6. Phone number (area code) (952) 496-7661 7. Fax number (area code) (952) 233-3801		8. Type of government agency CityCountyRegionalState Other (Please indicate)		
9. Name of business receiving a ADC TELECOMMU		10. Industry of recipient (SIC 36		
11. Type of assistance (e.g. loan	i, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a		
13. Date of business assistance agreement 1-3/-97	14. Date assistance first provided 8-1-99	15. Date project (building/ machinery/etc.) was placed in service Feb 198	16. Dollar value of business assistance	

7	17. Job creation goals for business receiving assistance • MAINTAIN 480 JOBS UNTIL 6-1-02 • CREATE 75 JOBS (ABOVE 480) @ # 10/hr., WEIGHTED AT \$19.46/hr. BY 5-37-99, MAINTAIN WITE 6-0 19. Actual jobs created since business received assistance			assistance 22 20. Actual ave	#10/s	level goals for bus hr.; WEIGHTED \$19.46 wage paid to emp	Homely WAGE
l		EPOLTED 6-25-			ccived assi	#20.60	
	Goals of business receiving number of employees at a corresponding benefit lev	ach wage level and i			er of emplo	project placed in s yees at each wage level.)	
	21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	SEENE	less than \$7.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.99	
	75 (\$10/H	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	+65	122		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and highe	
1	If necessary, please attac	_		HOURL If necessary,	please attacl	Housiy value of additional docum	BEN = 2060 A Vo

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels docu	imented	26. Date this Minnesota Business Assistance Form completed	
6-25-99		3-25-02	1
]
27. Have all wage and job goals been achieved?	Yes — do	not submit future forms for this project.	١,
i <i>_</i>	No ple	ase submit the 2000 Minnesota Business Assistance Form Cov	panys

RECEIVED MAR 2 5 2822

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1 Funding government agency name		12 Contact name		
Scott County		Brian Hanninen		
3. Agency street address		4. City		
200 Fourth Avenu		¦ Shakopee I	\ \ ;	
5. Zip code	6. Phone number (area code)	8. Type of government agency	i	
55379-1220 952-496-8101 7. Fax number (area code)		City XCounty	_RegionalState	
	952-496-8180	Other (Please indicate)_		
9. Name of business received	ng assistance	10. Industry of recipient (SIC)	oderi	
ADC Telecommunic		3661		
1 11. Type of assistance (e.g. i	con, TIF, grant, infrastructure, etc.)		plicable)	
Local effort ass	sistance	N/A	<u> </u>	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ muchinery/etc.) was	16. Dollar value of business assistance	
01-31-97	08-01-99	placed in service February 1998	\$1,140,000.00	
For assistance agreements si agreements signed during 19	gued between July 1, 1995 and Do 198 and future years, please comp	ecember 31, 1997, complete lin lete lines 21 through 24.	es 17 through 20. For	
17. Job creation goals for bu Maintain 480 job	s until 06-01-02	18. Average nourly wage level assistance \$10.00/hor	goals for business receiving ur	
Create 75 jobs (above 480) See #18	Weighted hourly w	age of \$19.46	
1-19 Actual jobs created since	i		e paid to employees hired since	
730 reported 06-	25-99	business received assistanc \$20,60	۳ ا	
Goals of business receiving a number of employees at each corresponding benefit level.	i wage level and indicate the	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation E			irly Wage 24, Hourly Value	
l Full-time Part-time (c	Level of Voluntary sel. benefits) Benefits (\$)		Level of Voluntary I Lenefits) Benefits (\$) I	
	ss than 57.00		than \$7.00	
·	1.00 to \$7.09		0 to \$7.99	
((00 to 59 00		n to \$9.99	
	0.00 to \$11 on		00 to \$11.99	
	2 00 and higher	122 S12.	00 and higher	
It necessary, please attach ac		Wheressary, please attach addi		
Please complete lines 25 thre			1	
25 Last date actual wage and	job creation levels decumented [] 	26. Date this Minnesota Busine	ns Assistance form completed	
06-25-99	i i	94-01-01	İ	
27. Have all wage and Job ga	विक्रण वर्षा प्रकार विकास के विक्रण विक्रण वर्षा विक्रण वर्षा विक्रण वर्षा विक्रण वर्षा विक्रण वर्षा विक्रण व	not submit future terms for this ze submit the 2000 Minnesota I		
and the same of th				

01-0241

1999 Minnesota Business Assistance Form

Trade & —
ECONOMIC
Development

(Please return by April 1, 1999)

Please complete lines I through 16 for all agreements.

Port Authority of the City of Saint Paul		2. Contact name Melan	-	Isakson			
3. Agency street address 1900 Landmark T 345 St. Peter St	reet		4. City Saint Pa	ul			 ! !
5. Zip code	6. Phone number (are	a code)	8. Type of gove	rnment ag	ency:		
55102 651/224-5686		6	X City	County	Regional	Centu	
I	7. Fax number (area o	code)			-		i
651/223-5198		X_Other (P)	lease indica	ue) Port A	Authority		
9. Name of business receiving assistance Aries Precision sheet Metal Company			i 0. Industry of i	recipient (S	SIC sode)		<u> </u>
11. Type of assistance (e.g. Land Sale	loan, TIF, grant, infrastructi	ira, etc.)	12. Name of TII Williams		if applicable)		—
13. Date of business 14. Date assistance first		rst	15. Date project			ar value of bus	iness
! assistance agreement	_		machinery/e placed in ser		1	tance	:
9/24/98		2/1/00		\$692 	\$692,604		
For assistance agreements sagreements signed during 1 17. Job creation goals for but 41	998 and future years, ple	ase compl		ugh 24.	level goals for l		
19. Actual jobs created sinc 0 Aries declared b			20. Actual avera business rec		stance	mployees hire	i since
Goals of business receiving number of employees at eac corresponding benefit level.	h wage level and indicate t		Actual performa indicate number the correspondit	of employ	yees at each wa		
21. Job Creation J		ur y Value /cluntary	23. Job Creation	1	Hourly Wage Level	24. Hour	ly Vaine Juntary
! Full-time Part-time (t		refire (\$)	Full-time P	at-time	(excl. benefits)		fits (\$)
i 1s	ess than \$7.00	! : : !			less than \$7.00)	İ
<u> </u>	7.00 to \$7.99		~		\$7.00 to \$7.99		I
\$	8.00 to \$9.99		_ 0		\$8.00 to \$9.99		! !
s	10.00 to \$11.99	<u></u>			\$10.00 to \$11.	مِه	i
<u> </u>	12.00 and higher	!	. ——		\$12.00 and hig	her	ı
If necessary, please attach a	dditional documentation	!	If necessary, ple		_		
Please complete lines 25 thr	ough 27 for all agreemen	ts.			· .—— · —— ·		<u> </u>
25 Last date actual wage an			26. Date this Ma	nnesota B	usiness Assista	nce Form com	oleted .
03/01/02		l i	03/2			,	
27. Have all wage and job g Final report - Ba			not submit future se submit the 200			ssistance For	 m

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

·	2. Contact name		
ty of	Mislamia Isalaan		
	<u> </u>		
	. 4. City i		
1900 Landmark Towers 345 St. Peter Street			
ne number (area code)		nev'	
	e. Type of go terminom ager	14,	
	X City County	RegionalState	
/223-5198	<u>X</u> Other (Please indicate	Port Authority	
9. Name of business receiving assistance		C code)	
Addco, Inc. (3N Properties)			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		applicable)	
	Arlington - Ja	ckson	
e assistance first	15 Date project (building/	i.6. Dollar value of business	
		assistance	
20/91		Land - \$609,840	
	lete lines 21 through 24.	vel goals for business receiving	
	assistance	9.00	
cerved assistance	20. Actual average nourly w business received assists	age paid to employees hired since since \$10.81	
Please indicate I and indicate the		eject placed in service: (Please es at each wage level and indicate vel.)	
	23. Job Creation I	Jourly Wage 24 Hourly Value	
Benefits (\$)	Full-time Part-time (e	Level of Voluntary: (xel. benefits) Benefits (\$)	
oi	lo	ss than \$7 00	
ا و	s	7.00 to \$7.99	
9	\$8	8.00 to \$9.99	
.49		10.00 to \$11.99	
	s	12 (0) and higher	
gher	If necessary, please attach no	12 (0) and higher	
gher		• • • • • • • • • • • • • • • • • • • •	
gheritumentation.	If necessary, please attach ac	• • • • • • • • • • • • • • • • • • • •	
gheriumentationi all agreements.	If necessary, please attach ac 26. Date this Minnesota Bus	oditional documentation.	
	e assistance first vided 26/97 een July 1, 1995 and Deure years, please comp ving assistance Please indicate and indicate the control of Voluntary Benefits (\$)	Melanie Isaks 4. City Saint Paul Enumber (area code) /224-5686 number (area code) /223-5198 Enties) Saint Paul Enumber (area code) /223-5198 Enties) Saint Paul Entipe of government ager X City County X Other (Please indicate in a service indicate in service in a service in a service in a service in service in a ser	

Trade & —
Economic
Development

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

!. Funding government agenc	•	2. Contact name			
Port Authority of	the City of	Molonia A. Laultoon			
Saint Paul 3. Agency street address		Melanie A. Isakson			
1900 Landmark Tov	vers	CNJ			
345 St. Peter Stree	e t '	Saint Paul			
5. Zip code	6. Phone number (area code)	8. Type of government ager	ley		
55102	651/224-5686	Y City Constru	Degional State		
	7. Fax number (area code)	X City County			
	651/223-5198	X Other (Please indicate	Port Authority		
9. Name of business receiving The Norgren Gro	assistunce	10. Industry of recipient (SI	C code)		
The Norgren Grou (Brissman Kenned	ip, LLC	5087			
	<u> </u>				
11. Type of assistance (e.g. loa	nn, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)		
Land Sale	ļ	Williams Hill			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was	assistance		
9/8/98	9/8/98	placed in service 9/1/99	\$463,478		
					
	ned between July 1, 1995 and De 8 and future years, please comp		lines 17 through 20. For		
		-	val apply for hypinans rappining		
17. Job creation goals for busi		18. Average hourly wage le	vel goals for business receiving		
		18. Average hourly wage le			
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage le assistance \$8.	00 age paid to employees hared since		
17. Job creation goals for busing 11 19. Actual jobs created since to the same of the same	ness receiving assistance	18. Average hourly wage le assistance \$8.	00 age poid to employees hared since		
17. Job creation goals for busing 11 19. Actual jobs created since to 11	ness receiving assistance ousiness received assistance	18. Average hourly wage le assistance \$8. 20. Actual average nourly wage le assistance assistance \$8.	age poid to employees hared since \$9.00		
17. Job creation goals for busing 11 19. Actual jobs created since to 11 Goals of business receiving as number of employees at each	ness receiving assistance ousiness received assistance sistance: (Piease indicate	18. Average hourly wage le assistance \$8. 20. Actual average nourly wage le assistance assistance. Actual performance since prindicate number of employe	age poid to employees hared since times \$9.00 roject placed in service: (Please es at each wage level and indicate		
17. Job creation goals for busing 11 19. Actual jobs created since to 11 Goals of business receiving as number of employees at each corresponding benefit level.)	ness receiving assistance ousiness received assistance sistance: (Piease indicate wage level and indicate the	18. Average hourly wage le assistance \$8. 20. Actual average nourly w business received assistance. Actual performance since prindicate number of employe the corresponding benefit le	age paid to employees hared since three \$9.00 roject placed in service: (Please es at each wage level and indicate vel.)		
17. Job creation goals for busing 11 19. Actual jobs created since to 11 Goals of business receiving as number of employees at each corresponding benefit level.)	ness receiving assistance ousiness received assistance sistance: (Piease indicate wage level and indicate the ourly Wage 22. Hourly Value	18. Average hourly wage le assistance \$8. 20. Actual average nourly w business received assistance. Actual performance since prindicate number of employe the corresponding benefit le	age poid to employees hared since specific placed in service: (Please es at each wage level and indicate vel.) Hourly Wage 24. Hourly Value		
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17. Job creation goals for busing 11 19. Actual jobs created since in 11 Goals of business receiving as number of employees at each corresponding benefit level.) 21. Job Creation How Full-time Part-time (exceeding 1) Full-time Part-time (exceeding 1) S12 If necessary, please attach add Please complete lines 25 through	pusiness received assistance sistance: (Piease indicate wage level and indicate the urly Wage 22. Hourly Value Level of Voluntary et benefits) Benefits (\$) (than \$7.00 00 to \$7.99 00 to \$11.99 (.00) and higher itional documentation.	18. Average hourly wage le assistance \$8. 20. Actual average nourly we business received assistance indicate number of employe the corresponding benefit le 23. Job Creation Full-time Part-time (example) in the corresponding benefit le 25. In the corresponding benefit le 25. In the corresponding benefit le 25. In the corresponding benefit le 25. In the corresponding benefit le 25. In the corresponding benefit le 26. In the	age poid to employees hared since \$9.00 roject placed in service: (Please es at each wage level and indicate vel.) Hourly Wage 24. Hourly Value of Voluntary excl. benefits) Ess than \$7.00 7.00 to \$7.99 E.00 to \$9.99 10.00 to \$11.99 12.00 and higher idditional documentation.		
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Meleony

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



-40.

Please complete lines 1 through 16 for all agreements.

Port Authority of	the City of	1 2. Contact name			
Saint Paul	the City of	Peter M. Klein			
3. Agency street address		4. City		_ · · -	
1900 Landmark Tov					
345 St. Peter Stree			aint P	aul	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government	agency		
:	7. Fax number (area code)	XCityCour	nty F	Regional _	_State
	651/223-5198	X Other (Please inc	licate) Po	ort Auth	ority
9. Name of business receiving	assistance	10. Industry of recipier	it (SIC co	de)	
G & K Services, I	ne.	7:	213		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF distric	t (if appl	caple)	
Land Sale			'illiams		
13. Date of business	14. Date assistance first	15. Date project (build)	mg/		alue of business
assistance agreement 11/11/98	provided 11/11/98	machinery/etc.) wa placed in service	s	assistanc	ce
1 11/11/50] 11/11/90	12/1/00		\$405,9	79
For assistance agreements sign agreements signed during 1998 17. Job creation goals for busin 50	3 and future years, please comp	lete lines 21 through 24 18. Average hourly wa			
19. Actual jobs created since business received assistance		20 Agrand Hurrage box	eli: nuice	nuid to moral	cuan hind size
85	usiness received assistance	20 Actual average hourly wage paid to employees hired since business received assistance \$9.50			
Goals of business receiving ass number of employees at each w corresponding benefit level.)		Actual performance sin indicate number of emp the corresponding bene	oloyees at	each wage I	
		23. Job Creation		ly Wage	24. Hourly Value
•	Level of Voluntary ! I. benefits) Benefits (\$)			evel benetits)	of Voluntary Benefits (\$)
1	than \$7.00	runc recom		ian \$7.00	Denoite (4)
!	0 to \$7.99		_	to \$7.99	
	0 to \$9.99		_	to \$9.99	
:	00 to \$11.99) to \$11.99	
\$10.00 to \$11.09				and higher	!
If necessary, please attach addit	If necessary, please atta		-	ntation.	
Please complete lines 25 throug					<u></u>
25. Last date actual wage and je	ob creation levels documented	26. Date this Minnesota	Busines	Assistance	Form completed
03/01/02	: 	03/21/0	02		
27. Have all wage and job goal.	s been achieved? XYes — do	not submit future forms l			tance Form.
This form replaces all pre	vious forms Please complete				



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

01-0246



Please complete lines 1 through 16 for all agreements.

1. Funding government agence Port Authority of	the City of	2. Contact name			
Saint Paul	the City of	Melanie A. Isakson			
3. Agency street address		. 4. City			
1900 Landmark To		Saint Paul			
345 St. Peter Stre	<u> </u>				
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agenc	y		
 	7. Fax number (area code)	i X City County _	_RegionalState		
	651/223-5198	 _X Other (Please indicate)	Port Authority		
9. Name of business receiving	!	10. Industry of recipient (SIC			
Summit Brewing C		5181	,		
	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ag	nnlicable)		
_	an, 11 , grant, ministration, etc.)		n/monore (
Land Sale		Crosby Lake			
13. Date of business	14. Date assistance first provided	15. Date project (building/	16. Dollar value of business		
assistance agreement 6/20/97	6/20/97	machinery/etc.) was placed in service	assistance		
0,20,01	0,20,01	10/1/97	\$366,667		
For assistance agreements sig	ned between July 1, 1995 and D	ecember 31, 1997, complete li	nes 17 through 20. For		
	8 and future years, please comp				
17. Job creation goals for bus	iness receiving assistance		el goals for business receiving		
20		assistance \$10.50			
19. Actual jobs created since t	business received assistance	20. Actual average hourly wage paid to employees hired since			
	j	business received assistan			
3	· · · · · · · · · · · · · · · · · · ·	\$10.50 Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate			
Goals of business receiving as number of employees at each					
corresponding benefit level.)	20 12 30 13 30 30 30	the corresponding benefit leve			
21. Job Creation Ho	party Wage 22. Hourly Value Level of Voluntary (23. Job Creation Ho	ourly Wage 24. Hourly Value Level of Voluntary		
Full-time Part-time (exc	cl. benefits) Benefits (\$)	Full-time Part-time (ex			
less	s than \$7,00	less	s than \$7.00		
\$7.0	00 to \$7.99	\$7.0	00 to \$7.99		
\$8.0	00 to \$9.99	\$8.6	00 to \$9.99		
	0.00 to \$11.99		2.00 to \$11.99		
	1.00 and higher	·			
If necessary, please attach add		If necessary, please attach add			
Please complete lines 25 throu	igh 27 for all aurosments	···			
	job creation levels documented	26. Date this Minnesota Besin	ess Assistance Form completed		
03/01/02	-	03/21/02			
	Is been achieved? LI Yes — do		Province		
27. Trave an wage and job god		ise submit the 2000 Minnesota			

01-0245

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines I through 16 for all agreements

	ncy Regional Port Aut Code) applicable)	alue of business	
nt Paul vernment ager County Please indicate of recipient (SI ITF district (if s Hill cet (building) Petc.) was service	Regional Port Aut Code) applicable)	hority	
County County Please indicate of recipient (SI FIF district (if Hill cet (building) Vete.) was service	Regional e) Port Aut iC code) applicable) 16. Dollar v. assistance	hority	
County County Please indicate of recipient (SI FIF district (if HIII County Please indicate Fire district (if HIII County Please indicate Please indicate Fire district (if Signature Fire district (if S	Regional e) Port Aut iC code) applicable) 16. Dollar v. assistance	hority	
County Please indicate of recipient (SI FIF district (if Hill cet (building/ r/etc.) was service	Regional e) Port Aut iC code) applicable) 16. Dollar v. assistance	hority	
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Please indicate of recipient (SI TIF district (if s Hill cet (building/ e/etc.) was service 9	e) Port Aut iC code) applicable) 16. Dollar v. assistance	hority	
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s Hill ect (building/ //etc.) was service	16. Dollar v.		
s Hill ect (building/ //etc.) was service	16. Dollar v.		
ect (building/ //etc.) was service	assistanc		
v/etc.) was service 9	assistanc		
service 9			
		37	
07	:		
rough 24. nourly wage le	evel goals for busi		
20 Actual average hourly wage paid to employees hired since business received assistance \$9.00			
Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
on I		24. Hourly Value	
Part-time (e		of Voluntary Benefits (\$)	
l	ess than \$7.00		
\$	7.00 to \$7.99	<u>_</u>	
\$	\$.00 to \$9.99		
§	10.00 to \$11.99		
	•		
olease attach a	dd:tronal docume	ntation.	
Minnesota Bus	siness Assistance	Form completed	
3/21/02		·	
		tance Form	
	\$8. crage hourly veceived assist \$9. mance since poer of employeding benefit lesson Part-tune (\$8.00 crage hourly wage paid to employee assistance \$9.00 mance since project placed in some of employees at each wage I ding benefit level.) son Hourly Wage Level Part-time (excl. benefits) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher of the place of the plac	

submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

01-0247



Please complete lines 1 through 16 for all agreements.

1. Funding government agenc		2. Contact name		
Port Authority of	the City of	Molonia A Ingkroop		
Saint Paul		Melanie A. Isakson		
3. Acency street address 1900 Landmark To	wers	, 4. City		
345 St. Peter Stre	et	Saint Paul	·	
5. Zip code 55102	6. Phone number (area code) 651/224-5686	8. Type of government agenc	y	
I	7. Fax number (area code)	X City County	_RegionalState	
	651/223-5198	X Other (Please indicate)	Port Authority	
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)	
EMC Corporation		5045		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TTF district (if ap	pblicriple)	
Land Sale		Crosby Lake		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement 4/24/96	provided : 4/24/96	machinery/etc.) was placed in service	assistance	
1/21/00	1/24/30	6/20/97	\$240,000	
	ned between July 1, 1995 and De		nes 17 through 20. For	
	8 and future years, please comp			
17. Job creation goals for busi	ness receiving assistance		el goals for business receiving	
30		assistance \$18.5	9	
19. Actual jobs created since b	ousiness received assistance	20. Actual average hourly wage paid to employees hired since business received assistance		
4		\$14.40	ie į	
Goals of business receiving as number of employees at each to corresponding benefit level.)		Actual performance since pro-	ieut placed in service: (Please s at each wage level and indicate el.)	
	urly Wage 22. Hourly Value	23. Job Creation Ho	ourly Wage 24. Hourly Value	
	Level of Voluntary ¹ Il. benefits) Benefits (\$)	Full-tune Part-time (ex	Level of Voluntary cl. benefits (\$)	
less	than \$7.00	less	s than \$7.00	
\$7.0	00 to \$ 7.99	\$7	00 to \$7.99	
\$8.0	00 to \$9.99	58	00 to \$0.99 !	
\$10	.00 to \$11.99).00 to \$11.99	
S12	.00 and higher	S1.	! 00 and higher !	
If necessary, please attach additional documentation		If necessory, please attach add	litional documentation.	
Please complete lines 25 throu	gh 27 for all agreements.			
25. Last date acroal wage and	iob creation levels documented	26. Date this Minnesota Buar	ness Assistance Form completed	
03/01/02	İ	03/21/02		
27. Have all wage and job goa	ls been actileved?	not submit future forms for this se submit the 2000 Minnesota		
	110 - 110	and and and anno arrancated	ATTOMICAN TESTINATURE TOTAL	

2002

RECEIVED MAR 2 3 2002

01-0153

1999 Minnesota Business Assistance Form

MN DIED

(Please return by April 1, 1999)

TORNESOF Trade & --Economic Development

Piouse complete lines I through 16 for all syruments.

1. Punding government agency name City of St. Joseph		Judy Weyrebs, City Administrator			
3. Agency street address PO Box 668		St. Joseph			
5. Zip code 56.374	6. Phone number (area code) 320-363-7201 7. Fax yamber (area code)	Type of government agency X City			
9. Name of business receiving assistance Borgert Products		10. Industry of recipient (SIC code) 3271			
11. Type of assistance (e.g. low, TIP, grant, inflammanae, etc.) TIF - Pay as you go		12 Name of Tif diside (if applicable) TIF 1-3, Borgert Products			
13. Date of business assistance agreement 12-15-98	14. Date assistance first provided 2002	15. Date project (building/ trachinery/sec.) was placed in service 05=99	16 Dollar value of business assistance \$145,000p +8% i		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 tarough 20. For screeneast rigged during 1998 and finare years, picase complete lines 21 through 24.

17. Job creation goods for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
19. Actual jobs created since business received assistance		20. Actual everage hourly wage paid to employees alred sinon business received assistance					
	ployees are	ng assistance: (Fleat each wage level and rel.)		Actual perform indicate number the corresponding	ser of enepk	project placed in so types to each wage to threel.)	rvice: (Fiens: red and indicate
21. Job Creat		Hourly Wage Level (excl. benefits)	22. Hourly Value of Volumency Benefits (3)		ion Partitinge	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than 57.00 \$7.00 to \$7.99				less than \$7.00 \$7.00 to \$7.09	
6	0	\$8.00 to \$9.99 \$10.00 to \$11.99	NA	6		\$8.00 to \$9.99 \$10.00 to \$11.99	NA
If necessary, ;	lesso attac	\$12.00 and higher additional document	mution.	if necessary,	plesté anaci	\$12.00 and higher additional docume	marjan,

Plot to complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documente 3-25-02	26. Date this Minnerom Business Assistance Form completed 3-25-02
17. Have all wage and job goals been achieved? NYss-	do not submit future forms for this project, clease submit the 2000 Minnesots Business Assistance Form.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Carrie tompiete mes 1 tm vag.	<u></u>	-: 			
1. Funding government agency	r name	2. Contact name			
Rosemount Port Au	thority '	Jim Parsons			
3. Agency street address		4. City			
^l 2875 W. 145th Str	eet	Rosemount	·		
5. Zip code	6. Phone number (area code)	8. Type of government agenc	У		
55068	651-322-2020 7. Fax number (area code)	X City County	_RegionalState		
	651-423-5203	Other (Piease indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC	code)		
Endres Processin	g LLC _	204	i 		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if a	pplicable)		
' TIF L		Endres-Rosemount	:		
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business		
assistance agreement	provided N/A	machmery/etc.) was placed in service	assistance		
4-22-97	1	3-98	\$385,000		
L	(Pay-as-you-go)		1 3365,000		
	ned between July 1, 1995 and Di 8 and future years, please comp		nes 17 through 20. For		
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving			
3 FTE	;	\$10.50/hour			
19. Actual jobs created since t	ousiness received assistance		ge paid to employees hired since		
: : 33		business received assistar	nce		
Goals of business receiving as	sistence (Nesses - Jinete	\$17 <u>.50</u>	in in the second		
number of employees at each corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			
21. Job Creation Ho	ourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation H	ourly Wage 24. Hourly Value Level of Voluntary		
Full-time Part-time (exc	cl. benefits) Benefits (\$)	Full-time Part-time (e:			
less	s than \$7 00	les	is than \$7.00		
\$7.	00 to \$7,99	S7	.00 to \$7.99		
	00 to \$9.99		.00 to \$9.99		
).00 to \$11.99		0.00 to \$11.99		
	2.00 and higher		2.00 and higher		
If necessary, please attach add	-	· · · · · · · · · · · · · · · · · · ·	-		
in necessary, piease attach add	antonar documentation	If necessary, please attach ad	annar documentation.		
Please complete lines 25 throu	<u> </u>	1 2/ Day of Miles	- An inches E - complied		
	job creanor, revers documented		ness Assistance Form completed		
N/A		March 20, 200			
27. Have all wage and job goals been achieved? X Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.					

01-0254

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

TOTANA T Economic Development

Please complete lines I through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
CITY OF ROGE	7 25	GARY EITEL, CITY ADMINISTRATO		
3. Agency street address		4. City		
12913 MAIN STR	EET	ROSERS		
5. Zip codo	6. Phone number (area code)	8. Type of government agency		
763-428-2253 7. Fax number (area code)		CityCounty	RegionalState	
	763-428-4470	Other (Please indicate)		
9. Name of business receiving		10. Industry of recipient (SIC code)		
RYAN COMPANIE	5 US, INC.	MANUFACTURING-		
11. Type of assistance (e.g. loan	i, TTF, grant, infrastructure, etc.)	12. Name of TIP district (if applicable)		
TIF PAYAS	-Y0U-G0	TIF-9 DEPT.		
13. Date of business assistance agreement	14. Date assistance first provided ST T Front	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
4-15-99 Aug 2001		placed in service AUG 2000	# 2,900,000 MAXIMUM	
For assistance agreements sign		ecember 31, 1997, complete lin	ies 17 through 20. For	

agreements signed during 1998 and future years, please complete lines 21 through 24.

	17 100 creation goals for	DUSINESS receiving a	issistance	assistance	-	level goals for outil	ess receiving
	19. Actual jobs created si	nce dusthers receive	nd assistance	business fo	eceived assi		
	Gosis of business received number of employees at a corresponding benefit lev	each wage level and			er of emplo	project placed in so yees at each wage le level.)	
,	21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
>		less than \$7.00 \$7.00 to \$7.99	 			less than \$7.00 \$7.00 to \$7.99	
	<u>2</u>	\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		<u> </u>		\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
į	If necessary, please attac			lf ne∝ssary.	please attacl	h additional docume	<u> </u>

Please complete lines 25 through 27 for all agreements

(to the combined with the interest of the constitution	
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
JANUARY 2, 2002	3-27-02
	not submit future forms for this project.

カディ REINHART

01-0343

1999 Minnesota Business Assistance Form (Please return by April 1, 1999)

WHESO Trade & Economic

Please complete lines 1 through 16 for all agreements.

RECEIVED APR 1 2002 Development 1. Funding government agency name 2. Confact name CITY OF ROGERS GARY EITEL, CITY ADMINISTRATOR 3. Agency street address 4. City 12913 MAIN ST. ROGERS 5. Zip code 6. Phone number (area code) 8. Type of government agency 763-428*-215*3 X City County Regional State 7. Fax number (area code) 55324 Other (Please indicate) *763-42*8-4470 9. Name of business receiving assistance 10. Industry of recipient (SIC code) REINHART REAL ESTATE GROUP, INC 11. Type of assistance (e.g. losm, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable) TIF-1 CBD REDEVELOPMENT TIF 15. Date project (building/ 16. Dollar value of business 13. Date of business 14. Date assistance first ussistance agreement provided machinery/etc.) was placed in service 7-24-98 DEC 1998

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

19. lob creation goals for	business receiving	assistance	18. Average h	ourly wage	tevel goals for busin	ness receiving
19. Actual jobs created si	nce business to cive	ed assistance		rage house	wage paid to empli stance	oyeas lived since
Goals of business receivi number of employees at a corresponding benefit lev	each wage level and			er of emplo	project placed in so byces at each wage 1 t level.)	
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)		Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99				less than \$7,00 \$7,00 to \$7,99	
<u>60</u>	\$8.00 to \$9.99 \$10.00 to \$11.99		60		\$8.00 to \$9.99 \$10.00 to \$11.99	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
4-1-02	4-1-02	
27. Have all wage and job goals been achieved? ✓ Yes — to ☐ No pic	not submit future forms for this project	

(Please return by April I, 1999)



Please complete lines 1 through	h 16 for all agreements.		Development
1. Funding government agency		2. Contact name	
Lity of Rock	kford!	Nancy Eve	v 5
3. Agency street address		4. City	
6031 Main	S [†] . ;	4. City - J- Kocktord	
5. Zip code	6. Phone number (area code)	8. Type of government ago	ency
ı . 55373	763 477 - 65 65 7. Fax number (area code)	LCityCounty	RegionalState
1 20212	763-477-4393	Other (Please indica	nte)
9. Name of business receiving		10. Industry of recipient (
Minnessta Diversit	ied Products	Manufactur	1.49
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of T1F district (if applicable)
! TIF		3-1	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building machinery/etc.) was	16. Dollar value of business assistance
	\	placed in service	tais231
[May 1, 1997	<u> Aug. 1, 2001 </u>	1/4 ust 200	<u> </u>
	ned between July 1, 1995 and De 8 and future years, please comp		te lines 17 through 20. For
17. Joh creation goals for husi			level goals for business receiving
1		assistance	
10 4 20 12 12 22 22		20.4 - 1	i i
19. Actual jobs created since b	business received assistance	business received assi	wage paid to employees hired since stance
Goals of business receiving as	sistance: (Please indicate	Actual performance since	project placed in service: (Please
number of employees at each corresponding benefit level.)			yees at each wage level and indicate.
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value
Full-time Part-time (exc	Level of Voluntary (cl. benefits) Benefits (S)	Full-time Part-time	Level of Voluntary' (excl. benefits) Benefits (\$).
	s than \$7.00	run-une ran-une	less than \$7.00
1 -	00 to \$7.99	12	\$7,00 to \$7.99
	00 to \$9.99	<u> </u>	\$8.00 to \$9.99
	0.00 to \$11.99	<u> </u>	\$10.00 to \$11.99
SI2	2.00 and higher		\$12.00 and higher;
If necessary, please attach add	litional documentation	If necessary, please attach	additional documentation.
Please complete lines 25 throu	igh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota I	Business Assistance Form completed
3/26/02		3/a6/⊃3	<u> </u>
27. Have all wage and job goo	als been achieved? Yes — do		this project.

RECEIVED MAR 1 2 2002

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name	2. Contact name			
Red Wing Port Authority	Sinan Kullmarn			
RED WING FORT AUTHORITY 3. Agency street address	4. City			
419 Rush St.	REDWIT			
5. Zip code 6. Phone number (area code)	8. Type of government agency			
7. Fax number (area code)	CityCountyRegionalState			
55000 K5+388-4782	Other (Please indicate)			
9. Name of business receiving assistance	10. Industry of recipient (SIC code)			
Knurban anterprises	544 Cornel Nover			
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)			
IRLE = 150,000				
13. Date of business 14. Date assistance first assistance agreement provided	15. Date project (building/machinery/etc.) was assistance			
<u> 1/30/98 - 21/198 :</u>	placed in service 12 in June 2000 4425,000			
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.				
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving			
· 5.6.	assistance IECO			
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since			
i }	business received assistance			
Color China	Actual performance since project placed in service: (Please			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	indicate number of employees at each wage level and indicate the corresponding benefit level.)			
_	23. Job Creation Hourly Wage 24. Hourly Value			
Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)			
less than \$7.00	less than \$7,00			
\$7.00 to \$7.99	\$7,00 to \$7.99			
!C \$8.00 to \$9.99	\$8.00 to \$9.99			
\$10.00 to \$11.99	50 \$10.00 to \$11.99			
\$12.00 and higher	\$12.00 and higher			
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.			
The costs of present and the first and the f				
Please complete lines 25 through 27 for all agreements.	26 Daniela Miliana Daniela d'Antina			
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
317102	<u> </u>			
27. Have all wage and job goals been achieved? 1. Yes — do	not submit future forms for this project.			

01-0602

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
City of Perhan	<u> </u>	Susan Bjorklund		
3. Agency street address		4. City		
125 Second Ave	nue N.E.			
PO_Box_130	_	Perham	_	
5. Zip code	6. Phone number (area code)	8. Type of government agency	<u> </u>	
r İ	218-346-4455			
	7. Fax number (area code)	X CityCounty _	_RegionalState	
56573		on on the co		
L	218-346-9364	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC	code)	
}				
Perham Grain & Fee	d. Inc.	0259		
II. Type of assistance (e.g. los	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
1		1		
Loan				
13. Date of business 14. Date assistance first		15. Date project (building	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
	{	placed in service	ł	
10/15/1996	10/15/1996	i	\$135.000	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 4 FT		18. Average hourly wage level goals for business receiving assistance				
		n/a				
19. Actual jobs created since business received assistance		20. Actual average hourly wags paid to employees hired since business received assistance				
Goals of business receive number of employees at a corresponding benefit lev	each wage level and			er of emplo	project placed in se oyees at each wage le t level.)	
21. Job Creation Pull-time Part-time	Hourly Wage Level (excl. benefity)	22. Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
less than \$7.00 \$7,00 to \$7.99 \$8,00 to \$9.99 \$10,00 to \$11.99				less than \$7.00 \$7,00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99		
<u> </u>	\$12.00 and higher				\$12.00 and higher	
If necessary, please attac	h additional docum	entation.	If necessary,	please attac	h additional docume	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
5/7/2002	5/24/2002
27. Have all wage and job goals been achieved? Yes - do	not submit future forms for this project.
☑ No — ple	ase submit the 2000 Minnesota Business Assistance Form.

612 545 3393;

Minnesota Business Assistance Form*
(Please return by April 15, 1998)

Please type or print in dark ink.

₩¥
VED
CEI
RE

Ø

1. Funding government agenc	у пате	2. Contact name		
1	AN RAPIDS EDA	RICHARD JEWSON		
3. Agency street address		4. City		
315 N. BROAD	WAY	PELICAN RAPIDS	s, MN	
5. Zip code	6. Phone number (area code)	8 Type of government agency	,	
į	218-863-6571		i	
56572	218-863-6571 7. Fax number (area code)	CityCounty	_RegionalState	
218-863-7077		Other (Please indicate)		
9. Name of business receiving		10. Industry of recipient (SIC code)		
PRECISION MA				
	NDALE MACHINING)	in November	Victoria A	
1 .	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if app	plicable)	
Zero % L			NA	
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dollar value of business	
assistance agreement	provided	machinery/ctc.) was	assistance	
DEC 1997	12-1-97	placed in service	\$152,000	
	ied between July 1, 1995 and Dec signed during 1998 and future yo	•	_	
17. Job creation goals for busing	ness receiving assistance	18. Average hourly wage level	goals for business receiving	
(3) NEW JOBS		at \$ 9.50	HR NEW JOBS	
19. Actual jobs created since business received assistance		20. Actual average hourly wag	e paid to employees hired since	
20 NEW	FT Jobs	business received assistanc	to 18/HR	
Coals of business receiving as		ctual performance since proje		
number of employees at each to correspond to benefit level.)	wage level and indicate the	indicate number of employees the corresponding benefit level		
21 Job Creation Ho	urly Wage 27 Hourly Value	23. Job Creather Hou	arty Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
Full-time Part-time (exc		Full-time Part-time (exc		
less than \$7.00			than \$7.00	
\$7,00 to \$7,99			O to 37.99	
\$8.00 to \$9.99			0 to \$9.99	
\$10.00 to \$11.99		\$10.	.00 to \$11.99	
\$12,00 and higher		\$12.	00 and higher	
Horecessary, please attach additional documents.		Processary, please attach additional documents.		
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Busine	ess Assistance Form completed	
5-7-02		5-7-02		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No — please submit this form in 1999.				

01-0397 Original reconvert 4/4/02 Lt.1.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



lease complete lines 1 thr	ough 16 for all agreements.		Development	
1. Funding government ag	епсу пате	2. Contact name		
NORTH BRANCH EDA		DAVID STO	atal BERG	
3. Agency street address		4. City		
6408 EL	6. Phone number (area code) 6. \$1-6.74-8 11.3 7. Fax number (area code)	DAVID STO	ch	
5. Zip code	6. Phone number (area code)	8. Type of government agency		
_	631-679-8113	CityCounty	RegionalState	
55056	/. rax number (area code)	•	-	
9. Name of business receiv	651-674-8262	Other (Please indicate) 10. Industry of recipient (SIC c	-4-1	
A. Manue of physicse facely	/mg assistance	to, industry of recipient (Sic. c	auc)	
C ROSS ROADS	notEL loan, TIF, grant, infrastructure, etc.)			
11. Type of assistance (e.g.	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if opp	lienble)	
tax abate	ment			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	muchinery/etc.) was placed in service	assistance	
MAY 1999	July 2001	July 2000	167,000	
	• •			
	signed between July 1, 1995 and De 1998 and future years, please comp		m 17 through 20. For	
· ·	business receiving assistance	18. Average hourly wage level	goals for business receiving	
		assutunce		
		-a		
19. Actual jobs created sin	ice bysiness received assistance	20. Actual average hourly wage paid to employees hired since husiness received assistance		
			_	
	g assistance: (Please indicate	Actual performance since proje	et placed in serv . (Please	
number of employees at ex- corresponding benefit leve	ach wage level and indicate the	indicate number of employees the corresponding benefit level		
21. Job Creation		· · · · · · · · · · · · · · · · · ·	 Irly Wage — 24. Hourly Value	
21. Joo Cleanolt	Hourly Wage 22. Hourly Value Level of Voluntary		Level of Voluntary	
Pull-time Purt-time	(excl. benefits) Benefits (S)	Full-time Part-time (exc	l. henefits) Benefits (\$)	
	less than \$7.00		than \$7.00	
<i>10_</i>	\$7,00 to \$7,99	14 57.0	10 to \$7.99	
	\$8.00 to \$9.99	\$ R.0	00 to 59.99	
	\$10.00 to \$11.99	\$10	.00 to \$11.99	
	\$12.00 and higher	512	.00 and higher	
If necessary, please attach additional documentation.		of necessary, please attach add	itional documentation.	
Please complete lines 25 th	arough 27 for all agreements.			
25. Last date actual wage	and jub creation levels documented	26. Date this Mitmesota Busin	ess Assistance Form completed	
12/31/201		4/1/2002		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assist. Form.				
This form vanious of	ll previous forms. Please complete			
	n presious forms. Preuse compleu en July 1, 1995 and December 31			
or used tax incremen	t financing. A form should be sui	bmitted annually for each as	sistance agreement until a	
	ates that all wage and job creation agreed to provide assistance to a		Do not submit this form if	
VUNT DEKACT HAS HOLD	uvrren iv broving assisionce fo a :	UHBUIESS SINCE JUIV 1. 1993.		

Post-It* Fax Note 7671	Date	# of pages ►
TO ED HOLDER	From	
Ca.Dept 651-215-3841	Co.	-

(Please return by April 1, 1999)



Please complete lines 1 throug	h 16 for all agreements.		ECONOMIC Development
1. Funding government agency name		2. Contact name	-
City of New Ulr	π	David Schnob	orich
3. Agency street address		4. City	
100 North Broad	away	•	
P.O. Box 636	_	New Ulm	
5. Zip code	6. Phone number (area code)	8. Type of government ag-	ency
56073-0636	(507) 359-8245 7. Fax number (area code)	X CityCounty	RegionalState
	(507) 359-9752	Other (Please indica	ite (
9. Name of business receiving		10. Industry of recipient (-
Rebound Proper	ties, Inc.	3621	
	in. TIF. grant. infrastructure, etc.)	12. Name of TIF district (if applicable)
_			
Loan		N/A	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building machinery/etc.) was placed in service	16. Dollar value of business assistance
10/30/97	10/30/97	10/30/97	\$80,000
		 -	
	ned between July 1, 1995 and De 8 and future years, please compiness receiving assistance	lete lines 21 through 24. 18. Average hourly wage	level goals for business receiving
10		assistance	57.00
19. Actual jobs created since b	successes received accidence	<u> </u>	wage paid to employees hired since
i	Justiness rocerved assistance	business received assi	
0	······································		
Goals of business receiving as number of employees at each corresponding benefit level.)			project placed in service: (Please yees at each wage level and indicate level.)
21. Job Creation Ho		23. Job Creation	Hourly Wage 24. Hourly Value
Full-time Part-time (exc	Level of Voluntary cl. benefits (S)	Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (5)
less	s than \$7.00		less than \$7.00
<u>10</u> \$7.	00 to \$7.99		\$7.00 to \$7.99
S8.	00 to \$9.99		\$8 00 to \$9.99
S 10	0.00 to \$11.99		\$10.00 to \$11.99
\$12	2.00 and higher		\$12.00 and higher
If necessary, please attach add	litional documentation.	If necessary, please attach	additional documentation.
Please complete lines 25 throu	igh 27 for all agreements.		
: 25. Last date actual wage and	job creation levels documented	26. Date this Minnesota B	Business Assistance Form completed
March 27, 2002	 	March 28, 2	<u>20</u> 02
 17. Have all wage and job gos 	als been achieved? Yes — do No — plea		this project. sota Business Assistance Form.

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2 Contact name	
CITY OF NEW	BRIGHTAN	KEYI'N LOCI	(E
3 Agency street address		4. City	
803 OLD HIGHWAY & NW		NEW BRIGH	<u> </u>
5 Zip code	6. Phone number (area code)	8. Type of government age	ncv
 .	651-638-2057	City County	RegionalState
55112-2792			:
	651-638-2044	Other (Please indicat	
9. Name of business receiving	assistance	10. Industry of recipient (S	IC code)
DENATELLE FLA	•	3089.34	199
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)
TIF-REDEVEL	. <u></u>	TTF#26	
13. Date of business	14. Date assistance first	15. Date project (building/	
assistance agreement	provided	machinery/etc.) was placed in service	RSSISTANCE
10/30/97	1/2/99	1/2/99	排166,587
17 Job creation goals for busi	ness receiving assistance	18. Average hourly wage I	evel goals for business receiving
		7	
19. Actual jobs created since business received assistance		business received assis	wage paid to employees hired since tunce #11.50
Goals of business receiving as number of employees at each corresponding benefit level.)			project placed in scrvice: (Please rees at each wage level and indicate level.)
21. Job Creation Ho	ourly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value
Full-time Part-time (exc	Level of Voluntary cl. benefits) Benefits (\$)	Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (\$)
less	s than \$7.00	. ——— — ——	less than \$7.00
Š7,	00 to \$7.99	5	\$7,00 to \$7.99 7 2 t (D
S8.	00 to \$9.99		\$8.00 to \$9.99 # 2 1 TO
	0.00 to \$11.99	50	\$10 00 to \$11.99 7 2,10
\$12	2.00 and higher		\$12.00 and higher 井 エルレ
: If necessary, please attach additional documentation.		:	additional documentation.
Please complete lines 25 throu	igh 27 for all agreements.		
25. Last date actual wage and job creation levels documented		26. Date this Minnesota B	usiness Assistance Form completed
5/28/02		3/28	2/02
27. Have all wage and job gor		not submit future forms for asc submit the 2000 Minnes	this project. ota Business Assistance Form.
This form replaces all pr			ness assistance agreement your

original 4MBAF suismitted 3/2 E/OF 01-0197

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Trade & —
Economic
Development

Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name	
City of Moorhead		Loretta Szweduik	
3. Agency street address		4. City	
500 Center Avenue		Moorhead	
5. Zip code	6. Phone number (area code)	8. Type of government agency	,
56560 <u>218–299–5375</u> 7. Fax number (area code)		_x. CityCounty	Regional State
218-299-5399		Other (Please indicate)	
Name of business receiving assistance		10. Industry of recipient (SIC	code)
Erickson Contracting			
1). Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIF district (if ap	plicable)
Border City Development Zone			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance
10-26-98	1999	1999	\$46,000.00

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance				
12 FT Jobs		\$7.00 -	\$8.99	9		
19. Actual jobs created since business received assistance		20. Actual avera business reco		wage paid to emplo stance	vees hired since	
9		\$10.66				
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			of emplo	project placed in ser yees at each wage le level.)		
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntary Benefits (\$)	23. Job Creation Full-time P		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00		274.9		less than \$7.00	
_12	\$7.00 to \$7.99		<u> </u>	-	\$7.00 to \$7.99	
	\$8.00 to \$9.99			2}.	\$8.00 to \$9.99	
	\$10.00 to \$11.99			4	\$10.00 to \$11.99	
	\$12.00 and higher		. ,	(-2)	\$12.00 and higher	
If necessary, please attac	h additional docume	ntation.	If necessary, ple	ease attach	n additional documer	ntation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
3/02	9/4/02 replaced form prepared in 3/02
27. Have all wage and job goals been achieved? Yes do	
No plea	ase submit the 2000 Minnesota Business Assistance Form.

potmoduct 5-23-02

original form react 5/24/02 1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name	2. Contact name		
City of Montrose	Barbara Suanson		
3. Agency street address	4. City		
331 Buggalo Ave	Montrose		
5. Zip code 6. Phone number (area code)	8. Type of government agency		
763-675-3117	CityCountyRegionalState		
55363 7. Fax number (area code)	Citycountykcgmaisanc		
763-675-3032	Other (Please Indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
Jess-Ex Inc.	Retail Trace		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF	1		
13. Date of business 14. Date assistance first	15. Date project (building/ 16. Dollar value of business		
assistance agreement provided	machinery/etc.) was assistance		
7/23/98	placed in service 11/09/08 \$44,000		
For assistance agreements signed between July 1, 1995 and D	December 31, 1997, complete lines 17 through 20. For		
agreements signed during 1998 and future years, please com			
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving		
2 FT 3 retained	assistance :		
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since		
2 FT 3 retained.	business received assistance		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Valu	c 23. Job Creation Hourly Wage 24. Hourly Value		
Level of Voluntary			
Full-time Part-time (excl. benefits) Benefits (\$)	Full-time Part-time (excl. benefits) Benefits (\$)		
less than \$7.00	less than \$7.00		
57.00 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9.99		
\$10.00 to \$11.99	2 \$10.00 to \$11.99		
\$12.00 and higher	\$12.00 and higher		
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.			
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form compl			
27. Have all wage and job goals been achieved? Yes do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.			

(Please return by April 1, 1999)

SINESOI,
Economic Development

Please complete lines 1 through 16 for all agreements.	Development S
1. Funding government agency name	2. Contact name
DTED (MN AG & ECON DEV BOARD)	PAUL A. MOE
3. Agency street address	4. City
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL
5. Zip code 6. Phone number (area code)	8. Type of government agency
$\frac{651-297-1391}{7. \text{ Fax number (area code)}}$	4. City ST. PAUL 8. Type of government agency City County Regional State Other (Please indicate)
651-296-5287	Cther (Please Indicate)
Name of business receiving assistance	i I
NEW MORNING WINDOWS	! 2413
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
SMALL BUSINESS DEVELOPMENT LOAN	
13. Date of business 14. Date assistance first assistance agreement provided	15. Date project (building/ 16. Dollar value of business machinery/etc.) was assistance
02/01/96 j 02/01/96	placed in service \$4,965,000.00
agreements signed during 1998 and future years, please comp 17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving assistance
40°35	\$8.31
19. Actual jobs created since business received assistance 35	20. Actual average hourly wage paid to employees hired since business received assistance \$9.70
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	·
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	
\$8.00 to \$9.99	\$8.00 to \$9.99
\$10.00 to \$11.99	\$10.00 to \$11.99
\$12.00 and higher	\$12.00 and higher
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
08/31/99~ (2/3)	not submit future forms for this project.
27. Have all wage and job goals been achieved? Yes — do Li Mallot No — ple	o not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form

SECEIVED MAY SIG 2009

01-0644

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Development		
1. Funding government agency name	2. Contact name		
DTED (MN AG & ECON DEV BOARD)	PAUL A. MOE		
3. Agency street address	1 4. City - 1		
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL		
5. Zip code 6. Phone number (area code	8. Type of government agency		
55101 651-297-1391 7. Fax number (area code)	City County Regional State		
651-296-5287	Other (Please indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
IMPRESSIONS INCORPORATED	2752		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.	1 12. Name of TIF district (if applicable)		
SMALL BUSINESS DEVELOPMENT LOAN			
13. Date of business 14. Date assistance first assistance agreement provided	15. Date project (building) 16. Dollar value of business machinery/etc.) was assistance placed in service		
04/01/96 04/01/96	\$5,195,000.00		
For assistance agreements signed between July 1, 1995 and agreements signed during 1998 and future years, please con			
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving		
61.49_	assistance \$10.00		
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since		
42	husiness received assistance 15.21		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Va	due 23. Job Creation Hourty Wage 24. Hourly Value us Level of Voluntary		
Full-time Part-time (excl. benefits) Benefits (• :		
less than \$7.00	less than \$7.00		
\$7.00 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9.99		
\$10.00 to \$11.99	\$10.00 to \$11.99		
\$12.00 and higher	\$12.00 and higher		
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.			
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed			
12/31/ 00-0	04/02/01 · f /22/02 ·		
27. Have all wage and job goals been achieved? Yes —			
This form ranlaces all previous forms Please comm	lete one form for each business assistance aureement your		

(Please return by April 1, 1999)



	ugh 16 for all agreements.	Developm	
1. Funding government agency name		2. Contact name	
DTED (MINNESO	TA INVESTMENT FUND	PAUL A. MOE	
3. Agency street address		4. City	
500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	7. Fax number (area code) 651-296-5287	City County Regional State Other (Please indicate)	
9. Name of business receiving	ng assistance	10. Industry of recipient (SIC code)	
ALEXANDRIA EXTE	RUSION	3354	
11. Type of assistance (e.g. l	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
MINNESOTA I	NVESTMENT FUND		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ 16. Dollar value of busin machinery/etc.) was assistance placed in service	
06/25/99	j 04/27/00 ;	\$500,000.00	
	998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24. 18. Average hourly wage level goals for business receiving assistance	
30 RETAINED 70 CREATED		\$11.98	
-	e business received assistance ED 0 CREATED	20. Actual average hourly wage paid to employees hired s business received assistance \$11.50	
number of employees at each	assistance: (Please indicate the wage level and indicate the	Actual performance since project placed in service: (Pleas indicate number of employees at each wage level and indi-	
corresponding benefit level.)	the corresponding benefit level.)	
21. Job Creation 1 Full-time Part-time (compared to the compared ourly Wage Level 22. Hourly Value of Voluntary Benefits (S) ess than \$7.00 17.00 to \$7.99	23. Job Creation Hourly Wage Level of Volume Part-time (excl. benefits) Benefit Benefit S7.00 S7.00 to \$7.99		
21. Job Creation I Full-time Part-time (compared to the second to the s	Hourly Wage Level of Voluntary excl. benefits) ess than \$7.00 7.00 to \$7.99 8.00 to \$9.99	23. Job Creation Hourly Wage Level of Volumer Part-time (excl. benefits) Benefit Benefit Strong Stro	
21. Job Creation 1 Full-time Part-time (compared to the compared ll County Wage Level St. 00 St	23. Job Creation Hourly Wage Level of Voltage Full-time Part-time (excl. benefits) Benefit Benefit St. 24. Hourly of Voltage St. 24. Hourly of Voltage Benefit Benefit Benefit St. 24. Hourly of Voltage Benefit Benefit Benefit St. 24. Hourly of Voltage Benefit Benefit Benefit St. 24. Hourly of Voltage Benefit Benefit Benefit Benefit St. 25. St. 20. S		
21. Job Creation 1 Full-time Part-time (compared to 1) Full-time Part-time (compared to 1) Solution 1 Solution 2 Solution 3 Solution	Hourly Wage Level of Voluntary excl. benefits) ess than \$7.00 67.00 to \$7.99 68.00 to \$9.99 610.00 to \$11.99 612.00 and higher 22. Hourly Value of Voluntary Benefits (\$) 51.00 51.00 51.00	23. Job Creation Hourly Wage Level of Volume Part-time (excl. benefits) Benefit Benefit Strong Stron	
21. Job Creation 1 Full-time Part-time (compared to the compared olumn C	23. Job Creation Hourly Wage Level of Voltage Full-time Part-time (excl. benefits) Benefit Benefit St. 24. Hourly of Voltage St. 24. Hourly of Voltage Benefit Benefit Benefit St. 24. Hourly of Voltage Benefit Benefit Benefit St. 24. Hourly of Voltage Benefit Benefit Benefit St. 24. Hourly of Voltage Benefit Benefit Benefit Benefit St. 25. St. 20. S		
21. Job Creation I Full-time Part-time (eggs	Hourly Wage Level of Voluntary excl. benefits) ess than \$7.00 7.00 to \$7.99 8.00 to \$9.99 10.00 to \$11.99 12.00 and higher dditional documentation. rough 27 for all agreements.	23. Job Creation Hourly Wage Level of Volume Part-time (excl. benefits) Benefit Benefit Stan \$7.00 S7.00 to \$7.99 S8.00 to \$9.99 S10.00 to \$11.99 S1.00 S12.00 and higher S1.00 If necessary, please attach additional documentation.	
Full-time Part-time (complete lines 25 three 25. Last date actual wage ar	Hourly Wage Level of Voluntary excl. benefits) ess than \$7.00 7.00 to \$7.99 8.00 to \$9.99 10.00 to \$11.99 12.00 and higher dditional documentation. rough 27 for all agreements.	23. Job Creation Hourly Wage Level of Volume Part-time (excl. benefits) Benefit Benefit Strong Stron	

1999 Minnesota Business Assistance Form



(Please return by April 1, 1999)

Please complete lines 1 throu	ugh 16 for all agreements.	Developn	nent
1. Funding government ager	ncy name	2. Contact name	
DTED (MINNESO	TA INVESTMENT FUND	PAUL A. MOE	1
3. Agency street address		4. City — — — — —	- — i
[!] 500 METRO SQ. 121 1	7TH PLACE EAST	ST. PAUL	- 1
5. Zip code	6. Phone number (area code)	8. Type of government agency	- $$
55101	651-297-1391 7. Fax number (area code)	City County Regional State	j
<u> </u>	651-296-5287	Other (Please indicate)	!
9. Name of business receiving	ng assistance	10. Industry of recipient (SIC code)	
COM-TAL (WBT)	<u></u>	3599	'
11. Type of assistance (e.g.)	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
MINNESOTA II	NVESTMENT FUND		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building) 16. Dollar value of busing machinery/etc.) was assistance placed in service	— i ness
01/28/98	07/16/98	\$297,500.00	
	998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24. 18. Average hourly wage level goals for business received assistance.	n <mark>g l</mark>
6	8	\$15.03	į
19. Actual jobs created since	e business received assistance 68	20. Actual average hourly wage paid to employees hired business received assistance 19.90	since
Goals of business receiving number of employees at eac corresponding benefit level.	h wage level and indicate the	Actual performance since project placed in service: (Plea indicate number of employees at each wage level and ind the corresponding benefit level.)	
21, Job Creation I		23. Job Creation Hourly Wage 24. Hourly	
Full-time Part-time (c	Level of Voluntary excl. benefits (\$)		luntary its (\$)
j k	ess than \$7.00	less than \$7.00	
! s	7.00 to \$7.99	\$7.00 to \$7.99	 - ,
	8.00 to \$9.99	\$8,00 to \$9,99	
	10.00 to \$11.99 <u>\$3.50</u>	\$10.00 to \$11.99	
If necessary, please attach a	12.00 and higher\$4.00	68 S12.00 and higher S4.00 If necessary, please attach additional documentation.	<u>, </u>
		- " Thecessary, prease attach additional documentation." -	
Please complete lines 25 thr		76 Datable Miss and Davids and Service Company	
25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form comp	neteu
1	2/31/01 	05/02/02	
27. Have all wage and job g		not submit future forms for this project. se submit the 2000 Minnesota Business Assistance Form	n

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Development
1. Funding government agency name	2. Contact name
DTED (MINNESOTA INVESTMENT FUND	PAUL A. MOE
3. Agency street address	4. City
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL
5. Zip code 6. Phone number (area code)	8. Type of government agency
55101 651-297-1391 7. Fax number (area code)	City County Regional State
651-296-5287	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
ANDERSEN CORP (COTTAGE GROVE)	2431
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
MINNESOTA INVESTMENT FUND	
13. Date of business assistance agreement 14. Date assistance first provided	15. Date project (building/ machinery/etc.) was assistance
06/30/98 01/28/99	\$500,000.00
agreements signed during 1998 and future years, please comp 17. Job creation goals for business receiving assistance 225	18. Average hourly wage level goals for business receiving assistance
	\$10.53
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance 13.75
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	S7.00 to \$7.99
\$8.00 to \$9.99	\$8.00 to \$9.99
\$10.00 to \$11.99 <u>\$3.00</u>	9 \$10.00 to \$11.99 \$3.00
\$12.00 and higher \$5.00	173 \$12.00 and higher \$5.00
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
06/30/00	04/02/01
27. Have all wage and job goals been achieved? Yes - do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.



1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Development
1. Funding government agency name	2. Contact name
DTED (MINNESOTA INVESTMENT FUND	PAUL A. MOE
3. Agency street address	4. City
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL
5. Zip code 6. Phone number (area code)	1 8. Type of government agency
55101 651-297-1391 7. Fax number (area code)	City County Regional State
651-296-5287	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
MEDIA ONE (ST. PAUL)	4841
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
MINNESOTA INVESTMENT FUND	
13. Date of business 14. Date assistance first assistance agreement provided	15. Date project (building) 16. Dollar value of business machinery/etc.) was assistance placed in service
03/24/99 09/09/99	\$500.000.00
For assistance agreements signed between July 1, 1995 and 1 agreements signed during 1998 and future years, please com	
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving
300	assistance \$10.00
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees bired since
477	business received assistance 10.00
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
Level of Voluntary	
Full-time Part-time (excl. benefits) Benefits (\$)	
! less than \$7.00 ; \$7.00 to \$7.99	less than \$7.00
\$8.00 to \$9.99	\$8.00 to \$9.99
300 \$10.00 to \$11.99 \$2.00	477 S10.00 to \$11.99 \$4.19
\$12.00 and higher	\$12.00 and higher
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	· ·
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
04/01/01	05/02/02
27. Have all wage and job goals been achieved? Yes — d	o not submit future forms for this project. case submit the 2000 Minnesota Business Assistance Form.
_ · · · — · · · · · · · · · · · · · · ·	te one form for each business assistance agreement your

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.		Development	
1. Funding government ag	gency name	2. Contact name	
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE	
3. Agency street address	— — — — —-i	4. City	
500 METRO SQ. 12	1 7TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391 7. Fax number (area code) 651-296-5287	City County Regional State Other (Please indicate)	
9. Name of business recei		10. Industry of recipient (SIC code)	
GENERAL LITIIO	SERVICES (BROOKLYN P/	2759	
11. Type of assistance (e.	g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
MINNESOTA	INVESTMENT FUND	•	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building' nachinery/etc.) was placed in service	
06/21/99	03/02/00	\$300,000.00	
agreements signed during	s signed between July I, 1995 and D t 1998 and future years, please comp business receiving assistance	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24. 18. Average hourly wage level goals for business receiving	
	60	assistance \$16.70	
i		20 Actual average hourly wage paid to employees hired since	
19. Actual jobs created since business received assistance 20		business received assistance 15.50	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	
21. Job Creation	Level of Voluntary	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary	
Full-time Part-time	(excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	
60	\$12.00 and higher \$3.04	20 \$12.00 and higher \$3.77	
If necessary, please attach additional documentation.		If necessary, please attach additional documentation.	
Please complete lines 25 t	hrough 27 for all agreements.		
25. Last date actual wage	and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
İ	12/31/01	05/02/02	
27. Have all wage and jo		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 thr	rough 16 for all agre	ements.			Ď	evelopment
1. Funding government agency name		2. Contact nan	ne			
DTED (MINNESOTA INVESTMENT FUND		PAUL A. M	1OE			
3. Agency street address			4. City			
500 METRO SQ. 121	1 7TH PLACE E.	AST	ST. PAUL			
5. Zip code	6. Phone num	her (area code)	8. Type of gov	emment ag	ency	
55101	651-297-13	•	City	Count	Regional	State
	7. Fax numbe				-	
 	651-296-52	8/		Please indic	·	
9. Name of business recei	-	I	10. Industry of	recipient (SIC code)	
POINT REJUVENA	TE/KIDSPEACF	<u>.</u> I	7999			
11. Type of assistance (e.g	¿ loan, TIF, grant, infi	astructure, etc.)	12. Name of T	IF district	if applicable)	
MINNESOTA	INVESTMENT	FUND '				
13. Date of business assistance agreement	14. Date assis provided	tance first	15. Date proje machinery	/etc.) was	16. Dollar va assistance	lue of business
10/07/98	10/2	18/99 i	placed in s	service	\$293	,000.00
For assistance agreements agreements signed during 17. Job creation goals for	1998 and future ye	ars, please comp	lete lines 21 thi	rough 24.	level goals for busin	_
134		diminume		\$12.79		
19. Actual jobs created since business received assistance		20 Actual average hourly wage paid to employees hired since business received assistance 14.28				
Goals of business receivin number of employees at e corresponding benefit lev-	ach wage level and i		Actual perform	nance since oer of emplo	project placed in se	
21, Job Creation	Hourly Wage	22. Hourly Value	23. Job Creati	on	Hourly Wage	24. Hourly Value
Full-time Part-time	Level (excl. benefits)	of Voluntary Benefits (\$)	Full-time	Part-tirne	Level (excl. benefits)	of Voluntary Benefits (\$)
	less than \$7.00				less than \$7.00	
·	\$7.00 to \$7.99	i	1		\$7.00 to \$7.99	
9	\$8.00 to \$9.99	<u>\$1.80</u>	12		\$8.00 to \$9.99	<u>\$1.98</u>
90	\$10.00 to \$11.99	\$2.20	<u>49</u>	10	\$10,00 to \$11.99	<u>\$3.20</u>
	\$12.00 and higher	$-\frac{$3.50}{}$	<u>67</u>		\$12.00 and higher	<u> \$2.32</u>
If necessary, please attach	additional documen	tation.	If necessary, p	olease attac	h additional docume	ntation.
Please complete lines 25 t	hrough 27 for all ag	rcements.				
25. Last date actual wage	and job creation leve	ls documented	26. Date this ?	Minnesota l	Business Assistance	Form completed
I	12/31/01				03/06/02	
1. 27 Have all wage and job	n goals been achieve	P P Ves — do	not submit futo	re forms fo	t this project	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

No — please submit the 2000 Minnesota Business Assistance Form.

1999 Minnesota Business Assistance Form



(Please return by April 1, 1999)

Please complete lines 1 throu	igh 16 for all agreements.	Development	
1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND)			
3. Agency street address		4. City	
500 METRO SQ. 121 7	TH PLACE EAST	ST. PAUL	
5. Zip code	6. Phone number (area code)	8. Type of government agency	
55101	651-297-1391 7. Fax number (area code)	City County Regional State	
	651-296-5287	Other (Please indicate)	
9. Name of business receiving	ng assistance	10. Industry of recipient (SIC code)	
HENNEPIN PAPER C	O	PAPER MILL	
11. Type of assistance (e.g. l	oan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
SPECIAL A	PROPRIATION		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ 16. Dollar value of business machinery/etc.) was assistance placed in service	
02/06/98	03/20/98	\$250,000.00	
agreements signed during 19	998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24. 18. Average hourly wage level goals for business receiving	
17. Job creation goals for bu		assistance	
153 RETAINED		S11.45	
19. Actual jobs created since business received assistance Business filed bankruptcy		20. Actual average hourly wage paid to employees hired since business received assistance	
Goals of business receiving		Actual performance since project placed in service: (Please	
number of employees at each wage level and indicate the corresponding benefit level.)		indicate number of employees at each wage level and indicate the corresponding benefit level.)	
1	Level of Voluntary		
}	excl. benefits) Benefits (\$) ess than \$7.00	Full-time Part-time (excl benefits) Benefits (\$ less than \$7.00	
) 	7.00 to \$7.99	\$7.00 to \$7.99	
	8.00 to \$9.99	\$8.00 to \$9.99	
s	10.00 to \$11.99	\$10.00 to \$11.99	
i s	12.00 and higher	\$12.00 and higher	
j. If necessary, please attach a	dditional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 thr	ough 27 for all agreements.		
25. Last date actual wage ar	nd job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
13	2/31/99	05/05/02	
27. Have all wage and job g		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

ANNESON,

01-0658

1999 Minnesota Business Assistance Form

Economic Development Please complete lines 1 through 16 for all agreements.

(Please return by April 1, 1999)

1. Funding government agency name		1 2. Contact name	
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE	Ì
3. Agency street address		4. City	
500 METRO SQ. 121 7T	TH PLACE EAST	ST. PAUL	·
551 01	6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287	8. Type of government agency City County Regional State Other (Please indicate)	
9 Name of business receiving	assistance	10. Industry of recipient (SI	C code)
CROSS CONSULTING	GROUP	8742	!
11. Type of assistance (e.g. loa	an, TIF, grant, infrastructure, etc.)	12 Name of TIF district (if	applicable)
MINNESOTA INV	VESTMENT FUND		1
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was placed in service	16. Dollar value of business assistance
! 08/31/98	10/29/98	p.2000 000	\$200,000.00
agreements signed during 199	ned between July 1, 1995 and De 8 and future years, please comp	lete lines 21 through 24.	
17. Job creation goals for busi	ness receiving assistance	assistance	evel goals for husiness receiving
19. Actual jobs created since business received assistance 35		20. Actual average hourly wage paid to employees hired since business received assistance \$14.17	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			project placed in service: (Please ces at each wage level and indicate evel.)
Full-time Part-time (exc less \$7.1	burly Wage Level of Voluntary cl. benefits) s than \$7.00 00 to \$7.99 00 to \$9.99	Full-time Part-time	Hourly Wage Level of Voluntary Benefits (S)
	J.00 to \$11.99		\$10.00 to \$11.99 <u>\$2.61</u>
\$12	2.00 and higher	<u> 26</u> :	\$12,00 and higher <u>\$2.50</u>
If necessary, please attach add	ditional documentation.	If necessary, please attach t	additional documentation.
Please complete lines 25 throu	igh 27 for all agreements.		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Bu	siness Assistance Form completed
12/3	31/01	0	5/02/02
27. Have all wage and job goals been achieved? Yes - do not submit future forms for this project. No - please submit the 2000 Minnesota Business Assistance			

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 thi	rough 16 for all agreements.	Developmen
1. Funding government ag	gency name	2. Contact name
DTED (MINNES	SOTA INVESTMENT FUND.	PAUL A. MOE
3. Agency street address	·	4. City
500 METRO SQ. 12	1 7TH PLACE EAST	ST. PAUL
5. Zip code	6. Phone number (area code)	8 Type of government agency
55101	7. Fax number (area code)	City County Regional State
	651-296-5287	Other (Please indicate)
9. Name of business recei	iving assistance	10. Industry of recipient (SIC code)
AIR TEC-ACQUISI	TION (ANOKA)	3654
11. Type of assistance (e.	g. Ioan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
MINNESOTA	INVESTMENT FUND	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/machinery/etc.) was placed in service
01/21/97	02/12/97	\$250,000.00
agreements signed during	; 1998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For elete lines 21 through 24. 18. Average hourly wage level goals for business receiving
17, Job creation goals for		assistance
		<u> </u>
19. Actual jobs created si	nce business received assistance 21	20. Actual average hourly wage paid to employees hired sinc husiness received assistance \$18.30
	ng assistance: (Please indicate each wage level and indicate the el.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicat the corresponding benefit level.)
21. Job Creation	Hourly Wage 22. Hourly Value of Voluntary	23. Job Creation Hourly Wage 24. Hourly Val Level of Volunta
Full-time Part-time	(excl. benefits) Benefits (\$)	
	less than \$7.00 \$7.00 to \$7.99	less than \$7.00 \$7.00 to \$7.99
·	\$8.00 to \$9.99	S8.00 to \$9.99
	\$10.00 to \$11.99	\$10.00 to \$11.99
	S12.00 and higher	\$12.00 and higher
If necessary, please attack	h additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 t	hrough 27 for all agreements.	
=		26. Date this Minnesota Business Assistance Form completed
	12/31/01	05/02/02
27. Have all wage and job		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.
agency signed between or used tax increment	ll previous forms. Please complete en July 1, 1995 and December 31 at financing. A form should be su	ase submit the 2000 Minnesota Business Assistance Form. e one form for each business assistance agreement you. Joseph Which provided \$25,000 or more in public funds bmitted annually for each assistance agreement until a n goals have been achieved. Do not submit this form if

your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines 1 thi	rough 16 for all agreements.	Developmer	ıt
1. Funding government ag	gency name	2. Contact name	 I
DTED (MINNES	OTA INVESTMENT FUND ^{. I}	PAUL A. MOE	ļ
3. Agency street address		4. City	_ i
500 METRO SQ. 121	1 7TH PLACE EAST	ST. PAUL	ļ
5. Zip code	6. Phone number (area code)	8. Type of government agency	_
 55101	651-297-1391	City County Regional State	i
33101	7. Fax number (area code)		
: 	651-296-5287	Other (Please indicate)	اِ ۔
9. Name of business recei	ving assistance	10. Industry of recipient (SIC code)	
STEARNS BANK/E	QUIPMENT LEASING	6021	ı
11. Type of assistance (e.g	g, loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	į
MINNESOTA	INVESTMENT FUND		
13. Date of business	14. Date assistance first	15. Date project (building/ 16. Dollar value of business	- ; i
assistance agreement	provided	machinery/etc.) was assistance placed in service	ļ
06/21/99	07/06/00	\$170.000.00	ļ
	s signed between July 1, 1995 and D 1998 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24.	
17. Job creation goals for	business receiving assistance	18. Average hourly wage level goals for business receiving	<u> </u>
	34	assistance \$9.64	
19. Actual jobs created sin	nce business received assistance	20. Actual average hourly wage paid to employees hired since	e 1
	6.5	business received assistance \$10.55	
Goals of business receiving	ng assistance: (Please indicate	Actual performance since project placed in service: (Please	4
number of employees at e corresponding benefit lev	each wage level and indicate the el.)	indicate number of employees at each wage level and indicat the corresponding benefit level.)	و ا
21. Job Creation		23. Joh Creation Hourly Wage 24. Hourly Va	
Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (\$)	Level of Volunta Full-time Part-time (excl. benefits) Benefits (
	less than \$7.00	Jess than \$7.00	
	\$7.00 to \$7.99	1 \$7.00 to \$7.99 \$2.25	
31	\$8.00 to \$9.99 <u>\$3.15</u>	11\$8,00 to \$9,99\$3,40	
l	\$10.00 to \$11.99	3 \$10.00 to \$11.99 \$3.40	.
3	\$12.00 and higher\$3.91		
If necessary, please attach	n additional documentation.	If necessary, please attach additional documentation.	
Please complete lines 25 t	hrough 27 for all agreements.		
25. Last date actual wage	and job creation levels documented	26. Date this Minnesota Business Assistance Form complete	d
i	12/31/01	03/05/02	
27. Have all wage and jot		not submit future forms for this project. se submit the 2000 Minnesota Business Assistance Form.	_

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agen	cy	
55101	651-297-1391	City County	Regional State	
	7. Fax number (area code) 651-296-5287			
9. Name of business receiving		Other (Please indicate) 10. Industry of recipient (SIC code)		
WINDLAND ELECTRO	l	3679		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)	
MINNESOTA INV	ESTMENT FUND			
13. Date of business	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
assistance agreement	provided	placed in service	assistance	
02/18/99	12/23/99		\$150,000.00	
	ned between July 1, 1995 and Do 8 and future years, please comp		lines 17 through 20. For	
17. Job creation goals for busing	ness receiving assistance		vel goals for business receiving	
2	23	assistance S	613.23	
19. Actual jobs created since b	usiness received assistance	20. Actual average hourly w business received assist	rage paid to employees hired since	
Goals of business receiving as number of employees at each of corresponding benefit level.)			roject placed in service: (Please less at each wage level and indicate evel.)	
21. Job Creation Ho	urly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24. Hourly Value	
Full-time Part-time (exc	Level of Voluntary d. benefits) Benefits (\$)	Full-time Part-time (Level of Voluntary excl. benefits (\$)	
less	than \$7.00		ess than \$7.00	
, \$7.0	00 to \$7.99	· · ·	57.00 to \$7.99	
\$8.0	00 to \$9.99		8.00 to \$9.99	
	.00 to \$11.99		310.00 to \$11 99	
•	.00 and higher	ı	12.00 and higher	
If necessary, please attach add		If necessary, please attach a	idditional documentation.	
Please complete lines 25 throu	<u>" </u>	26 Data this Minasses, Du		
25. Last date actual wage and job creation levels documented			siness Assistance Form completed	
1	31/01		5/02/02	
27. Have all wage and job goa			ta Business Assistance Form.	

1999 Minnesota Business Assistance Form

Trade & —
Economic
Development

(Please return by April 1, 1999)

DTED (MINNESOTA INVESTMENT FUND PAUL A. MOE 3. Agency street address 4. City 5.00 METRO SQ. 121 7TH PLACE EAST ST. PAUL 5. Zip code 6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287 City County Regional State State City County Regional State City	Please complete lines 1 through 16 for all agreements.		Developn		velopment		
3. Agency street address 500 METRO SQ. 121 7TH PLACE EAST 5. Zip code 6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287 9. Name of business receiving assistance AMERICAN COATING TECHNOLOGY (MOU 11. Type of assistance te.g. loan. TiF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND 13. Date of business 14. Date assistance first provided provided 15. Date project (building/machinery/etc.) was placed in service 16. Dollar value of business assistance agreement 17. Job creation goals for business receiving assistance 45 19. Actual jobs created since business received assistance Foreclosed Goals of business receiving assistance: (Please indicate the corresponding benefit level.) 21. Job Creation 12. Job Creation 13. Dot Creation 14. Actual performance since project placed in service indicate number of employees at each wage level and indicate the corresponding benefit level.) 22. Job Creation 13. Dot Creation 14. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 23. Job Creation 24. Actual average hourly wage paid to employees hired business received assistance Foreclosed Goals of business receiving assistance: (Please indicate indicate number of employees at each wage level and indicate the corresponding benefit level.) 24. Job Creation 25. Actual average hourly wage paid to employees hired business received assistance and a detail performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 26. Actual average hourly wage paid to employees hired business received assistance and the corresponding benefit level.) 27. Job Creation 28. Actual average hourly wage paid to employees hired business received assistance. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 28. Actual performance sin	1. Funding government agency name		2. Contact nan	ne			
ST. PAUL	DTED (MINNESOTA INVESTMENT FUND		PAUL A. M	1OE			
5. Zip code 6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287 9. Name of business receiving assistance AMERICAN COATING TECHNOLOGY (MOU 2611 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND 13. Date of business assistance agreement provided placed in service 06/30/99 01/27/00 15. Date project (building/machinery/etc.) was placed in service 06/30/99 01/27/00 15. Date project (building/machinery/etc.) was placed in service 16. Dollar value of business assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business received assistance Foreclosed Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value corresponding benefit level. 22. Hourly Value 12. Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 22. Job Creation Hourly Wage 24. Hourly Value 12. Job Creation Hourly Wage 24. Hourly Value 12. Job Creation Hourly Wage 25. Hourly Value 12. Job Creation Hourly Wage 26. Hourly Value 12. Job Creation Hourly Wage 27. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creation Hourly Wage 29. Hourly Value 12. Job Creat	3. Agency street address	 	4. City				· ·
State	500 METRO SQ. 121 7TH PLACE EAS	T	ST. PAUL				
7. Fax number (area code) 651-296-5287	5. Zip code 6. Phone number	(area code)	8. Type of gov	ernment age	ncy		
9. Name of business receiving assistance AMERICAN COATING TECHNOLOGY (MOU 2611 11. Type of assistance (e.g. loan, TiF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND 13. Date of business assistance agreement provided pr	56101 I	rea code)	City	County	Regio	onal 🔽	State
AMERICAN COATING TECHNOLOGY (MOU 2611 11. Type of assistance (e.g. loan, TF, grant, infrastructure, etc.) MINNESOTA INVESTMENT FUND 13. Date of business assistance agreement provided provid	651-296-5287				-		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) 12. Name of TIF district (if applicable)	9. Name of business receiving assistance	<u> </u>	10. Industry o	f recipient (S	ilC code)		
MINNESOTA INVESTMENT FUND 13. Date of business assistance agreement provided provided placed in service placed in service 06/30/99 01/27/00 S148.000.00 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 45 S12.28 19. Actual jobs created since business received assistance Foreclosed Foreclosed S18.90 Gioals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage S2. Hourly Value Cevel of Voluntary Full-time Part-time (excl. benefits) Benefits (S) Full-time Part-time (excl. benefits) Benefits (S) Full-time Part-time (excl. benefits) Benefits (S) Full-time Part-time (excl. benefits) Benefits (S) S10.00 to \$7.99 S8.00 to \$9.99 S8.00 to \$9.99 S8.00 to \$9.99 S8.00 to \$9.99 S10.00 to \$11.99 S12.00 and higher S1.30	AMERICAN COATING TECHNOLOG	Y (MOU	2611				
13. Date of business assistance agreement 14. Date assistance first provided 15. Date project (building/machinery/etc.) was placed in service S148,000.00	11. Type of assistance (e.g. loan, TIF, grant, infrastr	ucture, etc.)	12. Name of T	IF district (i	f applicable	:)	
assistance agreement provided machinery/ctc.) was placed in service S148,000.00 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business received assistance 45 19. Actual jobs created since business received assistance Foreclosed Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage Level Of Voluntary Full-time Part-time (excl. benefits) Benefits (S) Full-time Part-time (excl. benefits) Benefits (S) Full-time Part-time (excl. benefits) Benefits (S) S12.28 20. Actual average hourly wage paid to employees hired business received assistance 18.90 Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate number of employees at each wage l	MINNESOTA INVESTMENT FU	ND .	1				
For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 45 18. Average hourly wage level goals for business receiving assistance Foreclosed 18. OActual average hourly wage paid to employees hired business received assistance 18.90 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage Level Of Voluntary Full-time Part-time (excl. benefits) Benefits (\$\$) Full-time Part-time (excl. benefits) Benefits (\$\$) Full-time Part-time (excl. benefits) Benefits (\$\$) \$\$ \$51.00 to \$7.99\$ \$\$ \$8.00 to \$9.99\$ \$\$ \$10.00 to \$11.99\$ \$\$ \$12.00 and higher \$\$ \$1.30	-	e first	machinery	ietc.) was			ue of business
agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 45 18. Average hourly wage level goals for business receiving assistance Foreclosed Foreclosed Coals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage Level of Voluntary Full-time Part-time (excl. benefits) Benefits (S) S12.28 20. Actual average hourly wage paid to employees hired business received assistance 18.90 Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate number of employees at each wage level	06/30/99 01/27/6	00	piaced in s	SELVICE	ļ	\$148,	00.000
19. Actual jobs created since business received assistance 20. Actual average hourly wage paid to employees hired business received assistance 18.90	greements signed during 1998 and future years,	, please comp	lete lines 21 thi	rough 24.			
Foreclosed Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (S) S7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 45 \$12.00 and higher \$1.30	45		assistance		\$12.28		
number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation			20. Actual ave business re	rage hourly eccived assis	wage paid stance 18.90	io employ	rees hired since
Level Of Voluntary Level Of Voluntary Full-time Part-time (excl. benefits) Benefits (\$\sigma\$) Full-time Part-time (excl. benefits) Benefits (\$\sigma\$) Benefits (\$\sigma\$)	number of employees at each wage level and indic		indicate numb	er of employ	vees at each		
\$7.00 to \$7.99	21. Job Creation Hourly Wage 22. Level Full-time Part-time (excl. benefits)	of Voluntary	23. Job Creati	on Part-time	Hourly W. Level (excl. bene	ព្រៃន)	24. Hourly Value of Voluntary Benefits (\$)
45 \$12.00 and higher \$1.50 \$12.00 and higher \$1.36	\$7.00 to \$7.99		 		\$7.00 to \$1	7.99	
	\$10.00 to \$11.99	<u>_</u>			\$10.00 to \$	\$11.99	
If necessary, please attach additional documentation. If necessary, please attach additional documentation.	\$12.00 and higher	\$1.50			\$12.00 and	l higher	\$1.30
	If necessary, please attach additional documentation	on.	If necessary, p	please attach	additional	documen 	tation.
Please complete lines 25 through 27 for all agreements.				-			
25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form comp	25. Last date actual wage and job creation levels of	documented	26. Date this !	Minnesota B	usiness Ass	sistance F	orm completed
12/31/01 05/02/02	12/31/01		I	(05/02/02		
27. Have all wage and job goals been achieved? Yes do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form	27. Have all wage and job goals been achieved?	Yes do					ance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121 7T	H PLACE EAST	ST. PAUL	j	
5. Zip code 55101	6. Phone number (area code) 651-297-1391 7. Fax number (area code) 651-296-5287	8. Type of government age City County Other (Please indica	Regional State	
9. Name of business receiving	assistance	10. Industry of recipient (S	SIC code)	
AARON CARLSON WO	OODWORKING	2431		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	
MINNESOTA INV	ESTMENT FUND		<u>:</u>	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building machinery/etc.) was placed in service	16. Dollar value of business assistance	
06/14/99	10/07/99	practa in service	\$100,000.00	
agreements signed during 1990 17. Job creation goals for busin	ned between July 1, 1995 and De B and future years, please comp mess receiving assistance	lete lines 21 through 24.	level goals for business receiving \$9.25	
19. Actual jobs created since business received assistance		20. Actual average hourly	wage paid to employees hired since	
6		business received assi		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			project placed in service: (Please yees at each wage level and indicate level.)	
Full-time Part-time (exc	urly Wage Level 22 Hourly Value of Voluntary 1. benefits) Benefits (\$) than \$7.00	23. Job Creation Full-time Part-time	Hourly Wage Level of Voluntary (excl. benefits) less than \$7.00	
\$8.0	00 to \$7.99		\$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	
If necessary, please attach add	.00 and higher	If near an place attack	\$12.00 and higher	
L		if necessary, please attach	additional documentation.	
Please complete lines 25 throu		76 Data shi a Minnayata B	Duringer Aggistance Form ourselated.	
-	job creation levels documented		Business Assistance Form completed	
	30/01	03/07/02		
27. Have all wage and job goals been achieved?				

1999 Minnesota Business Assistance Form

NNESON Trade & -Economic Development

ec - 129

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.		Development		
1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND.		PAUL A. MOE		
3. Agency street address	· · · · · · · · · · · · · · · · · · ·	4. City		
500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55101	651-297-1391 7. Fax number (area code)	City County Regional State		
9. Name of business receiving	651-296-5287	Other (Please indicate) 10. Industry of recipient (SIC code)		
DIAMOND TOOL &	•	•		
•		3599		
1	-	12. Name of TIF district (if applicable)		
	NVESTMENT FUND			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ 16. Dollar value of business machinery/etc.) was assistance placed in service		
12/14/98	04/30/99	\$90,000.00		
	998 and future years, please comp	lete lines 21 through 24. 18. Average hourly wage level goals for business receiving assistance \$17.10		
19. Actual jobs created sinc	te business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance \$13.18		
	assistance: (Please indicate ch wage level and indicate the .)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
I	Hourly Wage 22. Hourly Value Level of Voluntary excl. benefits (S)	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)		
	ess than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	less than \$7.00 1 \$7.00 to \$7.99 \$1.50 1 \$8.00 to \$9.99 \$1.50 1 \$10.00 to \$11.99 \$1.75 8 \$12.00 and higher \$2.46		
14 S12.00 and higher S2.75 If necessary, please attach additional documentation.		If necessary, please attach additional documentation.		
' ·	rough 27 for all agreements.	I		
	nd job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
	2/31/00	04/02/01		
27. Have all wage and job		not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.		

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistunce agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.	Developme		
1. Funding government agency name	2. Contact name		
DTED (MINNESOTA INVESTMENT FUND	PAUL A. MOE		
3. Agency street address	4. Cuy		
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL		
5. Zip code 6. Phone number (area code)	8. Type of government agency		
55101 651-297-1391 7. Fax number (area code)	City County Regional State		
651-296-5287	Other (Please indicate)		
9. Name of business receiving assistance	10. Industry of recipient (SIC code)		
SPARKS MANUFACTURING, INC.	1791		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.	12. Name of TIF district (if applicable)		
MINNESOTA INVESTMENT FUND			
13. Date of business assistance agreement 14. Date assistance first provided	15. Date project (building/ machinery/etc.) was assistance placed in service		
01/29/99 04/30/99	\$85,000.00		
17. Job creation goals for business receiving assistance 27	18. Average hourly wage level goals for business receiving assistance \$10.41		
27 19. Actual jobs created since business received assistance	\$10.41		
16	business received assistance \$10.89		
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		
21. Job Creation Hourly Wage 22. Hourly Va Level of Volunta Full-time Part-time (excl. benefits) Benefits (5	• 1		
less than \$7.00	less than \$7.00		
\$7.00 to \$7.99	\$7.00 to \$7.99		
\$8.00 to \$9.99	\$8.00 to \$9.99		
27 \$10.00 to \$11.99 \$1.58	20 \$10.00 to \$11.99 \$1.53		
\$12.00 and higher	6 \$12.00 and higher \$1.53		
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 through 27 for all agreements.			
25. Last date actual wage and job creation levels documented	·		
12/31/01	05/02/02		
	do not submit future forms for this project.		
	olease submit the 2000 Minnesota Business Assistance Form.		

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



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Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Concact name		
DTED (MINNESOTA INVESTMENT FUND PAUL A. MOE				
3. Agency street address		4. City		
500 METRO SQ. 121 7TH PLACE EAST		ST. PAUL		
5. Zip code : 6. Phone number (area code)		8. Type of government age	mey	
55101 651-297-1391 7. Fax number (area code) 651-296-5287			Regional State	
9. Name of business receiving		10. Industry of recipient (S	•	
MINK LAKE MFG.	·	3599	, ,	
11. Type of assistance (e.g. l	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (i	f applicable)	
•	NVESTMENT FUND			
13. Date of business assistance agreement	 Date assistance first provided 	15. Date project (building/machinery/etc.) was	16. Dollar value of business assistance	
06/01/98	i 08/05/99	placed in service	\$55,000.00	
17. Job creation goals for bu	12 e business received assistance 9	assistance	evel goals for business receiving \$15.18 wage paid to employees hired since stance \$14.06	
Goals of business receiving number of employees at eac corresponding benefit level.	assistance: (Please indicate the	Actual performance since	project placed in service: (Please vees at each wage level and indicate	
Full-time Part-time (c	Hourly Wage Level of Voluntary excl. benefits) ess than \$7.00 7.00 to \$7.99 8.00 to \$9.99 10.00 to \$11.99 \$22. Hourly Value of Voluntary Benefits (\$) 8.00 to \$7.90 \$3.30 \$2.00 and higher dditional documentation.	Full-time Part-time	Hourly Wage Level of Voluntary Benefits (\$) less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher additional documentation.	
Please complete lines 25 thr	ough 27 for all agreements.			
25. Last date actual wage ar	nd job creation levels documented	26. Date this Minnesota B	usiness Assistance Form completed	
13	2/31/99	i	04/02/01	
27. Have all wage and job g	goals been achieved? Yes — do			
This form replaces all	····	· - ·	ness assistance agreement vour	

This form replaces all previous forms. Please complete one form for each business assistance agreement your ugency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

Mighting repairment

(Please return by April 1, 1999)



Please complete lines I thro	ugh 16 for all agreements.		Development
1. Funding government agency name		2. Contact name	
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE	i
3. Agency street address		4. City	· ·· ··
500 METRO SQ. 121	7TH PLACE EAST	ST. PAUL	İ
5. Zip code	6. Phone number (area code)	8. Type of government agency	·-··-
55101	651-297-1391	City County Regiona	State
	7. Fax number (area code)		
N N'	651-296-5287	Other (Please indicate)	 -
9. Name of business receivi	ng assistance	10. Industry of recipient (SIC code)	
GLENMAC, INC.		3531	
11. Type of assistance (e.g.	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)	!
MINNESOTA I	NVESTMENT FUND		
13. Date of business	14. Date assistance first		ar value of business
assistance agreement	provided	machinery/etc.) was assist placed in service	tance
12/18/97	01/14/99		
		ecember 31, 1997, complete lines 17 thro	ugh 20. For
·	998 and future years, please comp		
17. Job creation goals for b	usiness receiving assistance	 Average hourly wage level goals for assistance 	business receiving
	12	\$10.04	
19. Actual jobs created sinc	e business received assistance	 Actual average hourly wage paid to e business received assistance. 	mployees hired since
	8	S9.13	
	assistance: (Please indicate ch wage level and indicate the .)	Actual performance since project placed indicate number of employees at each wathe corresponding benefit level.)	
21. Job Creation		23. Job Creation Hourly Wage	
Full-tune Part-time (Level of Voluntary excl. benefits (S)	Level Full-time Part-time (excl. benefits	of Voluntary:) Benefits (\$)
, <u> </u>	ess than \$7.00	less than \$7.00	J
:	\$7.00 to \$7.99	\$7,00 to \$7.99	·
i <u> </u>	\$8.00 to \$9.99	\$8.00 to \$9.99	
 : -	\$10.00 to \$11.99	\$10.00 to \$11	-
\$12.00 and higher If necessary, please attach additional documentation.		\$12.00 and higher	
If necessary, please attach :	idditional documentation.	If necessary, please attach additional doc	umentation.
	rough 27 for all agreements.	12:15	
-	nd job creation levels documented	26. Date this Minnesota Business Assista	ince Form completed
l	6/30/00	04/02/01	
27. Have all wage and job		not submit future forms for this project. ase submit the 2000 Minnesota Business.	Accistance Form
	ETIKO DIE	ase sporter are 2000 Hittinesura Dusilless	133314 IVE TOTAL

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

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(Please return by April 1, 1999)



Development Please complete lines 1 through 16 for all agreements. 2. Contact name 1. Funding government agency name DTFD (MINNESOTA INVESTMENT FUND PAUL A. MOE 3. Agency street address 4. City 500 METRO SO. 121 7TH PLACE EAST ST. PAUL 6. Phone number (area code) : 8. Type of government agency 5. Zip code 651-297-1391 Regional State County 55101 7. Fax number (area code) 651-296-5287 Other (Please indicate) 9. Name of business receiving assistance 10. Industry of recipient (SIC code) LEHMANN FARMS 2035 11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.) | 12. Name of TIF district (if applicable) MINNESOTA INVESTMENT FUND 13. Date of business 14. Date assistance first 15. Date project (building/ 16. Dollar value of business assistance agreement provided machinery/etc.) was assistance placed in service \$86,012.00 06/06/97 01/08/98 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 18. Average hourly wage level goals for business receiving 17. Job creation goals for business receiving assistance assistance \$10.50 19. Actual jobs created since business received assistance 20. Actual average hourly wage paid to employees hired since business received assistance \$8.50 Business filed bankruptcy Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate number of employees at each wage level and indicate the the corresponding benefit level.) corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Level of Voluntary Full-time Part-time Benefits (\$) Full-time Part-time Benefits (\$) (excl. benefits) (excl. benefits) less than \$7.00 less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$7.99 \$8,00 to \$9,99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$10.00 to \$11.99 \$12.00 and higher \$12.00 and higher If necessary, please attach additional documentation. If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements. 25. Last date actual wage and job creation levels documented 26. Date this Minnesota Business Assistance Form completed 05/02/02 12/31/97 27. Have all wage and job goals been achieved? \Box do not submit future forms for this project.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

No — please submit the 2000 Minnesota Business Assistance Form

(Please return by April 1, 1999)

ALESSES ON A
Economic
Developmen

		Development	
1. Funding government agency name	2. Contact name		
DTED (MN AG & ECON DEV BOARD)	PAUL A. MOE		
3. Agency street address	4. City	· · 	
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL		
5. Zip code 6. Phone number (area code)	8. Type of government agency		
55101 651-297-1391 7. Fax number (area code)	City County		
651-296-5287	Other (Please indicate)	· · · · · · · · · · · · · · · · · · ·	
9. Name of business receiving assistance	10. Industry of recipient (SIC coc	le)	
AIRTEC ACQUISITION CORP	3654		
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applied	cable)	
SMALL BUSINESS DEVELOPMENT LOAN			
13. Date of business 14. Date assistance first provided	machinery/etc.) was	6. Dollar value of business assistance	
02/14/97 02/14/97	placed in service	\$50,000.00	
For assistance agreements signed between July 1, 1995 and 1	December 31 1997 complete lines	17 through 20 For	
agreements signed during 1998 and future years, please com		17 mough 20. 1 of	
17. Job creation goals for business receiving assistance	18. Average hourly wage level go	oals for business receiving	
ر 25 ع	assistance \$10.8	38	
25 27	\$10.8		
· · · · · · · · · · · · · · · · · · ·	\$10.8		
19. Actual jobs created since business received assistance	\$10.8	and to employees hired since BY FLAGE placed in service: (Please	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value (February Value)	Actual performance since project indicate number of employees at the corresponding benefit level.) ac 23. Job Creation Hourly	pand to employees hired since BO F A K placed in service: (Please each wage level and indicate y Wage 24. Hourly Value of Voluntary	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Validation of Voluntary Full-time Part-time (excl. benefits) Benefits (S.	S10.8 20. Actual average hourly wage plusiness received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly Level Full-time Part-time (excl.)	placed in service: (Please each wage level and indicate y Wage 24. Hourly Value of Voluntary benefits) Benefits (\$)	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntar Full-time Part-time (excl. benefits) Benefits (\$\frac{1}{2}\$ less than \$\frac{5}{2}\$.00	S10.8 20. Actual average hourly wage p business received assistance \$18.2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L. State of the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level.) Example 1. State of the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level. Its performance since project indicate number of employees at the corresponding benefit level.	pand to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value 1.evel of Voluntary Full-time Part-time (excl. benefits) Benefits (Suppose Level 1.e	S10.8 20. Actual average hourly wage p business received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L.c. Full-time Part-time (excl.) less th	pand to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value 1.evel of Voluntary Full-time Part-time (excl. benefits) Benefits (S. less than \$7.00	S10.8 20. Actual average hourly wage p business received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L.c. Full-time Part-time (excl. less the S7.00 S8.00	paid to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value (excl. benefits) Benefits (\$\frac{1}{2}\$ Level of Voluntar Full-time Part-time (excl. benefits) Benefits (\$\frac{1}{2}\$ Sessible of \$\frac{1}{2}\$ Sessible	S10.8 20. Actual average hourly wage p business received assistance \$18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L. (excl.) Full-time Part-time (excl.) \$7.00 \$8.00 \$10.00	pand to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value (excl. benefits) Benefits (\$1.00 to \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	S10.8 20. Actual average hourly wage p business received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L.c. Full-time Part-time (excl.) S7.00	pand to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value 1.evel of Voluntar Full-time Part-time (excl. benefits) Benefits (Science Strain \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher If necessary, please attach additional documentation.	S10.8 20. Actual average hourly wage p business received assistance \$18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L. (excl.) Full-time Part-time (excl.) \$7.00 \$8.00 \$10.00	pand to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Validation of Voluntary Full-time Part-time (excl. benefits) Benefits (Section S7.00 S7.00 to S7.99 S8.00 to S7.99 S8.00 to S9.99 S10.00 to S11.99 S12.00 and higher If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements.	S10.8 20. Actual average hourly wage phusiness received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly Lee Full-time Part-time (excl.) 10. S7.00 10. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00 11. S8.00	pand to employees hired since 30	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Value 1.evel of Voluntar Full-time Part-time (excl. benefits) Benefits (\$1.00 to \$7.00 to \$7.90 \$10.00 to \$11.99 \$12.00 and higher If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements.	S10.8 20. Actual average hourly wage phusiness received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly Level. Full-time Part-time (excl.) \$8.00 \$8.00 \$10.00 \$12.00 If necessary, please attach additions and the second support of	paid to employees hired since 30	
19. Actual jobs created since business received assistance 21 Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job Creation Hourly Wage 22. Hourly Valid Level of Voluntary Full-time Part-time (excl. benefits) Benefits (Signature 1988) [S10.8 20. Actual average hourly wage phusiness received assistance S18:2 Actual performance since project indicate number of employees at the corresponding benefit level.) 23. Job Creation Hourly L.c. Full-time Part-time (excl. less the S7.00 S8.00 S10.00 S12.00 If necessary, please attach additional section of the s	pand to employees hired since 30	

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
DTED (MINNESOTA INVESTMENT FUND		PAUL A. MOE		
3. Agency street address		4. City		
500 METRO SQ. 121	•	ST. PAUL		
5. Zip code	6. Phone number (area code)	8. Type of government age	ncy	
55101	651-297-1391	City County	Regional State	
35101	7. Fax number (area code)			
<u> </u>	651-296-5287	Other (Please indicat		
9. Name of business receiv	ving assistance	10. Industry of recipient (S	IC code)	
NBC PRODUCTS (I		3999		
11. Type of assistance (e.g	loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	fapplicable)	
MINNESOTA	INVESTMENT FUND		į	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	! provided	machinery/etc.) was placed in service	assistance .	
. 09/11/98	02/03/99		i \$39,474.51	
	signed between July 1, 1995 and D 1998 and future years, please comp		e lines 17 through 20. For	
•	business receiving assistance		evel goals for business receiving	
17. 500 Greation goals for	0	assistance	-	
	<u> </u>		\$10.26	
19. Actual jobs created sin	nee business received assistance	 Actual average hourly business received assis 	wage paid to employees hired since	
1	8	business received assis	Tõ.88	
	ng assistance: (Please indicate ach wage level and indicate the el.)		project placed in service: (Please rees at each wage level and indicate level.)	
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation	Hourly Wage 24, Hourly Value	
Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (S)	Full-time Part-time	Level of Voluntary (excl. benefits) Benefits (\$)	
<u> </u>	less than \$7.00	<u> </u>	less than \$7.00	
·	\$7.00 to \$7.99		\$7.00 to \$7.99	
1	\$8.00 to \$9.99 <u>\$1.00</u>		\$8.00 to \$9.99	
<u> </u>	\$10.00 to \$11.99 <u>\$1.50</u>	i -2	\$10.00 to \$11.99 <u>\$1.50</u>	
<u> </u>	\$12.00 and higher\$1.50	6	\$12.00 and higher\$\int \frac{\$1.50}{}	
If necessary, please attach	additional documentation.	If necessary, please attach	additional documentation.	
	brough 27 for all agreements.			
25. Last date actual wage	and job creation levels documented	26. Date this Minnesota B	usiness Assistance Form completed	
	12/31/01	05/02/02		
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No please submit the 2000 Minnesota Business Assistance Form.				
·	<u></u> <u>F-1</u>			

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.	Development
1. Funding government agency name	2. Contact name
DTED (MINNESOTA INVESTMENT FUND)	PAUL A. MOE
3. Agency street address	4 City
500 METRO SQ. 121 7TH PLACE EAST	ST. PAUL
5. Zip code 6. Phone number (area code)	8. Type of government agency
55101 651-297-1391 7. Fax number (area code)	City County Regional State
651-296-5287	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
ELECTRIC MACHINERY CO. (MINNEAPOLIS	3621
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
MINNESOTA INVESTMENT FUND	
13. Date of business assistance agreement provided	15. Date project (building/ machinery/etc.) was assistance
06/28/99 : 09/07/00	placed in service \$371,476.99
agreements signed during 1998 and future years, please comp 17. Job creation goals for business receiving assistance 15	18. Average hourly wage level goals for business receiving assistance \$12.13
19. Actual jobs created since business received assistance	20. Actual average hourly wave paid to employees hired since
15	business received assistance 12.13
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (5)	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$)
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	\$7.00 to \$7.99
\$8.00 to \$9.99	\$8.00 to \$9.99
\$10.00 to \$11.99	\$10.00 to \$11.99
\$12.00 and higher <u>\$3.04</u>	\$12.00 and higher \$3.35
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
06/30/01	05/02/02
27. Have all wage and job goals been achieved? Yes do	not submit future forms for this project.

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- '

1999 Minnesota Business Assistance Form



(Please return by April 1, 1999)

Please complete lines I through 16 for all agreements.

			- c.copmen	
1. Funding government agency name		2. Contact name		
CITY OF MAPLE GROV	VE	Fredric Christiansen		
3. Agency street address		4. City		
12800 Arbor Lakes	Pkwy	Maple Grove		
3. Zip code	6. Phone number (area code)	Type of government agency		
55369	763-494-6320 7. Fax number (srea code) 763-494-6419	a code)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Caliber Dev. Corp		6552/1542		
11. Type of assistance (e.g. long	n, TTF, grant, infrastructure, etc.)	12. Nume of TTP district (if applicable)		
TIE		Eagle Lake Tif-Cal	liber IV	
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance	
4/5/99 6/28/00		placed in service Perm1t 6/23/00	311.408.05	
Ene peristance agreements since	and between Tuby 1, 1005 and D	secember 21 1007 complete lin	ee 17 through 20 For	

For agriculture agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average h assistance		level goals for busi	ness receiving	
19. Actual jobs created si	nce business receive	ed assistance		erage hourly	y wante paid to empl istance	oyces hired since
Goals of business received number of employees at a corresponding benefit les	each wage level and			er of emplo	project placed in so eyect at each wage it t level.)	
21. Job Creation Pull-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Voluntury Benefits (\$)	1	on Part-time	Hourly Wage Level (excl. benefits)	24, Hourly Value of Voluntary Benefits (\$)
100	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	15.00		3 5	icss than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11,99 \$12.00 and higher	9.50 11.75 17.50
If necessary, please atmo	h additional docume	uxation.	If necessary, p	please aπac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Lost date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
Due 3/1/2003	_ 5/8/02
	not submit future forms for this project.
No plea	se submit the 2000 Minnesota Business Assistance Form,

MAY-21-2002



EAGLE LAKE IV BUSINESS CENTRE 11400 73rd Avenue North, Maple Grove, MN

SUMMARY OF JOB CREATION As of May 20, 2002

Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)

Job Creation	on	Hourly Wage Level (Excl. Benefits)	Hourly Value of Voluntary Benefits (\$)
Full-time	Part-time		
		less than \$7.00	
		\$7.00 to \$7.99	
4	<u> </u>	\$8.00 to \$9.99	\$9.50
28	3	\$10.00 to \$11.99	\$11.75
88	5	\$12.00 and higher	\$17.50

If necessary, please attach additional documentation.

John M. Lavander

MILDEV -H

Ø011/011 (1)

EXHIBIT A
(Estimated Job Creation)

Eagle Lake Business Centre IV
Maple Grove, Minnesota

As of March 2000

Job Classification	Salary Range	Number of Jobs
Office - Administration	Less than \$30,000	25
Office - Management	\$30,000 - \$40,000	<i>2</i> a
Office Executive	Greater than \$40,000	20
Warehouse - Production	Less than \$30,000	26
Warehouse	Greater than \$30,000	7
	Total Number of Jobs	100

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 thro	ugh 16 for all agreements.		Development		
1 Funding government agency name		2. Contact name			
City of Jenkins 3. Agency street address		Julie_Ohr, City Clerk			
P. O. Box 63		Jenkins			
5. Zip code	6. Phone number (area code)	8. Type of government age	ncy		
	2 <u>18 - 568 - 4637</u> 7. Fax number (area code)		: - X CityCountyRegionalState		
56456	218-568-4637	Other (Please indicat	e)		
9. Name of business receiving	ing assistance	10. Industry of recipient (S	IC code)		
Wonderful Life	Ent.	Hotel/Motel			
11. Type of assistance (e.g.	lean, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if	applicable)		
TTF -		Motel 1-1			
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance		
8 /1996	8/1996	placed in service 8/1996	\$235,000.00		
For assistance agreements agreements signed during 1 17 Job creation goals for b	signed between July 1, 1995 and Do 998 and future years, please compusiness receiving assistance	lete lines 21 through 24.	lines 17 through 20. For		
. 4		\$5.15			
1	e business received assistance	business received assist	wage paid to employees hired since ance		
Country of Securit	nu introduct (Plane indicate)	\$7 <u>.</u> 00			
	th wage level and indicate the	indicate number of employ the corresponding benefit le	project placed in service: (Please ees at each wage level and indicate evel.)		
21. Job Creation	Hourly Wage 22. Hourly Value Level of Voluntary		Hourly Wage 24. Hourly Value Level of Voluntary		
	exel, benefits) Benefits (\$)	Full-time Part-time	(excl. benefits) Benefits (\$)		
	ess than \$7,00		less than \$7.00		
	\$7.00 to \$7.99	:	\$7.00 to \$7.99		
\$8.00 to \$9.99			\$8 00 to \$9 99		
	510 00 to \$11.99		\$10.00 to \$11.99		
\$12.00 and higher			\$12.00 and higher		
If necessary, please attach additional documentation.		If necessary, please attach:	additional documentation.		
	rough 27 for all agreements.				
25 Tast date actual wage a	nd job creation levels documented	26. Date this Minnesota Bu	isiness Assistance Form completed		
1					

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

27. Have all wage and job goals been achieved? Wes — do not submit future forms for this project.

No — please submit the 2000 Minnesota Business Assistance Form.

2. Contact name

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Please complete lines I through 16 for all agreements.

1. Funding government agency name



CITY OF HENDER	SON	LON BERBERICH	·	
3. Agency street address		4. City		
,	ļ	•	,	
P.O. BOX 433, 600	MAIN STREET	HENDERSON		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
	507-248-3234	_X_CityCounty	Regional State	
56044	7. Fax number (area code)	•	:	
 	507-248-3235	Other (Please indicate)_		
9. Name of business receiving	assistance	10. Industry of recipient (SIC)	code)	
NEW COUNTRY SCHOOL	PROPERTIES, INC	SCHOOL-CHARTER		
	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
TIF		HENDERSON TIF 1-3	Ì	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
6/9/97	10/1/97	placed in service 9/1/99	\$254,840	
	J			
	ned between July 1, 1995 and De 8 and future years, please comp		ies 17 through 20. For	
17. Job creation goals for busi		18. Average hourly wage leve	l made for business manifolder	
1-17, 300 creation goals for bust	ness receiving assistance	assistance	rigoals for business receiving	
10	'	\$19.00		
19. Actual jobs created since business received assistance		20. Actual average hourly way business received assistant	ge paid to employees hired since	
10		Approximately \$	i	
Goals of business receiving as	sistance. (Please indicate	Actual performance since pro		
number of employees at each corresponding benefit level.)			at each wage level and indicate	
21. Job Creation Ho	ourly Wage 22. Hourly Value	23 Job Creation Ho	omly Wage 24. Hourly Value	
	Level of Voluntary		Level of Voluntary	
	el. benefits) Benefits (\$)	·	cl. benefits) Benefits (\$)	
less	s than \$7,00	\	s than \$7.(X)	
\$7.	00 to \$7,99 <u> </u>	\$7.	no ω \$7.99	
\$8.	00 to \$9.99	· — — — 58.	00 to \$9.99	
		SIC	0.00 to \$11.99	
9 \$12.00 and higher		<u> 10 </u>	2.00 and higher	
If necessary, please attach additional documentation.		If necessary, please attach add	fitional documentation.	
Please complete lines 25 throu	-			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busin	ness Assistance Form completed	
January 2001		April 1, 2002		
27. Have all wage and job goo	als been achieved? MYes do	not submit future forms for this		
l	No ple	ase submit the 2000 Minnesota	Business Assistance Form	

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1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



rease combiera imes 1 int.	- DCACTOÉNTICO					
t. Funding government ag	tency name	<u></u>	2. Contact name			
			Penny Davis			
			4. City			
112 West Washin	ngton		Fergus 1	Falle		
5. Zip codo	6. Phone num	ber (area code)	x Type of gave	emment age	ency	··· ————
56537	(218) 73 7. Fas numbe		X Cuy	County	Regional _	State
	(218) 73	39-0149	u Alter (1	dease indica	(e)	
9 Name of hasiness recei	ving assistance	•	10, tudustry of	recipient (S	SIC code)	
Norcon Resourc	es, LLP		2431			
11. Type of assistance (e.	g. Ioan, TIF, gram, inf	nistricture, etc.)	12. Name of 1	th district (i	Lapplicable)	
TIF		i	i 1-8			
1). Oate of business	14 Date assis	stance first	15. Date projec		16. Dollar v	alue of business
assistance agreement	provided	·	machmery. placed in s		assistanc	iv
5-12-99	1-8-200	ומ	1-8-2		202.30	in l
or assistance agreement greements signed during 17. Job creasion goals for	1998 and future ye	eurs, please compl	ete lines 21 thr	rou <u>բի 2</u> 4.	le lines 17 through	
19. Actual jobs created si	nce hustness receive	d assistance		rage hourly received assi	wage paid to emp stance	loyees hired since
Counts of husiness receive number of employees at a corresponding benefit les	each wage level and		•	er of ensplo	project placed in s yees at each wage level t	
21. Job Creation	Hourly Wage Level	22. Hourty Value of Voluntary	23, Joh Cicati		Hourly Wage Level	24. Hourty Value of Voluntary
Full-time Part-time	(excl. benefits) less thun \$7 (10	Henefits (\$) 	1.1111-1015	nart-finge	(exc), benefits) less than \$7,00	Benefits (5)
28	C7 (A) to C7 (A)	1 38	18		C7 (#1 to #7 00	1 51

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional documentation

\$12,00 and higher

25, Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
July 27, 2001	February 8, 2002
27 House att own remediate and become because XXIV.	no a sur la cola fi como fi consta fina chi como i con

If necessary, please attach additional documentation,

No. - please submit the 2000 Minnesora Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

	il 10 lot all agreements.		Development		
Funding government agency name		2. Contact name			
Chisago County HRA-EDA		Christopher Eng			
3. Agency street address		4. City			
38883 7th Ave	nue	North Branch			
5 Zip code	6. Phone number (area code)	8. Type of government agency	y		
55056	651-674-5664 7. Fax number (area code)	City X_County	_RegionalState		
 	651-674-2996	Other (Please indicate)			
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)			
County Line I	ron, Inc.	3444	\ 		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	pplicable)		
TIF		Tax Increment	Financing Dist #1		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
6/18/97	~	4/98	\$132,000		
	ned between July 1, 1995 and D 8 and future years, please comp ness receiving assistance	olete lines 21 through 24.	nes 17 through 20. For		
		assistance \$10.0	-		
10 jobs		l `.			
19. Actual jobs created since business received assistance		business received assistan			
Goals of business receiving assistance: (Please indicate		\$13.	1		
Goals of business receiving as number of employees at each corresponding benefit level.)	sistance: (Please indicate wage level and indicate the		ject placed in service: (Please s at each wage level and indicate el.)		
21. Job Creation Ho	urly Wage 22. Hourly Value of Voluntary		ourly Wage 24. Hourly Value of Voluntary		
l Full-time Part-time (ex-	cl. benefits) Benefits (\$)				
less	than \$7 00	les	s than \$7.00		
. ——	00 to \$7.99	S7.	.00 to \$7.99		
	00 to \$9.99 <u>1.35</u>	SX	.00 to \$9.99		
) 00 to \$11.99 <u>1.35</u>	, 	0.00 to \$11.99		
2 \$12.00 and higher			2.00 and higher <u>1.35</u>		
If necessary, please attach add	litional documentation.	If necessary, please attach ad-	ditional documentation.		
Please complete lines 25 throu	·	:			
1	job creation levels documented	26. Date this Minnesota Business Assistance Form completed			
December 200		3/27/02			
27. Have all wage and job goo	als been achieved? XYes — do	not submit future forms for this ase submit the 2000 Minnesota			

(Please return by April 1, 1999)

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Please complete lines 1 through 16 for all agreements.

•				
1. Funding government agency name		2. Contact name		
Burnsville Economic Development				
Authority		Judy Tschumper		
3. Agency street address		4. Ciry		
City of Burnsville				
100 Civic Center Pa	arkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	v ~ .	- · · · · · · · · · · · · · · · · · · ·	
	7. Fax number (area code)	X City County _	_RegionalState	
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving assistance		10. Industry of recipient (SIC	code)	
Peter J. Smith		3845/3999		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)	
TIF		TIF District No.	1	
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
April 5, 1999	8-1-01	placed in service		
T 7 1 2 2 2 2	'	1076799	\$359,199	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creamon goals for business receiving assistance				level goals for bus	iness receiving	
16 new jobs by 8/1/03		836,69		al \$17	.77/hr	
19. Actual jobs created since business received assistance N/A		20. Actual average hourly wage paid to employees hired since business received assistance N/A				
Goals of business receive number of employees at corresponding benefit leverage.	each wage level and			er of emplo	e project placed in s Dyces at each wage l t level.)	
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Volumery Benefits (S)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	1.75	N/A		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	
8 \$10.00 to \$11.99 1.75 8 \$12.00 and higher 2 If necessary, please attach additional documentation.		If necessary, p	clease affaci	\$10.00 to \$11.99 \$12.00 and higher h additional docume		

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and jeb creation levels documented	26. Date this Minnesott Business Assistance Form completed
N/A	March 30, 2002
	not submit future forms for this project.
1 SAL NO plea	se submit the 2000 Minnesota Business Assistance Form.

(Please return by April 1, 1999)

PLOSINKIA
Trade & -
LCONOMIC Development

Please complete lines 1 throug	h 16 for all agreements.	RECEIVED ATT	2002 Development		
1. Funding government agence	y name	2. Contact name			
Burnsville Economi	c Development				
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P	arkway	Burnsville	<u> </u>		
5. Zip code	6. Phone number (area code)	8. Type of government agency	•		
55337	(612) 895-4436	Y Cinc Course	Desired Sees		
	7. Fax number (area code)	X Ciry County _	_KegionalState		
	(612) 895-4453	Other (Please indicate)_			
9. Name of business receiving assistance		10. Industry of recipient (SIC code)			
Alan G. Ellingson	d/b/a Al's Cabinets	2434			
11. Type of assistance (e.g. loa	n, TIF, grant, mirastructure, etc.)	12. Name of TIF district (if applicable)			
TIF/Infrastructure	2	TIF District No. 1			
13. Date of business	14. Date assistance first	15. Date project (building)	16. Doilar value of business		
assistance agreement	provided	machinery/ext.) was	assistance		
5/19/97	8/1/11	placed in service	1		

4/98

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving					
Ey 8/1/01 will create 20 new jobs		assistance \$17.39/h		36,162.00/ani	 nual		
19. Actual jobs created since business received assistance		20. Actual ave	erage hour!	y wage paid to empl	cyces hired since		
90		business received assistance \$37, 2.59					
	ployees at :	ng assistance: (Pleas each wage level and rel.)			er of emplo	project placed in so byees at each wage ! t level.)	
21. Job Creati Full-time	-	Hourly Wage Level (excl. benefits)	22. Hourly Value of Volumtary Benefits (\$)		-	Hourly Wage Level (excl benefits)	24. Hourly Value of Voluntary Benefits (\$)
		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	lease arrac!	h additional docume	ntation.	If necessary,	olease attac!	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	25. Date this Minnesota Business Assistance Form completed	
7-9-01	March 30, 2002	
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.		

(Please return by April 1, 1999)

rm	4/N.YE30 E
	Economic
1 2000	Development

Please complete lines I through 16 for all agreements.

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1. Funding government agence	v name	2 Contact name		
_	-	2 Collect Made		
Burnsville Economi	c Development	1		
Authority	-	Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center P		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436			
7. Fax number (area code)		X CiryCountyRegionalState		
		Other (Please indicate)		
i	(612) 895-4453			
	<u> </u>			
9. Name of business receiving	<u> </u>	10. Industry of recipient (SIC code)		
_	usistance	•		
9. Name of business receiving Leeanndee Partn	usistance	10. Industry of recipient (SIC code)		
Leeanndec Partn	usistance	•		
Leeanndee Partn 11. Type of assistance (e.g. los	ership	1541 12. Name of TIF district (if applicable)		
Leeanndec Partn	ership	154]		
Leeanndee Partn 11. Type of assistance (e.g. los	ership	1541 12. Name of TIF district (if applicable)	ness	
Leeanndee Partn 11. Type of assistance (e.g. loa TIF 13. Dame of business	ership n, TIF, gram, infrastructure, em.)	1541 12 Name of TiF dismer (if applicable) TIF District No. 3 15. Date project (building) 16. Dollar value of bush	ness	
Leeanndee Partn 11. Type of assistance (e.g. los TIF 13. Date of business assistance agreement	ership m. TIF. gram, infrastructure, exc.) 14. Date assistance first provided	1541 12 Name of TiF dismer (if applicable) TIF District No. 3 15 Date project (building/machinery/em.) was assistance	ness	
Leeanndee Partn 11. Type of assistance (e.g. loa TIF 13. Dame of business	ership n. TIF, gram, infrastructure, etc.) 14. Dam assistance first	1541 12 Name of TiF dismer (if applicable) TIF District No. 3 15. Date project (building) 16. Dollar value of bush	ness	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

eft coment af	the company affined difficult 1939 and many a bears' bears' bears combined may be an order by						
17. Job creand	17. Job creamon goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance			eez receving			
13 new jobs by 8/1/03)/annua	1 \$16.4	/hu:	
19. Actual job	is created s	ince business receive	ed assistance		enage houri eccived ass	y wage paid to emplo istance	yees hired since
	N/A					N/A	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Pleas indicate number of employees at each wage level and indithe corresponding benefit level.)			rvice: (Please evel and indicate	
21. Job Creati Full-time		Hourly Wage Level (excl. benefits)	22. Hourly Value of Volumtry Benefits (S)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Volumtary Benefits (S)
 5		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	-1.50 2	N./A		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99	
	lease arrac!	\$12.00 and higher hadditional documen	_ i	If necessary, p	lease attaci	\$12.00 and higher additional document	
if necessary, p	ierse attac:	a recidorar documer	ecieon.	If Secessary, p	Hease autic:	a according cocates	ECTRICAT

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
N/A	March 25,2002
27. Have all wage and job goals been achieved? Yes — do	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.
	ise submit the 2000 Vilinesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

01-0270 (Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
Burnsville Economic	c Development	<u> </u>		
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Eurnsville			į	
100 Civic Center Pa	erkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436			
7. Fax number (area code)		- X City County Regional State		
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC o	:ode)	
Burnsville Showcas	se, LLP	5099		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
7/7/97	8-1-99	placed in service		
<u> </u>	<u> </u>	5/98	\$240,690.00	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

-6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 1338 End 104E c 3	ems, piemse tomp				
17. Job creation goals for business receiving assistance			18. Average :		level goals for bus	siness receiving	
By 8/1/0	01 w :11	add 20 new	jobs.	S13.40	/hr.	\$27,875.0	0/Annual
19. Actual job	s created s	ince business receive	d assistance			y wage paid to emp	
123				eceived ass	kr \$5	७,९७९	
	ployees at	ng assistance: (Pleas each wage ievel and vel.)			er of emplo	project placed in to byees at each wage t level.)	
21. Job Creati		Houdy Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Full-time	Part-time	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
 	· <u>N/A</u>	\$7.00 to \$7.99			_\!/_	\$7.00 to \$7.99	
		\$3.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
 		\$12.00 and higher				\$12.00 and highe	·
If necessary, p	olease attac	h additional docume	ntation.	If necessary,	olease attac	h additional docum	estation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	1 26. Date this Minnesota Business Assistance Form completed
7-17-01	march 25, 2002
27. Have all wage and job goals been achieved? Li Yes — No —	do not submit future forms for this project. please submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

01-0271





#17 - 20

Criteria

1. Funding government agency	пате	2. Contact name		
Burnsville Economic Development			1	
Authority		Judy Tschumper		
3. Agency street address	,	4. City		
City of Burnsville				
100 Civic Center Pa	arkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	Y Ciny Courns	Pagional State	
7. Fax number (area code)		X_ CiryCountyRegionalState		
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Consolidated Comp	uter Services, Inc.	3571		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TiF district (if app	plicable)	
TIF		TIF Soils District No. 3		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dodar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
10/19/98	8/1/01	1999	s:15,000.00	
			<u> </u>	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for	business receiving a	issistance	18. Average h assistance	ourly wage	level goals for busin	ess receiving	#17 - :
6 jobs by 8/1/	02	_	\$18.87	/hr.			City's
19. Actual jobs created si		d assistance		rage hourly sectived ass	wage paid to emplo stance	eyees hired since	Criter
N/A		·	N/A				
Goals of business receiving number of employees at a corresponding benefit lev	ach wage level and			er of emplo	project placed in se yees at each wage le level.)		
21. Job Creation Full-time Part-time	Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (S)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	
	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99			_N/A	less than \$7.00 \$7.00 to \$7.99	N/A	
3	\$10.00 to \$11.99 \$12.00 and higher	2.0			\$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher		
If necessary, please attach	additional documes	ntation.	If necessary, p	lease attacl	additional docume	ntation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
4/2000	March 25, 2002
27. Have all wage and job goals been achieved? Yes — do	o not submit future forms for this project. Ease submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July I, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

01-0272

1. Funding government agency	у ваше	2. Contact name			
Burnsville Economi	c Development	!			
Authority		Judy Tschumper			
3. Agency street address		4. City			
City of Burnsville					
100 Civic Center P	arkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency	,		
55337	(612) 895-4436	v ~ ~	.		
	7. Fax number (area code)		X_CiryCountyRegionalState		
	(612) 895-4453	Other (Please indicate)			
9. Name of business receiving	statance	10. Industry of recipient (SIC code)			
Eastling Family P	artnership, Ltd.	5541			
11. Type of assistance (e.g. loa	a, TIF, grant, intrastructure, etc.)	12. Name of TF district (if ap	plicable)		
TIF		Districts 1 and 2			
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business		
assistance agreement	provided	machiner//em.) was	randa		
3/16/98	8/1/99	placed in service 10/98	\$44,000.00		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Joo creati	ca zoals fo	אוועובטס: בשבונטול ז	ssarace			e Level 30als for Dust	ness receiving
6 by 8/01/01			\$33500000 \$17.06	/hr.	\$35,484.8	80/year	
19. Actual jobs created since business received assistance			20. Actual av business :	erage houri	y wage paid to empi	cyees hired since	
8				business received assistance \$ 49,100/4			
	blokes π	ing assistance: (Pleas each wage level and vel.)			er of emplo	project placed in so byees at each wage i t level.)	
21. Job Creati		Hourly Wage Level	22. Howely Value of Volumery			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	ran-eme	(excl. benefits) less than \$7.00	Benefits (S)	Lant-ame	tatt-cme	(excl. benefits) less than \$7.00	Bezeñis (\$)
		\$7.00 to \$7.99				\$7.00 to \$7.99	
1		\$8.00 to \$9.99]	_3		\$8.00 to \$9.59	
		\$10.00 to \$11.99			 -	\$10.00 to \$11.99	
5		\$12.00 and higher	2	_5_		\$12.00 and higher	<u> </u>
If necessary, p	icuse acac.	h additional documen	atation.	If necessary,	oiesse sesse	h additional docume	atazion.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
7-6-01	March 25, 2002
27. Have all wage and job goals been achieved? A yes — do	not submit future forms for this project, assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

#17 - 21 City's Reporting Criteria

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TOFIVED APR

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

Frade & —

Please complete lines I through 16 for all agreements.

riease complete lines I throug	n 16 for all agreements.	_	Development			
I. Funding government agency	y name	2. Contact name				
Burnsville Economic	c Development					
Authority		Judy Tschumper				
3. Agency street address		4, Ciry				
City of Burnsville						
100 Civic Center P		Burnsville)			
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	X City County	Pagional State			
7. Fax number (area code)		i a caycounty	RegionalSale			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Paul F. Gonyea		6512/6531				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TiF district (if applicable)				
		Districts 1 and 2				
TIF		TIF Soils District No. 3				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Doilar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
	8-1-99	placed in service				
<u> 10/7/96 </u>	!	8/5/97	S267,328.00			

01-0274

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance				18 Avence 3	011511 1110 00	level goals for busin	
17. 100 C.Callett goals for ordiness receiving abstract				_		_	- 1
By 8/1/01 will add 10 new jobs.			\$19.547	hr.	\$40,633.00	Annual	
19. Actual jobs created amount in the last terms and the last terms are the last terms ar						y wage paid to empl	oyees hired since
14 jebs				eceived ass . 9 6/hr	isurra ⊈ _{U,3} ,	617/2nnual	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			indicate numb	er of emplo	project placed in se byces at each wage l		
	•	•	i	the corresponding benefit level.)			
21. Job Creati		Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excL benefits)	Benefits (\$)	ruii-ume	Partiance	(excl. beneñis)	Benežits (\$)
		less than \$7.00	·		<u>`</u>	less than \$7.00	
	<u>N/A</u>	\$7.00 to \$7.99			<u>N_A</u>	\$7.00 to \$7.99	
		\$3.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
<u> </u>		\$12.00 and higher				\$12.00 and higher	
If necessary, p	elesse attacl	h additional docume	ntation.	If necessary, p	ilease attaci	h additional docume	nution

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
7-18-01	March 25, 2002
27. Have all wage and job goals been achieved? (X) Yes — do	· · · · · · · · · · · · · · · · · · ·
ic — ple	ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July I, 1995.

(Please return by April 1, 1995

Please complete lines 1 through 1

8/3/98

01-0277

lease complete lines 1 throc	igh 16 for all agreements.		Development			
1. Funding government agen	cy name	2. Contact name				
Burnsville Econom		Ì	{			
<u>Authority</u>		Judy Tschumper				
3. Agency street address		4. City				
City of Burnsvill	e	1	,			
100 Civic Center		Burnsville				
5. Zip code	6. Phone number (area code)	8. Type of government agenc	у			
55337 (612) 895–4436 7. Fax number (area code)		X CiryCountyRegionalState				
			_RegionalState			
	(612) 895-4453	Other (Please indicate)				
9. Name of business receiving	& seriocutes	10. Industry of recipient (SIC code)				
Kraus-Anderson,	Incorporated	7389				
11. Type of assistance (e.g. k	an, TIF, grant, adiastrucine, ex.)	12. Name of TIF district (if applicable)				
TIF		District ! and	2			
13. Date of business	14. Date assistance first	15. Date project (building)	16. Dodar varue of business			
assistance agreement	provided	machinery/em.) was placed in service	assistance			
8/3/98	8/1/00	1999	5586 000			

1999

\$586,000

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and fature years, please complete lines 21 through 24.

17. Job creati	ca goals fo	r business receiving	ssistance	18. Average 5		level goals for bush	ness receiving
25 new jobs by 8/1/02			\$18.55				
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hared since business received assistance				
N/A			N/A				
Goals of business receiving issistance: (Please indicate mumber of employees it each wage level and indicate the corresponding benefit level.)				er of emplo	s project placed in se sycen at each wage le t level.)	•	
21. Job Creati Full-time		Hourly Wage Level (excl. benefits)	22. Hourly Value of Volumary Benefits (S)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (S)
Sess than \$7.00			N	/ <u>A</u>	less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99 \$12.00 and higher	N/A	
If necessary, please arrach additional documentation.			If necessary, p	ומנשנ שמפו	n additional docume	nation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creamon levels documented	26 Date this Minnesota Business Assistance Form complete		
N/A	March 25, 2002		
27. Have all wage and job goals been achieved?	not submit future forms for this project. see submit the 2000 Minnesota Business Assistance Form.		

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

#17 - 20 City Criteria

(Please return by April 1, 1999)

01-0279

Please complete lin	es 1 through 16	for all agreements.
---------------------	-----------------	---------------------

1. Funding government agency	name	2. Contact name				
Burnsville Economic	c Development					
Authority	-	Judy Tschumper				
3. Agency street address		4. City				
City of Burnsville						
100 Civic Center Pa	arkway	Burnsville	_			
5. Zip code	6. Phone number (area code)	8. Type of government agency				
55337	(612) 895-4436	.				
	7. Fax number (area code)	X City County Regional State				
	(613) 805 4453	Other (Please indicate)				
	(612) 895-4453					
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)				
Millpond Partners			+			
(Apothecary Produ	cts)	2834/3999/2671				
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TiF district (if applicable)				
			1			
L TIF	•	TIF District No. 4				
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business			
assistance agreement	provided	machinery/etc.) was	assistance			
	01.100	placed in service				
10/6/97	8/1/99	1998 \$1,210,000.				

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20 new jobs in addition to 190			 Average h assistance 		level go:	als for busi	ness receiving	
current employees by 8-2002				\$9.62/h	r.	\$20,0	00/Annu	ıal
19. Actual job	s created si	ince business receive	ed assistance				ud to empi	oyees hired since
_		1.1.6			eccived assi			,
		jobs			11.94/	hr.	4 24, S	146/Annual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance number the correspondent	er of empio	yees at a		ervice: (Please evel and indicate	
21. Job Creati	ca	Hourly Wage Level	22. Hourly Value of Voluntary		cn	Hourly Lev	•	24, Hourly Value of Voluntary
Full-time	Part-time	(excL benefits)	Benefits (\$)	Full-time	Part-time	(excL b	enefits)	Benefits (\$)
	<u>. </u>	less than \$7.00				less that	a \$ 7.00	
	N/A	\$7,00 to \$7.99	'		<u>N/A</u>	\$7.00 to	\$7.99	
		\$3.00 to \$9.99	<u> </u>			\$8.00 to	\$ 9.99	
		\$10.00 to \$11.99	 ;			\$10.00	to \$ 11.99	
		\$12.00 and higher				\$12.00	and higher	 :
If necessary, please attach additional documentation.			If necessary, ;	ease anacl	h additior	ial docume	ccation	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed		
June - 2000	March 25, 2002		
27. Have all wage and job goals been achieved? LYes — do			
No — ple	ase submit the 2000 Minnesota Business Assistance Form.		

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

01-0280





Please complete lines I through 16 for all agreements.

		•		
1. Funding government agency name		2. Contact name		
Burnsville Economic Development				
Authority	·	Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville	9			
100 Civic Center !		Bumsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	Y Ciny County Business State		
	7. Fax number (area code)	X CityCountyRegionalState		
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	g assistance	10. Industry of recipient (SIC code)		
MN Valley YMCA		7997		
11. Type of assistance (e.g. lo	an, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
EDA Grant		Districts 1 and 2		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building) 16. Doilar value of business machinery/etc.) was assistance		
	F	placed in service		
5/19/97	8/15/98	2/26/98 s50,000.00		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job cream 32 New	17. Job creation goals for business receiving assistance 32 New Jobs by 8/1/01			18. Average hourly wage level goals for business receiving assistance \$10.35/hr. \$21,525.00/Annual			
19. Actual job	os created si	nce business receive	d assistance			y wage paid to emply istance ≤ 23, 764	
Goals of busing number of em corresponding	pioy ces at :	ng assistance: (Pleas each wage level and vel.)	e indicate indicate the		er of emplo	project placed in se eyees at each wage le t level.)	
21. Job Creati	-	Hourly Wage Level	22. Hourly Value of Voluntary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (S)	Lam-mas	ran-ene	(excl. benefits)	Benefits (\$)
		less than \$7.00				less than \$7.00	
	<u>N/A</u>	\$7.00 to \$7.99			<u> </u>	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8 00 to \$9 99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
		\$12.00 and higher				\$12.00 and higher	
If necessary, p	lease attac!	h additional docume:	ntation.	If necessary,	dease attact	h additional docume	ntation

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
8-1-01	march 25, 2002
27. Have all wage and job goals been achieved? XYes — do	not submit future forms for this project.
<u> </u>	ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

01-0283



Please complete lines I through 16 for all agreements.

1. Funding government agency	name	2. Contact name		
Burnsville Economic	c Development			
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	X CityCountyRegionalState		
	7. Fax number (area code)			
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	3555tance	10. Industry of recipient (SIC code)		
Quality Ingredient	ts Corporation	2099/9801		
11. Type of assistance (e.g. loa	n, TIF, grant, infrastructure, etc.)	12. Name of TiF district (if applicable)		
TIF		TIF District No. 1		
13. Date of business 14. Date assistance first provided		15. Date project (building) 16. Dollar value of business machinery/erc.) was assistance placed in service		
12/17/96	8/]/99	12/97 S376,684.00		
For anistance attended to the	and between July 1, 1995 and D	ecember 31, 1997, complete lines 17 through 20. For		

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17 for creation goals for business receiving assistance			-		level goals for bus	iness receiving
2 new jobs by 8/1/01			assistance \$21.15		\$44,000.00)/yr.
19. Actual jobs create	ed		20. Actual ave	erage hour!	v wage paid to emp	leyees aired since
a ا			business • ≠ 51.	69/hc	190,00	10/40
	e:ving assistance: (Plea at each wage level and t level.)			er of empio	project placed in s byces at each wage t level.)	
21. Job Creation	Hourly Wage Level	22. Hourly Value of Volumtary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-ame Part-d	ne (excl benefix)	Benefits (\$)	Full-ume	Puntina	(excl. benefits)	Benefits (\$)
	less than \$7.00				less than \$7.00	
N/3	\$7.00 to \$7.99			$\underline{-M/\Delta}$	\$7 00 to \$7 99	
<u> </u>	\$8.00 to \$9.99				\$8.00 to \$9.59	
<u> </u>	\$10.00 to \$11.99				\$10.00 to \$11.99	
İ	\$12.00 and higher	·			\$12.00 and higher	·
If necessary, please a	ttach additional docume	entation.	If necessary,	piease attac	h additional docume	enunen.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented		26. Date this Minnesota Business Assistance Form complete	
ነ 7-10-) I	March	25,2002
27. Have all wage and job goals been achieved?			r this project isota Business Assistance Form

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

01-0284

1. Funding government agency name		2. Contact name		
Burnsville Economic Development				
Authority 3. Agency street address		Judy Tschumper 4. City		
		Chy		
City of Burnsville		_Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	Y = -		
_	7. Fax number (area code)	X City County Regional State		
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
RDO Equipment Co.		3523/9801		
11. Type of assistance (e.g. loa	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building) 16. Dollar value of business		
assistance agreement	provided	machiner//etc.) was assistance placed in service		
10/21/96	8/1/98	9/97 \$52,000.00		
For assistance agreements sig agreements signed during 199	ned between July 1, 1995 and D 8 and future years, please comp	ecember 31, 1997, complete lines 17 through 20. For lete lines 21 through 24.		
17. Job creation goals for busi	ness receiving assistance	18. Average hourly wage level goals for business receiving		
6 New Jobs (Total	of 78) by 8/1/01	\$14.69/hr. \$20,549.00/Annual		
19. Actual jobs erected and	surface to respect to the second	20. Actual average hourly wage paid to employees hired since		
	8	business received assistance \$32,400 unnue		
Goals of business receiving as	sistance: (Please indicate	Actual performance since project piaced in service: (Please		
number of employees at each corresponding benefit level.)	wage level and indicate the	indicate number of employees at each wage level and indicathe corresponding benefit level.)		
21. Job Creation Ho		23. Job Creation Hourly Wage 24. Hourly Va		
Full-time Part-time (exc	Level of Voluntary Level Benefits (\$);	Level of Volunt Full-time Part-time (excl. benefits) Benefits (
_ ,	than \$7.00	less than \$7.00		
	00 to \$7.99	N/A \$7,00 to \$7.99		
	00 to \$9.99			
	- :	\$8.00 to \$9.99		
	0.00 to \$11.99	\$10.00 to \$11.99		
\$12.00 and higher		\$12.00 and higher		
If necessary, please artich add		If necessary, please attach additional documentation.		
Please complete lines 25 throu	<u> </u>			
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Business Assistance Form complete		
<u> </u>	7-27-98	March 25, 2002		
	le haan achieurad? XI Yee do	not submit future forms for this project		

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

No - please submit the 2000 Minnesota Business Assistance Form

(Please return by April 1, 1999)

01-0285



Please complete lines I through 16 for all agreements.

1. Funding government agency name		2. Contact name		
Burnsville Economic Development				
Authority	<u> </u>	Judy Tschurger	:	
3. Agency street address		4. City		
City of Burnsville		İ		
100 Civic Center P	arkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agend	·y	
55337	(612) 895-4436	V ~		
	7. Fax number (area code)	X_CiryCounty _	KegionalState	
	(612) 895-4453	Other (Please incherie)		
9. Name of business receiving	RESTRUCT	10. Industry of recipient (SIC code)		
<u>Rivers Edge Parti</u>	ners, LIP	1541		
11. Type of assistance (e.g. loa	त, गिर्, क्रांतर, जांनकाण्यास, स्ट.)	12 Name of TIF district (if applicable)		
TIF		District 3		
F				
13. Date of business	14. Dage assistance first provided	15. Data project (building/	lo. Dodar value of business	
assistance agreement	ł •	piaced in service	assistance	
6/15/98	8/1/00	12/98	\$178,300	
	I .		•	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

	<u> </u>				
17. Job creamon goals for business receiving assistance			18. Average hourry wage level goals for business receiving assistance		
.14 jobs by 8/	/1/02	 	\$16	.8]	
19. Actual jobs created s	ince business receive	ed assistance	20. Actual average hour business received as		loyees aired stace
58 New :	<u> </u>		\$13.75/h	<u> </u>	
Goals of business receiving assistance: (Please indicate member of employees at each wage level and indicate the corresponding benefit level.)		Actual performance an indicate number of smp the corresponding benea	loyees at each wage !		
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22. Hourly Value of Volumery Benefits (S)	23. Job Creation Full-time Part-time	Hourly Wage Level	24. Hourly Value of Voluntary Benefits (\$)
less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99			less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99 \$10.00 to \$11.99		
			If necessary, please and	\$12.00 and higher	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job treation levels documented	26. Date this Minneson Business Assistance Form completed
April - 2000	1 MArch 25,2002
27. Have all wage and job goals been achieved? Yes — do N/A N/A	not submit future forms for this project, ase submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

Please complete lines 1 through 16 for all agreements.

01-0286

Development

\$8.00 to \$9.99

If necessary, please attach additional documentation,

\$10.00 to \$11.99

\$12.00 and higher

1. Funding government agency name		2. Contact name			1	
Burnsville Economic Development				ļ		
Authority		Judy Tschunger		ш		
3. Agency street address		4. City			. ≥	
City of Burnsvi	lle		ļ		ŀ	RECEIVED
100 Civic Cente	r Parkway		Burnsville			
5. Zip code		mber (area code)	8. Type of government ag	ency		25
55337	(612) 81	95-4436	Y Circ. Course	Designal	S	
	7. Fax num	ber (area code)	X_CiryCounty	Kegionai		
	(612) 8	95-4453	Other (Please indic	ate)		
9. Name of business rece	iving assistance		10. Industry of recipient (SIC code)		
Southeross Com	merce Cente	r, LLP	1541			
11. Type of assistance (e.	g. loan, TIF, grant, i	ಗಿರ್ಗೆಯಾಲಯಾ, ಆರ.)	12 Name of TIF district (if applicable)		
TIF_			District 1	_		· !
13. Date of business assistance agreement		sistance first	15. Date project (building machinery/em.) was	' 1	alue of business	
entreme agreement	į pro-	-Li		25555120	.c=	
2/17/98	provide	B/1/00	placed in service N/A		7,000	
2/17/98	s signed between .	B/1/00 July 1, 1995 and De	placed in service N/A ecember 31, 1997, complete	\$1,09	7,000	
2/17/98 For assistance agreement	s signed between .	B/1/00 July 1, 1995 and De years, please comp	placed in service N/A ecember 31, 1997, complete lete lines 21 through 24.	\$1,09 te lines 17 through	7,000 n 20. For	
2/17/98 For assistance agreement agreements signed during	s signed between 1998 and future business receiving	B/1/00 July 1, 1995 and De years, please comp	placed in service N/A ecember 31, 1997, complete lete lines 21 through 24.	\$1,09 te lines 17 through	7,000 n 20. For	CITY'S
2/17/98 For assistance agreement agreements signed during 17. Job creation goals for	s signed between to 1998 and future business receiving	B/1/00 July 1, 1995 and Doyears, please comp	placed in service N/A ecember 31, 1997, completelete lines 21 through 24. 18. Average hourly wage assistance	\$1,09 te lines 17 through	7,000 n 20. For iness receiving	CITY'S CRITERI
2/17/98 For assistance agreement agreements signed during 17. Job creation goals for 54 New Jobs 19. Actual jobs created st N/A Goals of business receiving	s signed between 2, 1998 and future business receiving nee business receiv	B/1/00 July 1, 1995 and Do years, please comp ; assistance ; ded assistance red assistance	placed in service N/A ecember 31, 1997, complete lines 21 through 24. 18. Average hourly wage assistance \$31,367.00 20. Actual average hourly business received assis N/A Actual performance since	s1,09 te lines 17 through level goals for bus wage paid to emp stance	7,000 in 20. For iness receiving loyees hired since ervice: (Please)
2/17/98 For assistance agreement agreements signed during 17. Job creation goals for 54 New Jobs 19. Actual jobs created st N/A	s signed between 1998 and future business receiving by 8/1/02 nee business receiving assistance: (Pleasach wage level and	B/1/00 July 1, 1995 and Do years, please comp ; assistance ; ded assistance red assistance	placed in service N/A ecember 31, 1997, complete lines 21 through 24. 18. Average hourly wage assistance \$31,367.00 20. Actual average hourly business received assisting N/A	s1,09 te lines 17 through level goals for bus wage paid to emp stance project placed in s yeas at each wage	7,000 in 20. For iness receiving loyees hired since ervice: (Please)
2/17/98 For assistance agreement agreements signed during 17. Job creation goals for 54 New Jobs 19. Actual jobs created stand Jobs are and stand of Dusiness receiving number of employees at a second standard	s signed between 1998 and future business receiving by 8/1/02 nee business receiving assistance: (Pleasach wage level and	B/1/00 July 1, 1995 and Doyears, please comp assistance red assistance use indicate i indicate the	placed in service N/A ecember 31, 1997, complete lines 21 through 24. 18. Average hourly wage assistance \$31,367.00 20. Actual average hourly business received assis N/A Actual performance since indicate aumber of emplothe corresponding benefit 23. Job Creation	sl,09 te lines 17 through level goals for bus wage paid to emp stance project placed in s yeas at each wage level.) Hourly Wage Level	7,000 in 20. For iness receiving loyees hired since ervice: (Please)
2/17/98 For assistance agreements agreements signed during 17. Job creation goals for 54 New Jobs 19. Actual jobs created st N/A Goals of business receiving number of employees at a corresponding benefit leverage.	business receiving 1998 and future business receiving nee business receiving ng assistance: (Pleasach wage level and eL) Hourly Wage Level	B/1/00 July 1, 1995 and Doyears, please comp assistance ved assistance ise indicate i indicate the	placed in service N/A ecember 31, 1997, complete lines 21 through 24. 18. Average hourly wage assistance \$31,367.00 20. Actual average hourly business received assis N/A Actual performance since indicate number of emplothe corresponding benefit	sl,09 te lines 17 through level goals for bus wage paid to emp stance project placed in s yeas at each wage level.) Hourly Wage Level	7,000 n 20. For iness receiving loyees hired since ervice: (Please level and indicate 24. Hourly Value)
2/17/98 For assistance agreements agreements signed during 17. Job creation goals for 54 New Jobs 19. Actual jobs created st N/A Goals of business receiving number of employees at a corresponding benefit lev 21. Job Creation	business receiving 1998 and future business receiving nee business receiving ng assistance: (Pleasach wage level and eL) Hourly Wage Level	B/1/00 July 1, 1995 and Doyears, please comp assistance red assistance ise indicate the 22. Hourly Value of Voluntary	placed in service N/A ecember 31, 1997, complete lines 21 through 24. 18. Average hourly wage assistance \$31,367.00 20. Actual average hourly business received assis N/A Actual performance since indicate aumber of emplothe corresponding benefit 23. Job Creation	sl,09 te lines 17 through level goals for bus wage paid to emp stance project placed in s yeas at each wage level.) Hourly Wage Level	7,000 iness receiving leyees hired since ervice: (Please level and indicate 24. Hourly Value of Voluntary)
2/17/98 For assistance agreements agreements signed during 17. Job creation goals for 54 New Jobs 19. Actual jobs created st N/A Goals of business receiving number of employees at a corresponding benefit lev 21. Job Creation	s signed between 2, 1998 and future; business receiving the business receiving the business receiving the business receiving the business receiving assistance; (Pleasach wage level and the business receiving the business receiving assistance; (Pleasach wage level and the business receiving the bus	B/1/00 July 1, 1995 and Doyears, please comp assistance red assistance ise indicate the 22. Hourly Value of Voluntary	placed in service N/A ecember 31, 1997, complete lines 21 through 24. 18. Average hourly wage assistance \$31,367.00 20. Actual average hourly business received assis N/A Actual performance since indicate aumber of emplothe corresponding benefit 23. Job Creation	s1,09 te lines 17 through level goals for bus wage paid to emp stance project placed in s yeas at each wage level.) Hourly Wage Level (excl. benefits)	7,000 n 20. For iness receiving leyees hired since ervice: (Please level and indicate 24. Hourly Value of Voluntary)

Please complete lines 25 through 27 for all agreements.

If necessary, please attach additional documentation.

\$8.00 to \$9.99

\$10.00 to \$11.99

\$12.00 and higher

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
и/А	march 25, 2002
27. Have all wage and job goals been achieved? ☐ Yes — do N/A ☑ No — ple:	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.

2.00

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July I, 1995.

#17 - 20

Criteria

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)

01-0288

Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name		
Burnsville Economic Development			Ì	
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	Y 6:5: 6::	D. Janet Same	
	7. Fax number (area code)	X CityCounty	KegionaiState	
	(612) 895~4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SiC code)		
Ticen's Pro Care,	Inc.	l 782/783/4971		
11. Type of assistance (e.g. loar	TIF, grant, intrastructure, etc.)	12. Name of TIF district (if app	plicable)	
	_			
TIF		<u> Districts 1 and 1</u>		
13. Date of business	14. Date assistance first	15. Date project (building/	16. Dollar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
8/1/02		placed in service		
8/3/98	011109	<u> </u>	\$51,000	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance 20 jobs by 8/1/02	18. Average hourly wage assistance S10.31/hr.	-	-	#17 - City'
19. Actual jobs created since business received assistance	20. Actual average houri business received ass	istance		Crite
5 new jobs	501.17/hr	. \$23,234	12.36 Annual	i
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since indicate number of employed the corresponding benefit	ovees at each wage i	•	
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (S)		Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)	1
less than \$7.00	N:/A	less than \$7.00	N_A	}
\$7.00 to \$7.99		\$7.00 to \$7.99		
\$8.00 to \$9.99	i 	\$8.00 to \$9.99		}
\$:0.00 to \$i1.99	!	\$10.00 to \$11.99		İ
\$12.00 and higher	i ——	\$12.00 and higher		ļ
If necessary, please attach additional documentation.	If necessary, please attack	h additional docume	ntation.	

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed	
7/2000	MArch 25, 2002	
27. Have all wage and job goals been achieved? ☐ Yes — do ☑ No — ple	not submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

01-0289

			pevenhmeni	
1. Funding government agence	y name	2. Contact name		
Burnsville Economic Development		ļ		
Authority		Judy Tschumper		
3. Agency street address		4. City		
City of Burnsville	•		1	
100 Civic Center P	arkway	<u>Burmsville</u>		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	V 6 8	Carrol Char	
	7. Fax number (area code)	X CiryCountyRe	Siouri — prate	
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
SAI Investment Co	•	7389		
11. Type of assistance (e.g. los	in, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applic	ible)	
TIF	•	Districts I and 2		
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ 1 machinery/ett.) was placed in service	6. Doilar value of business assistance	
10/21/96	8/1/98	12/97	\$58,035.00	
For assistance agreements sign	ned between July 1, 1995 and D	ecember 31, 1997, complete lines 1	7 through 30. For	
	8 and future years. Blease comm			

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance				
By 8/1/00 will create 60 new jobs.			\$19.73	/hr.	\$41,042.00	/Arnual	
19. Actual jobs created since business received assistance		20. Actual average hourly wage paid to employees hired since business received assistance			oyees hired since		
26 new	_			S. 19.	33/hr.	\$40,214.29	9/Arnual
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati Full-time		Hourly Wage Level	22. Hourly Value of Voluntary Benefits (\$)			Hourly Wage Level	24. Hourly Value of Voluntary
		(excl. benefits) less than \$7.00		———	Pan-ene	(excl. benefits) less than \$7.00	Benefits (5)
	<u>N/2</u>	\$7.00 to \$7.99	i		<u>N/A</u>	\$7.00 to \$7.99	
		\$8.00 to \$9.99				\$8.00 to \$9.99	
		\$10.00 to \$11.99				\$10.00 to \$11.99	
\$12.00 and higher					\$12.00 and higher		
If necessary, p	lease arrac	h additional docume	ntation.	If necessary,	elease attac!	n additional docume	station.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels	documented 26. Date this Minnesota Business Assistance Form completed
3/15/99	March 30, 2001
27. Have all wage and job goals been achieved?	Yes — do not submit future forms for this project.
<u></u>	No - please submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

to the business have (over)

stopped due to not meeting employee goals, Legal Coursel involved.

(Please return by April 1, 1999)

01-0290



Please complete lines 1 through 16 for all agreements.

1. Fulland Soveriment agency name		2 Condic date		
Burnsville Economic Development				
Authority		Judy Tschumcer		
3. Agency street address		4. City		
City of Burnsvil	lle			
100 Civic Center Parkway		Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436			
3033,	7. Fax number (area code)	X City County Regional State		
		Object (Microsoft Property		
	(612) 895-4453	Other (Please indicate)		
9. Name of business recei	ving assistance	10. Industry of recipient (SIC code)		
MHC Associates	, LLC	2759		
11. Type of assistance (e.)	¿ lean, TIF, grant, intrastructure, etc.)	12. Name of TIF district (if applicable)		
	•	Districts 1 and 2		
TIF	•	TIF Soils District No. 3		
i3. Date of business	14. Date assistance first	15. Date project (building) 16. Doilar value of business		
assistance agreement	provided	machinery/em.) was assistance		
	ł	placed in service		
<u>7/17/95</u>	7/25/97	2/1/96 \$180,514.00 <u></u>		
agreements signed during	1998 and future years, please com			
17. Job creamon goals for	business receiving assistance	18. Average hourly wage level goals for business receiving		
By 8/1/99 will	add 4 new jcbs.	sistance \$40,238 Annual		
19. Actual jobs created sir	ace business received assistance	20. Actual average hourly wage paid to employees hired since		
		business received assistance \$ 58,050 a mual		
. Н	\	\$ 27.90 W \$58,050 amual		
Goals of business receiving	ng assistance: (Please indicate	Actual performance since project placed in service: (Please		
number of employees at a	ach wage level and indicate the	indicate number of employees at each wage level and indicate		
corresponding benefit levi	eL)	the corresponding benefit level.)		
21. Job Creation	Hourly Wage 22. Hourly Value	23. Job Creation Hourly Wage 24. Hourly Value		
	Level of Voluntary			
Full-time Part-time	(excl benefits) Benefits (S)	Full-time Part-time (excl. benefits) Benefits (\$)		
_	iess than \$7.00	less than \$7.00		
		N/A \$7.00 to \$7.99		
				
	\$8.00 to \$9.99	\$8.00 to \$9.99		
	\$10.00 to \$11.99	\$10.00 to \$11.99		
	\$12.00 and higher	\$12.00 and higher		
	-	· ·		
If pecessary please attach	additional documentation.	T LE SECENCIA DIESES TERENTAMENTO COMPRENISTION		
If necessary, please artach	additional documentation.	If necessary, please attach additional documentation.		
Please complete lines 25 ti	hrough 27 for all agreements.	L decessary, prease tunen andruonal documentation.		
Please complete lines 25 ti		26. Date this Minnesota Business Assistance Form completed		
Please complete lines 25 th 25. Last date actual wage	hrough 27 for all agreements.	26. Date this Minnesota Business Assistance Form completed		
Please complete lines 25 th 25. Last date actual wage	and job creation levels documented 7-16-01 9 goals been achieved? Yes — do	26. Date this Minnesota Business Assistance Form completed March 25, 2002		
Please complete lines 25 to 25. Last date actual wage 27. Have all wage and job	and job creation levels documented 7-16-01 9 goals been achieved XYes — do No — ple	26. Date this Minnesota Business Assistance Form completed		

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)

Please complete lines I through 16 for all agreements.

01-0291



1. Funding government agency name		2. Contact name		
Burnsville Economic Development				
Authority		Judy Tschumeer		
3. Agency street address		4. City		
City of Burnsville				
100 Civic Center Pa	erkway	_Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency		
55337	(612) 895-4436	X CityCounty	Regional State	
	7. Fax number (area code)		sate	
	(612) 895-4453	Other (Please indicate)		
9. Name of business receiving	assistance	10. Industry of recipient (SIC code)		
Astleford Equipmen	it Co., Inc.	_3537		
11. Type of assistance (e.g. loan	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
TIF		Districts 1 and 2		
13. Date of business	14. Date assistance first	15. Date project (building)	16. Doilar value of business	
assistance agreement	provided	machinery/em.) was	assistance	
5/20/96	7/25/97	placed in service \$77,520.00		
			<u>'</u> _	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

17. Jon creation goals for business receiving assistance		18. Average hourly wage level goals for business receiving assistance					
By 8/1/99 will create 7 new jobs			_ \$18.75	5/hr.	\$39,000.0	0/Annual	
19. Actual jobs created since business received assistance						loyees hired since	
7				ecerved ass		1,000/annua	
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)			Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creati		Hourly Wage Level	22. Hourly Value of Volumary			Hourly Wage Level	24. Hourly Value of Voluntary
Full-time	Part-time	(excl benefits)	Benefits (\$)	run-ume	Part-time	(excl benefits)	Beneর্মি s (S)
	—	less than \$7.00				less than \$7.00	
	N/A	\$7.00 to \$7.99			N/Δ	\$7.00 to \$7.99	
<u></u>		\$8.00 to \$9.99	 _			\$3.00 to \$9.99	
		\$10.00 to \$11.99	, <u> </u>			\$10.00 to \$11.99	'
\$12.00 and higher				\$12.00 and highe	:		
If necessary, p	lease arrael	h additional documen	ntation.	If necessary, please attach additional documentation.			

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completes	
4-19-01	March 25, 2002	
27. Have all wage and job goals been achieved? Yes — do No — ple:	not submit future forms for this project. use submit the 2000 Minnesota Business Assistance Form.	

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

(Please return by April 1, 1999)



Please complete lines I through 16 for all agreements.

01-0292

Economic Development	
RegionalState	
ode)	

1. Funding government agency name		2. Contact name		
Burnsville Economic Development			İ	
Authority		Judy Tschumper		
3. Agency street address		4. City	· ·	
City of Burnsville				
100 Civic Center Pa	arkway	Burnsville		
5. Zip code	6. Phone number (area code)	8. Type of government agency	,	
55337	(612) 895-4436	Y Circ Course	Parianal Cour	
	7. Fax number (area code)	X City County Regional State		
•	(612) 895-4453	Other (Please indicate)_		
9. Name of business receiving	255i5tance	10. Industry of recipient (SIC code)		
Independent School	District 191	8299		
II Turn of assistance to a lea	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)		
11. Type of assistance (e.g. for	n, in , grant, missincure, etc.)	12. Name of the district (it abblicable)		
TIF		Districts 1 and 2		
13. Date of business 14. Date assistance first		15. Date project (building/	16. Doilar value of business	
assistance agreement	provided	machinery/etc.) was	assistance	
	<u> </u>	placed in service	<u> </u>	
5/4/98 N/A		l N/A	\$94,605	

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24.

ł	business receiving		18. Average h	ourly wage	level goals for bus	ness receiving	
9 jobs	1 2 yrs_cf_as	ssistance	\$13.72	/hr.	\$28,5	15/yr.	
_	ince business receive	ed assistance		rage hour! eceived ass	y wage paid to empi istance	ovees hired since	
N/A							<u> </u>
	ployees at	ng assistance: (Pleas each wage level and vel.)			er of emplo	e project placed in s pyces at each wage l (level.)	•
21. Job Creation Full-time		Hourly Wage Level (excl benefits)	22. Hourly Value of Voluntary Benefits (S)			Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (5)
		less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99				less than \$7.00 \$7.00 to \$7.99 \$8.00 to \$9.99	
9		\$10.00 to \$11.99 \$12.00 and higher		23		\$10.00 to \$11.99 \$12.00 and higher	
If necessary, p	lease artac	h additional docume	ntation.	If necessary, p	lease attac	h additional docume	entation.

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels document	ed 26. Date this Minnesota Business Assistance Form completed
3/31/99	3/31/99
	- do not submit future forms for this project please submit the 2000 Minnesota Business Assistance Form.

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

#17 - 20City's Criteria

(Please return by April 1, 1999)

01-0301



Please complete lines 1 through 16 for all agreements.

1. Funding government agency	name	2. Contact name			
Burnsville Economic	Development				
Authority		Judy Tschumper			
3. Agency street address		4. City	(
City of Burnsville					
100 Civic Center Pa	erkway	Burnsville			
5. Zip code	6. Phone number (area code)	8. Type of government agency	'		
55337	(612) 895-4436	X Ciry County	Regional State		
	7. Fax number (area code)	<u> </u>			
	(612) 895-4453	Other (Please indicate)_			
9. Name of business receiving		10. Industry of recipient (SIC	code)		
Clayton S. and Bev					
(for Northwest Bit		2951			
11. Type of assistance (e.g. load	n, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if ap	plicable)		
TIF		Districts 1 and			
13. Date of business	14. Date assistance first	15. Date project (building)	16. Doilar value of business		
assistance agreement	provided	machinery/etc.) was placed in service	assistance		
11/2/07	N/A	9/98	\$60,000.00		
11/3/97	N/A	<u> </u>	\$50,000.00		
	ned between July 1, 1995 and Do 8 and future years, please comp	jete lines 21 through 24.	es 17 through 20. For		
Two years from firm	rst date of	assistance	. goan for business factiving		
assistance will co		\$16.55/hr. \$34,421/Annual			
19. Actual jobs created since to	esmess received assessment	i 20. Actual average hourly wage paid to employees hired since business received assistance			
6	'	\$19.53/hr.	\$40,615/Annual		
Goals of business receiving as number of employees at each v corresponding benefit ievel.)			ject piaced in service: (Please s at each wage level and indicate el.)		
	urly Wage 22. Hourly Value Level of Voluntary		ourly Wage 24. Hourly Value Level of Voluntary		
	L benefits) Benefits (\$)	Full-time Part-time (ex	•		
less	than \$7.00	les	s than \$7.00		
N/A \$7.0	00 to \$7.99	N/A \$7	00 to \$7.99		
	00 to \$9.99		00 to \$9.99		
	.00 to \$11.99	, ———	0.00 to \$11.99		
	<u> </u>				
i 	.00 and higher		2.00 and higher		
If necessary, please attach add	tional documentation.	If necessary, please attach add	littonal documentation.		
Please complete lines 25 throu			_ · _ · · ·		
25. Last date actual wage and	job creation levels documented	26. Date this Minnesota Busil	ness Assistance Form completed		
3/15/99		3/23/99			
27. Have all wage and job goa	Is been achieved? IX Yes — do	not submit future forms for the			

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

SUP UNIVERSE

1999 Minnesota Business Assistance Form

(Please return by April 1, 2002)



01-0356 Please complete lines 1 through 16 for all agreements. Funding government agency name 2. Confact name Brooklyn Park Economic Development Theresa Freund, Economic Development Authority 4. City Agency street address 5200 - 85th Avenue North Brooklyn Park 5. Zip Code 6. Phone number 8. Type of government agency 763-493-8059 7. Fax number 55443 City 7763-493-8171 Name of business receiving assistance 10. Industry of recipient (SIC code) Waterford II Assisted Senior Rental Housing Units 11. Type of assistance 12. Name of TIF district (if applicable) Qualifled Costs: Acquisition & Development District #16 Development 13. Date of business 14. Date assistance first 15. Date project (building 16. Dollar value of business assistance agreement provided machinery/ etc.) was placed assistance in service 3/19/01 6/23/99 8/1/02 \$688,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. N/A. None. 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance. N/A. N/A. Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate corresponding benefit level.) the corresponding benefit level.) 21. Job creation Mourly Wage 22. Hourly Value 23. Job Creation 24. Average Hourly Hourly Wage Level Level of Voluntary Value of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Full-time (excl. benefits) Benefits (\$) _ less than \$7.06. less than \$7.00 \$7.00 to \$7.99 \$7 00 to \$8.99 \$8.00 to \$9.99 59.00 to \$10.99 _ \$10.00 to \$11.99 \$11.00 to \$12.99 \$12.00 & higher \$13.00 to \$14.99 \$15.00 & higher Please complete lines 25 through 27 for all agreements 25. Lust date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. N/A April 1, 2002 27. Have all wage and job goals been achieved? Yes - do no submit future forms for this project. Not Applicable.

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

(Please return by April 1, 2002)



Please complete lines 1 through 16 for all agreements. 01-0352 1. Funding government agency name 2. Contact name Brooklyn Park Economic Development Authority Theresa Freund, Economic Development 3. Agency street address 4. City 5200 - 85th Avenue North Brooklyn Park 5. Zip Code 6. Phone number 8 Type of government agency 763-493-8059 7. Pax number 55443 City 763-493-8171 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Duke Realty Investments, Inc. Manufacturing, Office & Warehouse Crossroads North Business Center 7 11. Type of assistance 12. Name of TIF district (if applicable) TIF Economic Development District #18 13. Date of business 14. Date assistance first 15. Date project (building 16. Dollar value of business assistance agreement provided machinery/ etc.) was placed assistance in service 10/1/98 8/1/01 7/00 \$598,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 100 160% above the Federal minimum wage. 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance See Question #23. 187 Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate corresponding benefit level.) the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value Job Creation 24. Average Hourly Level of Voluntary Hourly Wage Value of Full-time Part-time (excl. benefits) Benefits (\$) Level Voluntary Benefits (\$) _ less than \$7.00 Full-time (exc), benefits) \$7.00 to \$7.99 less than \$7.00 \$8.00 to \$9.99 100 \$7.00 to \$8.99 \$10.00 to \$11.99 \$9.00 to \$10.99 \$12,00 & higher \$11.00 to \$12.99 If necessary, please attach additional documentation \$13.00 to \$14.99 \$15.00 & higher * Value of Benefits unknown If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements 25. Last date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. July 13, 2001 April 1, 2002 27. Have all wage and job goals been achieved? Yes - do no submit future forms for this project. □ No.

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

(Please return by April 1, 2000)



01-0351

muchinery/etc.) was placed in service 7/30/99 8/1/01 ### Actual jobs created since business received assistance 19. Actual jobs created since business received assistance 19. Actual jobs created since business received assistance 19. Actual jobs created since business received assistance 19. Actual jobs created since business received assistance 19. Actual jobs created since business received assistance 19. Actual portage hourly wages paid to employees hired substiness received assistance 20. Actual average hourly wages paid to employees hired substiness received assistance 83 Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	lease complete lines 1 th	rough 16 for all agreemen	<u>us</u>	Development			
5. Zip Code 6. Phone number 763-493-8059 7. Fax number 763-493-8171 9. Name of businese receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 5 11. Type of assistance TIF 13. Date of business assistance agreement provided sessistance agreement signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements algaed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business received assistance (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 20. Actual jobs created since business received assistance See Question #23. Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value of Voluntary less than \$7.00 le	Brooklyn Park Eco	The state of the s		omic Development			
763-493-8059 7. Fax number 763-493-8171 9. Name of businese receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 5 11. Type of assistance TIF 13. Date of business assistance agreement provided prov		iorth	1 -				
9. Name of business receiving assistance Duke Realty Investments, Inc. Crossroads North Business Center 5 11. Type of assistance TIF 13. Date of business assistance first provided p	5. Zip Code	l	8. Type of government agency				
Duke Realty Investments, Inc. Crossroads North Business Center 5 11. Type of assistance TIF 12. Name of TIF district (if applicable) Economic Development District #18 13. Date of business assistance agreement provided 14. Date assistance first provided 15. Date project (building machinery/etc.) was placed in assistance assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements algreed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage. 19. Actual jobs created since business received assistance 19. Actual jobs created since business received assistance See Question #23. Goals of business receiving assistance. (Please indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value tevel of Voluntary Full-time Part-time (excl. benefits) Benefits (S) 18. Average hourly wages spaid to employees hired a business receiving assistance benefits level.) 22. Hourly Value (excl. benefits) Benefits (S) 13. Job creation Hourly Wage 22. Hourly Value (Level of Voluntary Full-time (excl. benefits) Benefits (S) 14. Date assistance first (Flease indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number of employees at each wage level and indicate number o	55443	1	City				
13. Date of business assistance agreement provided provid	Duke Realty Investi	ments, Inc.					
assistance agreement provided 8/1/01 muchinery/ etc.) was placed in service 4/00 \$451,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements algaed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage. 19. Actual jobs created since business received assistance 20. Actual neerage hourly wages paid to employees hired a business received assistance see Question #23. Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value less than 57.00 of Voluntary less than 57.00 for 19.99 for 11.99 for 19.99 f							
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agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% 160% above the Federal minimum wage. 19. Actual jobs created since business received assistance 83. 20. Actual average hourly wages paid to employees hired sousiness received assistance. See Question #23. Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$\$) \$\frac{\text{57.00 to \$7.99}{\text{58.00 to \$9.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{51.00 to \$11.99}}{\text{51.00 to \$11.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{\text{52.00 to \$10.99}} = \frac{\text{52.00 to \$10.99}}{52.00 to \$1	7/30/99	8/1/01	4/00	\$451,000			
business received assistance See Question #23. Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) \$57.00 to \$7.99 \$57.00 to \$7.99 \$58.00 to \$9.99 \$510.00 to \$11.99 \$512.00 & higher If necessary, please attach additional documentation Documents	-	Pusiness receiving assistance	assistance. Agreement amended from 150% to				
See Question #23. Goals of business receiving assistance. (Please indicate number of employees at each wage level and indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$\$) S7.00 to \$7.99		e business received assistance	20. Actual average hourly wages paid to employees hired since				
number of employees at each wage level and indicate the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00 East	83		See Question #23.				
Level of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) less than \$7.00	number of employees at each	h wage level and indicate the	indicate number of employees a	t each wage level and indicate			
25. Last date actual wage and job creation levels documented. 26. Date this Minnesota Business Assistance Form complete	Level Full-time Part-time (excl. b less that \$7.00 to 75 \$8.00 to \$110.00 \$12.00	of Voluntary cnefits) n \$7.00 > \$7.99 > \$9.99 to \$11.99 & higher	Hourly Wage Level Full-time (excl. benefits) 0	Voluntary Benefits (\$) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
documented.	Please complete lines 25 th	rough 27 for all agreements					
March 29, 2002 April 1, 2002	documented.	nd job creation levels	1	ss Assistance Form completed.			
27. Have all wage and job goals been achieved? ✓ Yes - do no submit future forms for this project		oals been achieved?					

(Please return by April 1, 2002)



01-0349 Please complete lines 1 through 16 for all agreements. 1. Funding government agency name 2. Contact name Brooklyn Park Economic Development Theresa Freund, Economic Development Authority 3. Agency street address 5200 - 85th Avenue North Brooklyn Park 5. Zip Code 6. Phone number 8. Type of government agency 763-493-8059 7. Fax number 55443 City 7763-493-8171 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Duke Realty Investments, Inc. Manufacturing, Office & Warehouse Crossroads North Business Center 3 11. Type of assistance 12. Name of TIF district (if applicable) TIF **Economic Development District #18** 16. Dollar value of business 13. Date of business 14. Date assistance first 15. Date project (building assistance agreement provided machinery/ etc.) was placed assistance in service 7/99 10/1/98 8/1/00 \$182,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. Agreement amended from 150% to 160% above the Federal minimum wage. 30 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance. See Question 23 below. 89 Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate corresponding benefit level.) the corresponding benefit level.) 24. Average Hourly 21. Job creation Hourly Wage 22. Hourly Value 23. Job Creation Hourly Wage Level Level of Voluntary Value of Voluntary Full-time Part-time (excl. benefits) Benefits (\$) Full-time (excl. benefits) Benefits (\$) less than \$7.00 less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$8,99 \$8.00 to \$9.99 \$9.00 to \$10.99 \$10.00 to \$11.99 \$11.00 to \$12.99 \$12.00 & higher \$13.00 to \$14.99 \$15.00 & higher If necessary, please attach additional documentation * Value of Benefits anknowa. Please complete lines 25 through 27 for all agreements 25. Last date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. July 13, 2001 April 1, 2002 # Yes - do no submit future forms for this project 27. Have all wage and job goals been achieved? □ No.

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

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1999 Minnesota Business Assistance Form

(Please return by April 1, 2002)



brough 16 for all agreemen	<u>u. </u>	Development			
ncy name nomic Development	2. Con Theresa Freund, Economic Development				
North	4. City Brooklyn Park				
6. Phone number 763-493-8059	8. Type of government agency				
7. Fax number 7763-493-8171	City				
ring assistance	10. Industry of recipient (SIC o	ode)			
	12. Name of T[F district (if appl	licable)			
	Economic Developmen	it District #15			
14. Date assistance first provided	15. Date project (building machinery/ etc.) was placed in service	16. Dollar value of business assistance			
6/9/00	\$60,000				
		nes 17 through 20. For			
business receiving assistance	18. Average hourly wage level goals for business receiving assistance. 1 ½ times Federal Minimum Wage 20. Actual average hourly wages paid to employees hired since business received assistance. See Question 19.				
ce business received assistance achieve nant					
g assistance: (Please indicate ch wage level and indicate the l.)	Actual performance since project indicate number of employees a the corresponding benefit level.	t each wage level and indicate			
Wage 22. Hourly Value of Voluntary Benefits (\$) an \$7.00 to \$7.99 to \$11.99 & higher	23. Job Creation Hourly Wage Level Full-time (excl. henefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 to \$14.99				
additional documentation	If necessary, please attach addit	ional documentation.			
brough 27 for all agreements					
nd job creation levels	26. Date this Minnesota Busine	ss Assistance Form completed.			
	April 1, 2002				
goals been achieund?	☐ Yes - do no submit future form	se fire this project			
	North 6. Phone number 763-493-8059 7. Fax number 7763-493-8171 ring assistance 1g 14. Date assistance first provided 6/9/00 signed between July 1, 1995 and 1998 and future years, please business receiving assistance to achieve mant. 3 assistance: (Please indicate ch wage level and indicate the l.) Wage 22. Hourly Value of Voluntary benefits) Sen \$7.00 10 \$7.99 10 \$11.99 22 thigher additional documentation brough 27 for all agreements	Theresa Freund, Econ 4. City Brooklyn Park 6. Phone number 763-493-8059 7. Fax number 7763-493-8171 Ing assistance 10. Industry of recipient (SIC of #3469 12. Name of TIF district (if applied for the provided in service and in service and in service and in service assistance. 14. Date assistance first provided in service and in service and in service and in service assistance. 15. Date project (building machinery/ etc.) was placed in service assistance in service assistance. 1998 and future years, please complete lines 21 through 24. 18. Average hourly wage level assistance. 1 1/2 times Federal Min acceptable for the corresponding benefit level. 3. assistance: (Please indicate the wage level and indicate the corresponding benefit level. 4. City 8. Type of government agency 10. Industry of recipient (SIC of #3469) 12. Name of TIF district (if applied in service assistance) and future years, please complete lines 21 through 24. 18. Average hourly wage level assistance. 1 1/2 times Federal Min and indicate the corresponding benefit level. 20. Actual average hourly wage business received assistance. See Question 19. 3. Job Creation Hourly Wage Level (acct. henefits) less than \$7.00 for \$5.99 for \$9.00 to \$10.99 for \$11.00 to \$12.99 f			

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01-0347

1999 Minnesota Business Assistance Form

(Please return by April 1, 2002)



Please complete lines 1 through 16 for all agreements. 1. Funding government agency name 2. Contact name Brooklyn Park Economic Development Authority Theresa Freund, Economic Development 3. Agency street address 4. City 5200 - 85th Avenue North Brooklyn Park 5. Zip Code 6. Phone number 8. Type of government agency 763-493-8059 7. Pax number 55443 City 7763-493-8171 9. Name of business receiving assistance 10. Industry of recipient (SIC code) Ault, Incorporated #3629 12. Name of TIF district (if applicable) 11. Type of assistance TIF Economic Development District #15 13. Date of business 14. Date assistance first 16. Dollar value of business 15. Date project (building assistance agreement provided machinery/ etc.) was placed assistance in service 12/9/99 6/23/99 8/1/01 \$54,000 For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1998 and future years, please complete lines 21 through 24. 17. Job creation goals for business receiving assistance 18. Average hourly wage level goals for business receiving assistance. 1 ½ times Federal Minimum Wage 25 19. Actual jobs created since business received assistance 20. Actual average hourly wages paid to employees hired since business received assistance. 9. Company had until 6/30/01 to achieve See Question #23 below. employment covenant. Note was reduced from \$148,000 to \$54,000. Goals of business receiving assistance: (Please indicate Actual performance since project placed in service: (Please number of employees at each wage level and indicate the indicate number of employees at each wage level and indicate corresponding benefit level.) the corresponding benefit level.) 21. Job creation Hourly Wage 22. Hourly Value 23. Job Creation 24 Average Hourly of Voluntary Level Value of Voluntary Hourly Wage Level Full-time Part-time (excl. benefits) Benefits (\$) Full-time (excl. benefits) Benefits (\$) less than \$7.00 less than \$7.00 \$7.00 to \$7.99 \$7.00 to \$8.99 \$8.00 to \$9.99 \$9.00 to \$10.99 \$10.00 to \$11.99 \$11.00 to \$12.99 \$12.00 & higher \$13.00 to \$14.99 515.00 & higher If necessary, please attach additional documentation If necessary, please attach additional documentation. Please complete lines 25 through 27 for all agreements 25. Last date actual wage and job creation levels 26. Date this Minnesota Business Assistance Form completed. documented. 7/19/01 April 1, 2002 27. Have all wage and job goals been schieved? ■ Yes - do no submit future forms for this project □ No.

Please complete one form for each business assistance agreement your agency signed between July 1, 1995 through July 31, 1999.

RECEIVED MAR 1 8 2002

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

riense complete unes i un ough to tot an agreements.	Devaopman
1. Funding government agency name	2. Contact name
City of Austin	Tom Dankert
Agency street address	4. City
500 YE Ave NE	Austin
5. Zip code 6. Phone number (area code)	8. Type of government agency
55912 (507) 437~ 9959 7. Fax number (area code)	∠ CityCountyRegionalState ✓
(507)433 - 1693	Other (Please indicate)
9. Name of business receiving assistance	10. Industry of recipient (SIC code)
Palleton of MN, Inc.	Unknown
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)	12. Name of TIF district (if applicable)
TIF	TIF #9 Palleton
13. Date of business assistance agreement provided	15. Date project (building) 16. Dollar value of business machinery/etc.) was assistance
04/05/99 None Yet	placed in service 48,000.00 max.
For assistance agreements signed between July 1, 1995 and D agreements signed during 1998 and future years, please comp	
17. Job creation goals for business receiving assistance	18. Average hourly wage level goals for business receiving
	assistance
19. Actual jobs created since business received assistance	20. Actual average hourly wage paid to employees hired since business received assistance
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)	Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)
21. Job Creation Hourly Wage 22. Hourly Value Level of Voluntary	23. Job Creation Hourly Wage 24. Hourly Value Level of Voluntary
Full-time Part-time (excl. benefits) Benefits (\$)	
less than \$7.00	less than \$7.00
\$7.00 to \$7.99	\$7.00 to \$7.40
\$ \$8.00 to \$9.99	S8.00 to \$9.99
\$10.00 to \$11.99	3
\$12.00 and higher	\$ S12.00 and higher
If necessary, please attach additional documentation.	If necessary, please attach additional documentation.
Please complete lines 25 through 27 for all agreements.	
25. Last date actual wage and job creation levels documented	26. Date this Minnesota Business Assistance Form completed
12/31/01 documented 1/24/02	February 15, 2002
27. Have all wage and job goals been achieved? Yes — do	onot submit future forms for this project. ase submit the 2000 Minnesota Business Assistance Form.
	e one form for each business assistance agreement your

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.

O Job requirements have yet to be completed for the mandated 36 months.



City of Austin

500 Fourth Avenue NE Austin, Minnesota 55912-3773 Phone: 507-437-9940

Fax: 507-434-7197 www.austin-mn.com

February 15, 2002

Ms. Nina Fritz, Office Manager Palleton of Minnesota, Inc. 805 11th Street N.E. Austin, Minnesota 55912 RECEIVED MAR , S THE

Dear Ms. Fritz:

Thank you for the recent submission of your "Job Creation" workpaper plus copies of your W-2's. This information is needed in order to compute your job credit for the tax increment financing deal that was granted your company.

According to Section 4.5 of the Contract for Private Redevelopment (page 13) the City of Austin is to give you a job credit in the amount of \$4,000 for each full-time job created within 24 months from when you receive your certificate of occupancy. This would mean, all of the jobs would have needed to be created by March 21, 2001. The jobs that were created would also need to be maintained for 36 months in order to receive the credit. The following are our calculations for the credit that you will earn, if the following jobs are maintained for the 36-month schedule:

<u>Name</u>	Position	End of 36 months	Notes
Joel Fritz	General Manager	September 30, 2002	
Glenn Cobb	Shop Manager	November 30,2002	Glenn replaced Jarrod McMillin (start date of 11/9/99)
Robert Cano	Builder	October 31, 2002	
Aron De Leon	Builder	February 28, 2003	
Cruz Hernandez	Tear Apart	January 31, 2003	Cruz replaced Julio Trevino in 2000.
Antoni Leon	Dock	December 31, 2002	Antoni replaced Felipe Chavez in 2001 who had replaced Ryan Lamont in 2000.
Tom Naatz	Sorter	June 30, 2003	
Jose Pineda	Builder	October 31, 2002	Jose replaced Juan De La Cruz in 2001.
Ricardo Rodriguez	Builder	March 31, 2003	
Jose Trevino	Tear Apart	May 31, 2003	Jose replaced Ismael Vega in 2001.
Jose Vasquez-Raso	Sorter	August 31, 2003	Jose replaced Juan Gomez in 2001.
Ramon Crews	Driver	December 31, 2003	

As per the Contract for Private Redevelopment, if the above positions are maintained for 36 months, then some job credits will be earned. The original job credit was to be based on the hiring of 21 full-time employees (See Schedule D of the Contract for Private Redevelopment). Since our calculations above indicate only the potential for the above twelve job credits, your total maximum amount of rebate from the tax increments you paid will be \$48,000 (\$4,000 per credit multiplied by the twelve credits). This \$48,000 includes interest at 8.0%.

To date the following tax increments have been paid, net of the State of Minnesota's .0025 fee:

2000 \$ 113.32 2001 \$11,512.13 (paid in 2002)

Upon completion of maintaining the above job credits for the 36 months, we will begin to remit back to you the tax increments you have paid back to 2000, not to exceed \$48,000.

Please remember to continue to send in the "Job Creation" form plus copies of your W-2's for both 2002 and 2003. If you have any questions, please do not hesitate to give me a call at 437-9959.

Sincerely,

Tom Dankert

Director of Administrative Services U\Word\Tin2002\Palleton Job Credit 2001

Enc.

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Tax Ogliculation Prest List

MOWER COUNTY / POST CONVERSION TABECL PAGE 16

	TIF CISTRICT	CZ1 PALĹE	TC4 716-9			Dave Mules	P=======		-21			
	lax Cade /	74.		¥		* Fu Authors	-1-roperes	# 	6123	1 500	C-1	5 51
	Managara tanan	Capacity	Total	*Twp/City	3chool	County-		-Other	Εx	cess	I	i Hx
٠	DESCRIPTION DESCR		EA	STBIDE DEVELOPMENT	CORP.	5401			233	099		
	Di-SROSS TAX (LEVIED)	3 i	53. 0 7	7. 20	14.61	10, 63	CITYHO	. 23				
	CE-GROSE TAX (TAX INDR)	154	166.59				T-INCR	166.59				
	DEH MARKET VALUE TAX	7.705	B. 38		6.38							
	51-2FAENT 4E-11E00-0		333.96	333.96					P- 174	25 1-	- 1	155.11
	AREA TAX + SPASHT		542.00	341. Zb	2 2. 95	10.83	CITYHO	33				
							T-INCR	166.59				
					·		T-INCR	166.59				-
	#D01 R B4.224.0070/001 01-(RDSS TAX (LEVIED) 02-SROSS TAX (TAX INCR) 05-MARKET VALUE TAX 61-SFASHT 48-11200-0 68-WET TAX + SPASHT		EA	STSIDE DEVELOPMENT	CORP.	3401			233	235		
	D1-GROSS TAX (LEVIED)	. 62	67.7 <i>6</i>	14.60	29.22	23. 28	CITYHO	. 65				
•	(-Z-SFDSS TAX (TAX INCR)	303	327.76				T-INCR	327.76				
	GS-MARKET VALUE TAX	15,200	15. 55		16.55							
	61-3FASHT 46-11200-0		667. 9 3	667. F3					F- 345	. 70 I-	• 3	316.ZZ
•	BEHBET TAX + SPASMT		1,050.00	ŁB2, 53	45.77	23. 28	CITAHO	. & &				
							T-INCR	327. 7 Ł				
	S1→HET TAX		412.07	14. ŁO	45.77	2 3. 28	CITYHO	. Ł &				
							T-INCE	327.76				
	COD1 P B4.254.0050/001 C1-58055 TAX (LEVIED) (B2-68025 TAX (TAX INCR) (B2-4ARKET VALUE TAX 61-58ABHT 48-11200-0 H2-UET TAX + SPASHT		EA	STSIDE DEVELOPMENT	COFF.	3401			233	959		
.,	GIHSROSS TAX (LEVIED)	27	로함. ఓ 5	b. 36	12.72	9. 25	CITYHO	. 29				
	OBHGROSS TAX (TAX INCR)	131	141.71				T-INCR	141.71				
	OF-MARKET VALUE TAX	6,600	7. 19		7.19							
	£1-55AEMT 45-11200-0		584.44	584.44					P- 305	. 59 I-		27E 45
	HE-HET TAY A SPACHT		752.00	590, 80	19. 91	9.29	CITYHO	. 29				
							7-INCR	141.71				
	Si-GET TAX		177.55	b. 3b	15. 51	5, 29	CITYHO	. 25 141. 71				
							T~131CP	141 71				
	EGO1 R B4.224.0090/001 M-GRDYS FAX (LEVIED) OE-GRDSS TAX (TAX THER) OE-HARKET VALUE TAX EE-HET TAX + EPASMT		EA	STSIDE DEVELOPMENT	CORP.	3401				599		
	PI-GROSS FAX (LEVIED)	27	E7.10	6 .36	12.72	9 73	CITYHO	. 29				
	DEFEROSS TAX (TAX INCR)	131	141.71				THINCR	141.71				
	DE-MARKET VALUE TAK	6,600	7.15		7.19				•			
	EBHGET TAK + EPASMT		176.00	4.36	19.91	9.73	CITYHO	. 29				
							THINCR	141.71				
	#:-NET TAX		178. 00	b. 3 5	19.91	9.73	CITYHO	. 27				
							THINGR	141.71				
	. 204 0 24 -24 2346 (004		5.51	A AND AND THE TIME I THAT TO	En E.107	2404				259		
	11-6F058 TAM (LEVIED) 02-6F088 TAM (TAM INDF) 03-6F088 TAM (TAM INDF) 05-04RKET VALUE TAM 01-9FA8MT 48-11800-0 95-06T TAM + SPASMT	2,162	2,336.26	507.24 1.	01E.B4	767, 43	CITYHO	22, 85				
	D2-55089 TAX (TAX INCR)	10,657	11,545.58				T-INCR C	11,540.75				
	EHIARKET VALUE TAX	421,500	459.69		458. 65							
	81-8FABMT 45-11200-0		231.E7	631.67					P- 435	-I £5	3	74.05
	SENIET TAY + SPASHT		19,170.00	1,240,51 1.	477.73	787.53	CITYHO	22 8 5			_	
	ve ser or reference						1 - 1711-197	11,540 78				
	PIHMET TAM		14,336,73	509 24 14	477.73	787, 93	CITYHO	22.85				·
		431)52	- · · · · · -					11,540 52				
										-		

Tex Increment Paid.

State fee

Net Increment

() . 11,540.98 (28.85) (.0025 x 11,540.98) 11,512.13 0

ACS Tax System Gi/3i/250i 10:58:51

Tax Calculation Proof List

MOWE TABBOL

TIF DISTRICT	021 PALLE	TON TIF-9							
					Dist Multi	-Property	#	C.	
Tax Code / Description	Congritu	Total	£Tue /Crtu		By Authori	ty		Exce	
Desci 1701011									
2000 R 34.224.0010/001 01-GROSS TAX (LEVIED) C2-SROSS TAX (TAX INCR) 05-MARKET VALUE TAX 61-SPASMT 42-11200-0 82-NET TAX + SPASMT		PAL	LETON OF MINNE	SOTA	3401			233 059	
DI-GROSS TAX (LEVIED)	225	253.70	52.50	117.61	81.23	CITYHO	2.36		
C2-SRCSS TAX (TAX INCR)	101	113.60				T-INCR	U 113.60		
OS~MARKET VALUE TAX	13,600	8.47	DL4 #5	8.47				P- 435, 22 I-	454 6.
SOLART TAV A SOASMT		1 553 00	001./3 0(A 50	ISL ED	81 23	CITYAO	3 74	F- 433.EE I-	+ E0. 31
BETHEL TAX T SPASON		1,230.00	714.63	125. 70	01.63	T-THER	113.60		
61~NET TAX		374.27	52.50	126, 58	81.23	CITYHO	2.36		
						T-INCR	113.60		
E000 P 34. 224. 0050/001								233 099	
01-GROSS TAX (LEVIED)	154	174.06	35. 93	80.50	56.0≥	CITYHD	1.61		
02-GROSS TAX (TAX INCR)	69	77.61				T-INCR	77.61		
05-MARKET VALUE TAX	9,300	6.13		გ. 13					
61-SPASMT 42-11200-0		346.20	346.20					P- 174.85 I-	171.35
E000 R 34.224.0050/001 01-GROSS TAX (LEVIED) 02-GROSS TAX (TAX INCR) 05-MARKET VALUE TAX 61-SPASMT 42-11200-0 82-HET TAX + SPASMT		604.00	382.13	86. 63	56.02	CITYHO	1.61		
						THINGR			
81-NET TAX		E\$7.80	35. 93	86.61	56.02	T-INCR			
2000 R 34.224.0060/001		EAS	TSIDE DEVELOPME 29.63	ENT CORP.	3401			233 05 9	
01-GROSS TAX (LEVIED)	127	143.49	29.63	66. 3B	46.14	CITYHO	1.33		
02-GROSS TAX (TAX INCR)	58	65. 24		_		T-INCR	65.24		
OS-MARKET VALUE TAX	7,700	5.08	141 20	5.08					
O1-GROSS TAX (LEVIED) O2-GROSS TAX (TAX INCR) O5-MARKET VALUE TAX 61-SPASHT 42-11200-0 62-NET TAX + SPASHT		344. EV	340. EU 375 ca	71 44	44.48	CITYUO	4 33	P- 174.85 I-	171.35
ECTIVET TAX T SPASIO		200.00	212.02	/1. 40	40.14				
81-NET TAX		213.80	29. 63	71.46	46.14	CITYHD	1.33		
						T-INCR	65.24		
2000 R 34.224.0070/001 01-GROSS TAX (LEVIED) 02-GROSS TAX (TAX INCR) 05-MARKET VALUE TAX 61-SPASMT 42-11200-0 82-MET TAX + SPASMT		EAS	TSIDE DEVELOPME	ENT CORP.	3401			233 097	
01-GROSS TAX (LEVIED)	251	281.35	58. 57	131.20	SB. 95	CITYHO	2.63		
02-GROSS TAX (TAX INCR)	114	128. 22				T-INCR	128.22		-
OS-MARKET VALUE TAX	15,200	10.02		10.02					
61-SPASMT 42-11200-0		692.41	692.41					P- 349.70 I-	342.71
EZ-NET TAX + SPASMT		1,112.00	750.98	141.22	88. 95	CITYHO	2.63		
81-HET TAX			5B. 57			CITYHO			
OI-HEL TAX		417.27	2H·21	141.22	RO. 75	T~INCR	128.22		
5000 D 34 334 0000 (004			TEIDE DEVELORME	UT CORD					
E000 R 34.224.0080/001 01-GROSS TAX (LEVIED) 02-GROSS TAX (TAX INCR) 05-MARKET VALUE TAX 51-SPASMT 42-11200-0 52-NET TAX + SPASMT	109	122 AG	1210F DEAFFORME	EL DO	30 (3	CITYHO	1 1 4	533 044	
OP-GEOSS TAX (TAX INCR)	704	55 (1	L.J. 43	20. 7 6	37,13	T-INCP	55 11		
OF-MARKET VALUE TAX	6.600	4. 35		4, 35		. 111011			
51-5PASMT 42-11200-0		£05.65	605.86					P- 305.99 I-	299.B7
52-NET TAX + SPASHT		789.00	631.29	61.33	39, 13	CITYHO	1.14	••••	•
						1-114CK	22.11		
E1-NET TAX		182.14	25.43	61.33	39.13	CITYHO			
						T-INCR	55.11		

Tax Increment Paid 5tate Fee Not tax Increment

0 113.60 (.28) .0025 × 113.60 113.32

As of December 31, 2001

 $Progress Report, Minnesota Investment Food Program \rightarrow State of Minnesota, "State Funds",$

SECTION TWO: JOB CREATION (PERM	IAMENT)									
10. Joh Title	11. Annual	42. Actual		its(yes or i				14. Hourly	15. Hourly Wage	16. Total Hourly Compensation
}	Hours Per Joh	Hiring Date	Denial Insurance	Life 1	Health Insurance	Retirement	Other	Value of Benefits	wage	(14 plus 15)
GEN. NOR (DEL FRITZ	2080	10/1/99/	7	V	Y	7	N	3.26	3850%	
SHOP MGR/GLENN COOR	/	1/5/00%	PN_	4	<u> </u>		(0.94		F23.78
BUILDER/ROBERT GANO		10/25/991		<u> </u>	Ý			0.52	13.23 × R	_ 13.75
TEAR MARTIRUDY CROA		11/28/01	N	N	<u> </u>	<u> </u>			9.50	9.50
ANI LOTER / ARIN DE LEON		3/6/001		4	4	-		0.52		R13.75
TEAR APART (RUZ HERWANEZ		12/21/08		4				0.03	10.00	
DOCK ANTONI LEON		3/5/014	7 1	-4-	4	 		0.52		12.52
DUCK/THOWAS NATZ		6/26/001		4.				1.41	10 00 1	
BULDER/ZERGIO OCHOA		9/12/01	N	\mathcal{N}	N				12.14	12.14
DULLDER /JOSE PNEAR		5/16/014		4	4			0.52		12.63
BUILDER RICARDO RUDALGIES		4/4/00		- Y	Ň	-		0.03	12.11	
FAR AMOUTUSE TLEVINO		8/8/014		17	. N	 			 	9.50
SORTER JOSE VASQUEZ-RAYO		1/8/01%		4_	N			0.03	10.00 4	
DRIVER RAMON CREWS	1	1/3/01		4	2	•		0.25	3.∞ ✓	R13.25
* Profit storing browns	inclusted.									
rote: Bulders are pois	lonan	nantive	book							
17. Employment Data Base Employment: Jobs Created to Date: Total Business Employment:	Jobs Projected to be Created:			18. Certif	Nin	interest	ursic.	Province (*)	, certify that	the employment



RECEIVED APP

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

Questions? Call (651) 297-2335. Information Section 1 Information About Grantor	on where to man or the your		, m on tage				
1. Name of grantor (funding entity) City of St. Louis Park - EDA		2. Name of person completing this term GREG HUNT					
3. Street address 5005 Minnetonka Blvd.	4. City St. Louis Parl	5. ZIP code 5.54/	Y				
6 County 7. Phone number 952-924-21	8. Fax number 97 952-924-2	9. E-mail ac					
10. Please indicate who in your organization should rece	ive the 2001 MBAF if different l	from the person in Que	stion 2.				
Name/Title Phone number	er Street address	City	ZIP code				
 11. Classification of grantor (Mark one. It grantor is enti-created by gov's agency, please indicate attillation. It example, a city EDA would check "City government." 	adopted criteria for compliance with M Yes (Indicate hear) No We held a public he	r awarding business sudinn, Stat. §1161.994? Ing date 40-18-53 and aring but have not yet: aring but have not yet: ate of initial hearing -	bsidies in (Mark one) attach criteria) adopted				
13. Has your organization signed any agreements to awa through December 31, 1999 that is required to be rep. A Yes (Complete the remainder of the	ported under Minn, Stat. §115J.9		tark one.)				
Section 2 Information About Recipient 14. Name of business or organization receiving subsidy or financial assistance Fern Hill Place L.L.L., a Limited Liability Company	15 Address where but will be used 5101 Minner Street address	isiness subady or final Fonke Blvd., S					
16. Does the recipient have a parent corporation? (Mark in Yes Undicate name and address of parent corporation ★ No.		de ultimate owner.)					
Name of parent corporation	Street address	City Sta	te ZIP code				

A Manufacturing A Retail Trade	O Services O Wholesale Trade	Finance, Insurance, Real Estate 2 Construction 2 Other tplease specify)
18 Did the recipient relocate as a resul	t of signing this agreement?	(Mark one.)
Yes (Indicate city and state of previor No (Ga to Question 19.)	nts address and reason recip	ment did not complete this project at that address.)
City. State of previous address Reaso	n project not completed at p	orevious address
 Would the recipient have remained financial assistance? (Mark one.) 	l in previous location or relo	ocated elsewhere if not awarded this business subsidy or
A Remained at previous location 🛮 🎽	Relocated to different Minns	esota location — 2 Relocated outside Minnesota
ection 3 General Informati	on About the Agree	ment
20. Total dollar value of business subs assistance (Please separate by 1714 and 25 - and indicate only princip # 568,16	r - see Questions 24 pal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 9-7-99 4-11-00 11-15-99 1-3-00
indicate the date improvements were whichever is earlier.)	e finished, equipment was pl before 7/1/00	the husiness subsidy or financial assistance. For example, luced into service, or the recipient occupied the property.
be reported? (Mark one.)	D business subsidy	our types of financial assistance (see Question 25) required to financial assistance
 If the agreement provided a busine indicate the type(s). 	ss subsidy, please	 If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided	linancial assistance	anot applicable, agreement provided a business valishing
J loan		**assistance for property polluted by contaminants
☐ grant (i.e., forgivable loan) ☐ tax abatement		2 assistance for renovating building stock or bringing it up to code, when 50% or less of total cost
$\ensuremath{\mathcal{A}}$ TIF or other tax reduction or defert.	ıl	a assistance for pollution control or abatement
J guarantee of payment	iotileo	assistance for a TIF soils condition district
 contribution of property or infrastru preferential use of governmental fac 		
🖰 land contribution		
I other (Specify subsidy type.)		
 If the assistance included tax incremendicate the type of TIF district? (I) 		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark onc.)
	the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
I not applicable, assistance was not in		assistance fellow, thruch an auditional sheer if it cessary,
☐ redevelopment ☐ renewal and renovation		assistance person, under an additional sincer y in cessary,
☐ redevelopment ☐ renewal and renovation ☐ soils condition		□ No
☐ redevelopment ☐ renewal and renovation		
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development		□ No

I Enhancing economic diversity I Creating high-quality job growth I Job retention I Stabilizing the community		☐ Increasing tax base (c: ☑ Other (please specify)) ☐ Other (please specify) ☐ Other (please specify)	Cleanup Lieder	relepment of con	
Indicate whether the agre at the time of this report.			of goals, and whether the resters) for each goal.)	ecipient had attaine	d those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals			established? dates D Yes D No D Yes D No D Yes D No	get attainment (month & year)	All goals attained! Tyes TNo Tyes TNo Tyes TNo Tyes TNo Tyes TNo
lease attach descriptions o ainment if not docum <mark>ente</mark> c					
agreement and the avera	ge hourly value	of any employer-pro-	eation and/or retention gos vided health insurance goa o separate goals by full- at FTE (only if goals not stated as FT/PT) Job Creation	is for those jobs. 1	
no hom)y wage-level goal			V		S
less than \$7.00					٠
\$7.00 to \$8.90			<u> </u>	. -	\$ <u></u>
\$9,00 to \$10,49					`
					\$
\$11,00 to \$12,99					
\$11,80 to \$12,99 \$13,00 to \$14,99			····		\$
			 		\$
\$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hot	ng wage categor	ies, indicate the num		and/or retained sine	s
\$13,00 to \$14,99 \$15.00 and higher For each of the following date and the actual hot full-time equivalents if Hourly Wage	ng wage categor uly value of any voic are unable Full-time Job	ies, indicate the num employer-provided it to veparate jab create Part-time! Seasonal/Temp.	per of actual jobs created a health insurance for those jobs into full- and part-time FTF (only if unable to separate FT/PT)	and/or retained sind obs. (Only indicat positions)	se the benefit c job creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher For each of the followindate and the actual hot full-time equivalents if Hourly Wage textfuding benefits)	ng wage categor irly value of any you are anable Full-time Job Creation	ies, indicate the num employer-provided l to veparate job create Part-time/ Seasonal/Temp. Job Creation	ber of actual jobs created a realth insurance for those j ion into full- and part-time FTE (only if unable to separate FT/P4) Jub Creation	and/or retained sind obs. (Only indicat positions)	te the benefit e job creation in Hourly Value of Health Insurance
\$13,00 to \$14.99 \$15.00 and higher For each of the following date end the actual hot full-time equivalents if Hourly Wage textuding benefits) less than \$7,00	ng wage categor uly value of any you are anable full-time Job Creation	ies, indicate the num employer-provided to veparate jah create Part-time! Seasonal/Temp. Job Creation	ber of actual jobs created a lealth insurance for those j ion into full- and part-time FTF (only if unable to separate FT/P4) Job Creation	and/or retained sind obs. (Only indicat positions.) Job Retention	to the benefit of polycreation in Hourly Value of Health fusurance
\$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hot full-time equivalents if Hourly Wage textfuding benefits) less than \$7.00 \$7.00 to \$8.00	ng wage categor uly value of any you are anable full-time Job Creation	ies, indicate the num employer-provided to veparate jah create Part-time! Seasonal/Temp. Job Creation	ber of actual jobs created a lealth insurance for those j ion into full- and part-time FTF (only if unable to separate FT/P4) Job Creation	and/or retained sind obs. (Only indicat positions.) Job Retention	to the benefit of polycreation in Hourly Value of Health fusurance
\$13,00 to \$14,99 \$15,00 and higher For each of the followin date and the actual hot full-time equivalents if Hourly Wage textfuding henefits) less than \$7,00 \$7.00 to \$8,00 \$9.00 to \$10,99	ng wage categor urly value of any you are unable full-time Job Creation	ies, indicate the num employer-provided to veparate jah create Part-time! Seasonal/Temp. Job Creation	ber of actual jobs created a lealth insurance for those j ion into full- and part-time FTF (only if unable to separate FT/P4) Job Creation	and/or retained sind obs. (Only indicat positions.) Job Retention	te the benefit e job ereation in Hourly Value of Health Insurance 5 5

Section 5 Recipients Failing to Fulfill Obligations

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

	ust 1 through December 31, 1999 116J.993 and §116J.994? (Mark	, did your organization have any rone.)	ecipients who failed to report as
	of each recipient failing to report litional pages (Enecessary.)	and the value of subsidy or financ	ial assistance awarded to that
XINo			
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
		achieve any goals or fulfill any of required to be fulfilled by the time	
□ Yes (C	omplete the remainder of this sect	tion i - 🎽 No (Stop here and sta	bmit form to DTED .j
	owing information for each recipied by the time of reporting. Attac	nt failing to fulfill goals or any oth th additional pages if necessary.)	ner terms of an agreement that
35. Information on recipio	ent and agreement:		
Name of recipient in defau	ılt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
(2) recipient ceased operati (2) recipient was unable to		Description relocated to a differ Dother (Specify reason.)	•
37 To date, has the recip	ient fulfilled its repayment obliga-	tion? (Mark one.)	
☐ Yes ☐ ☐ No, recipient	has begun to repay the assistance	. 4 No, recipient has not begun	n to repay the assistance.
38. Has the agreement be	•	nt's deadline for folfilling its obliga	ations? (Mark one.)
39 Describe the steps be	ing taken to bring recipient into co	ompliance or recoup the subsidy:	
		 	<u> </u>
	·		

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0628

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2000 Minnesota Business Assistance Form

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to \$116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999; 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(a) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding entity) Windom EDA		2. Name of person completing this form James King		
3. Street address 444 9th Street	t	4. City Windom	5. ZIP code 56101	
6. County Cottonwood	7. Phone number 507-831-6125	8. Fax number 507-831-6142	9. E-mail ad wined®	kiress Windom-mn.c
10. Please indicate who in y	your organization should receive the	2001 MBAF if different fro	m the person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency	t (Mark one. If grantor is entity of please indicate affiliation. For ould check City government.	12. Has your organizatio adopted criteria for a compliance with Min	warding business su	bsidies in
☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		© Yes (Indicate hearing ☐ No ☐ We held a public heari criteria (Indicate date ☐ Other (Please attach et	ng but have not yet : of initial hearing -	adopted
	signed any agreements to award a bo			
through December 31,	1999 that is required to be reported	under Minn. Stat. §116J.993	and 91161,9947 (M	(ark one.)
⊠ Xes (Ca	omplete the remainder of the form.)	<u>-</u>	•	•
⊠ Xes (Ca	omplete the remainder of the form.)	<u>-</u>	•	•
	omplete the remainder of the form.) on About Recipient anization	<u>-</u>	section 5 on page 4.)
Section 2 Information 14. Name of business or organization graceiving subsidy or fin	omplete the remainder of the form.) on About Recipient anization	O No (Stop here, go to	section 5 on page 4.	cial assistance
Section 2 Information 14. Name of business or organization receiving subsidy or fin Guardian Inn of	omplete the remainder of the form.) on About Recipient anization ancial assistance	15. Address where busin will be used 1955 1st Aver	section 5 on page 4. ness subsidy or finan	cial assistance
Section 2 Information 14. Name of business or organization grandian Innocessarian Innocessarian Innocessarian Innocessarian Innocessarian Innocessarian Innocessarian Innocessarian Innocessarian Innocessarian Innocessaria	omplete the remainder of the form.) on About Recipient anization ancial assistance of Windom, LLC	15. Address where busin will be used 1955 1st Aven Street address	section 5 on page 4. less subsidy or finan tue, E. Win City	cial assistance

17. Industry of recipient's facility (Mark one.):	· · · · · · · · · · · · · · · · · · ·
☐ Manufacturing 3: Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate Adc ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
O Yes (Indicate city and state of previous address and reason I No Go to Question 19.) No previous loca	
City/State of previous address Reason project not completed	at previous address
 Would the recipient have remained in previous location or financial assistance? (Mark one.) Not applical 	
Remained at previous location Relocated to different M	linnesota location
ection 3 General Information About the Agr	reement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$400,000.00	November 12, 1999
whichever is earlier.) Benefits will begin 23. Does the agreement provide a business subsidy or one of the reported? (Mark one.) 25 business subsidy	the four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please	25. If the assistance was one of the four types of financial
indicate the type(s).	assistance, please indicate the type(s).
O not applicable, agreement provided financial assistance	20 not applicable, agreement provided a business subsidy
□ loan □ grant (i.e., forgivable loan) □ tax abatement	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost
② TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution	assistance for pollution control or abatement assistance for a TIF soils condition district
☐ other (Specify subsidy type.)	
 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
☐ not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
2 redevelopment O renewal and renovation	⊠ No
□ solls condition □ economic development □ mined underground space	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

DEnhancing conomic diversity Creating high-quality job grow I lob retention Stabilizing the community 9. Indicate whether the agreement the time of this report. (Fig. 1) A) Specific wage and job goals to (3) Other job-creation and/or retered) Other wage goals (5) Other goals other than wage a	ent included ill in the box	tes and attainment d 1 within 2 years	late(s) for each goal.) Goals Tar established? dates	ccipient had attained get attainment a (month & year)	Housing Ne
Job retention Stabilizing the community John Indicate whether the agreement the time of this report. (Fig. 1) Specific wage and job goals to the job-creation and/or reterment to the wage goals.	ent included ill in the box o be attained	tes and attainment d 1 within 2 years	Other (please specify) Other (please specify) of goals, and whether the r late(s) for each goal.) Goals Tar established? date:	ecipient had attaine get attainment s (month & year)	ed those goals All goals
9. Indicate whether the agreement the time of this report. (Fig. 1) Specific wags and job goals to Other job-creation and/or reter to Other wags goals	'ill in the box to be attained	tes and attainment d 1 within 2 years	Other (please specify of goals, and whether the r late(s) for each goal.) Goals Tar established? date:	ecipient had attaine get attainment s (month & year)	All goals
at the time of this report. (F) A) Specific wage and job goals to B) Other job-creation and/or rete C) Other wage goals	'ill in the box to be attained	tes and attainment d 1 within 2 years	late(s) for each goal.) Goals Tar established? dates	get attainment s (month & year)	All goals
Other job-creation and/or rete Other wage goals			established? date:	(month & year)	
) Other job-creation and/or rete) Other wage goals			.22 Yes □ No1	1 / 1 / 2 / 2 / 2	
Other wage goals	intion goals		D. V D. v.	1/2002	20 Yes □ No
		٠.	□Y⇔ □No □Y⇔ □No		☐ Yes ☐ No ☐ Yes ☐ No
	and Job goal	·	OYes ONo		□ Yes □ No
Please attach descriptions of go ttainment if not documented in t					
Hourly Wage	iourly value ne equivalen Full-time Jab Creation	of any employer-presses if you are unable Part-time! Sansonal/Temp. Job Creation	ovided health insurance gost to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation	ds for those jobs. (j nd part-time position Job Retention	Only indicate ons.) Hourly Volue of Health Insurance
no hontly wage-level goal	 -				3
less than \$7.00	_1		 .		.2.00
\$7.00 to \$8.99	_4	<u>.5</u>			<u> 2.0</u> 0
\$9.00 to \$10.99					<u>.2.0</u> 0
					<u>. </u>
\$11.00 to \$12.99					
\$11.00 to \$12.99 \$13.00 to \$14.99	<u> </u>				.2.00

<u>, 2.0</u>0

□ No

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?

TYes

\$13.00 to \$14.99-\$15.00 and higher

(Mark one.)

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period Aggust 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Star. \$116J.993 and \$116J.994? (Mark one.) A Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient, Astach additional pages if necessary,) ☑ No Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance Name of recipient 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) Tes (Complete the remainder of this section.) No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Type of subsidy or assistance Name of recipient in default Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): I recipient relocated to a different community Trecipient ceased operation recipient was unable to fill vacant positions □ other (Specify reason.) _ 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) Yes \(\begin{align} \square \text{No, recipient has begun to repay the assistance.} \end{align}\) I No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) .⊃Yes ⊇No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146
Or fax to: (651) 215-3841



01-0359

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- The 2000 Minnesom Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §1161.993 to §1161.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1. DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

1. Nang of grantor (funding entity)	2. Name of person completing this form			
City of Spicer	Jean Staukling			
1. Studet address 196 Manitoba St	4. City Spicer	5. ZIP code	288	
6. County 7. Phone number (320) 796 -5562	8. Fux number (320)796 - 2044	9. E-mail au	ddress UGE HLS,	
10. Please indicate who in your organization should receive the	he 2001 MBAF if different from the	ie person in Que	estion 2.	
Name/Title Plane aumber	Street address	City	ZIP code	
 Classification of grantor (Mark one, If grantor is entry created by gov't agency, please indicate affiliation. For example, a city EDA would check. 'City government.'? 	12. Has your organization he adopted criteria for awar compliance with Minn. S	ding business su	hsidies in	
Coy government L'County government	☐ Yes (Indicate hearing dat	v and	(anach criteria)	
J Regional government	U We held a public hearing t			
	criteria (Indicate date of initial hearing) Other (Please attach explanation.) Mailed ZOO)			
□ State government □ Other (Please specify.)	Other (Please attach expla	nation.) Ma	led ZOOI	
Other (Please specify) 3. Has your organization signed any agreements to award a hithrough December 31, 1999 that is required to be reported.	Other (Please attach explainsiness subsidy or financial assist under Minn. Stat. §116J 993 and	ance from Augu \$1161 9947 (A)	Ned ZCO1 IN 1. 1990 Insk one.)	
Other (Please specify.) 13. Has your organization signed any agreements to award a hard.	Other (Please attach explainsiness subsidy or financial assist under Minn. Stat. §116J 993 and	ance from Augu \$1161 9947 (A)	Ned ZCO1 IN 1. 1990 Insk one.)	
Other (Please specify.) 13. Has your organization signed any agreements to award a harmough December 31, 1999 that is required to be reported. **AYes (Complete the remainder of the form.)	Other (Please attach explainsiness subsidy or financial assist under Minn. Stat. §116J 993 and	nation.) MG (ance from Augu §1161 9942 (Ai con 5 on page 4.	led ZOO) ist 1, 1990 liuk one.)	
Other (Please specify.) 13. Has your organization signed any agreements to award a harmough December 31, 1999 that is required to be reported AYes (Complete the remainder of the form. ection 2 Information About Recipient 4. Name of business or organization	District (Please attach explanations subsidy or financial assist under Minn. Stat. §1161 993 and 1 No. (Stop here, go to vector) 15 Address where business	nation.) Maximum and from Augus \$1161 9947 (Aison 5 on page 4.	ist 1, 1990 lick one.)	
Other (Please specify.) 13. Has your organization signed any agreements to award a harmough December 31, 1999 that is required to be reported Ayes (Complete the remainder of the form.) ection 2 Information About Recipient 4. Name of business or organization receiving subsidy or financial assistance	Other (Please attach explanations subsidy or financial assist under Minn. Stat. §1161 993 and 1 No. (Stan here, go to vect.) 15 Address where business will be used.	nation.) Maximum and from Augus \$1161 9947 (Aison 5 on page 4.	ist 1, 1990 lick one.)	
Other (Please specify.) 13. Has your organization signed any agreements to award a harough December 31, 1999 that is required to be reported Ayes (Complete the remainder of the form. ection 2 Information About Recipient 4. Name of business or organization receiving subsidy or financial assistance Twin Spin Cinerna	Depart (Please attach explanations subsidy or financial assist funder Minn. Stat. §1161 993 and 1 No. (Stan here, go to sect.) 15 Address where business will be used. 151 Progues. Street address	nation.) Man ance from Augu \$1161 9947 (A) on 5 on page 4. subsidy or finance Circle Sp	ist 1, 1990 lick one.)	

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify) (MON) (+ head
18. Did the recipiout relocate as a result of signing this agreem	nent! (Mark onr.)
☐ Yes (Indicate city and state of previous address and reason No (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	at previous address
 Would the recipient have remained in previous location or financial assistance? (Mark one.) 	relocated elsewhere if not awarded this business subsidy or
© Remained at previous location Relocated to different M	linnesofa location
Section 3 General Information About the Agr	reement
20. Total dollar value of business subsidy or financial assistance (Please separate by type—see Questions 24 and 25—and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement dute, indicate any dates the agreement was amended.) TIF Application - 5/5/99 Dev. Agreement - 12/15/99
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 10 8 99	· · · · · · · · · · · · · · · · · · ·
be reported? (Mark one.) **Business subsidy**	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
☐ not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify substidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIP soils condition district
26. It the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27 Are any other granters providing a business subsidy or financial assistance to the same project? (Mark one.)
Unot applicable, assistance was not in the form of TIF if redevelopment If renewal and renovation If soils condition If economic development	Yes (Specify each granter and the value of their assistance below; uttach an additional sheet if necessary.) I No Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict	SBA Ja Loan guaranty-\$120,0 Granter Virble (8)
	Carantor Value (\$)

Section 4	Goals and	Public Purpo	se Identified	d in the A	Agreement
-----------	-----------	--------------	---------------	------------	-----------

28. Minn. Stat. §116L994 re of the following public pur				s state a public pui	mase. Which	
Enhancing economic diversity ★Creating high-quality jub growth ☐ Job retention ☐ Stabilizing the community			☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)			
29 Indicate whether the agree at the time of this report.				ecipient high attain	ed those goals	
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals		established? dates	get attainment (month & year)	Alt goals gitained? Yes UNo UYes UNo UYes UNo UYes UNo		
(Please attach descriptions of attainment if not documented						
	e hourly value	of any employer-pro-	cation and/or retention gua vided health insurance goal o separate goals by full- an	s for those jobs. 4		
Hourly Wage (excluding benefits)	Full-time Job Crition	Part-time/ Seasomi/Temp. Job Creation	FTE (<u>only</u> if gook ont stated as FT/PF) Job Creation	Job Relention	Hourly Value of Health Insurance	
no hourly wage-level goal		- -			5	
less than \$7 00		1			· <u>Ω</u> .	
\$7.00 to \$8.99	(• • • •		1. (<i>)</i>	
\$9.00 to \$10.99					5 .	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher		<u> </u>			3	
date and the actual hour	31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any camployer-provided health insurance for those jobs. (Only Indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part time positions.)					
Hourly Wage (excluding benefits)	Full-time ,]ub Creation	Part-time/ Seasonal/Femp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00		ھ_			·	
57.00 to \$8.99	1.5				5 .	
\$9,00 to \$10.99	 -	-			\$.	
\$11.00 to \$12.99				- -	š	
513.00 to \$14.99			 -	 .	s ,	
\$15,00 and higher		<u></u>		<u></u>	5	
32. Has the recipient achiev (Mark one.)	ed all goals (see	Questions 29, 30 an	·	ations stipulated in	the agreement?	

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

	e of each recipient failing to report lditional pages if necessary.)	and the value of subsidy or finance	cial assistance owarded to that
No			
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
	on have any recipients who failed in or after August 1, 1999, that were t		
⊔ Yes⊕	Complete the renounder of this seco	ion.) No (Stop here and su	bmit form to DTED .)
	lowing information for each recipies and by the time of reporting. (Attac		
35. Information on recip	ient and agreement:		
Name of recipient in deta	ndi	Type of subsidy or assistance	Initial value of subsidy or assistance
Sincet address of recipion	1	City/ZIP code of recipient	Outstanding value of subsidy or assistance
6. Reason(s) for default	(Mark all that apply.):		
Li recipient ceased operat Li recipient was unable to		☐ recipient relocated to a differ ☐ other (Specify reason.)	•
37. To date, has the recip	piont fulfilled its repayment obligati		
TYes TNo, recipien	t has begun to repay the assistance.	□ No, recipient has not begue	n to repny the assistance.
38. Has the agreement be	con amended to extend the recipient	t's deadline for fulfilling its obliga	tions? (Mark one.)
ا ن 	Yes Li No	· · · · · · · · · · · · · · · · · · ·	.
 Describe the steps be 	eing taken to bring recipient into co	inpliance or recoup the subsidy:	

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146
Or fax to: (651) 215-3841

138875



2000 Minnesota Business Assistance Form

01-0455

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April I, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding er Housing & Redevelo	onty) South St. Paul	Nume of person completing Branna K, Lindell	this form		
3. Street address 125 Third Avenue N	orth	4. City South St. Paul	5. ZIP code 55075		
6. County Dakota			8. Fax number 9. E-mail address (651) 450-8759 b_1indel1@ssphr		
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from th	ie person in Questio	n 2.	
Name/Title	Phone number	Street address	Спу	ZIP code	
	durk one. If grantor is entity lease indicate affiliation. For l check "City government")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn, Stat. §116J.994? (Mark one.)			
HRA City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date No We held a public hearing by criteria (Indicate date of in Cl Other (Please attach explan	at have not yet adop		
13. Has your organization signed any agreements to award a business subsidy or financial assistance from August 1, 1999 through December 31, 1999 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)					
Yes (Comp	lete the remainder of the form.)	🗆 No (<u>Stop liere,</u> go to sectio	on 5 on page 4)	·	

Section 2	Iniormation	ADOUL	Recu	pient

14 Name of business or organization receiving subsidy or financial assistance	15. Address where business substdy or financial assistance will be used 820 North Concord St., #101, South St			
North Concord Properties, LLC	Street address	City	Z.IP code	
16. Does the recipient have a parent corporation? (Mark o	nc.)			
Ses (Indicate name and address of parent corporation be No.	pelow. If more than one, indic	cate ultimate owner.)		
Name of parent corporation	Street address	City	State ZIP code	

17. Industry of recipient's facility (Mark one).							
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trac	D Finance, Insurance, Real Estate de XX Construction A Other (please specify)						
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)							
Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address) No (Go to Question 19.)							
South St. Paul, MN No room for expansion on site Cny/State of previous address Reason project not completed at previous address							
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)							
☐ Remained at previous location XX Relocated to different	ent Minnesota location — ② Relocated outside Minnesota						
Section 3 General Information About the Agreeme	ent						
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreemen; was amended)						
\$27,800	December 14, 1999						
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) Construction started May, 2001 and construction	as placed into service, or the recipient occupied the property.						
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) XX business subsidy	e four types of financial assistance (see Question 25) required to D financial assistance						
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s)						
not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy						
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ other (Specify subsidy type)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district						
26 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27 Are any other grantors providing a business subsidy of financial assistance to the same project? (Mark one.)						
not applicable, assistance was not in the form of TIF	U Yes (Specify each grantor and the value of their assistance below, attach an additional sheet if necessary)						
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s):						
	Grantor Value (S)						
1	Grantor Value (S)						

Section 4 Goals and P					
28. Minn. Stat. §116J.994 of the following public	requires that bu purposes were	siness subsidy and fi stated in the agreeme	ent? (Mark all that apply.)		
☐ Enhancing economic div ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the communi	growth		XX Increasing tax base (ea Other (please specify) Other (please specify) Other (please specify)		rpose)
29. Indicate whether the ag				recipient had at	tained those goals
A) Specific wage and job g B) Other job-creation and/o C) Other wage goals D) Other goals other than w (Please attach descriptions attainment if not documents	or retention goal rage and job go of goals and pr	s als ogress toward	Yes DNo	get attainment Mgg/gg/h & year)	All goals XX attained' Yes II No II Yes II No II Yes II No II Yes II No II Yes II No
	age hourly valu	ie of any employer-pi	creation and/or retention go rovided health insurance go to separate goals by full-	als for those job	is. (<u>Only</u> indicate
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp, Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	- —				s
less than \$7.00					s
\$7.00 to \$8 99					s
\$9.00 to \$10.99	_1				s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15 00 and higher					s
31. For each of the follow date and the actual ho full-time equivalents is	urly value of ar	iy employer-provided	nber of actual jobs created I health insurance for those tion into full- and part-time FTE (only II unable to	jobs. (Only ind	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00				_	s
\$7.00 to \$8.99					5
\$9.00 to \$10.99		·	 -		\$
\$11 00 to \$12 99					s
\$13.00 to \$14.99	I 				<u>, 0</u>
\$15.00 and higher	<u> </u>	<u> </u>			<u> </u>
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s	*********	and 31) and fulfilled <u>all obl</u>	igations stipulate	ed in the agreement?

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33 During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report 25

33 During the period August 1 thros required by Minn. Stat. §116J.99	agh December 31, 1999 33 and \$116J.994? <i>(Me</i>	9, did your organization have as ark one.)	ty recipients who failed to report 25
☐ Yes (Indicate the name of each rec recipient. Attach additional p XX ☐ No	upient failing to report pages if necessary)	and the value of subsidy or fine	nnetal assistance awarded to that
Name of recipient Type of	of subsidy or assistance	(See Questions 24 and 25)	Value of subsidy or assistance
34. Did your organization have any agreement signed on or after Au	recipients who failed to gust 1, 1999, that were	o achieve any goals or fulfill any required to be fulfilled by the ti	other obligations under an me of this report? (Mark one.)
☐ Yes (Complete the	remainder of this section	on.) XX No (Stop here and st	abmu form to DTED .)
35 39. Provide the following inforwere to be attained by the t	mation for each recipie	ent failing to fulfill goals or any ach additional pages if necessar,	other terms of an agreement that
35. Information on recipient and agr	eement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all	that apply)		
☐ recipient ceased operation ☐ recipient was unable to fill vacant	positions	☐ recipient relocated to a difference of the control of the contr	erent community
37. To date, has the recipient fulfille	ed its repayment obliga	ition? (Mark one.)	
O Yes O No, recipient has begun	to repay the assistance	2. UNo, recipient <u>has not be</u>	gun to repay the assistance.
38. Has the agreement been amende	d to extend the recipie	nt's deadline for fulfilling its ob	ligations? (Mark one)
		Yes Q No	
39. Describe the steps being taken t	o bring recipient into c	compliance or recoup the subsid	v:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0444

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

	Section .	L	Inforn	nation	About	(Fran	ıtor
1							

				
1. Name of grantor (funding er St. Cloud Housing &		2. Name of person complet irty Bruce Thi	•	
3. Street address 1225 W. St. Germain	St.	4. City St. Cloud	5. ZIP code 56301	·
6. County	7. Phone number	8. Fax number	9. E-mail ac	ddress
Stearns	(320)252-0880	(320) 252-0889	<u>bthiclma</u>	m ^a steloud hi
10. Please indicate who in you	r organization should receive the	e 2001 MBAF if different from	the person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
11 Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark onc.)		
City government C. H. H. E. County government Regional government State government Other (Please specify.). H.		★Yes (Indicate hearing date 8/99 and attach criteria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explan stion.)		
	ned any agreements to award a bug 9 that is required to be reported			
3 Yes (Comp	olete the remainder of the form.)	□ No (Stop here, go to see	ction 5 on page 4.	.)
Section 2 Information	About Recipient			<u> </u>
14. Name of business or organi- receiving subsidy or finance		15. Address where busines will be used	s subsidy or finan	icial assistance
Park Industries		.6301 Saukwiew Dr Street address	ive_StClc Cny	oud_56303 ZIP code
To. Does the recipient have a pa	arent corporation? (Mark one.)			
□ Yes (Indicate name and addr 2 No	ess of parent corporation below.	. If more than one, indicate ult	imate owner.)	
Name of parent corporation		Street address City	Stat	te ZIP code

17. Industry of recipient's facility (Mark one.):		
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance ☐ Construction	ce, Reai Estate 1 Other (please specify)
18. Did the recipient relocate as a result of sig	gning this agreement" (Mark one)	
☐ Yes (Indicate city and state of previous add ☐ No (Go to Question 19.)	tress and reason recipo	ent did not complete th	is project at that address.)
City/State of previous address Reason proje	ect not completed at pre	evious address	
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	evious location or reloca	ated elsewhere if not av	warded this business subsidy or
2 Remained at previous location ☐ Reloca	ted to different Minnes	ota location 🗀 Relo	scated outside Minnesota
Section 3 General Information A	bout the Agreem	nent	
20. Total dollar value of business subsidy or assistance (Please separate by type - see and 25 - and indicate only principal and	Questions 24		ned (In addition to the agreement lates the agreement was amended.)
\$150,000 MIF \$478,537 TIF		9/15/99)
22. Benefit date (Indicate the date the recipied indicate the date improvements were finish whichever is earlier.) October 11, 2	ed, equipment was plac		
23. Does the agreement provide a business st	absidy or one of the fou	ir types of financial ass	istance (see Question 25) required to
be reported? (Mark one.)	business subsidy = =	J financial assistance	
24. If the agreement provided a business substindicate the type(s).	ady, please		is one of the four types of financial indicate the type(s).
☐ not applicable, agreement provided financi	al assistance	□ not applicable, agree	ment provided a business subsidy
	\ -	□ assistance for renova to code, when 50% c	on control or abatement
U other (Specify subsidy type.)			
26. If the assistance included tax increment t indicate the type of TIF district? (Mark on			tors providing a business subsidy or to the same project? (Mark one.)
a not applicable, assistance was not in the fo	orm of TIF		rantor and the value of their tach an additional sheet if nevessary.)
☐ redevelopment ☐ tenewal and renovation		⊒ No	
☐ soils condition			
★economic development □ mined underground space	'	Grantor(s) and value of	f the agreement(s):
☐ hazardous substance subdistrict	1	DTED-MIF	\$150,000
		Grantor	Value (\$)
	[;	Grantor	Value (\$)

Section 4 Goals and	Public Pur	pose Identified	in the Agreement		
28. Minn. Stat. §116J.994 recoff the following public purp	quires that businoses were state	ness subsidy and final ed in the agreement?	ncial assistance agreements (Mark all that apply.)	state a public рид	pose. Which
			Increasing tax base (ca Other (please specify) Other (please specify) Other (please specify)		
29. Indicate whether the agre at the time of this report.				cipient had attaine	d those goals
A) Specific wage and job goa B) Other job-creation and/or i C) Other wage goals D) Other goals other than wag (Please attach descriptions of	retention goals ge and job goal goals and pro	s gress toward	established? dates 型 Yes □ No9//2 □ Yes 및 No □ Yes ⊋ No	tet attainment (month & year) 2002	All goals attained? Yes INO Yes WNo Yes MNo Yes MNo
attainment if not documented	in Question 30	.)	 _		
	e hourly value	of any employer-prov	eation and/or retention goa vided health insurance goal o separate goals by full- an	s for those jobs. (9	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Joh Retention	Hourly Value of Health Insurance
no hourly wage-level goat	 -			. —	s
less than \$7.00					5
\$7.00 to \$8.99	_	_		- —	s
\$9,00 to \$10,99				_	.
\$11.00 to \$12.99	<u> 30</u>		· —	<u>11</u> 3	<u>, 4.28</u>
\$13.00 to \$14.99					s
\$15 00 and higher	:-		· · ·		s
	ly value of any ou are unable i	employer-provided h	nealth insurance for those jo on into full- and part-time	bs. (<u>Qnly</u> indicate	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		- —			s. <u> </u>
\$7,00 to \$8,99	· <u> </u>				s <u> </u>
\$9.00 to \$10.00	2		_		4.13
\$13,00 to \$12.99	8			_5	413
\$13.00 to \$14.99	_8_			20_	4_13
\$15 00 and higher	.23			88_	4.13

(Mark one.)

32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?

💢 Yes 🗀 No

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

	t 1 through December 31, 1999. 6J.993 and §116J.994? (Mark)	did your organization have any rone.)	ecipients who failed to report as
Tyes (Indicate the name of e recipient. Attach addition		and the value of subsidy or financ	ial assistance awarded to that
50/5118 11. F.S ONK			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or a		achieve any goals or fulfill any ot equired to be fulfilled by the time L.A.A. 8/12/03	of this report? (Mark one.)
		nt failing to fulfill goals or any oth hadditional pages if necessary.)	er terms of an agreement that
35. Information on recipient	and agreement:		
Name of recipient in default	<u> </u>	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	<u> </u>	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (M	ark all that apply.).		
☐ recipient ceased operation ☐ recipient was unable to fill	vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason.)	• • • • • • • • • • • • • • • • • • •
37. To date, has the recipien	t fulfilled its repayment obligati	on" (Mark one.)	
□ Yes □ No, recipient ha	s begun to repay the assistance.	No, recipient has not begun	to repay the assistance.
38. Has the agreement been	amended to extend the recipien	e's deadline for fulfilling its obliga	ations? (Mark one.)
JYes	□ No		
39. Describe the steps being	taken to bring recipient into co	impliance or recoup the subsidy:	
<u> </u>			
··			
! 			

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0445

0.5x Martin 418-0:

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §1161.003 to §1161.005. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a husiness subsidy agreement since January 1, 1995, or represents a population of more than 2,500, 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor 2 Name of person completing this form by Bruce Thielman 1. Name of grantor (funding entity) 2 St.Cloud Housing & Redevelopment Authority 3. Street address 4. City 5. ZIP code 1225 West St.Germain Street St. Cloud 56301 6. County 7. Phone number 8 Fax number 9. E-mail address (320)252-0880 (320)252-0889 bthielman@stcloud hta.com Stearns 10. Please indicate who in your organization should receive the 2004 MBAF if different from the person in Question 2. Name/Title Phone number City ZIP code Street address 11. Classification of grantor (Mark one, If grantor is entity 12. Has your organization held a public hearing on and created by gov't agency, please indicate aftiliation. For adopted criteria for awarding business subsidies in example, a city EDA would check. 'City government,''s compliance with Mann. Stat. §116J 994? (Mark one.) Yes (Indicate hearing date 8/99) and attach criteria) XI City povernment & J.M. BUZIOZ → County government ☐ We held a public neuron but have not yet adopted 2 Regional government ■ State government crateria (Indicate date of initial nearing 3 Other (Please specify.) Other (Please attach explanation): Us. Has your organization signed any agreements to award a follows subsidy or financial assistance from August 1, 1999. through December 31, 1999 that is required to be reported under Minn. Stat. \$1101,995 and \$1104,9047 (Mist. one.) □ Yes (c) on plete the remainder of the point c. □ No (Stop here, go to section 5) in page 3.5. Section 2 Information About Recipient Chally and of business of each arrenton. 15. Address where business subsidy of financial as is taken receiving subsidy of financial a statance will be used Etc Enterprises, Inc. Project -243 6th-Ave. S.-St. Cloud- - -56301. AKA Grand Stay Hotel Street address To Thousettie in explaint have a parent corporation? (Marg. suc.) A Yes (Indicate name and address of parents appearable letive) If more than one, indicate utilimate exercise. ad No

Name of potent corporation

Street address

State // ZiP code

 $C_{\rm HY}$

17. Industry of recipient's facility (Mark on).	
□ Manufacturing □ Serv □ Retail Trade □ Wh	ces
18. Did the recipient relocate as a result of signing the	s agreement? (Mark one.)
□ Yes (Indicate city and state of previous address in □ No (Go to Question 19.)	reason recipient did not complete this project at that address.)
City/State of previous address Reason project not	impleted at previous address
19. Would the recipient have remained in previous life financial assistance? (Mark one.) New St	cation or relocated elsewhere if not awarded this business subsidy or
Δ Remained at previous location $ \Omega$ Relocated to δ	tferent Minnesota location □ Relocated outside Minnesota
Section 3 General Information About	he Agreement
20 Total dollar value of business subsidy or financi assistance (Please separate by type - see Questic and 25 - and indicate only principal amount for	is 24 date, indicate any dates the agreement was amended.)
\$414,976	10/13/99
	venefu from the husiness subsidy or financial assistance. For example, pment was placed into service, or the recipient occupied the property.
be reported? (Mark one.)	one of the four types of financial assistance (see Question 25) required to subsidy — 🖫 financial assistance
24. It the agreement provided a business subsidy, plaindicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
Thot applicable, agreement provided financial assist	ance Anot applicable, agreement provided a business subsidy
□ loan □ grant (i.e., forgivable loan) □ tay abutement	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code (when 50% or less of total cost)
Xi THe or other tay reduction or deferta ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ Hand contribution	☐ as a tance for politicion control or abeterient ☐ as (stance for a TH-soils condition district)
U other (Specify subside type	<u> </u>
To at the a sistance is cluded tay increment finance who could type of TFF district? (Mark) in	 please 27. Are any other grantots providing a latismes a subsidy of tage ral posistance to the same project? (Mark one)
anot applicable a sixt new was nor in the form of	(i) \(\sum_{\text{op}} \text{Test} \) of the state of the energy of the experience of the experienc
图 redevelopment Direnewal and renovation	اليو ا
☐ soils condition ☐ communic development ☐ inneed under nound space	Crantor(s) and value of the agreements (
⊒ h. /: rdou) substance subdistrict	Grantor Value (S)
	Grantor Value (§)

 Minn, Stat. \$1161.994 re of the following public pur 				1 k.m.1	
I Enhancing economic diver I Creating high-quality job g I Job retention I Stabilizing the community	growth		⇒ Increasing tax base to ⇒ Other tplease specify. □ Other tplease specify. □ Other tplease specify.	Redevelopme	nt of blight
Indicate whether the agree at the time of this report.	rement included (Fill in the box	the following types ses and attainment d	of goals, and whether the late(s) for each goal, j	recipient had attaine	d those goals
 Specific wage and job goa Other job creation and/or Other wage goals Other goals other than wa 	retention goals		established? date Yes DNo _8 Yes KNo Yes No	rget attomment s (month & year) /17/02 /2000	All goals attained? Li Yes Li No Li Yes Li No Li Yes Li No Li Yes Li No Li Yes Li No
Please attach descriptions of trainment if not documented					
	l-time equivalen Full-time Job		ovided health insurance gos to separate goals by full- o F FE (<u>only</u> if goals not stated as FT/PT) Job Creation		
(excluding benefits)	Creation				
	— —	- —			s- <u> </u>
(excluding benefits)	- <u> </u>	- - _ 7.	— : <u> </u>	 	s ₋ s ₋ 2 , 50
no locarly wage level goal		- — _ 7. _	 	 	
no lourly wage level goal less than \$7.00		- — _ 7. 	 	 	
no hourly wage level goal less than \$7.00 to \$4.50		7. - 7. 		 	\$ 2 . 5.0
no hearly wage level goal less than \$7,00 to \$8,50 to \$9,00 to \$10.00	 - 2_ 	7. - 7. 	 	 	\$ 2.50 \$
(excluding benefits) no hourly wage level goal less than \$7.00 \$7.00 to \$4.00 \$9.00 to \$10.04 \$1.1.00 to \$12.99	 - 2_ 	7. - 7. 	 	 	\$ 2.50 \$ \$ \$ 2.50
tescluding benefits) no hourly wage fevel goal less than \$7.00 \$7.00 to \$6.00 \$9.00 to \$10.04 \$1.00 to \$12.99 \$1.00 to \$24.00 §15.00 to \$24.00 §15.00 to \$10.00		res, indicate the num	then of actual polys created health insurance for those for into full- and part-tun. FTF (only) it mable to separate (TTPT)	jobs. (Only indicate	\$ 2.50 \$ \$ \$.2.50 \$ \$
no locally wage level goal less than \$7.00 \$7.00 to \$4.50 \$9.00 to \$12.99 \$13.00 to \$12.99 \$13.00 to \$14.90 \$15.00 to \$14.90 Hourly Wage reveloding benefits:		res, indicate the men, employer provided to separate pair even	health insurance for those develote pall- and part-tun F1F (<u>onis</u> if unable to	jobs, (<u>Only</u> indicate e-positions i	\$ 2 , 50 \$ \$ \$, 2 , 50 \$ \$ \$ te the beactiff of poly creations in
no locarly wage level goal less than \$7.00 \$7.00 to \$4.50 \$9.00 to \$12.99 \$13.00 to \$12.99 \$13.00 to \$24.90 \$14.00 to \$12.99 Her each of the following date and the actual hour full-time experiences if a second field of the following the experience of the second field of the experience of the experie		nes, indicate the num employer provided to separate jobe rest Partstnae Seasonal-Temp	health insurance for those that into pall- and part-tum FTF (onis) if unable to separate FTPT)	jobs, (<u>Only</u> indicate e-positions i	\$ 2.50 \$ \$ \$.2.50 \$ \$ te the benefit of the recution in Health Justicance it
revoluting benefits) no hourly wage level goal less than \$7.00 \$7.00 to \$4.00 \$9.00 to \$10.04 \$11.00 to \$12.00 \$15.00 to \$24.00 \$15.00 to \$12.00 for each of the following date and the actual hour field-time experiences if the first experiences if the experiences if the experience in the experience i	- 2 2 1 1	nes, indicate the num employer provided to separate jobe rest Partstnae Seasonal-Temp	health insurance for those that into pall- and part-tum FTF (onis) if unable to separate FTPT)	jobs, (<u>Only</u> indicate e-positions i	\$ 2.50 \$ \$ \$.2.50 \$ \$ te the benefit get creation in Health lash; ance
revoluting benefits) no locally wage level goal less than \$7.00 \$7.00 to \$8.50 \$9.00 to \$12.99 \$11.00 to \$12.99 \$13.00 to \$2.00 \$15.00 at database I for each of the following date and the actual hour fall-time experiences if the revoluting benefits: a so than \$7.00 \$7.00 to \$10.05 \$9.00 to \$10.05		nes, indicate the num employer provided to separate jobe rest Partstnae Seasonal-Temp	health insurance for those that into pall- and part-tum FTF (onis) if unable to separate FTPT)	jobs, (<u>Only</u> indicate e-positions i	\$ 2.50 \$ \$ \$.2.50 \$ \$ \$ te the benefit girls creation in Health lasticance 1
rescluding benefits) no locally wage level goal less than \$7.00 \$7.00 to \$4.60 \$9.00 to \$10.04 \$1.00 to \$12.00 \$13.00 to \$12.00 \$15.00 to \$12.		nes, indicate the num employer provided to separate jobe rest Partstnae Seasonal-Temp	health insurance for those that into pall- and part-tum FTF (onis) if unable to separate FTPT)	jobs, (<u>Only</u> indicate e-positions i	\$ 2.50 \$ \$ \$.2.50 \$ \$ te the benefit of the recution in Health Justicance it

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1009, required by Minn. Stat. §116J.993 and §116J.9949. ($M\omega k_0$		ecipients who failed to report as
Yes (Indicate the name of each recipient failure to report of recipient. Attach additional pages if necessary)	ind the value of subsidy or finance	ial assistance awarded to that
XNO 84H Blistor		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after August 1, 1999, that were to Yes (Complete the remainder of this section).	equired to be fulfilled by the time	of this report? (Mark one.)
35 39 Provide the following information for each recipien were to be attained by the time of reporting. (Attach		er terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ other (Specify reason)	-
37. To date, has the recipient fulfilled its repayment obligati	on' (Mark one.)	
J.Ye. 21 No. recipient Last legun to repus the assistance	286, recipiont his not begin	to repay the assistance.
3κ . Has the agreement been amended to extend the recipient	's deadline for fulfilling us obliga	tions? (Mark one.)
D Yes (2 No.		
20. Describe the steps being taken to bring propositions on	aginance or receptly the subsidy:	
	· ·	

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minne of Business Assistance Forms Minnesota Department of Trade and Leatonic Development, ALO 500 Metro Square, 124 East 7th Place. St. Paul, MN 55101-2146

Or fax for (651) 215-3841

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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn Stat. §116J 993 to §1161.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (654) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4

1. Name of grantor (fun	ding entity)	2. Name of person complet	ing this form	
St.Cloud Housin	ng & Redevelopment Author	rity Bruce Th	ielman	
3. Street address 1225 West St.Ge	ermain Street	4. City St.Cloud	5. ZIP code 56301	
6 County Stearns	7. Phone number (320)252-0880	8. Fax number (320) 252-0889	9. E-mail ac bthielma	ddress in@stcloud h
10. Please indicate who	in your organization should receive the	2001 MBAF if different from	the person in Que	estion 2.
Name/Fitte	Phone mumber	Street address	City	ZIP code
created by gov't av	antor (Mark one. If grantor is entity ency, please indicate affiliation. For A would check "City government.")	12. Has your organization adopted criteria for awa compliance with Minn.	arding business su	ibsidies in
☐ City government ☐ County government ☐ Regional government ☐ State government		Yes (Indicate hearing de 2 No. 2 We held a public hearing criteria (Indicate date o	out have not yet	adopted
Other Please specify	·	Other (Please attach exp.		'
through December	on signed any agreements to award a bi 31, 1999 that is required to be reported (Complete the remainder of the form)	under Minn Stat. \$1161.993 a	nd §116J.994? (A	fark one. i
Section 2 Informa	ition About Recipient			
= -	r financial assistance	15. Address where busines will be used	s subsidy or finan	icial assistance
Lehnen LLC & M	idway Iron & Metal Inc.	731 N.E. Lincolr Street address	St. Cloud	d <u>MN</u> 56304 ZIP code
16. Does the recipient h	ave a patent corporation? (Mark one.)			
⊒ Yes (Indicate name ai ⊒ No	id address of parent corporation below	. If more than one, indicate all	umair owner l	
Name of pagent cornorat		Street address City	$ \frac{1}{S}$ tu	te ZIP code

17. Industry of recipient's facility (Mark one.	J:		
☐ Manufacturing ☐ Retail Trade	☐ Services ૐ Wholesale Trade	☐ Finance, Insura ☐ Construction	ance, Real Estate Other (please specify)
18. Did the recipient relocate as a result of st	gning this agreement?	(Mark one.)	
☐ Yes (Indicate city and state of previous add ♣No (Go to Question 19.)	tress and reason recip	ient did not complete	this project at that address, 1
City/State of previous address Reason projection	ect not completed at pr	revious address	-
 Would the recipient have remained in pro- financial assistance? (Mark one.) 	evious location of reloc	cated elsewhere if not	awarded this business subsidy or
☐Remained at previous location ☐☐ Reloca	ted to different Minnes	sota location 🔲 R	elocated outside Minnesota
ection 3 General Information A	bout the Agreen	nent	
20. Total dollar value of business subsidy or assistance (Please separate by type - see and 25 - and indicate only principal am	Questions 24		signed (In addition to the agreement y dates the agreement was amended.)
\$184,950	, , , , , , , , , , , , , , , , , , , ,	12/99	
22. Benefit date (Indicate the date the recipi indicate the date improvements were finish whichever is earlier.) 9/13/200	ied, equipment was pla		
23. Does the agreement provide a business state reported? (Mark one.)	•	ur types of financial c	
24. If the agreement provided a business sub- indicate the type(s).	sidy, please		was one of the four types of financial e indicate the type(s).
🗓 not applicable, agreement provided financi	ial assistance	⊀ not applicable, agr	reement provided a business subsidy
의 loan 의 grant (i.e., forgivable loan) 의 tax, abatement		assistance for reno to code, when 50%	perty polluted by contaminants ovating building stock or bringing it up fror less of total cost
☐ IF or other tax reduction or defertal ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution			ution control or abatement F soils condition district
→ other (Specify subsidy type)			
26. If the assistance included tax increment indicate the type of TIF district? (Mark in			antors providing a business subsidy or see to the same project" (Mark one)
\square not applicable, assistance was not in the θ	orm of TIF		grantor and the value of their attach an additional sheet if necessary.)
☑ redevelopment ☑ renewal and renovation		♪ №0	¥
☐ soils condition ☐ economic development ☐ united underground space	ļ	Grantor(s) and value	of the agreement(s).
☐ hazardous substance subdistrict		Grantor — — –	Value (S)
		Grantor — —	

Section 4 Goals and Public Purpose Identified in the Agreement 28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement' (Mark all that apply,) 2 Enhancing economic diversity ☐ Increasing tax base (cannot be only purpose) →Other (please specify) reduce blight ☐ Creating high-quality job growth ☐ Other (please specify)______ ☐ Job retention 5x Stabilizing the community 29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.) Goals Target attainment All goals established? attained? lates (month & year) ⊒KYes ⊃ No ⁹ JYes □ No A) Specific wage and job goals to be attained within 2 years □ Yes □ No ☐ Yes \$MNo. B) Other job-creation and/or retention goals □ Yes □ No □ Yes 😟 No C) Other wage goals -kYes □ No 🔁 Yes 🔁 No D) Other goals other than wage and job goals redevelopment of vacant trucking terminal (Please attach descriptions of goals and progress toward attainment if not documented in Question 30.) 30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.) Note: Job creation is not the public purpose for redevelopment TIF

Full-time Part-time! FTF (only if goals not FTF (only if goals not Hourly Wage Job Seasonal/Temp. stated as FT/PT) Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.09 \$13.00 to \$14.99 M5.00 and higher 31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer provided health insurance for those jobs. (Only indicate job creation in tall-time equivalents if you are unable to separate job creation into tidi- and part-time positions.) FTF tonly if unable to Full-time Part-time/ Hourly Wage Job Seasonal/Temp. separate FT/PT+ Job Retention Hourly Value of rexcluding benefits) Job Creation Health Insurance Creation Job Creation Jess than \$7,000 \$7 00 5 35 00 ,1.00 59 00 to \$19,99 \$11,00 to \$12,99 \$13.90 to \$14.99 \$15.09 and higher 32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark enc.)

□ No.

∡Yes

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

	agust 1 through December 31, 1999, §116J 993 and §116J,994? (Mark)		ecipients who failed to report as
	e of each recipient failing to report (Iditional pages if necessary)	ind the value of subsidy or financ	val assistance awarded to that
XINO 84# 811210	2Z		
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on	on have any recipients who failed to a or after August 1, 1999, that were recomplete the remainder of this section.	equired to be fulfilled by the time	of this report" (Mark one.)
	lowing information for each recipier ned by the time of reporting (Attac		ier terms of an agreement that
35. Information on recip	sient and agreement:		
Name of recipient in defi	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	k (Mark all that apply.).		
☐ recipient ceased opera ☐ recipient was unable to		☐ recipient relocated to a differ ☐ other (Specify reason.)	
37. To date, has the reci	pient fulfilled its repayment obligati	on? (Mark one.)	
☐ Yes ☐☐ No. recipier	it has begun to repay the assistance	21 No. recipient <u>has not begn</u>	n to repay the assistance
38. Has the agreement b	oeen amended to extend the recipion	es deadline for fulfilling its oblig	ations? (Mark one.)
	Yes UNo		
39 Describe the steps b	eing taken to bring recipient into co	mpliance or recoup the subsidy:	
			_

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7° Place St. Paul, MN 55101-2146 Or fax to: (651) 215-3841



2000 Minnesota Business Assistance Form RECEIVED MAR 2 0 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a
 warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to inail or fax your completed MBAF(s) in on page 4.

1. Name of grantor (funding entity) Rei binsdale Economic. Development Authority	2. Name of person completing		lī.~
3. Street address 4100 Lake ofthe Av D	4 Say Kobbinsdeli	5. ZIP code	
6 County 7. Phone number 763 531 1258	S Fax number 76.3 \$311291	9 E-mail add	
10. Please indicate who in your organization should receive the		person in Quest	non 2.
Name/Title Phone number	Street address	City	ZIP code
11 Classification of grantor (Mark one, If grantor is entity created by gov Yageney, please indicate attiliation - For example, a city EDA would check 'City government,')	12. Has your organization hele adopted criteria for award compliance with Minn. St	ing business reb at. §1 roJ 9942 iA	sictes in Anticone i
Selicity government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specific)	 Yes thalicate hearing date No We held a public hearing be criteria. (Indicate date of in Other (Pleas) attach explan 	a have not yet ad mal hearing	opied
 Has your organization signed any agreements to award a purthrough December 31, 1999 that is required to be reported u 			
A Yes (Complete the remainder of the form.)	□ No a <u>Mop here</u> go to seem	m 5 on page 4.1	<u>.</u>
Section 2 Information About Recipient			
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business s will be used	ubsidy or financi	al assistance
14. Name of business or organization	l .	•	
14. Name of business or organization receiving subsidy or financial assistance Winnesota Development, LLC	will be used	•	
14. Name of business or organization receiving subsidy or financial assistance	will be used 4150 to Encirclation Street address	Pothnocide City	

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trad	☐ Finance, Insurance, Real Estate muiti lineal le ☐ Construction B Other (please specific) Retail (Service)
18. Did the recipient relocate as a result of signing this agreement	nt! (Mark one.)
□ Yes (Indicate city and state of previous address and reason re 20 No (Go to Question 19.) Coc Cr located the they	respicent did not complete this project at that address.) I want 100 or to strict our Ottam new
City/State of previous address Reason project not completed a	it previous address
19. Would the recipient have remained in previous location of refinancial assistance? (Mark onc.) 19/4	elocated elsewhere if not awarded this business subsidy or
🖸 Remained at previous location 💢 Relocated to different Mir	nnesota location ☐ Relocated outside Minnesota
Section 3 General Information About the Agre	ecment
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans) Lean 1490,000 Lean 1490,000 Grant \$2500	21. Date agreement signed the addition to the agreement date, indicate any dates the agreement was amended.) November 16, 1909
22. Benefit date thindicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier. I Redevision and Deposite 12 12 1664 1200 at Deposite 12 12 1666	placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	e four types of financial assistance (see Question 25) required to
a business subsidy	☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25 If the assistance was one of the four types of financial assistance, please indicate the type(s).
a not applicable, agreement provided financial assistance	🐿 not applicable, agreement provided a business subsidy
② loan ② grant (i.e., forgivable loan) □ tax abatement ② TIF or other tax reduction or deferral □ guarantee of payment ② contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type.)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing if up to code, when \$0% or less of total cost □ assistance for nollution control or abatement □ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27 Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one)
a not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below) attach an additional sheet it necessary.)
□ renewal and renovation □ soils condition □ economic development □ mined underground space	☑ No Grantor(s) and value of the agreement(s)
☐ hazardous substance subdistrict	Grantor Value (\$)
1	Grantor Value As

Section 4 Goals and	Public Purp	ose Identified	in the Agreement		
28. Minn. Stat. §116J.994 re of the following public put				state a public pur	pose. Which
☐ Enhancing economic diver ☐ Creating high-quality job t ☐ Job retention ☐ Stabilizing the community	rowth	,	A Increasing tax base (ca ■ Other (please specify) B Other (please specify) United Specify)	Reduction birgs Equipments	Editor had
29. Indicate whether the agree at the time of this report.				ecipient had attaine	ed those goals
A) Specific wage and job goz B) Other job-creation and/or C) Other wage goals D) Other goals other than wa tPlease attach descriptions of attainment if not documented	retention goals ge and job goals f goals and prog	ress toward	established? dates 28 Yes U No 242 2 Yes U No 2 Yes U No 2 Yes U No 2 Yes U No 2 Yes	get attainment (month & year) 2005	All goals attained? Mayes I No I yes I No I yes I No I yes I No I yes I No
The state of the s	- Question seed				
	ge hourly value o	f any employer-prov	eation and/or retention goal rided health insurance goal o separate goals by tull- an	s for those jobs. 19	
Hourly Wage (excluding benefits) Out 1075 Fed more no hourly wage-level goal	Full-time Joh Creation مرجمان میر انتخاری	l'art-time/ Seasonal/Temp, Job Creation	FTE (<u>only</u> if guals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					3
	<u> </u>	<u> </u>		_	·— ·-
\$7,00 to \$8,99			-	 -	`
\$9,00 to \$10,09					· . <u>—</u>
\$11,00 to \$12,90				_	`
\$13 00 to \$14,99				_	<u>\$_</u>
\$15 00 and higher			·		
	rly value of any e	mployer-provided h	per of actual jobs created ar ealth insurance for those jo on into full- and part-time p	bs. 10 <u>nlv</u> indicate	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate F1/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7 00				<u> </u>	<u>`</u> .
\$7.00 to \$8.99	1		-	- —	`
\$9.00 to \$10.00	<u> </u>	3	-		N
\$11,00 to \$12.90	_ k .		-	-	
\$13 00 to \$14,99					`
\$15.00 and higher					
32. Has the recipient achiev (Mark one.)	ed all goals (see		d 31) and fulfilled <u>all oblig</u>	ations stipulated in	the agreement?

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

	ust I through December 31, 1999 116J,993 and §116J,994? (Mark	, did your organization have any r one.)	ecipients who failed to report as
	of each recipient failing to report itional pages if necessary)	and the value of subsidy or financ	cial assistance awarded to that
& No			
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
		achieve any goals or fulfill any of required to be fulfilled by the time	
□ Yes /Ci	implete the remainder of this sect.	ion.) — I No (Stop here and sul	omit form to DTED .)
	wing information for each recipied by the time of reporting. (Attac	nt failing to fulfill goals or any oth th additional pages (I necessary)	er terms of an agreement that
35. Information on recipie	nt and agreement:		
Name of recipient in defau	lt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36 Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation☐ recipient was unable to it		☐ recipient relocated to a differe ☐ other (Specify reason.)	ent community
37. To date, has the recipion	ent fulfilled as repayment obligati	ion? (Mark one.)	
🗓 Yes – 👊 No, recipient l	has begun to repay the assistance.	☐ No, recipient has not begun	to repay the assistance.
38. Has the agreement bee	•	t's deadline for fulfilling its obliga	tions? (Mark one.)
39. Describe the steps bein	ng taken to bring recipient into co	mphance or recoup the subsidy:	
			 -

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



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2001 Minnesota Business Assistance Form

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- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- # The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- # If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor				
1. Name of granter (funding entity)	2 Name of person completing this form			
3. Street address 14 E. No Komis St.	4. City	5. ZIP code 56360		
6. County 7. Phone number 320-859-2150	8. Fax number 320-859-3978	9. E-mail address		
10. Please indicate who in your organization should receive the	_	·		
Name/Utile Phone number	Street address	City ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held adopted criteria for awardin compliance with Minn. Sta	ng business subsidies in		
City government County government Regional government State government Other (Please specify.)	☐ Yes (Indicate hearing date - 9/27 and attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) ☐ Other (Please attach explanation.)			
13. Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported a Yes (Complete the remainder of the form.)	ander Minn, Stat. §116J.993 and §	(1161.994? (Mark one)		
Section 2 Information About Recipient				
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
Maus Fabricating	Street address City	Sinte ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation below No	. If more than one, indicate ultim	ate owner.)		
Name of parent corporation	Street address City	State ZII ³ code		

	··-			
17. Industry of rec	inient's facility (Mark o	ne I:		
_	■ Manufacturing □ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (pience specific)	
18. Did the recipie	int relocate as a result of	signing this agreemen	u? (Mark one)	
☐ Yes (Indicate cli ☑No (Go to Quest		nddress and reason rec	cipient did not complete this project at that address)
City/State of previo	ous address Reason pr	oject not completed at	previous address	
	ipient have remained in pace? (Mark one.)	previous location or re	located elsewhere if not awarded this business subs	dy or
☐ Remained	d at previous location	□ Relocated to differe	nt Minnesota location	nesota
Section 3 Gene	ral Information Ab	out the Agreeme	nt	
assistance (Ple	atue of business subsidy case separate value by ty 33, 45.5	pe in Questions 24	21. Date agreement signed (In addition to the agreate, indicate any dates the agreement was at \(2 - 13 - 99 \)	
	ile improvements were fi		the business subsidy or financial assistance. For e s placed into service, or the recipient occupied the p	
23. Does the agree be reported? (Mark one.)	-	four types of financia! assistance (see Question 25) ☐ financial assistance	required to
	nt provided a business so pe(s) and total dollar ve		25. If the assistance was one of the four types of assistance, please indicate the type(8).	înancial
🗓 not applicable, a	igreement provided fina:	ncial assistance	not applicable, agreement provided a business s	ubsidy
☐ 102n (only princ ☐ grant (i.e., forgit ☐ tax abatement		\$ \$ \$	assistance for property pollisted by contaminants Li assistance for renovating building	s
guarantee of pay	property or infrastructure		stock or hringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost	
☐ land contribution ☐ other (Specify si		s s s	☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district	\$ \$
	ce included tax incremer		27. Are any other grantors providing a business s financial assistance to the same project? (Mai	subsidy or rk one.)
🔲 not applicable, a	assistance was not in the	form of TII	U Yes (Specify each grantor and the value of the assistance below: attach an additional sheet if	r necessary.)
redevelopment renewal and ren soils condition	novation		€ No	
economic devel	opment ound space		Grantor(s) and value of the agreement(s):	
☐ hazardous subst			Grantor Value (\$)	
			Grantor Value (S)	

 Minn, Stat. §116J.994 r of the following public 	requires that hus purposes were	siness subsidy and fir stated in the agreeme	tancial assistance agreemer nt? (Mark all that apply)	nts state a public p	urpose. Which
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☐ Job retention			Increasing tax hase (call Other (please specify)	annot be only bust	005¢)
I Stabilizing the community	y				
9. Indicate whether the ag	reement include	ed the following type	s of goals, and whether the	recipient had attai	ined those goals
at the time of this repor	L (I-ill in the b	oxes and attainment	date(s)_for each goal.)		
				get attainment	All gonis
() Specific wage and job go	oals to be attain	ed within 2 years		(month & year)	artained? 2 Yes I No
) Other job-creation and/or					DYES UNO
) Other wage goals	_		☐ Yes ☐ No		□ Yes □ No
) Other goals other than w	age and job gos	ıls	🗆 Yes 🗅 No 🔃		□ Yes ⊔ No
Please attach descriptions ttainment if not documente					
job creation goals in fu. Hourly Wage	ll-time oquivale Full-time Job	nts if you are unable Part-time/ Seusonal/Temp.	to vided health insurance go to separate goals by full- of FTE (only if goals not stated as FT/PT)	and part-time posi. Job	
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Lasuranc
no finurity wage-level goal					5
less than \$7.00					s
	2		and the second		, 44
\$7.00 to \$8.99					s
\$7.00 to \$8.99 \$9.00 to \$10.99					
					s
\$9.00 to \$10.99					s
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99					
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher					ss
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual horse	urly value of an	y employer-provided	nber of actual jobs cremed I health insurance for those tion into Jull- and part-time	jobs. (<u>Only</u> undica	ss
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hor full-time equivalents if	urly value of an <i>you are unable</i> Full-time	y employer-provided to separate job crea Part-time/	thealth insurance for those tion into full- and part-time FTE (only if unable to	jobs. <u>(Only</u> indici e positions.)	ss nce the henefit nte job creation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following dute and the actual horse	urly value of an You are unable	y employer-provided to separate job crea	Thealth insurance for those tion into full- and part-time	jobs. (<u>Only</u> undica	ss nee the benefit nte job creation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hor full-time equivalents if Hourly Wage	urly value of an Tyou are unable Full-time Job	y employer-provided to separate job crea Partitime/ Seasonal/Temp.	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indici a positions.) Job	ss nee the benefit nte job creation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual horogularity if Hourly Wage (excluding benefits)	urly value of an Tyou are unable Full-time Job	y employer-provided to separate job crea Partitime/ Seasonal/Temp.	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indici a positions.) Job	ss nce the benefit nte job creation in Hourly Value (Health Insuran
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual horizontal full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an (you are unable Full-time Job Crentine	y employer-provided to separate job crea Partitime/ Seasonal/Temp. Job Creation	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indici a positions.) Job	ss note the henefit note job creation in Hourly Value of Health Insuran
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual host full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an you are unable Full-time Job Crunting	y employer-provided to separate job crea Partitime/ Seasonal/Temp. Job Creation	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indici a positions.) Job	ssssHourly Value of Health Insuran
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual horizontal following date and the actual horizontal was equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of an you are unable Full-time Job Crunting	y employer-provided to separate job crea Partitime/ Seasonal/Temp. Job Creation	thealth insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indici a positions.) Job	ssssssssss

(Do not complete this sec	tion if you completed i	t on another 2001 MBAF sui	bmitted to DTED :
33. During the period Janua	ry 1, 2000 through December in, Stat. §1161,993 and §116	er 31, 2000, did your organization to	nave any recipients who failed to
Ses (Indicate the name of recipient. Attach addi	each recipient failing to rep tional pages if necessary.)	ort and the value of subsidy or find	ncial assistance awarded to that
⊠ No :			
Name of recipient	Type of subsidy or assistar	nce (See Questions 24 and 25)	Value of subsidy or assistance
 Did your organization has agreement signed on or a 	ive eny recipients who failed that January 1, 2000, that we	f to achieve any goals or fulfill any are required to be fulfilled by the ti	other obligations under an me of this report? (Mark one.)
☐ Yes (Comp	plete the remainder of this se	ction) \(\Q\) No (Stop here and su	ibmit form to DTED .)
35 39. Provide the following were to be attained by	ng Information for each recipy the time of reporting. (An	pient failing to fulfill goals or any c tach additional pages (f necessary.)	ther terms of an agreement tha
35. Information on recipient	and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/Z1P code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Ma	rk all that apply)		
CI recipient coased operation CI recipient was unable to fill	vacant positions	☐ recipient relocated to a differ ☐ other (Specify reason.)	rent community
37. To date, has the recipient	fulfilled its repayment oblig	gation? (Mark one)	
Ycs No, reciplent has	begun to repay the assistant	ce. No, recipient has not begi	in to repay the assistance.
38. Has the agreement been a	imended to extend the recipi	ent's deadline for fulfilling its obli	gations? (Mark one.)
	i	□ Yes □ No	
39. Describe the steps being	aken to bring recipient into	compliance or recoup the subsidy:	
			 -

Return your completed MRAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place

St. Paul, MN 55101-2146

Or fax to: (651) 215-3841

01-0157



2000 Minnesota Business Assistance Form RECEIVED MAR 2 to 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information A	About Grantor				
1. Name of grantor (funding entity)		2. Name of person completing this form Trace M. Kvan			
3. Street address	S4. 🗷	1. CosuK15	5	ZIP code 563	60
6. County Toda	7. Phone number 320-859-2150	8. Fax number 320 - 859 -	-3978 c	E-mail addr	ess nidwastinfo,
10. Please indicate who in your Lyla Enafer	-Cherk	2001 MBAF if differ	ent from the per	son in Questic	on 2.
Name/Fitle	Phone number	Street addr	ess	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov 1 agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn, Stat. §1161.994? (Mark one.)			
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		 ★ Yes (Indicate hearing date - 9/19 and attach crite No We held a public hearing but have not yet adopted entena (Indicate date of mittal hearing			pted
	ed any agreements to award a bur that is required to be reported u lets the remainder of the form.)	siness subsidy or final inder Minn, Stat. §110	6J.993 and §116	J.994? (Mar)	1, 1999 konc.)
Section 2 Information	About Recipient				
14. Name of business or organiz receiving subsidy or financial	ation all assistance	15. Address when will be used	business subsid	dy or financia	l assistance
Lind-Rife R	recision, Inc.	Street address		eaki s City	56360 71P code
16. Does the recipient have a pa	rent corporation? (Mark one.)				
☐ Yes (Indicate name and addre		If more than one, inc	licare altimate d	owner.)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):						
	☐ Finance, Insurance, Real Estate ☐ ☐ Construction ☐ Other tyleuse specify)					
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)						
Yes (Indicate city and state of previous address and reason real No (Go to Question 19.)						
City/State of previous uddress Reason project not completed at	previous address previous to cation					
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or					
Remained at previous location Relocated to different Min	nesota location					
Section 3 General Information About the Agre	ement					
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24	21. Date agreement signed (In addition to the agreement tlate, indicate any dates the agreement was amended.)					
and 25 - and indicate only principal amount for loans.) \$ 58,96/ (not to exceed)	12-13-99					
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 12-13-99 23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	nlaced into service, or the recipient occupied the property, four types of financial assistance (see Question 25) required to					
💥 business subsidy	inancial assistance					
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).					
not applicable, agreement provided financial assistance	🔀 not applicable, agreement provided a business subsidy					
☐ toan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district					
26 If the assistance included mx increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)					
anot applicable, assistance was not in the form of TIF	Tes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)					
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☑ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s):					
Hazardous substance squaismet	Granto: Value (\$)					
	Grantor Value (\$)					

Section 4 Goals and	Public Pur	pose Identified	in the Agreemen	t	
28. Minn. Stat. §116J.994 re of the following public pur				nts state a public pu	rpose. Which
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☐ Iso retention ☐ Stabilizing the community			☐ Other (please specification) ☐ Other (please specification) ☐ Other (please specification)	() 	
3 stabilizing the community			Office (prense speci)	v/	
 Indicate whether the agree at the time of this report. 	ement included (Fill in the bo.	I the following types tes and attainment de	of goals, and whether the ute(s) for each goal.)	recipient had attain	ed those goals
·			established? dat	arget attainment cs (month & year)	All goals attained?
A) Specific wage and job goa				12-13-01	ØYes □No □Yes □No
B) Other job-creation and/or C) Other wage goals	retention goals				☐ Yes ☐ No
D) Other goals other than wa	ge and job goal	s	☐ Yes ☐ No		□ Yes □ No
S) Once gode other than we	ge and job goth	3	(
(Please attach descriptions of attainment if not documented			· · · · · · · · · · · · · · · · · · ·		
30. For each of the following agreement and the averagion goals in full	ge hourly value	of any employer-pro	vided health insurance go	als for those jobs. ((<u>Only</u> indicate ions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Purt-time/ Seasonal/Temp. Job Creation	FTE (<u>pulv</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Vulue of Health Insurance
no hourly wage-level goa!					22
less than \$7.00		 _			3
\$7.00 to \$8.99	4				·NA
\$9,00 to \$10.99					s
\$11.00 to \$12.99				 ·	š
\$13.00 to \$14.99		-			·
\$15.00 and higher					\$
31. For each of the followin date and the actual hom full-time equivalents if)	rly value of any	employer-provided i	ber of actual jobs created nealth insurance for those ion into full- and part-tim FTE (aniv if anable to	jobs (<u>Only</u> indicat	ce the henefit te jub creation in
Hourly Wage (excluding benefits)	Job Creation	Sessons VTemp. Joh Crestion	xeparate FT/PT) Jeb Creation	Job Reteation	Hourly Value of Health Insurance
less than \$7.00					·
\$7.00 to 5 8.99					\$
\$9.00 to \$10.99	5		<u>.</u>		· <u>N4</u>
\$11.00 to \$12.99	<u>5</u> 2				5
\$13.00 to \$14.99					1
\$15,00 and higher					<u>. v</u>
32. Has the recipient achiev	ved all goals (#	ec Oucstions 29, 30 a	nd 31) and fulfilled <u>all ob</u>	digations stipulated	in the agreement?

Yes DNo

(Mark one.)

(Do not complete this see	tion if you completed it on an	other 2000 MBAF submitted	to DTED.)
33. During the period Augurequired by Minn. Stat. §I	ist 1 through December 31, 1999. 16J.993 and §116J.994? <i>(Mark)</i>	did your organization have any one.)	recipients who failed to report as
	f each recipient failing to report o tonal pages if necessary.)	and the value of subsidy or finar	ncial assistance awarded to that
⊅ No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
	nave any recipients who failed to a after August 1, 1999, that were r		
Tes (Cor	mplese the remainder of this secti	on.) No (Stop here and st	ubmit form to DTED .)
	ring information for each recipien 1 by the time of reporting. (Attac. and agreement:		
Name of recipient in default		Type of subsidy or assistance	Initial value of sunsidy or assistance
Street address of recipient		City/ZTP code of recipient	Outstanding value of subsidy or assistance
36. Reuson(s) for default (A	Aark all that apply.):		
Trecipient ceased operation recipient was unable to fi		I recipient relocated to a difference (Specify reason.)	
37. To date, has the recipie	nt fulfilled its repayment obligation	on? (Mark one.)	
☐ Yes ☐ No, recipient h	as begun to repay the assistance.	☐ No, recipient has not begr	in to repay the assistance.
38. Has the agreement been	amended to extend the recipient	es deadline for fulfilling its oblig	gations? (Mark one.)
	± □ №		
39. Describe the steps bein	g taken to bring recipient into cor	mpliance or recoup the subsidy:	
]			

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146 Or fax to: (651) 215-3841



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 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
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- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor				
1. Name of grantor (funding entity) (144, 64 NOVELLY OF HOLDS HOLD	2. Name of person completing this form $\frac{(2)(1/G)^{2}}{(1/G)^{2}} = \frac{1}{1}(1/G)^{2}$			
3. Street address	4. City 5. ZIP code War Larry Allering Hinter 393/68			
6. County 7. Phone number (752) -107 1760		E-mail address $\{x_1, x_2\} \subseteq \{$		
10. Please indicate who in your organization should receive the	2001 MBAF if different from the pers	on in Question 2.		
Name/Title Phone number	Street address C	City ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)			
City government County government Regional government	☐ Yes (Indicate hearing date ☐ ☐ ☐ and attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted			
☐ State government ☐ Other (Please specify.)	criteria (Indicate date of initial hearing) Other (Please attach explanation.)			
13. Has your organization signed any agreements to award a but through December 31, 1999 that is required to be reported u				
Yes (Complete the remainder of the form.)	No (Stop here, go to section 5 o	on page 4.)		
Section 2 Information About Recipient				
Name of business or organization receiving subsidy or financial assistance	15. Address where business subsid will be used	y or financial assistance		
Lakeview Clinic Building Copicition	Street address C	11111 55328 Sity ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation below.) No	If more than one, indicate ultimate or	wner.)		
Name of parent corporation	Street address City	State ZIP code		
				

17. Industry of recipient's facility (Mark one.):		
<u></u>	ervices Vholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)		
Yes (Indicate city and state of previous address No (Go to Question 19.)	and reuson recipi	ient did not complete this project at that address.)
City/State of previous address Reason project not completed at previous address		
19. Would the recipient have remained in previou financial assistance? (Mark one.)	is location or reloca	cated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to different Minnesota location ☐ Relocated outside Minnesota		
Section 3 General Information About the Agreement		
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
#175,000_		10/12/99
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) (c/2/00)		
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) Abusiness subsidy Infinancial assistance		
24. If the agreement provided a business subsidy, indicate the type(s).	please	 If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial as	isistanc e	not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)		 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
		27 Assessment and the second s
26. If the assistance included tax increment finan indicate the type of TIF district? (Mark one.)	icing, please	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
unot applicable, assistance was not in the form of	of TIF	Tyes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		No Grantor(s) and value of the agreement(s):
- Havardon's Shostance Shodishiet		Grantor Value (\$)
		Grantor Value (\$)

Section 4 Goals and	rudiic Pur	pose taentified	in the Agreement		
28. Minn. Stat. §116J.994 recof the following public purp				state a public purp	oose. Which
☐ Enhancing economic divers A Creating high-quality job g ☐ Job retention ☐ Stabilizing the community			☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)		
29. Indicate whether the agre at the time of this report.				cipient had attaine	d those goals
A) Specific wage and job goa B) Other job-creation and/or (C) Other wage goals D) Other goals other than wag	retention goals ge and job goal	s	established? dates	et attainment (month & year)	All goals attained? U Yes U No Yes U No Yes U No Yes U No
attainment if not documented	in Question 30).) 			
	e hourly value -time equivalen	of any employer-provits if you are unable t	vided health insurance goal o separate goals by full- an	s for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		 _			s
less than \$7.00	<u> </u>	 -			s
\$7.00 to \$8 99	<u></u> .				5
\$9.00 to \$10.99			- —		s
\$11.00 to \$12.99				<u> </u>	s
\$13.00 to \$14.99					s
\$15.00 and higher				<u> </u>	s
	ly value of any	employer-provided h	her of actual jobs created a nealth insurance for those jo ion into full- and part-time	bs. (<u>Only</u> indicate	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00		<u> </u>	 -		s
\$7.00 to \$8.99					5
\$9.00 to \$10.99	<i>ند</i> ۔			-· <u>-</u>	, <u>1.03</u>
\$11.00 to \$12.99	<u> </u>			4	<u>,13.3</u> 9
\$13.00 to \$14.99	_3_	- —		_4_	<u>\$11</u> . 1€ →
\$15.00 and higher	3 <u>_</u>	<u></u>		<u>.3</u>	s1 <u>4.1</u> 6
32. Has the recipient achiev (Mark one.)	red <u>all goals</u> (se				
		☐ Yes	ter 5 years	111/1/11 H	1655
			tor 5 years	· > ,	

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) 🗓 Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) (No (Stop here and submit form to DTED .) ☐ Yes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): ☐ recipient ceased operation I recipient relocated to a different community recipient was unable to fill vacant positions ☐ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) ☐ No, recipient has begun to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



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- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §1:6J.993 to §116J.995. Please use a separate form to report each agreement.
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- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

1. Name of grantor (funding en MONTICELLO HOUSING	ntity) G AND REDEVELOPMENT	2. Name of person complete UTHORITY OLLIE R	ng this form OROPCHAK		
3. Street uddress505_WALUNT_STRFE	r. SUITE !	4. City MONTICELLO	5 ZIP code 55363		}
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail addre	4	onticeli
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from	the person in Questi	on 2.	mn.us
Name/Title	Phone number	Street address	City	ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government")	12. Has your organization h adopted criteria for awai compliance with Minn.	ding business subsid	dies in	<u> </u>
City government County government Regional government State government Other (Please specify.)	·	RYes (Indicate hearing date of the No □ We held a public hearing to criteria (Indicate date of □ Other (Please attach explo	out have not yet ado		
	ned any agreements to award a bu 19 that is required to be reported				
Yes (Comp	lete the remainder of the form.)	☐ No (Stop here, go to sect	tion 5 on page 4.)		

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance TWIN CITY DIE CASTINGS COMPANY	15. Address where the will be used 520 CHELSE			assistance
	Street address	City	,	ZIP code
16. Does the recipient have a parent corporation? (Mark of Q Yes (Indicate name and address of parent corporation be X No		licate ultimate on	ner.i	
Name of parent corporation	Street address	City	State	ZIP code

Retail Trade Wholesale Trade. 8. Did the recipient relocate as a result of signing this agreem. If Yes (Indicate city and state of previous address and reason reason of No (Go to Question 19). Sity/State of previous address Reason project not completed. 9. Would the recipient have remained in previous location or financial assistance? (Mark one.)	recipient did not complete this project at that address.)
INo (Go to Question 19) Try/State of previous address Reason project not completed 9. Would the recipient have remained in previous location or	
9. Would the recipient have remained in previous location or	at previous address
	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differ	rent Minnesota location X Relocated outside Minnesota
ction 3 General Information About the Agreem	1ent
O. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$225,000.00	OCTOBER 25, 1999
indicate the date improvements were finished, equipment	om the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property.
SEPTEMBER 1, 2000 AN	TICIPATED CERTIFICATE OF COMPLETION
 Does the agreement provide a business subsidy or one of the be reported? (Mark one.) business subsidy 	the four types of financial assistance (see Question 25) required to
4. If the agreement provided a business subsidy, please	25. If the assistance was one of the four types of financial
indicate the type(s).	assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	🔁 not applicable, agreement provided a business subsidy
I loan I grant (i.e., forgivable loan) I tax abatement ITIF or other tax reduction or deferral I guarantee of payment I contribution of property or infrastructure I preferential use of governmental facilines I land contribution \$210,000 land write-down	 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
Other (Specify subsidy type.) \$15,000 site improv	
 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
redevelopment renewal and renovation soils condition	□ No
Keconomic development I mined underground space	Grantor(s) and value of the agreement(s):
l hazardous substance subdistrict	Grantor Value (\$) Monticello EDA \$100,000 agreement Grantor Value (\$)

Contract for Private Redevel executed October 25, 1999. Department of Trade and Economic Development

Section 4 Goals and Put	olic Purpo	se Identified in I	the Agreement		
28. Minn. Stat. §116J.994 rec of the following public pu					urpose. Which
☐ Enhancing economic divers ☐ Creating high-quality job go ☐ Job retention ☐ Stabilizing the community			Other (please spec	e (cannot be only purp rify) rify)	
29. Indicate whether the agree at the time of this report.				r the recipient had attai	ned those goals
A) Specific wage and job goal B) Other job-creation and/or r C) Other wage goals D) Other goals other than wag (Please attach descriptions of attainment if not documented	etention goal e and job goal goals and pr	s ils ogress toward	MIXIXes 🗆 No	Target attainment lates (month & year) Sept. 1, 2002	All goals attained? Yes No Yes No Yes No Yes No
30. For each of the following agreement and the average job creation goals in full-	wage categor	ries, indicate the job e of any employer-pi	rovided health insurance	e goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp- Job Creation	FTE (<u>oniv</u> if goals no stated as FT/PT) Job Creation	ot Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
XX XX SEDEREK					s _
AT LEAST \$8.50	71	 -			s
3992 49311033					\$
At LEAST, \$12.00	14				s
<u> </u>					s
<u> </u>			<u> </u>		\$
31. For each of the following date and the actual houri full-time equivalents if you Hourly Wage (excluding benefits)	y value of an	y employer-provided	i health insurance for th	nose jobs. (<u>Only</u> indic time positions.)	nce the benefit ate job creation in Hourly Value of Health Insurance
KX AXX XXXX					\$
AT LEAST \$8.50					; <u>9</u> 2/Hr ; <u>9</u> 2/Hr
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					s
AT Least \$12.0	0 28-				, <u>92/</u> H
Andrew mg//cl					s
32. Has the recipient achieved (Mark one)	d <u>ail goals</u> (se		und 31) and fulfilled <u>all</u>	obligations stipulated	in the agreement?

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P.002/204 W UUS

 During the period A required by Minn. State 	. 6116J.993 and 511	e <u>th</u> ber 31, 1999, d 63.994? <i>(Mark on</i>	id your or <u>ganizatio</u> n have any e.)	recipients who failed to report as
	ne of each recipient fo additional pages if no		d the value of subsidy or final	ncial assistance uwarded to that
A No	į			
Name of recipient	Type of subs	idy of assistance (ice Questions 24 and 25.)	Value of subsidy or assistance
agreement signed or	ion have any recipien n or after August I, I (Complete the remail	1999, that were neg	•	other obligations under an no of this report? (Mark one.)
Were to be atta	llowing information ined by the time of r	for each recipient	ailing to fulfill goals or any oudstitional pages if necessary.	ther terms of an agreement that
35. Information on rack	plent and agreemant:			
Name of recipient in def	i	· 	Type of subsidy or assistance	Initial value of subsidy or assistance
	fault	<u> </u>	Type of subsidy or assistance City/ZIP code of recipient	
Name of recipient in def	fault mt			subsidy or assistance Outstanding value of
Name of recipient in def	fault int ilt (Mark all that app	(y.):		Subsidy or assistance Outstanding value of subsidy or assistance
Name of recipient in def Street address of recipie 36. Reason(s) for defau recipient contact open	fault int ils (Mark all that spp suion to fill vacant position	(y ₄):	City/ZIP code of recipient O recipient relocated to a diff O other (Specify reuson.)	Subsidy or assistance Outstanding value of subsidy or assistance
Name of recipient in def Street address of recipie 36. Reason(s) for defau recipient contact open recipient was unable 37. To date, has the recipient	fault int ils (Mark all that spp suion to fill vacant position	os payment obligation	City/ZIP code of recipient O recipient relocated to a diff O other (Specify reuson.)	Subsidy or assistance Outstanding value of subsidy or assistance
Name of recipient in def Street address of recipie 36. Reason(s) for defau 1 recipient contad open 1 recipient was unable to 37. To date, has the recipient 1 Yes 12 No, recipient	fault out out fault (Mark all that app nation to fill vacant position diplent fulfilled its re- out has begun to repar	osyment obligation the assistance.	City/ZIP code of recipient Trecipient relocated to a diff other (Specify reuson.) (Mark one.)	Outstanding value of subsidy or assistance carety community
Name of recipient in def Street address of recipie 36. Reason(s) for defau recipient contad open recipient was unable: 37. To date, has the recipient was unable: 38. Has the agreement	fault out out fault (Mark all that app nation to fill vacant position diplent fulfilled its re- out has begun to repar	osyment obligation the assistance.	City/ZIP code of recipient Trecipient relocated to a diff other (Specify reason.) (Mark one.) O No, recipient has not bear	Outstanding value of subsidy or assistance carety community
Name of recipient in def Street address of recipie 36. Reason(a) for defau recipient contad open recipient was unable to 37. To date, has the recipient Yes No, recipient 38. Has the agreement	fault alt (Mark all that app ation to fill vacant position diplets fulfilled its re- at has begun to repai been amended to ext I Yes D No	os payment obligation y the assistance, end the recipient's	City/ZIP code of recipient Trecipient relocated to a diff other (Specify reason.) (Mark one.) O No, recipient has not bear	Outstanding value of subsidy or assistance oren community on to repay the assistance. gations? (Mark one.)

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Section 1 Information Al	out Grantor			
1. Name of grantor (funding en MONTICELLO ECONOMIC	neiy) C DEVELOPMENT AUTHOR	2. Name of person comple TY OLLIE KOROP	eting this form CHAK	
3. Street address 505 WALNUT STREET,	SUITE 1	4. City MONTICELLO	5. ZIP code 55362	
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail ad	idr e ss propehak@ci.m
10. Please indicate who in you	r organization should receive the	2001 MBAF if different fro		
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease indicate affiliation. For I check "City government.")	12. Has your organization adopted enteria for av compilance with Minr	varding business su	ıbsidies in
□ County government □ County government □ Regional government □ State government □ Other (Please specify)		3 Yes (Indicate hearing of 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1	g but have not yet of initial hearing -	adopted
	ted any agreements to award a bu 9 that is required to be reported t			
₹ Yes (Comp	lete the remainder of the form.)	□ No (Stop here go to se	ection 5 on page 4.	,
Section 2 Information A	bout Recipient			
14. Name of business or organ receiving subsidy or finance		15. Address where busine will be used	ess subsidy or finan	ncial assistance
receiving subsidy or financial assistance		l aga		
AROPLAX CORPORATI	NOI	200 CHELSEA ROAD	D MONTICELLO City	2 55362 ZIP code

Street address

Tyes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)

State

ZIP code

City

Name of parent corporation

2002 □

17. Industry of recipient's facility (Mark one.):	
XI Manufacturing	· · · · · · · · · · · · · · · · · · ·
18. Did the recipient relocate as a result of signing this as	greement? (Mark one.)
☐ Yes (Indicate city and state of previous address and red I No (Go to Question 19.)	ason recipient did not complete this project at that address)
City/State of previous address Reason project not comp	oleted at previous address
19. Would the recipient have remained in previous locati financial assistance? (Mark one.) Expans:	on or relocated elsewhere if not awarded this business subsidy or Lon
Remained at previous location	different Minnesota location
Section 3 General Information About the Ag	reement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 2 and 25 - and indicate only principal amount for loar	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$100,000.00	December 6, 1999
	fit from the business subsidy or financial assistance. For example, ment was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or on be reported? (Mark one.)	e of the four types of financial assistance (see Question 25) required to idv
G outliess and	idy 3 infaltcal assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗆 not applicable, agreement provided financial assistance	🖈 not applicable, agreement provided a business subsidy
☑ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
other (Specify subsidy type.) REAL ESTATE DEVE	LOPMENT LOAN
26. If the assistance included tax increment financing, ple indicate the type of TIF district? (Mark one)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistric:	Grantor(s) and value of the agreement(s):
	Grantor Vaiue (S)
	Grantor Value (\$)

			financial assistance agreeme nent? (Mark all that apply)		ourpose Which
☐ Enhancing economic divers IKC reating high-quality job gr ☐ Job retention ☐ Stabilizing the community			XX Increasing tax base (c Other (please specify) Other (please specify) Other (please specify)		
29. Indicate whether the agree at the time of this report.				recipient had atta	ined those goals
A) Specific wage and job goal B) Other job-creation and/or n C) Other wage goals D) Other goals other than wag (Please attach descriptions of	etention goals	s	established? dates	get attainment s (month & year)	All goals attained? Yes No Yes No Yes No Yes No
attainment if not documented and 30. For each of the following	in Question 3 wage categor	o) ries, indicate the job			
			provided health insurance gile to separate goals by full-		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp/ Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Recention	Hourly Value of Health Insurance
no hourly wage-level goal		<u>. </u>			5
(الدور عاد مطاعمیه)					\$
\$7.90.00 \$8.39 \					\$
\$\$.24 \$8.59 \$8.24	<u>10 n</u> ew	jobs			\$
\$14-20-10-274-29		~			s
				·	\$
S ************ 99					
\$1 4-10 \$13-99 \$1 4-10 \$11					<u> </u>
31. For each of the following date and the actual hour full-time equivalents if your Hourly Wage	ly value of an ou are unable Full-time Job	y employer-provide to separate job cre Part-time/ Seasonal/Temp-	ed health insurance for those eation into full- and part-iim FTE (only if unable to separate FT/PT)	e jobs. (<u>Onlv</u> indic ne positions.) Job	cate job creation :: Hourly Value of
31. For each of the following date and the actual hour full-time equivalents if your Hourly Wage (excluding benefits)	ly value of an ou are unable Full-time	y employer-provide to separate job cre Part-time/	ed health insurance for those eation into full- and part-iim FTE (only if unable to	e jobs. (<u>Onls</u> indu ne positions.)	Hourly Value of Health Insurance
31. For each of the following date and the actual hour full-time equivalents if you Hourly Wage (excluding benefits)	ly value of an ou are unable Full-time Job	y employer-provide to separate job cre Part-time/ Seasonal/Temp-	ed health insurance for those eation into full- and part-iim FTE (only if unable to separate FT/PT)	e jobs. (<u>Onlv</u> indic ne positions.) Job	Hourly Value of Health Insurance
31. For each of the following date and the actual hour full-time equivalents if your Hourly Wage (excluding benefits)	y value of an ou are unable Full-time Job Creation	y employer-provide to separate job cre Part-time/ Seasonal/Temp-	ed health insurance for those eation into full- and part-iim FTE (only if unable to separate FT/PT)	e jobs. (<u>Onlv</u> indic ne positions.) Job	Hourly Value of Health Insurance
31. For each of the following date and the actual hour full-time equivalents if you Hourly Wage (excluding benefits)	y value of an ou are unable Full-time Job Creation	y employer-provide to septimate job cre Part-time/ Seasonal/Temp- Job Creation	ed health insurance for those eation into full- and part-iim FTE (only if unable to separate FT/PT)	e jobs. (<u>Onlv</u> indic ne positions.) Job	Hourty Value of Health Insurance
31. For each of the following date and the actual hourl full-time equivalents if you Hourly Wage (excluding benefits) Less than \$7.00 YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	y value of an ou are unable Full-time Job Creation	y employer-provide to septimate job cre Part-time/ Seasonal/Temp- Job Creation	ed health insurance for those eation into full- and part-iim FTE (only if unable to separate FT/PT)	e jobs. (<u>Onlv</u> indic ne positions.) Job	Hourty Value of Health Insurance 5 5 5 5 5 5 5 5 6 6 7 8 9

MN DTED

Section 5 Recipients Failing to Fulfill Obligations

Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. \$116J.993 and \$116J.994? (Mark one.) A Yes Andicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Anach additional pages if necessary.) **E**No Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance Name of recipient 34. Did your organization have any recipients who falled to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop kere and submit form to DTED.) ■ Yes (Complete the remainder of this section.) 35. 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Anach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial Value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36, Reason(s) for default (Mark all that apply.): ☐ recipient cented operation O recipient relocated to a different community I reciplent was unable to fill vacant positions O other (Specify reuson.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) O No, recipient has begun to repay the assurance: No, recipient has not become to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) TYCS DNo 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

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- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information At	out Grantor				
Name of grantor (funding en CITY OF MONTICELL	= :	2. Name of person complete OLLIE KOROPCHAK	ng this form		
3. Street address 505 WALNUT STREET	, SUITE 1	4. City MONTICELLO	5. ZIP code 55362		
6. County WRIGHT	7. Phone number 763-271-3208	8. Fax number 763-295-4404	9. E-mail add ollie kord		onticello.
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from	the person in Ques	stion 2.	mn.us
Name/Title	Phone number	Street address	City	ZIP code	
	dark one. If grantor is entity lease indicate affiliation. For check "City government.")	12. Has your organization h adopted criteria for awa compliance with Minn.	rding business sub Stat. §116J.994"; <i>(1</i>	sidies in Mark one.)	
SX:ity government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify)		Yes (Indicate hearing da No We held a public hearing criteria (Indicate date of Other (Please attach explo	but have not yet ad initial hearing	·	
	ed any agreements to award a bu 9 that is required to be reported t				
Yes (Comp	lete the remainder of the form.)	□ No (Stop here, go to sec	tion 5 on page 4.)		

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busing will be used	ness subsidy or tīna	neral assistance
TWIN CITY DIE CASTINGS COMPANY	520 CHELSEA RO Street address	OAD MONTIC	ZIP code
16. Does the recipient have a parent corporation? (Mark one.) Yes (Indicate name and address of parent corporation below No Name of parent corporation			State ZIP code

		0.5
Manufacturing ☐ Service ☐ Whole	esale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
8. Did the recipient relocate as a result of signing this	s agreement?	(Mark one.)
⊇ Yes (Indicate city and state of previous address and ≅No (Go to Question 19.)	reason recipi	ient did not complete this project at that uddress.)
City/State of previous address Reason project not co	mpleted at pro	evious address
 Would the recipient have remained in previous los financial assistance? (Mark one.) 	cation or reloc	cated elsewhere if not awarded this business subsidy or
☐ Remained at previous location XX Relocated	to different N	Minnesota location XX Relocated outside Minnesota
ection 3 General Information About the A	Agreement	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and 25 - and indicate only principal amount for least separate by type - see Question and Questi	s 24	Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$40.000		OCTOBER 25, 1999
indicate the date improvements were finished, equ	uipment was p 000 ANTIC	e business subsidy or financial ussistance. For example, placed into service, or the recipient occupied the property, CIPATED CERTIFICATE OF COMPLETION
 Does the agreement provide a business subsidy or be reported? (Mark one.) XXXX usiness s		ur types of financial assistance (see Question 25) required to financial assistance
24. If the agreement provided a business subsidy, plea indicate the type(s).	se 25	5. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assista	nce 🖼	not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution		assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district
Wother (Specify subsidy type.) REDUCTION OF	RUNK FEE	ES
 If the assistance included tax increment financing indicate the type of TIF district? (Mark one.) 	, please 27	7. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one)
Pnot applicable, assistance was not in the form of Th	F ¥9	Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary)
□ redevelopment □ renewal and renovation □ soils condition		l No
economic development mined underground space	i .	rantor(s) and value of the agreement(s):
A hazardous substance subdistrict	1 -	ONTICELLO HRA \$225,000 TIF
	MR	SWITCELLO EDA \$100,000 LOAN AGREEM
	!	EXECUTED

F MONTICELLO \$500,000 LOAN AGREEMENT NOT EXECUTED

Section 4 Goals and Pub	lic Purpos	e Identified in t	he Agreement		
28. M:nn. Stat. §1163.994 req of the following public pu	28. Minn. Stat. §1163.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)				
☐ Enhancing economic divers 25 Creating high-quality job gr ☐ Job retention ☐ Stabilizing the community			☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)		
29. Indicate whether the agree at the time of this report.				recipient had att	ained those goals
Goals established? dates (month & year) A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals Goals Target attainment dates (month & year) Sept. 1, 2002 Yes \(\) No Yes \(\) No O Yes \(\) No D) Other goals other than wage and job goals					
(Please attach descriptions of attainment if not documented i					
	hourly value	of any employer-pr	creation and/or retention go rovided health insurance gos to separate goals by full- a	als for those job:	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
ASSESSED AND SERVICE AND SERVI					\$
AT LEAST \$8.50	71				s
#SOCIOSION					s
At LEAST \$12.00	14				s
21.10-21.10					s
<u> </u>					s
	y value of any	employer-provided	nber of actual jobs created i health insurance for those tion into full- and part-time	obs. (Only indi	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-dme/ Seasonal/Temp- Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourty Value of Health Insurance
Kee Viren & KOOX					s
XXXXXXXXXX AT LEAST \$8.50					; <u> </u>
XXXXXXXXXX XXXX					s
AT Least \$12.00	⁰ _28 _				<u>, 92</u> /H~
Address of the State of the Sta					s
32. Has the recipient achieve (Mark one)	d <u>all goals</u> (se	e Questions 29, 30 a	und 31) and fulfilled all obli	gations stipulate	d in the agreement?
,,		OlYes 5	₫ No		

03/12/2002 11:04 FAX 8512153841

MN DIED

Section 5 Recipients Failing to Fulfill Obligations

Do not complete th	is section if you con	npleted it on an	other 2000 MBAF submilled	to DTED.)
33. During the period required by Minn. S	August 1 through De mr. §116J.993 and §1	eember 31, 1999, 16J.994? (Mark o	did your organization have any one.)	recipients who failed to report us
	ame of each recipient a additional pages if n		and the value of subsidy or final	ncial assistance awarded to that
oи д	i i I			
Name of recipient	Type of sub	sidy of assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed	ation have any recipion on or after August I, is os (Complete the rema	1999, that were n	achieve any goals or fulfill any equired to be fulfilled by the ture	other obligations under an ac of this report? (Mark one.) ubmit form to DTED.)
			t failing to fulfill goals or any o	ther terms of an agreement that
35. Information on r	icipient and agreemen	E .		
Name of recipions in	default	-	Type of subsidy or assistance	initial value of subsidy or assistance
Street address of recip	pient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36, Reason(s) for det	sult (Mark all that ap	p(y.):		
C recipient ceased op		Pas	O recipient relocated to a diffe	erent community
37. To date, has the r	ocipient fulfilled its re	payment obligati	nn? (Mark one.)	
☐ Yes ☐ No, recip	! Sient <u>has begun</u> to rep	! Ly the assistance:	□ No, recipient has not bego	m to repay the assistance.
38. Has the agreement	ar been amended to ex	rend the recipient	's deadline for fulfilling its oblig	prione? (Mark one.)
_	! □Yes □No	: :	,	
39. Describe the step	 -	recipient into cor	upliance or recoup the subsidy:	-
	<u> </u>	: ·		
	<u> </u>	:		

Return your completed MBAF(s) by April 1, 2000, to:

. 2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul MN 55101-2146 Or fax to: (651) 215-3841



01-0672

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

THO MALION ADDA					
Name of grantor (funding en DTED (MINNESO)	itity) FA INVESTMENT FUND)	Name of person completing this form PAUL A. MOE			
3. Street address 500 METRO	O SQ., 121 7 ^{1H} PLACE EAST	4. City SAINT	PAUI.	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5	5287	9. E-mail add paul a moe@	
10. Please indicate who in your	r organization should receive the	2001 MBAF if diffe	rent from the p	erson in Quest	on 2.
Name/Title	Phone number	Street add	Iress	City	ZIP code
11. Classification of grantor (A created by gov't agency, pleasumple, a city EDA would	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)				
☐ City government☐ County government☐ Regional government • State government☐ Other (Please specify.)	* Yes (Indicate hearing date - 7-27-00 and attach criteria) \(\subseteq \text{No} \) \(\subseteq \text{We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) \(\subseteq \text{Other (Please attach explanation)} \)				
	ed any agreements to award a bu 9 that is required to be reported t				
	plete the remainder of the form 1	□ No (Stop here	go to section	5 on page 4.)	
Section 2 Information About 14. Name of business or organize receiving subsidy or financial	ration	15. Address when	re business sub	sidy or financia	al assistance
PRO FABRICATION	i	ļ <u></u> .	_MADISON I	.AKE	
		Street address		City	ZIP code
16. Does the recipient have a pa	arent corporation? (Mark one.)				
☐ Yes (Indicate name and address No)	ess of parent corporation below.	If more than one, in	dicate ultimate	: owner.)	
Name of parent corporation	·	Street address	City	State	ZIP code
17. Industry of recipient's facilit	y (Mark one.):				

* Manufacturing	Finance, Insurance, Real Estate Frade
18. Did the recipient relocate as a result of signing this agree	ment? (Mark one.)
 Yes (Indicate city and state of previous address and reason No (Go to Question 19) 	n recipient did not complete this project at that address.)
City/State of previous address Reason project not complete	ed at previous address
19. Would the recipient have remained in previous location of financial assistance? (Mark one.)	or relocated elsewhere if not awarded this business subsidy or
* Remained at previous location	Minnesota location
Section 3 General Information About the Agreement	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	
\$115,000	September 22, 1999
indicate the date improvements were finished, equipment whichever is earlier.)	from the husiness subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of be reported? (Mark one.)	f the four types of financial assistance (see Question 25) required to
business subsice	ly 🚨 financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
☐ not applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
* loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one)
* not applicable, assistance was not in the form of TIF □ redevelopment □ renewal and renovation □ soils condition □ economic development	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.) * No Grantor(s) and value of the agreement(s).
☐ mined underground space ☐ hazardous substance subdistrict	Grantor Value (S) Grantor Value (S)

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which

of the following public purp	oses were state	ed in the agreement?	(Mark all that apply.)			
☐ Enhancing economic divers	ity		☐ Increasing tax base (ca	nnot be only purp	ose)	
* Creating high-quality job gr			☐ Other (please specify)			
☐ Job retention			Other (please specify)			
☐ Stabilizing the community			☐ Other (please specify)			
Indicate whether the agree at the time of this report.				eiptent had attain	ed those goals	
A) Specific wage and Job goal B) Other Job-creation and/or r C) Other wage goals D) Other goals other than wag	ctention goals se and job goals	5	established? dates * Yes \(\text{\text{\text{No}}} \) No \(\text{\tinx{\text{\ti}\text{\texi{\text{\texit{\text{\tett{\texi}\texi{\texi{\texi{\texi{\texi{\texi\texi{\texi{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\	tet attainment (month & year) EPT 2002	All goals attained? Yes No 1. No Yes No Yes No Yes No Yes No	24/02
(Please attach descriptions of attainment if not documented				_ _		
	e hourly value	of any employer-prov	eation and/or retention goal vided health insurance goals o separate goals by full- an	s for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> If goals not stated as FT/PT) Job Creation	Joh Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s	
less than \$7.00	 .			_	s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99	_20	<u>-</u>			\$1.50	
\$13 00 to \$14.99	 -				s	
\$15.00 and higher					s	
	ly value of any	employer-provided h	per of actual jobs created an nealth insurance for those jo ion into full- and part-time p	bs. (<u>Only</u> indicat		
Hourly Wage (excluding benefits)	Full-time Job Crestion	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00	<u> </u>		 .		s	
\$7.00 to \$8.99					s	
\$9.00 to \$10.99	 -		 ·		s	
\$11 00 to \$12.99			 -		s	
\$13.00 to \$14.99	16	 ·	- · -		\$1.50	
\$15.00 and higher					s	
32. Has the recipient achieve (Mark one.)	ed <u>all goals</u> (see		nd 31) and fulfilled <u>all oblig</u>	<u>ration</u> ş stipulated i	n the agreement?	
		<u> </u>	···			

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

Yes (Indicate the name of each recipient fuiling to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)				
* No				
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)	Value of subsidy or assistance	
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)				
☐ Yes (Complete the remainder of this secti	ion.) * No (Stop here and st	ubmit form to DTED .j	
	lowing information for each recipiend by the time of reporting. (Attach a		ther terms of an agreement that	
35. Information on recip	ent and agreement:			
Name of recipient in defa	nult	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipien	ıt	City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for default	t (Mark all that apply):			
☐ recipient ceased operate ☐ recipient was unable to		☐ recipient relocated to a diffi ☐ other (Specify reason)	erent community	
37. To date, has the recip	pient fulfilled its repayment obligati	on? (Mark one)		
🗅 Yes 😊 No, recipien	t has begun to repay the assistance.	☐ No, recipient has not beg	un to repay the assistance.	
38. Has the agreement b	cen amended to extend the recipient	's deadline for fulfilling its obli	gations? (Mark one)	
u	Yes 🖸 No			
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:				
				

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0753 Q. F. H. 8/23/02 2001 Minnesota Business Assistance Form RECEIVED APR

4 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat §116J.993 to \$116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999. though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31. 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information A	hout Grantor				
1. Name of grantor is finding of DTED (Challe	ntity) vige Grant)	2 Name of nerson comple	ting this form		
3. Street address 500 Matro S	1217 Plus East	St. Paul	5 710 mm		
6. County Famsey	7. Phone number_ (651) 247-1170_	8. Fax number (651) 2965	9. E-mail ac	idress	
10. Please indicate who in you	ir organization should receive the	2002 MBAF if different from	the person in Que	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	Mark one, If grantor is entity olease indicate affiliation, For d check "City government,")	12. Has your organization adopted criteria for aw compliance with Minn	arding business su	bsidies in	
☐ City government		Yes (Indicate hearing a	late - 9:24:99 und	uttach criteria)	
County government		□No	•	i	
Regional government State government		☐ We held a public hearing criteria (Indicate date of			
Other (Please specify.)		Other (Please attach exp			
through December 21, 200	ned any agreements to award a bus 00 that is required to be reported u	inder Minn. Stat. §116J.993 a	and \$116J,994° (A	fark one.)	
	plete the remainder of the form)	O No (Stop here, go to so	ection 5 on page 4.	<u>'</u>	
Section 2 Information A	 			 1	
Name of business or organ receiving subsidy or finan		15. Address where busines will be used	ss subsidy or financ	cial assistance	
T'R Proper	ties	Street address C	iry State	OUS FALS, MN	15653
16. Does the recipient have a	parent corporation? (Mark one.)	-			
Yes (Indicate name and add	lress of parent corporation helow.	If more than one, indicate t	ultimate owner)		
Tinglite Wind	laws/RRTING.	1030 International Fe	vojustalis iv	IN 56537	
Name of parent corporation	<u> </u>	Street address Cit	ty State	ZIP code	

17. Industry of recipient's facility (Mark one.).				
Manufacturing Li Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other Iplease	specify)	
18. Did the recipient relocate as a result of s	igning this agreemen	t? (Mark one)		
Ses (Indicate city and state of previous aa No (Go to Question 19.)	ddress and reuson rec	ipient did not complete this project at that	uddress.)	
City/State of previous address Reason pro	ject not completed at	previous address		
19. Would the recipient have remained in prifinancial assistance? (Murk one.)	revious location or te	located elsewhere if not awarded this busine	ess subsidy or	
Remained at previous location	Relocated to differe	nt Minnesota location 💢 Relocated outs	ide Minnesota	
Section 3 General Information Abo	out the Agreeme	nt		
20. Total dollar value of business subsidy o assistance (Please separate value by typ and 25.)		21. Date agreement signed (In addition to date, indicate any dates the agreement	_	
\$ 250,000		10-29-1999		
whichever is earlier.)		s placed into service, or the recipient occup		
23. Does the agreement provide a business so be reported? (Mark one.)	subsidy or one of the business subsidy	four types of financial assistance (see Quest	ion 25) required to	
24. If the agreement provided a business sub indicate the type(s) and total dollar value.		25. If the assistance was one of the four ty assistance, please indicate the type(s).		
☐ not applicable, agreement provided finance O.H.B./23oZ Lloan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	\$.250,600 \$ \$ \$ \$	☐ not applicable, agreement provided a bu ☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition dist	s	
26. If the assistance included tax increment indicate the type of TIF district? tMark of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, assistance was not in the fermion of the applicable, as a substance was not in the fermion of the applicable, as a substance was not in the fermion of the applicable, as a substance was not in the fermion of the applicable applicable, as a substance was not in the fermion of the applicable applicable, as a substance was not in the fermion of the applicable applicable.	one.)	27. Are any other grantors providing a but financial assistance to the same project ☐ Yes (Specify each grantor and the value assistance below: attach an additional No Grantor(s) and value of the agreement(s): Grantor Value (S)	t? (Mark one.) c of their sheet if necessary.)	
(Grantor Value (S)	 ,	

28. Minn. Stat. §116J.994 roof the following public	equires that bus	iness subsidy and fir		s state a public p	urpose. Which
DEnhancing economic dive Acreating high-quality job	growth E. 7;	4.8 4 0Z	☐ Increasing tax base (car ☐ Other (please specify)		
☐ Stabilizing the community	<u> </u>				
29. Indicate whether the agr at the time of this report				ecipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates XYes ONo OYes ONo	et attainment (month & year) 2 - 0/	All goals attained? EYes DNo DYes DNo DYes DNo DYes DNo
(Please attach descriptions attainment if not documente					
	ige hourly value U-time equivale	of any employer-pro	ovided health insurance goa to separate goals by full- w	is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourty Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	12				s
\$9.00 to \$10.99	_3_	_			s
\$11.00 to \$12.99					S
\$13.00 to \$14.99					s
\$15.00 and higher					s
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)					
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					s
\$7,00 to \$8,99	10				s/.20
\$9.00 to \$10.99	_ <u>5</u> _	_			<u>. 1.20</u>
\$11.00 to \$12.99			· ·		s
\$13.00 to \$14.99		<u> </u>			s
\$15.00 and higher					s. <u>1.20</u>
32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? (Mark one.) Yes No					

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.) 33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn, Stat. §116J.993 and §116J.994" (Mark one.) ☐ Yes Undicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) Xio Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance Name of recipient 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one) X lo (Stop here and submit form to DTED.) UYes (Complete the remainder of this section.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Type of subsidy or assistance Initial value of Name of recipient in default subsidy or assistance City/7.1P code of recipient Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient relocated to a different community Trecipient ceased operation ☐ recipient was unable to fill vacant positions □ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) ☐ No, recipient has begun to repay the assistance. I No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0758 2001 Minnesota Business Assistance Form

01-0694

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been tiled.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	6. County RAMSEY 7. Phone number 651-297-1391		9. E-mail address paul 4 moe à state mu us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.				
Nume/Title	Phone number	Street address	City ZIP code	
	Mark one. If grantor is entity lease indicate affiliation. For I check 'City government,')	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1163.994? (Mark one.)		
☐ City government ☐ County government ☐ Regional government • State government ☐ Other (Please specify.)		* Yes (Indicate hearing date - 7.27:00 and attach criteria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)		
Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §1163.993 and §1163.994? (Mark one.)				
* Yes (Com	plete the remainder of the form.)	○ No 1 <u>Stop here,</u> go to sectu	on 5 on page 4)	

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance	15. Address where be will be used	15. Address where business subsidy or financial assistance will be used		
EMERALD MANUFACTURING, INC.	305 ELM ST. Street address	ERSKINE City	MN 56535 ZIP code	
16. Does the recipient have a parent corporation? (Mark or	ne l			

- Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) * No

Name of parent corporation	Street address	City	State ZIP code		
17. Industry of recipient's facility (Mark one):					
Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale Tra		ance, Real Estate Other (plea			
18. Did the recipient relocate as a result of signing this agreemen	nt? (Mark one.)				
 Yes (Indicate city and state of previous address and reason t No (Go to Question 19. 	recipient did not comple	te this project at i	hat address.i		
City/State of previous address Reason project not completed a	t previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark onc.)					
☐ Remained at previous location * Relocated to different Mir	nnesota location UR	elocated outside	Minnesota		
Section 3 General Information About the Agreemen	nt				
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24	21. Date agreement si		to the agreement tent was amended.)		
and 25 - and indicate only principal amount for loans.)	AUGUST 30, 1999				
\$50,000 22. Benefit date (Indicate the date the recipient will benefit from	the husiness subside or	financial assistan	nee For example		
indicate the date improvements were finished, equipment we whichever is earlier.)					
DECEMBER 31, 19	999				
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	four types of financial a	ssistance (see Qu	estion 25) required to		
* business subsidy	☐ financial assistance				
 If the agreement provided a business subsidy, please indicate the type(s). 	25. If the assistance wassistance, pieuse				
in not applicable, agreement provided financial assistance	🗖 not applicable, agre	ement provided a	business subsidy		
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution	☐ assistance for propo ☐ assistance for renov to code, and assista preservation district ☐ assistance for pollu ☐ assistance for a TIF	ating building stone nee provided for a s, when 50% or le tion control or ab	ock or bringing it up designated historic ess of total cost atement		
* other (Specify subsidy type)Loan to EDA to rehab building	leased to Company				
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other gra financial assistant		business subsidy or iject? (Mark one.)		
* not applicable, assistance was not in the form of TIF	* Yes (Specify each go assistance below; a		luc of their al sheet if necessary)		
☐ redevelopment ☐ renewal and renovation ☐ soils condition	□ No				
☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of Grantor _NW MN Founda Grantor City of Erskine	Value	(\$) 		

 Minn. Stat. §116J.994 re of the following public p 			t? (Mark all that apply.)	nes state a paone pi	urpose. Winen	
1 Enhancing economic diver Creating high-quality job (1 Job retention 1 Stabilizing the community	growth		☐ Increasing tax base (☐ ☐ Other tplease specify		pose)	
29. Indicate whether the agr at the time of this report				recipient had attai	ned those goals	
A) Specific wage and job go. B) Other Job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? date * Yes U No DEG U Yes D No	get attainment s (month & year) CEMBER 2002	All goals attained? Yes No C.T. Yes No Yes No Yes No	. 6 h
Please attach descriptions outlanment if not documented						
	ige hourly value	of any employer-pro	reation and/or retention g ovided health insurance ge to separate goals by full-	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal					s <u> </u>	
less than \$7.00				-	s <u> </u>	
\$7 00 to \$8.99					s	
\$9.00 to \$10 99	10				\$ 0	
\$11.00 to \$12.99		<u> </u>			s	
\$13.00 to \$14.99					s	
\$15.00 and higher			. ——		s	
	arly value of any	y employer-provided	ther of actual jobs created health insurance for those tion into full- and part-tin	yobs. (<u>Qnlv</u> indica		
date and the actual hou	you are unable					
date and the actual hou	you are unable Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
date and the actual hou full-time equivalents if the second secon	Full-time Job	Seasonal/Temp.	separate FT/PT)	Job Retention	•	
date and the actual hou full-time equivalents if Hourly Wage (excluding henefits)	Full-time Job	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance	
date and the actual hou full-time equivalents if Hourly Wage (excluding henefits)	Full-time Job	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance	
date and the actual hou full-time equivalents if Hourly Wage (excluding henefits) less than \$7.00 \$7.00 to \$8.99	Full-time Job	Seasonal/Temp.	separate FT/PT)	. Job Retention	Health Insurance S S	
date and the actual hou full-time equivalents if Hourly Wage (excluding henefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Full-time Job	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance S S	

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J 993 and §116J.994? (Mark one)						
Tyes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
* No						
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance			
	34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.)					
☐ Yes (Comple	ete the remainder of this section	on.) * No (Stop here and st	ıbmit form to DTED)			
		nt failing to fulfill goals or any c	other terms of an agreement that			
35. Information on recipient a	nd agreement:					
Name of recipient in default	·	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36. Reason(s) for default (Ma	rk all that apply.):					
☐ recipient ceased operation ☐ recipient was unable to fill v	vacant positions	☐ recipient relocated to a diffe ☐ other (Specify reason i				
37. To date, has the recipient	fulfilled its repayment obligat	ion? (Mark one.)				
U Yes U No, recipient has	☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.					
38. Has the agreement been as	mended to extend the recipien	t's deadline for fulfilling its obli	gations? (Mark one.)			
□ Yes	'J No					
39. Describe the steps being to	aken to bring recipient into co	impliance or recoup the subsidy:	:			
						

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0673

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section	1 Info	rmation	About	Cran	inr
Section	1 1010	сшаноп	ADOUL	teran	w

Name of grantor (funding en DTED (MINNESO)	2. Name of person completing this form PAUL A. MOE				
3. Street address 500 METRO	SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL 5. ZIP code 55101			55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-		9. E-mail add paul.a.moe@	
10. Please indicate who in you	r organization should receive the	2001 MBAF if diffe	rent from the po	erson in Questi	ion 2.
Name/Title	Phone number	Street add	ress	City	ZIP code
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")			nization held a ia for awarding ith Minn. Stat.	business subs	idies in
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate hearing date - 7-27-00) and attach or I No I We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing			opted
through December 31, 199	ed any agreements to award a bu 9 that is required to be reported in the place the remainder of the form.)		6J.993 and §11	16J.994? (Mai	
section 2 Information Abou					
14. Name of business or organiz receiving subsidy or financi		15. Address whe will be used	e business subs	sidy or financia	al assistance
LORENTZ, INC.			CANNON FA	LLS	
<u> </u>		Street address	-	City	ZIP code
16. Does the recipient have a pa	ess of parent corporation helow.	If more than one, it	dicate ultimate	owner.)	
Name of parent corporation		Street address	City	State	ZIP code
			-		

	* Manufacturing D Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insuran☐ Construction	icc, Real Estate Other (please specify)	
18. Did the recipies	nt relocate as a result of s	igning this agreement.	(Mark one.)		
 Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) No (Go to Question 19.) 					
City/State of previo	us address Reason pro	ject not completed at p	previous address		
	pient have remained in pi ance? (Mark one.)	revious location or relo	ocated elsewhere if not a	warded this business subsidy or	
* Remained at prev		ated to different Minne	sota location	ocated outside Minnesota	
Section 3 Genera	Information About	the Agreement			
assistance (Ple	lue of business subsidy o ase separate by type - sec ndicate only principal an	2 Questions 24		gned (In addition to the agreement dates the agreement was amended.) November 23, 1999	
	\$100,000			November 23, 1999	
	improvements were finis			inancial assistance. For example, recipient occupied the property,	
		May 25, 2000			
23. Does the agree be reported? (Ma	irk one)			sistance (see Question 25) required to	
		business subsidy	☐ financial assistance		
24. If the agreemen indicate the type	t provided a business sub e(s).	osidy, please		as one of the four types of financial indicate the type(s).	
u not applicable, a	greement provided financ	cial assistance	☐ not applicable, agree	ement provided a business subsidy	
• loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)		☐ assistance for renove to code, when 50% ☐ assistance for pollut	rty polluted by contaminants ating building stock or bringing it up or less of total cost tion control or abatement soils condition district		
	e included tax increment e of TIF district? (Mark o			ntors providing a business subsidy or e to the same project" (Mark one.)	
* not applicable, a	ssistance was not in the f	orm of TIF		rantor and the value of their ttach an additional sheet if necessary.)	
☐ redevelopment ☐ renewal and rene ☐ soils condition ☐ economic develo ☐ mined undergrou ☐ hazardous substa	opment und space		Grantor(s) and value of CFEDA CFDA Grantor		
			SWMIFGrantor	100000	

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which

of the following public pur	poses were state	ed in the agreement?	(Mark all that apply.)]
☐ Enhancing economic diver * Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)			
29. Indicate whether the agree at the time of this report.				ecipient had attaine	ed those goals	
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals			established? dates *Yes U No N	get attainment (month & year) ov 2001	All goals attained? Yes No Yes No Yes No Yes No Yes No	821/02
(Please attach descriptions of attainment if not documented						
	ge hourly value l-time equivalen	of any employer-pro- ts if you are unable t	reation and/or retention goa vided health insurance goal o separate goals by full- ar	s for those jobs. (
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly wage-level goal	· · ·		 -		s	
less than \$7 00					s	
\$7.00 to \$8 99					s	
\$9.00 to \$10.99	_10				s	
\$11.00 to \$12.99	——				S	
\$13.00 to \$14.99					s	
\$15.00 and higher			<u>-</u>		s	
	rly value of any	employer-provided h	ber of actual jobs created a nealth insurance for those jo ion into full- and part-time	obs. (Only indicat		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					s	
\$7.00 to \$8.99					\$	
\$9,00 to \$10,99	8				\$1.50	
\$11.00 to \$12.99					S	
\$13.00 to \$14.99					s	
\$15.00 and higher			<u> </u>		s _	
32. Has the recipient achie (Mark one.)	ved all goals (se	□ Yes •	nd 31) and fulfilled <u>all oblig</u> No	gations stipulated i	n the agreement?	

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one)

☐ Yes (Indicate the name of each r recipient. Attach additional p	ecipient failing to report ages if necessary.)	and the value of subsidy or financ	tal assistance awarded to that		
• No					
Name of recipient Type	of subsidy or assistance	(Sec Questions 24 and 25.)	alue of subsidy or assistance		
34. Did your organization have an agreement signed on or after A		achieve any goals or fulfill any ot required to be fulfilled by the time			
🗅 Yes (Complete	the remainder of this sec	tion.) * No (Stop here and sub	omit form to DTED .)		
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary)					
35. Information on recipient and a	greement:				
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance		
36. Reason(s) for default (Mark at	I that apply.).				
☐ recipient ceased operation ☐ recipient was unable to fill vacan	nt positions	U recipient relocated to a differ U other (Specify reason.)	ent community		
37. To date, has the recipient fulfi	lled its repayment obligat	ion? (Mark one.)			
☐ Yes ☐ No, recipient has begu	un to repay the assistance.	No, recipient has not begur	to repay the assistance.		
38. Has the agreement been amend	ded to extend the recipien	it's deadline for fulfilling its obliga	ttions? (Mark one)		
□ Yes □	No				
39. Describe the steps being taken	to bring recipient into ec	ompliance or recoup the subsidy:			
					

Return your completed MBAF(s) by April 1, 2000, to:

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Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Or fax to: (651) 215-3841



01-0674

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- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.

• Questions? Call (651)	297-2335. Information on who	ere to mail or fax your comp	pleted MBAF(s) in on page 4.	
Section 1 Information Abou	it Grantor				
Name of grantor (funding en DTED (MINNESO)	ntity) FA INVESTMENT FUND)	2. Name of person completing PAUL A. MOE	ng this form		
3. Street address 500 METRO	SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL	5. ZIP code	55101	
6. County RAMSEY	6. County RAMSEY 7. Phone number 651-297-1391		9. E-mail ac paul.a.mo	ddress e@state.mn.us	
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from (the person in Que	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	fark one. If grantor is entity lease indicate affiliation. For I check "City government.")	 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) * Yes (Indicate hearing date - 7-27-00 and attach criteria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.) 			
	ed any agreements to award a bus 9 that is required to be reported u				
·	plete the remainder of the form.)	☐ No (Stop here, go to see	tion 5 on page 4)	
Section 2 Information Abou	ut Recipient	Υ			
 Name of business or organic receiving subsidy or financial 		Address where business subsidy or financial assistance will be used			
ROYAL AMERICAN	FOODS, INC.	Street address 1.E CENTER City ZIP code			

17. Industry of recipient's facility (Mark one.):

Name of parent corporation

* No

16. Does the recipient have a parent corporation? (Mark one.)

City

State

ZIP code

Street address

Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner)

	Manufacturing Retail Trade Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurar ☐ Construction	nce, Real Estate Other (please specify)		
18. Did the recipie	nt relocate as a result of s	signing this agreement?	(Mark one)			
Yes (Indicate cit No (Go to Ques		ddress and reason recip	pient did not complete i	this project at that address.)		
City/State of previo	ous address Reason pro	ject not completed at p	revious address			
	ipient have remained in p tance? (Mark one.)	revious location or relo	cated elsewhere if not a	awarded this business subsidy or		
* Remained at pre-	rious location 🔲 Reloc	ated to different Minne	sota location 🔲 Rel	ocated outside Minnesota		
Section 3 Genera	l Information About	the Agreement				
assistance (Ple	aluc of business subsidy o case separate by type - sec indicate only principal ar	e Questions 24		gned (In addition to the agreement dates the agreement was amended) OCTOBER 6, 1999		
	\$300,000			G. TOBER 6, 1999		
	22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property,					
		DECEMBER 14	4, 2000			
	23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) * business subsidy					
24. If the agreement indicate the type	nt provided a business sub	osidy, please		ras one of the four types of financial indicate the type(s).		
☐ not applicable, :	agreement provided finan-	cial assistance	☐ not applicable, agre	ement provided a business subsidy		
* loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)		☐ assistance for renov to code, when 50% ☐ assistance for pollu	erty polluted by contaminants rating building stock or bringing it up or less of total cost tion control or abatement soils condition district			
	ce included tax increment e of TIF district? (Mark a			ntors providing a business subsidy or e to the same project? (Mark one.)		
not applicable, a redevelopment renewal and ren	assistance was not in the f	Torm of TIF		grantor and the value of their uttach an additional sheet if necessary.)		
☐ soils condition☐ conomic devel☐ mined undergro☐ hazardous subst	opment und space		Grantor(s) and value of	4()0,000		
1			Grantor	Value (\$)		

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which

of the following public purp	oses were state	d in the agreement?	(Mark all that apply)	<u> </u>	
	 □ Enhancing economic diversity Creating high-quality job growth □ Job retention 		☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify) ☐ Other (please specify)		
☐ Stabilizing the community			Other (please specify)		
29. Indicate whether the agree at the time of this report.				cipient had attaine	ed those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward			established? dates Yes No No Yes No	et attainment (month & year) ov 2001	All goals attained? Yes X No Yes No Yes No Yes No
attainment if not documented	n Question 30	.)			
	hourly value	of any employer-prov	eation and/or retention goal vided health insurance goals o separate goals by full- an FTE (only If goals not	s for those jobs. 19	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00		. –			s
\$7.00 to \$8.99	60				s
\$9.00 to \$10.99					s
\$11.00 to \$12.99				n_	s
\$13.00 to \$14.99				<u> </u>	s
\$15.00 and higher					s
	y value of any	employer-provided h	per of actual jobs created at tealth insurance for those jo on into full- and part-time p	bs. (<u>Only</u> indicat	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99	_	_	·		s
\$9.00 to \$10.99		_	.	 -	s
\$11.00 to \$12.99	<u></u> · · ·		 .		s
\$13.00 to \$14.99	23				\$1.50
\$15.00 and higher					s
32. Has the recipient achieve (Mark one.)	rd <u>all g</u> oa <u>ls</u> (see			ations stipulated i	n the agreement?
		Yes •	No		

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)

	f each recipient failing to report tonal pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that		
•	tonat pages if necessary.)				
• No					
	- 		·——·		
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance		
	nave any recipients who failed to after August 1, 1999, that were i				
☐ Yes (Co	mplete the remainder of this sect	tion) * No (Stop here and su	ibmit form to DTED .1		
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary)					
35. Information on recipier	nt and agreement:				
Name of recipient in default	t	Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance		
36. Reason(s) for default (A	Mark all that apply.):				
recipient ceased operation recipient was unable to fi		☐ recipient relocated to a diffe ☐ other (Specify reason.)	rent community		
37. To date, has the recipie	nt fulfilled its repayment obligati	on? (Mark onc.)			
☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance.					
38. Has the agreement been	n amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)		
⊃Yo	es 🗆 No				
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:					
					

Return your completed MBAF(s) by April 1, 2000, to:

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01-0682

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Section 1 Information About Grantor

Name of grantor (funding en DTED (MINNESC	itity) OTA INVESTMENT FUND)	Name of person completing this form PAUL A. MOE				
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5 ZIP code	55101		
6. County RAMSEY	5. County RAMSEY 7. Phone number 651-297-1391		8. Fax number 9. E-mail address 651-296-5287 paul.a.moe <u>@state.m</u>			
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2.						
Name/Title	Phone number	Street address	City	ZIP code		
11. Classification of grantor (Mark one If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §1161.994? (Mark one.)				
☐ City government		*Yes (Indicate hearing date - 7-27-00) and attach criteria)				
☐ County government		□ No				
☐ Regional government		☐ We held a public hearing but have not yet adopted				
* State government ☐ Other (Please specify.)		criteria (Indicate date of initial hearing) □ Other (Please attach explanation)				
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
• Yes (Complete the remainder of the form.) — 🗓 No. (Stop here, go to section 5 on page 4.)						

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used		
SIGCO SUNPLANT	90 NO 8 ^{1H} ST Street address	BRECKENRIDGE City	MN 56520 ZIP code
16. Does the recipient have a parent corporation? (Mark one.) □ Yes (Indicate name and address of parent corporation below * No	. If more than one,	indicate ultimate owner i	

Name of parent corporation	Street address	City	State ZIP code
17. Industry of recipient's facility (Mark one):			
Manufacturing		nsurance, Real E on 🛄 Other (state (please speci <u>f</u> y)
18. Did the recipient relocate as a result of signing this agreeme	ent? (Mark one.)		
Yes (Indicate city and state of previous address and reason to No (Go to Question 19.) No (Go to Question 19.)	recipient did not comp	plete this project	at that address.)
BUSINESS MOVED FROM WAHPETON ND. TO EXIST City/State of previous address Reason project not completed		BRECKENRIDO	iE
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if	not awarded thi	s business subsidy or
☐ Remained at previous location ☐ Relocated to different M	innesota location	☐ Relocated out	side Minnesota
Section 3 General Information About the Agreeme	ent		
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) DECEMBER 6, 1999		
\$180,000		DECEMBE	N U, 1777
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) MARCH 23, 2001			
	- 6	.1	. 0
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) * business subsidy	e tour types of financi ☐ financial assistan		e Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).		ce was one of the ase indicate the t	four types of financial type(s).
☐ not applicable, agreement provided financial assistance	☐ not applicable, a	igreement provid	led a business subsidy
• loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subside type)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district		
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)			ng a business subsidy or e project? (Mark one.)
* not applicable, assistance was not in the form of TIF	☐ Yes (Specify eac assistance below		he value of their uional sheet if necessary)
☐ redevelopment ☐ renewal and renovation ☐ soils condition	* No		
☐ economic development ☐ mined underground space	Grantor(s) and val	ue of the agreem	ent(s
☐ hazardous substance subdistrict	Grantor	· · · · · · · · · · · · · · · · ·	alue (S)
•	Grantor		alue (\$)

 Minn. Stat. §116J.994 re of the following public p 	equires that bus ourposes were s	iness subsidy and fina tated in the agreemen	ancial assistance agreement? (Mark all that apply.)	ts state a public pu	irpose. Which
☐ Enhancing economic dive * Creating high-quality job; ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (c☐ Other tplease specify)		oose)
29. Indicate whether the agr at the time of this report	eement include . (Fill in the bo	d the following types exes and attainment d	of goals, and whether the laters) for each goal.)	recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wage	retention goals	•	established? dates * Yes U No DEC U Yes D No D Yes D No	get attainment (month & year) CEMBER 2001	All goals attained? Yes Mo C.J. Yes No Yes No Yes No
(Please attach descriptions of attainment if not documente					
	ige hourly value	of any employer-pro	reation and/or retention go ovided health insurance gos to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7 00 to \$8.99	_30	<u></u>	<u> </u>		S_ 1.00
\$9.60 to \$10.99		-			s
\$11 00 to \$12.99					s _
\$13.00 to \$14.99	— .–	 -			s
\$15.00 and higher					5
	urly value of an you are unable	y employer-provided to separate job creat	health insurance for those tion into full- and part-tim	jobs. (<u>Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7 (кі					s
\$7.00 to \$8.99	30		<u> </u>		\$1.25
\$9.00 to \$10.99					s
\$11.00 to \$12.99		_			S
					\$
\$13.00 to \$14.99					

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to

report as required by Minn. Stat. §116J.993 and §116J.9	94? (Mark one.)	
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were		
Yes (Complete the remainder of this section)	on.i * No (Stop here and sui	bmit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.).		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	I recipient relocated to a differ I other (Specify reason)	
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its oblig	ations? (Mark one.)
🗅 Yes 🗆 No		
39. Describe the steps being taken to bring recipient into co	impliance or recoup the subsidy:	
		

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



01-0691

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

Name of grantor (funding entity) DTED (MINNESOTA INVESTMENT FUND)		2 Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4. City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe/gistate.mn.us	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
11. Classification of grantor (Mark one-If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government")		Has your organization held adopted criteria for awardic compliance with Minn. Sta	ng business subsidies in	
☐ City government ☐ County government		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) □ No		
☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) ☐ Other (Please attach explanation.)		
		iiness subsidy or financial assista nder Minn. Stat. §116J.993 and §		
* Yes (Complete the remainder of the form)		□ No (Stop here, go to sectio	n 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
THOMAS ENGINEERING CO.	7024 NORTHLAND DR. BROOKLYN PARK MN 55428 Street address City ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)				
 Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) No 				

Name of parent corporation	Street address City State ZIP code		
17. Industry of recipient's facility (Mark one.)			
* Manufacturing □ Service □ Retail Trade □ Wholesale Tr	☐ Finance, Insurance, Real Estate ade ☐ Construction ☐ Other (please specify)		
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)		
 Yes (Indicate city and state of previous address and reason No (Go to Question 19. 	recipient did not complete this project at that address.)		
City/State of previous address Reason project not completed	nt previous address		
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or		
* Remained at previous location	nnesota location U Relocated outside Minnesota		
Section 3 General Information About the Agreeme	nt		
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) DECEMBER 28, 1999		
\$135,000	DEC E. (177.)		
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) DECEMBER 28, 1	as placed into service, or the recipient occupied the property,		
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to			
be reported? (Mark one i * business subsidy	☐ financial assistance		
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).		
☐ not applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy		
• loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district		
26 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)		
not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)		
☐ redevelopment ☐ renewal and renovation ☐ soils condition	* No		
☐ economic development ☐ mined underground space	Grantor(s) and value of the agreement(s		
☐ hazardous substance subdistrict	Grantor Value (5)		
	Grantor Value (\$)		

 Minn. Stat. §116J.994 re of the following public p 					irpose Which
Enhancing economic diversity of the Creating high-quality job (1) Job retention Stabilizing the community	growth		☐ Increasing tax base☐ Other tplease speci		pose)
Indicate whether the agr at the time of this report				ne recipient had attai	ned those goals
a) Specific wage and job go b) Other job-creation and/or c) Other wage goals b) Other goals other than wa	retention goals		established? da * Yes 🗓 No 🔃	arget attainment tes (month & year) ECEMBER 2002	All goals attained? Yes A No. Yes No. Yes No. Yes No.
Please attach descriptions c tainment if not documented					
For each of the followin agreement and the avera job creation goals in ful	ige hourly value	of any employer-pro	vided health insurance	goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Joh Retention	Hourly Value of Health Insurance
no hourly wage-level goal			_	. ——	s
less than \$7.00		<u> </u>			s
57.00 to \$8.99					s_
\$9.00 to \$10.99	15				\$4.89
\$11.00 to \$12.99					s
\$13.00 to \$14.99		_		<u></u>	s
\$15.00 and higher	8			_	\$4.89
\$15.00 and riigher			h C . 4 . 1 . h	ed and/or retained sir	nce the benefit
l. For each of the following date and the actual hor	urly value of any	y employer-provided	health insurance for tho ion into full- and part-ti	se jobs. (<u>Only</u> indica	
. For each of the following date and the actual hor	urly value of any	y employer-provided	health insurance for tho	se jobs. (<u>Only</u> indica ime positions i	
For each of the following date and the actual hot full-time equivalents if	urly value of any you are unable Full-time Job	y employer-provided to separate joh erca: Part-time/ Seasonal/Temp.	health insurance for tho ion into full- and part-to FTE (only if unable to separate FT/PT)	se jobs. (<u>Only</u> indice ime positions i	tte job creation in Hourly Value of
For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	urly value of any you are unable Full-time Job	y employer-provided to separate joh erca: Part-time/ Seasonal/Temp.	health insurance for tho ion into full- and part-to FTE (only if unable to separate FT/PT)	se jobs. (<u>Only</u> indice ime positions i	tte job creation in Hourly Value of
For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of any you are unable Full-time Job	y employer-provided to separate joh erca: Part-time/ Seasonal/Temp.	health insurance for tho ion into full- and part-to FTE (only if unable to separate FT/PT)	se jobs. (<u>Only</u> indice ime positions i	Hourly Value of Health Insurance
For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of any you are unable Full-time Job	y employer-provided to separate joh erca: Part-time/ Seasonal/Temp.	health insurance for tho ion into full- and part-to FTE (only if unable to separate FT/PT)	se jobs. (<u>Only</u> indice ime positions i	Hourly Value of Health Lusurance SS
For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of any you are unable Full-time Job	y employer-provided to separate joh erca: Part-time/ Seasonal/Temp.	health insurance for tho ion into full- and part-to FTE (only if unable to separate FT/PT)	se jobs. (<u>Only</u> indice ime positions i	Hourly Value of Health Insurance S S

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

33. During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9		ve any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report recipient Attach additional pages if necessary.)	and the value of subsidy or finance	cial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were		
☐ Yes (Complete the remainder of this secti	on) * No (Stop here and sub	mit form to DTED)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		ner terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.)		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a difference of the color of th	-
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one.)	
☐ Yes ☐ No. recipient has begun to repay the assistance.	☐ No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	nt's deadline for fulfilling its obliga	ations? (Mark one.)
□ Yes □ No		
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	
		 .

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



01-0705

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

Name of grantor (funding entity) DTED (CHALLENGE GRANT)		Name of person completing this form BART BEVINS		
3. Street address 500 METRO SQ., 121 7 ¹¹¹ PLACE EAST		5. ZIP code	55101	
Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail addr	ress <u>v</u> state.mn.u <u>s</u>	
anization should receive the	2002 MBAF if different from	the person in Question	on 2.	
Phone number	Street address	City	ZIP code	
11. Classification of grantor (Mark one If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		but have not yet ado	pted	
13. Has your organization signed any agreements to award a business subsidy or financial assistance from January 1, 2000 through December 31, 2000 that is required to be reported under Minn. Stat. §116J.993 and §116J.994? (Mark one.)				
	Phone number 651-297-1170 anization should receive the Phone number one If grantor is entity indicate affiliation. For ck "City government.")	Phone number 651-297-1170 8. Fax number 651-296-5287 Annization should receive the 2002 MBAF if different from the street address One If grantor is entity indicate affiliation. For each "City government.") 12. Has your organization has adopted criteria for awa compliance with Minn. 13. Yes (Indicate hearing dat In No) We held a public hearing criteria (Indicate date of Other (Please attach explorate is required to be reported under Minn. Stat. §116J.993 and In the state of th	Phone number 651-297-1170 8. Fax number 651-296-5287 Phone number Phone number Street address City 12. Has your organization held a public hearing adopted criteria for awarding business subsices compliance with Minn. Stat. \$116J.994? (Market of Please attach explanation) Yes (Indicate date of initial hearing — Other (Please attach explanation) Thy agreements to award a business subsidy or financial assistance from January it is required to be reported under Minn. Stat. \$116J.993 and \$116J.994? (Market of Market of Initial hearing)	

Section 2 Information About Recipient

 Name of business or organization receiving subsidy or financial assistance 	15. Address where busing will be used	15. Address where business subsidy or financial assistance will be used		
AARON CARLSON WOODWORK	801 ATLANTIC AVE Street address	MORRIS City	MN 56267 ZIP code	
16. Does the recipient have a parent corporation? (A)	dark one.)			
* Yes (Indicate name and address of parent corpora \(\) No	tion below. If more than one, indica	ue ultimate owner.)	
AARON CARLSON CORP	1505 CENTRAL AVE NE	MINNEAPOLIS	MN 55413	

Name of parent corporation	Street address City State ZIP code			
17. Industry of recipient's facility (Mark one.):				
Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale Tr	☐ Finance, Insurance, Real Estate ade ☐ Construction ☐ Other (please specify)			
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)			
 Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) No (Go to Question 19. 				
City/State of previous address Reason project not completed at previous address				
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy or financial assistance? (Mark one.)				
☐ Remained at previous location ☐ Relocated to different Mi	innesota location			
Section 3 General Information About the Agreeme	n <i>t</i>			
20. Total dollar value of business subsidy or financial assistance (Please separate by type - sec Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) DECEMBER 1, 1999			
\$100,000				
22. Benefit date (Indicate the date the recipient will benefit from the business subsidy or financial assistance. For example, indicate the date improvements were finished, equipment was placed into service, or the recipient occupied the property, whichever is earlier.) DECEMBER 1, 1999				
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one) * business subsidy				
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
☐ not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy			
* loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district			
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)			
* not applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary)			
☐ redevelopment ☐ renewal and renovation	• No			
☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (S)			
	Grantor Value (\$)			

 Minn, Stat. §116J.994 re of the following public p 			nancial assistance agreemer nt? (Mark all that apply.)	nts state a public pi	urpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		☐ Increasing tax base (c☐ Other (please specify		pose)
9. Indicate whether the agr at the time of this report				recipient had attai	ned those goals
Specific wage and job go Other job-creation and/or Other wage goals Other goals other than wage	retention goals		established? date: *Yes \(\tilde{\to}\) No \(\frac{JUN}{2}\) \(\tilde{\to}\) Yes \(\tilde{\to}\) No \(\frac{LUN}{2}\)	get attainment s (month & year) iE2002	All goals attained? Yes No L.
Please attach descriptions (ttainment if not documente					
	age hourly value	of any employer-pre	creation and/or retention go ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7 00			-		s
\$7.00 to \$8.99			20		\$
\$9.00 to \$10.994					\$
\$11 00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					\$
	nu wage categor			gobs. <u>(Only</u> indic	
For each of the following date and the actual hor full-time equivalents if	urly value of any you are unable	to separate job crea	ition into full- and part-tim	w positions.)	
date and the actual hor	urly value of any			w positions.) Job Retention	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourly Wage	urly value of any you are unable Full-time Joh	to separate job cred Part-time/ Seasonal/Temp.	ition into full- and part-tim FTF. (only if unable to separate FT/PT)		
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	urly value of any you are unable Full-time Joh	to separate job cred Part-time/ Seasonal/Temp.	ition into full- and part-tim FTF. (only if unable to separate FT/PT)		Health Insurance
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of any you are unable Full-time Joh	to separate job cred Part-time/ Seasonal/Temp.	ition into full- and part-tim FTF. (only if unable to separate FT/PT) Job Creation		Health Insurance
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of any you are unable Full-time Joh	to separate job cred Part-time/ Seasonal/Temp.	ttion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation		Health Insurance
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of any you are unable Full-time Joh	to separate job cred Part-time/ Seasonal/Temp.	ttion into full- and part-tim FTE (only if unable to separate FT/PT) Job Creation		S.58 S.58

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

 During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9 		ve any recipients who failed to
Tyes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan-	cial assistance awarded to that
* No		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were 		
☐ Yes (Complete the remainder of this secti	ion) • No (Stop here and sub	omit form to DTED .)
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac		her terms of an agreement that
35. Information on recipient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one)	
☐ Yes ☐ No, recipient has begun to repay the assistance	. 🖸 No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipier	at's deadline for fulfilling its oblig	ations? (Mark one.)
□ Yes □ No		
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>January 1, 2000 through December 31, 2000</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>January 1, 2000 through December 31, 2000</u>: 1) any local government agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information About Grantor

Name of grantor (funding entity) DTED (CHALLENGE GRANT)		Name of person completing this form BART BEVINS		
3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		4 City SAINT PAUL	5. ZIP code 55101	
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail address <u>bart.bevins:ā.state.mn.us</u>	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from	the person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	fark one If grantor is entity ease indicate affiliation. For Leheck 'City government')	adopted criteria for awa	neld a public hearing on and ording business subsidies in Stat. §116J.994? (Mark one.)	
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify)		☐ No ☐ We held a public hearing	(initial hearing)	
	ed any agreements to award a but 0 that is required to be reported u			
* Yes (Comp	olete the remainder of the form)	□ No (<u>Stop here,</u> go to see	ction 5 on page 4.)	

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance			
HEALTH POSTURES, INC.	262 W 1 ST ST Street address	MORTON City	MN 56270 ZIP code
16. Does the recipient have a parent corporation? (Mark one.) U Yes (Indicate name and address of purent corporation below No	s If more than one, indi	icate ultimate owner	J

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one.):	
• Manufacturing □ Service □ Retail Trade □ Wholesale Tr	☐ Finance, Insurance, Real Estate ade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one)
 Yes (Indicate city and state of previous address and reason) No (Go to Question 19. 	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	it previous address
19. Would the recipient have remained in previous location or r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to different M	innesota location 2 Relocated outside Minnesota
Section 3 General Information About the Agreeme	nf
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended) NOVEMBER 24, 1999
\$100,000	
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) DECEMBER 23, 19	as placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the	
be reported? (Mark one.)	☐ financial assistance
• business subsidy	
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🗅 not applicable, agreement provided financial assistance	* not applicable, agreement provided a business subsidy
• loan □ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark (ne.)
* not applicable, assistance was not in the form of TIF	☐ Yes (Specify each granter and the value of their assistance below; attach an additional sheet if necessary)
☐ redevelopment ☐ renewal and renovation ☐ soils condition	* No
☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (\$)
	Grantor Value (S)

28. Minn. Stat. §116J.994 ro of the following public p			ancial assistance agreement? (Mark all that apply.)	ts state a public pu	rpose. Which
 □ Enhancing economic diversity * Creating high-quality job growth □ Job retention □ Stabilizing the community 			☐ Increasing tax base (cannot be only purpose)☐ Other (please specify)		
29. Indicate whether the agr				recipient had attair	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	i	established? dates * Yes 🗀 No NOV	get attainment (month & year) 'EMBER 2001	All goals attained? Yes ANO Yes No Yes No
(Please attach descriptions of attainment if not documented					
	ige hourly value	of any employer-pro	reation and/or retention go ovided health insurance go to separate goals by full- o	als for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		· ·		-	s
less than \$7.00			_ ·		S
\$7.00 to \$8.99	23				\$
\$9.00 to \$10.994					\$
\$11.00 to \$12.99	2				S
\$13.00 to \$14.99			<u> </u>		\$
\$15.00 and higher	25				\$
31 For each of the follows			ber of actual jobs created health insurance for those	jobs. (<u>Only</u> indica	
		to separate job creat	ion into full- and part-time	e positions.)	
date and the actual hor		to separate job creat Part-time! Seasonal/Temp. Joh Creation	ion into full- and part-time FTE (<u>only</u> if unable to separate FT/PT) Jub Creation	Job Retention	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourly Wage	you are unable Full-time Joh	Part-time! Seasonal/Temp.	FTE (only if unable to separate FT/PT)		
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	you are unable Full-time Joh	Part-time! Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insurance
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Joh	Part-time! Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insurance
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	you are unable Full-time Joh	Part-time! Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insurance s S
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	you are unable Full-time Joh Creation	Part-time! Seasonal/Temp.	FTE (only if unable to separate FT/PT)		Health Insurance S S

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.9		we any recipients who failed to
	e of each recipient failing to report additional pages if necessary i	and the value of subsidy or finan	icial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
	on have any recipients who failed to or after January 1, 2000, that were		
🗅 Yes (C	omplete the remainder of this secti	on.) * No (Stop here and su	hmit form to DTED)
	lowing information for each recipie ned by the time of reporting. (Attac		
35. Information on recip	sient and agreement:		
Name of recipient in defa	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipier	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	t (Mark all that apply.):		
☐ recipient ceased opera ☐ recipient was unable to		☐ reciptent relocated to a differ ☐ other (Specify reason.)	-
37. To date, has the reci	pient fulfilled its repayment obligat	ion!' (Mark onc.)	
🗆 Yes 🕒 No, recipier	nt has begun to repay the assistance	No, recipient has not begi	un to repay the assistance.
38. Has the agreement b	een amended to extend the recipier	it's deadline for fulfilling its oblig	gations? (Mark one.)
יב	Yes 📮 No		
39. Describe the steps b	eing taken to bring recipient into co	ompliance or recoup the subsidy:	

Return your completed MBAF(s) by April 1, 2001, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



01-0429

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §!!oi.093 to §1161.995. Please use a separate form to report each agreement.
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- If a local or state government agency that is required to report has not done so by April 4, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

· · · · · · · · · · · · · · · · · · ·			
2. Name of person completing this form L SH AUGHNESSY Treas			
4. City Mend-Hts	5. ZIP code 55118		
8. Fax number 651-452-8940	9. E-mail address		
2001 MBAF if different from the	person in Question 2		
Street address	City ZIP code		
12 Has your organization hele adopted criteria for awards compliance with Minn. St			
Yes (Indicate hearing date 6 - 5 - 97 and and heromia) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing :			
imess subsidy or Engineral assistander Minn, Stat. §1161,993 and §	\$116) 962 ° (Mark one r		
	7. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
15 Address where business so will be used Canter taint Dnive Street address	thody or financial contance - MersHH3		
It more than one, indicate ultime	lic owner i		
Street address City	Sinte Ziir eode		
	4. City Mend-HHs 8. Fax number 65/1-452_8946 200: MBAF if different from the Street address 12. Has your organization hele adopted criteria for awards compliance with Minn. Str A Yes. (Indicate hearing date) We held a public hearing bu criteria. (Indicate date of in Cother (Please and hexplant) siness subsidy or financial assistander Minn. Stat. §11(J.993 and § No. (Stop here, go to section 15. Address where business st will be used Anter fairl Drive Street address		

$\langle 17 \rangle$ industry of recipient's facility (Mark one).		
<u>-</u>	J Services J Wholesale Trade	☑Finance, Insurance, Real Estate ☐ Construction ☐ Other please specify Office.
18. Did the recipient relocate as a result of sign	ing this agreement?	(Mark one.)
□ Yes (Indicate city and state of previous addre ▼No (Go to Question 19.)	ess and reason recip	uent did not complete this project at that address.)
City/State of previous address Reason project	t not completed at pr	revious address
19. Would the recipient have remained in previ- financial assistance? (Mark one.)	ious location or refou	cated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated	d to different Minne	sora location — al Relocated outside Minnesora
Section 3 General Information Ab	out the Agreer	nent
20. Total dollar value of business subsidy or for assistance (Please separate by type - see Quand 25 - and indicate only principal amou	uestions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
166000		12-10-99
indicate the date improvements were finished whichever is earlier.)		ie business subsidy or financial assistance. For example, iced into service, or the recipient occupied the property
be reported? (Mark one.)	-	our types of financial assistance (see Question 25) required to Li financial assistance
24. If the agreement provided a business subsidindicate the type(s).	ly, please	25. If the assistance was one of the four types or financial assistance, please indicate the type(s).
☐ not applicable, agreement provided financial	assistance	☐ not applicable, agreement provided a business sciolidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution		 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
□ other (Specify salisidy type.)		
26 If the assistance included tax increment (in indicate the type of TIF district? (Mark one.)		27 Are any other grantors providing a bit aneso supoidly of financial assistance to the same project? (Mar., 1966)
Δ not applicable, assistance was not in the form	not TIF	2) Yes (Specify each grantor and the video of their assistance below) attach an addid to I word in recovery re-
Maredevelopment □ renewal and renovation □ sods condition □ economic development □ mined underground space □ hazardous substance subdistrict		Grantor(s) and value of the agreement(s). Grantor Value (S)
		Grantor Value (5)

of the following public pur			ncial assistance agreement: (Mark all that apply,)	aic a painte pui	passe mater
Enhancing economic diver Creating high-quality job g U Job retention U Stabilizing the community	erowth		☐ Increasing tax base (ca ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)		
29. Indicate whether the agn at the time of this report.	eement included (Fill in the bo.	I the following types over and attainment do	of goals, and whether the retreets) for each goal.)	reipient had attaine	rd those goals
A) Specific wage and job goo B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	s	established? dates Yes II No II Yes II No II Yes II No	get attainment (month & year)	All goals attained ' Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
attainment if not documented					
	ige hourly value	of any employer-pro- uts if you are unable to	vided health insurance goal o separate goals by full- ar	s for those jobs. ()	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>onls</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	_			·— ·-	s <u> </u>
le is than \$7.00					s
\$7,000 to \$8,99	10				·
\$4,00 to \$10.99	10				s
\$11.00 to \$12.99	10				s <u> </u>
\$13 00 to \$11 99	<u>10</u>			_	s
S15 00 and higher	· -	<u> </u>	 .	_	S
date and the actual hor	orly value of any you are unable Full-time Job	employer-provided b	per of actual jobs created a lealth insurance for those jo on into full- and part-time FTE (guly if anable to separate FT/P I) Job Creation	ibs <u>(Only</u> milicate	
Hourly Wage texcluding benefits)	Creation	20.000	Anna Carren		means monance
	<u></u>			· ·	/
(excluding benefits)				. <u> </u>	* *
texcluding benefits) Jess than \$7.00		 	- -	. <u> </u>	7 5
texcluding benefits) less than \$7.00 \$7.00 to \$8.99	 	 	- - -		% % % % %
texcluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.00		- :- 	 	 	5 5 5 5

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	o∠
Coro kmM . Usroatsgildo en guilfidal nol onilbaob s	28. Has the agreement been amended to extend the recipient
2 No. receptort has not heavily to report the assistance.	L Yes L No. recipient has begun to repay the assistance.
Come Mark (me.)	5%. To date, has the recipiont fulfilled as repayment obligation
Dalher (Specify reason)	snoitised industy III of olduna suw moidioof
Zianminos ireoellib a or beiteeder ineiqæer ⊑	noimago basasa maigisaa 🗀 📗
	Cylypp that the Arold's thurbab and estinous AP - 08
to sultar gaintenature — majqioor to shoo MN/yiiD majqioor to shoo MN/yiiD	Street address of recipient
to other lentine commission to Abisdus to Abisdus for adyT	Manne of recipient in default
	thornware but traigious no nominiolal (28.
nath marmanga ma to streat rather gue to sleeg liftlidt of guidist i e. gansta it seems of the contraction of the saged intended to	neuquosi de successiva de la la composição de la composiç
CATTA or much madus han word quist of 🌂 — Car	Nes (Complete the remainder of this section
nn abhur ann agus other oblighens ang goule one seemel Caro àsaist) (nogai siri jo ann ast yd ballilluf ac ot bating	n or belief orby straigicer van even noitaxinagae nocy biO 14-8. The straight 1999 of the Straight 11 1999, that were re
opinissis to spisdus to only CEL bro 42 smitsons over	Name of recipient Type of subsides or assistance
	%×××
with or habrown asimists of the month to ybisdus to autovarti in	n 1904) a guiliù inoiqisən dənə to ənam əh ənəibidi 1894 🗀 (Şussəsən li səqiq bananıbba dənifik Anəiqisən
se riogo) oi boloñ odw zinorgioù yna ozod nomezinegto tuoy bib	25. During the period August 1 through December 31, 1999. required by Mark 3 through 18 that \$99 and \$116,094 to Mark 6

Return your completed MBAF(s) by April 1, 2000, to:

1485-515 (15a) (of zal a O 9f 15f10158 NW 1haq uS Sob Metro Square, 121 East 7th Place Od/ insurgely/od simonood ban shirt to tasmingod mossenit/ 2006 Minnesota Business Assistance Form

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2000 Minnesota Business Assistance Form 01-0430

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §! 163,993 to §1163,995. Please use a separate form to report each agreement.
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- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information :	About Grantor	·			
1. Name of grantor (funding en	iny lota Herichts	2. Name of person completing this form 4. SHAUGHNG 5-5 Y TREAS			
3. Street address		4 City Mend Hts.	5. ZIP cod.	118	
6. County Dakota	7. Phone number 451 - 452 - 1855	8. Fax number 65, 452 - 8940	9 E-mail a	address	
10. Please indicate who in you	organization should receive the	2001 MBAF if different from	the person in Qu	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
11 Classification of granter (A created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	12. Has your organization by adopted criteria for awa compliance with Minn.	rding business su	abadies in	
★City government □ County government □ Regional government □ State government □ Other (Please specify.)		X(Yes Andicate hearing da □ No □ We held a public hearing criteria Andicate date of □ Other (Pleave attach expl	but have not yet initial hearing	adopted	
through December 31, 199	ed any agreements to award a bu 9 that is required to be reported in the temanider of the form, i	under Muin, Stat. §116J.993 an	id §116J 994 (7)	lark one.)	
Section 2 Information	About Recipient				
14. Name of business or organizactions subsidy or finance Lexington Busin	ial assistance	15. Address where business will be used Center Point Dri Street address	•	,	
16. Does the recipient have a pa	ment corporation? (Mark one.)			 ,	
☐ Yes (Indicate name and address)	iss of parent corporation below.	If more than one, indicate ulti	riale owner ,		
Name of parent corporation		Street address City		te ZIP code	

17. Industry of recipient's facility (Mark one,	r	-
U Manufacturing U Retail Trade	□ Services □ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify) ○ [F] ○ [C]
18. Did the recipient relocate as a result of si	gning this agreement?	(Mark one.)
☐ Yes (Indicate city and state of previous add → No (Go to Question 19.)	dress and reason recipi	ient did not complete this project at that address, i
City/State of previous address Reason projection	ect not completed at pr	revious address
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	evious location or reloc	rated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ ☐ Reloca	ited to different Minnes	sota location — al Relocated outside Minnesota
Section 3 General Information A	bout the Agreen	nent
20. Total dollar value of business subsidy or assistance (Please separate by type - see and 25 - and indicate only principal am	Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 166,000		12-10-99
indicate the date improvements were finish which were is author)		e business subsidy or financial assistance. For example, iced into service, or the recipient occupied the property.
be reported? (Mark one.)	-	ur types of financial assistance (see Question 25) required to I financial assistance
24. If the agreement provided a business sub- indicate the type(s).	sidy, please	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
a not applicable, agreement provided financi	ial assistance	Dinot applicable, agreement provided a business subsidy
☐ Joan ☐ grant (i.e., forgivable loan) ☐ tex abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ the contribution		 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
Dother (Specify subsidy type.)		
26 If the assistance included tax increment indicate the type of TIF district? (Mark or		 Are any other grantors providing a business subundy or financial assistance to the same process? (MarCons) i
If not applicable, assistance was not in the fo	orm of TiF	A Yes (Specify each grantor and the value of theory assistance below; attach an additional sheet if necessary)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		Grantoris) and value of the agreement(s). Grantor Value(S):
		Grantor Value (\$)

of the following public pur			ncial assistance agreement (Mark all that apply i		,
■ Enhancing economic diver Creating high-quality job and Job retention Stabilizing the community	growth		☐ Increasing tax base (or ☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)		
29. Indicate whether the agree at the time of this report.	eement included . (Fill in the bo.	the following types (tes and attainment da	of goals, and whether the rete(s) for each goal.)	ecipient had attaine	ed those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attanument if not documented	retention goals age and job goal of goals and pro	s gress toward	established? dates Yes II No II Yes II No II Yes II No	get attainment (month & year)	All goals attained? **Yes = No **Yes = No **Yes = No **Yes = No **Yes = No **Yes = No
30 For each of the followin agreement and the avera	g wage categori ge hourly value	es, indicate the job ero of any employer-prov	ration and/or retention goal rided health insurance goal o separate goals by full- ar	s for those jobs. (g	
. Hourly Wage revoluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no mounty wage level goal				_	s
less than \$7,00	- —			· <u> </u>	s
\$7.00 to \$8.99	10		· ·	<u> </u>	s
54 to 10 \$10 44	1.0		_ ·	_	·
\$1,000 to \$12.09	10		 -		s
\$13.60 to \$14.93	10				s <u> </u>
\$15,000 and higher		_	. –		`- —
		jes, indicate the numb	er of actual jobs created a	nd/or retained since	e the benefit
date and the actual hor	irly value of any	employer-provided h	ealth insurance for those join into full- and point-time; FTE tools if unable to separate FT(PT) Jub Creation	vis (<u>Only</u> indicate positions) Job Retention	Hourly Value of Health Insurance
date and the actual hor full-time equivalents if Hourly Wage	irly value of any you are unable Full-time Job	employer-provided h to sepurate job creati Part-time/ Seasonal/Temp.	on into fulls and point-time p FTE (gals) if unable to separate FTOPT)	positions)	(fish creation in Housely Value of
date and the actual hor full-time equivalents if Hourly Wage reveluding benefits	irly value of any you are unable Full-time Job	employer-provided h to sepurate job creati Part-time/ Seasonal/Temp.	on into fulls and point-time p FTE (gals) if unable to separate FTOPT)	positions)	Housely Value of Health Insurance
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date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) Lee than \$7.00 \$7.00 to \$8.99	irly value of any you are unable Full-time Job	employer-provided h to sepurate job creati Part-time/ Seasonal/Temp.	on into fulls and point-time p FTE (gals) if unable to separate FTOPT)	positions)	Hourly Value of Health Insurance
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) Les than \$7.00 \$7.00 to \$8.00 \$9.00 to \$10.00	irly value of any you are unable Full-time Job Creation	employer-provided h to sepurate job creati Part-time/ Seasonal/Temp.	on into fulls and point-time p FTE (gals) if unable to separate FTOPT)	positions)	Hourly Value of Health Insurance

tDo not complete this section if you completed it on another 2000 MBAF submitted to DTED x33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn, Stat. §116J.993 and §116J.994" (Mark one.) A Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop here and submit form to DTED .) If Yes (Complete the remainder of this section.) 35, 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary) Information on recipient and agreement: Type of subsidy or assistance initial value of Name of recipient in default subsidy or assistance City/ZIP code of recipient Street address of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply, p. ☐ recipient relocated to a different community. If recipient coased operation. If recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) A No, recipient has not begun to repay the assistance Table 3. A No, recipient has begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) JYes JNo 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7° Place St. Paul, MN 55101-2146



01-0431

The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §1163.993 to §1163.995. Please use a separate form to report each agreement.

- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1. 1999 through December 31, 1999</u>; 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) (d) state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Informatio	n About Grantor	,		·
1. Name of grantor (funding Mandotta 14		2. Name of person completing this form L - SHAUGH NESSY		
3. Street address 1101 VICTORIA Curus		4. City Mendotatheig	hts. 5. ZIP code	5/18
6. County 7. Phone number 651-452-1850		8, Fax number 657 452 894	9 E mail a	ddress
10. Please indicate who in y	cour organization should receive the	2001 MBAF if different fro	om the person in Qu	
Name/Title	Phone number	Sucet address	<u>та Си</u> го <u>Е</u> Сп	55718 711 code
created by gov't agency	11. Classification of granter tMark one. If granter is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City you comment.")		on held a public hear awarding business st an, Stat. §117d 9941	disidies in (Mark one)
City government County government Regional government State government Other (Please specify.)		✓ Yes (Indicate hearing ☐ No ☐ We held a public hear criteria (Indicate date ☐ Other (Please attach)	ing but have not yet e of initial hearing -	adopted
through December 31,	signed any agreements to award a but 1999 that is required to be reported un complete the remainder of the form.)		3 and §116J,9942 (3	Los one)
Section 2 Information	on About Recipient			
14. Name of business or org receiving subsidy or fin	aneral assistance	15 Address where busing will be used		
May Hower D	istributing Go	will be used 1155 Niedallion Street address	- City	70 25120
16. Does the recipient have	a parent corporation? (Mark one,)			
□ Yes (Indicate name and ac ★No	ditress of parent corporation below	If more than one, indicate	ultimate coence, i	
Name of parent corporation		Street address C	ių St.	re ZIP code

17. Industry of recipient's facility (Mark one v	
☐ Manufacturing ☐ Services ☐ Retail Trade ★Wholesale	☐ Finance, Insurance, Real Estate Trade ☐ Construction ☐ ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agre	rement '(Mark one)
Yes (Indicate city and state of previous address and reason No (Go to Question 19.)	on recipient did not complete this project at that address (
Eagan. Space 4 to City/State of previous address Reason project not comple	own bldg.
 Would the recipient have remained in previous location financial assistance? (Mark one.) 	or relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location Relocated to differen	t Minnesota location 🗇 Relocated outside Minnesota
Section 3 General Information About the A	agreement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.	
\$ 145.00=	12-10-99
indicate the date improvements were finished, equipment whichever is earlier.)	i from the husiness subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property.
	of the four types of financial assistance (see Question 25) required to
be reported? (Mark one.)	
24. If the agreement previded a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
D not applicable, agreement provided financial assistance	Dinot applicable, agreement provided tribusiness schooly
□ loan □ grant (i.e., forgivable loan) □ tax abatement ■ TIF or other tax reduction of deferral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subsidy type)	☐ assistance for property polluted by contaminant. ☐ assistance for renovating building stock or bringing at up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
26. If the assistance included tay increment financing, plea indicate the type of TTF district? (Mark one)	so 27. Are any other grantors providing a business scale, dyon francial assistance to the same property (Machine).
□ not applicable, assistence was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional (1) of the assairy ()
★redevelopment □ renewal and renovation □ soils condition □ economic development □ mined underground space □ hazardous substance subdistrict	Grantor(s) and value of the agreement(s) Grantor Value (5)
	Grantor Value (S)

Section 4 Goals and	Public Pur	pose Identified	in the Agreement		
28. Minn, Stat. §116J,994 re of the following public pu				s state a public pur	pose Which
Enhancing economic diversity Creating high-quality job in Job retention and Stabilizing the community	growth		Increasing tax base (early) Other (please specify) Other (please specify) Other (please specify)		
29. Indicate whether the agr at the time of this report				ecipient had attain	ed those goals
A) Specific wage and job go B) Other job creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates Yes DNo 12: DYes DNo DYes DNo	get attainment (month & year) - 31-00	All goals attained? XYes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
(Please attach descriptions of attainment if not documented					
	ige hourly value	of any employer-pro-	eation and/or retention goal vided health insurance goal o separate goals by full- ar	ls for those jobs. 7	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no houriy waga-leve! zoal					s_
less than \$7,00			-	- —	s
\$7 60 to 58 99	20	10			·
\$4,00 to \$10.94	19				›. <u></u>
\$11.90 to \$12.99	15		 .	_	s. <u> </u>
\$13 00 to \$14.40					s
\$15 for and higher					· —
date and the actual hor	arly value of any	employer-provided b	ber of actual jobs created a nealth insurance for those jo for into full- and part-time	obs. (O <u>nly</u> incl) an	
Hourly Wage (excluding benefits)	Full-time Joh Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate ITPT) Job Creation	Job Retention	Houris Value of Housen Insurance
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\$9,00 (2,\$19.40	3!			 .	£ <u>.</u>
\$11 Actor \$12.00	<u>z</u> .2	<u> </u>			·
\$13.00 (+514.99	_5_	_	.–		s <u> </u>
\$15 bit and bigher	<u> 3</u>	<u>—</u> .	-	· _	

(Mark one.)

32. Has the recipient believed <u>all goals</u> (see Questions 29, 30 and 31) and julfilled all obligations stipulated in the agreement?

Yes DNo

*Do not complete this section if you completed it on another 2000 MBAF submitted to DTED :

33. During the period August 1 through December 31, 1999, required by Minn. Stat. §116J.993 and §116J.994? (Mark)		respicits who failed to report as			
☐ Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)					
≱ No					
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance			
 Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were r 					
☐ Yes (Complete the remainder of this secti	on.) X No (Stop here and sub	mu form to DTED .)			
35 39. Provide the following information for each recipien were to be attained by the time of reporting. (Attack		er terms of an agreement that			
35. Information on recipient and agreement:					
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance			
36 Reason(s) for default (Mark all that apply):					
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ tecipient relocated to a difference of the di				
37. To date, has the recip ent fulfilled its repayment obligat:	on? (Mark one.)				
21 Yes 22 No, recipient has begun to repay the assistance.	2 No, recipient has not pegan	to repay the assistance.			
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations '(Mark one.)					
□Yes □No					
39 Describe the steps being taken to bring recipient into co	inpliance or recoup the subsidy:				
i					
· · · · · · · · · · · · · · · · · · ·					

Return your completed MBAF(s) by Agril 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place \$1, Paul, MN 55101-2146



01-0432

AST Maha 4-9-0

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business substituted financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §1262,003 to \$116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2.500; 2; ail state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and follow disections.
- If a local or state government agency that is required to report has not done so by April 1. DTi.D will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

1. Name of grantor (funding entity) (ity of Mendera Her	2. Name of person completed 4. 544	eting this form HOGH NESS Y		
3. Street address 1101 DIGTORIA GUADE	Mencota Heights	5 29P code 1		
	8 Fax number 850 651-452-854	9 Esmail address		
10. Please indicate who in your organization should receive 54.00 Marie Title Phone anmber	ive the 2001 MBAF if different from	n the person in Question 2.		
11. Classification of grantor (Mark one, If grantor is enti- created by gov't agency, please indicate affiliation. I example, a city EDA would check 'Uity government'	t'or adopted criteria for aw compliance with Mini	held a public hearing on and ording business subsidies in (Stat. §14(149) to (Mar.) one)		
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□ No □ We held a public hearin eriteria (Indicate date)	■ Yes (Indicate hearing date - 4/2 _ and anach centeria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of mirial hearing i □ Other (Please anach explanation.)		
13. Has your organization signed any agreements to awar through December 31, 1999 (hat is required to be rep	: A a business /ubsady or fammend as corted under Minn, Stat. §i 161,993;	sistance from August (* 1509) ind §116J,984 * (Mark eng.)		
Yes (Complete the remainder of the)	form.) <u>– 4 No (Step he</u> re, go to s	ection 5 on range 4 a		
Section 2 Information About Recipient				
14 Name of business or organization receiving subsidy or financial assistance	will be used	ess subsidy or Circuit also sistance		
FARRIS Incentives.	Street address	(DR MendHts. 551Ze		
16. Does the recipient have a parent corporation? (Mark o	η_{C_i}			
□ Yes (Indicate name and address of parent corporation i ★No	below. If more than one, indicate in	ltimate (ocuer.)		

17 Industry of recipient's facility (Mark one.).	
□ Manufacturing □ Services □ Retail Trade ➤ Wholesale Trac	☐ Finance, Insurance, Real Estate le ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeing	at" (Mark me.)
コ Yes (Indicate city and state of previous address and reason re みる(Go to Question 19.)	
City/Shite of previous address Reason project not completed.	ONT Builling
19. Would the recipient have remained in previous location of the financial assistence? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ■ Relocated to different Mi	imesota location 💢 Relocated outside Minnesota
Section 3 General Information About the Agree	eement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)
74.500	12-20-99
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 6-7-2000	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark (me.))	e four types of financial assistance (see Question 25) required to 2 financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, piease indicate the type(s).
☐ not applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
☐ Ioan ☐ grant (i.e., forgivable Joan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing a up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
★contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution	
☐ other (Specify subsidy type,) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one)	27. Are any other grantors providing a on angereraby dyon financial assistance to the same project to Mark our in
D not applicable, assistance was not in the form of TIF	☐ Yes (Specify each granter and the value of the v assistance below; entach an additional anerty processary).
★ redevelopment □ renewal and renovation	×No
Disoils condition Disconomic development	Grantor(s) and value of the agreement(s)
D mined underground space D hazardous substance subdistrier	Granter Value (5)
	Grantor Velue (8)

 Minn Stat. §116J.994 re of the following public pur 				s state a public pur	pose Which
■ Enhancing economic diversity Creating high-quality job growth Job retention Stabilizing the community			★Increasing tax base (co.d.) Other tplease specify (d.) Other tplease specify (d.) Other tplease specify (d.)		
29. Indicate whether the agreat the time of this report.	eement included (Fill in the bo	the following types (res and attainment da	of goals, and whether the re nets) for each goal, (ecipient had attaine	d those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa (Please attach descriptions of attaniment if not documented	retention goals ige and job goal of goals and pro	s gress toward	established" dates Yes INo 12 I Yes INo I Yes INO I	cet attainment (month & year)	All goals attained? Xyes DNo Dyes DNo Dyes DNo Dyes DNo
	ge hourly value	of any employer-prov	eation and/or retention goa vided health insurance goal o separate goals by full- ar	ls for those jobs. 7	
Hourly Wage rescluding benefits:	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
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31 For each of the following date and the actual hou	ng wage categor irly value of any you are unable	employer-provided h to separate job creation	ealth insurance for those ic on into full, and pure time	ins. (O <u>nly</u> indicate	e the benefit
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31 For each of the following date and the actual how full-time equivalents if Hourly Wage (excluding benefits)	ng wage categor irly value of any you are unable Full-time Job	employer-provided h to separate job creation Part-time/ Seasonal/Temp.	icalth insurance for those p on into field, and pair time. FTE (gals) if unable to separate FT/P I)	ons, (O <u>nly</u> indicate positions,)	e the benefit yob creation in Hourly Value of
31 For each of the following date and the actual hour full-tone equivalents if Hourly Wage (excluding benefits) less man \$7.00	ng wage categor irly value of any you are unable Full-time Jub Creation	employer-provided h to separate job creation Part-time/ Seasonal/Temp.	icalth insurance for those p on into field, and pair time. FTE (gals) if unable to separate FT/P I)	ons, (O <u>nly</u> indicate positions,)	e the benefit yob creation in Hourly Value of
31 For each of the following date and the actual hour full-tome equivalents if Hourly Wage (excluding benefits) less man \$7.00 \$7.00 to \$5.00	ng wage categor irly value of any you are unable Full-time Job Creation	employer-provided h to separate job creation Part-time/ Seasonal/Temp.	icalth insurance for those p on into field, and pair time. FTE (gals) if unable to separate FT/P I)	ons, (O <u>nly</u> indicate positions,)	e the benefit yob creation in Hourly Value of
31 For each of the following date and the actual hour full-tome equivalents if Hourly Wage (excluding benefits) described \$7.00 \$7.00 to \$8.00 \$9.00 to \$10.00	ng wage categor irly value of any you are unable Full-time Jub Creation	employer-provided h to separate job creation Part-time/ Seasonal/Temp.	icalth insurance for those p on into field, and pair time. FTE (gals) if unable to separate FT/P I)	ons, (O <u>nly</u> indicate positions,)	e the benefit yob creation in Hourly Value of

	
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tesino strate) (noi	. 37. To detect has the recipient fulfilled its repayment obligat
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	39. Research for default (Mark all than applier).
City/ZIP code of recipient (aurstanding value of estatume) City/ZIP code of recipient	Street address of recipient
To buildy faithful opinisissa to Abisdus to aqAT appropriate to Abisdus to Abisdus	Thursob ai molytoor to stank?
	:Information on recipient and agreement: .25.
in the fulfill goals of any other terms of an agreement that a is taken for the first or an independent that	isiqroon done tot nothermointi garwolfol, odi ebryord (PE = 188) onne) (garinoqen lo omit odi yd benintia ed or erew
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achieve any goals of tillita any other obligations maket and sequited to be fulfilled by the time of the report (Mak) and β	or bolia) som vegamization have any recipients who lidiled to the properties of the
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ind or behavior somistical institution by epitalic to value will be	Test thidicate the name of each recipient failing to report त्याता आ हो। हो। हो। प्राचित स्वाता के क्षेत्र के स्वाता है।
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Return vone completed MARIS by April 1, 2000, to.

1285-512 (189) 101 xul aO 9) U5-10199 NW Third 18 200 Metro Square, 121 East 7th Place OHA - reported voil Dimonood bea about to insuringed arosonals. 2000 Minneyara Basiness Assanative Con-



Section 1 Information About Grantor

1. Name of grantor (funding entity)

2000 Minnesota Business Assistance Form RECEIVED MAR 2 7 2002

2. Name of person completing this form

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

	Metrose Area Development Authority				
3. Street address 225 E First St N	4. City Melrose	5.	ZIP code 56352		
6. County Stearns	7. Phone number 320-256-4278	8. Fax number 320-256-776	I	E-mail addre	
10. Please indicate who in your NA	organization should receive the	2001 MBAF if different	from the pers	sen in Questic	on 2.
Name/litle	Phone number	Street address		lity	ZIP çode
11. Classification of grantor (A created by gov't agency, pleasample, a city EDA would	12. Has your organiz adopted criteria f compliance with	or awarding b	usiness subsid	dies in	
Zity government County government Regional government	BYes (Indicate hear ☐ No ((☐ We held a public h criteria (Indicate o	riteria caring but hav	. attache ve not yet ado	ed) pted	
	ed any agreements to award a but	Other (Please artai	th explanation	r) from August	1, 1999
Other (Please specify.) 13. Has your organization sign through December 31, 199	ed any agreements to award a but 9 that is required to be reported to plete the remainder of the form.)	Other (Please artai	th explanation ial assistance 993 and §116.	r_) from August J.994? (Mark	1, 1999
Other (Please specify.) 13. Has your organization sign through December 31, 199	9 that is required to be reported u	Other (Please analytimess subsidy or financial other Minn. Stat. §1161.	th explanation ial assistance 993 and §116.	r_) from August J.994? (Mark	1, 1999
Other (Please specify) 13. Has your organization sign through December 31, 199 A Yes (Com	9 that is required to be reported upplete the remainder of the form.) bout Recipient ization	Other (Please analytimess subsidy or financial other Minn. Stat. §1161.	th explanation ial assistance 993 and §116. to section 5	r_) from August J.994? (Mark on paze 4.)	1, 1999 one.)
Other (Please specify.) 13. Has your organization sign through December 31, 199 A Yes (Commettion A lection 2 Information A lection 2 Information A lection 31, Name of business or organization A lection 31, Name of business or organization A lection 31, Name of business or organization A lection 31, Name of business or organization A lection 31, Name of business or organization A lection 31, Name of business or organization A lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization and lection 31, Name of business or organization 31, Name of busines	9 that is required to be reported upplete the remainder of the form.) bout Recipient ization rial assistance	Other (Please analytimess subsidy or financinder Minn. Stat. §1161.) No (Stop here, go	th explanation ial assistance 993 and §116. to section 5	from August 1,994? (Mark on page 4.)	1, 1999 one.)
Other (Please specify.) 13. Has your organization sign through December 31, 199 A Yes (Commercial Commercial	9 that is required to be reported upplete the remainder of the form.) bout Recipient ization rial assistance	Other (Please analysiness subsidy or financinder Minn. Stat. §1161.) O No (Stop here, go	th explanation in a system of the section 5 to section 5	from August 1,994? (Mark on page 4.)	1, 1999 one.)
Other (Please specify.) 13. Has your organization sign through December 31, 199 2 Yes (Commercial Section 2 Information A) 14. Name of business or organ receiving subsidy or finance Carstens Indust 16. Does the recipient have a	9 that is required to be reported upplete the remainder of the form.) bout Recipient ization rial assistance	Orther (Please and inness subsidy or financial or Minn. Stat. §1161.) O No (Stop here, go will be used 733 W Main, Street address	th explanation ial assistance 1993 and §116. In to section 5 usiness subsite Melrose	from August 1,994? (Mark on page 4.) dy or financia MN 563	1, 1999 one.) 1 assistance

2000 Minnesota Business Assistanco Form

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Department of Trade and Economic Development

17. Industry of recipient's facility (Mark one.): Manufacturing	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
8. Did the recipient relocate as a result of signing this agreemen	1?(Mark onc.)
Yes (Indicate city and state of previous address and reason rec No (Go to Question 19.)	ripient did not complete this project at that address.)
NA NA City/State of previous address Reason project not completed at	previous address
19. Would the rec!pient have remained in previous location or refinancial assistance? (Mark one.) (present) Belocated to different previous location of Remained at previous location of Relocated to different previous location.	have undertaken the expansion.
ection 3 General Information About the Agreement	
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for local.) \$61,086 TIF \$130,000 Loan \$191,086 Total	21. Date agreement signed (In addition to the agreement date, Indicate any dates the agreement was amended.) 10/08/99 signed 12/27/01 amonded
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was p whichever is earlier.) Partial loan advance 12— (Occupation of partially complet	placed into service, or the recipient occupied the property, 03–99
be reported? (Mark one.)	four types of financial assistance (see Question 25) required to
be reported? (Mark one.)	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial
24. If the agreement provided a business subsidy, please indicate the type(s). In not applicable, agreement provided financial assistance I loan I grant (i.e., forgivable loan) I tax abatement ITIF or other tax reduction or deferral I guarantee of payment I contribution of property or infrastructure	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
24. If the agreement provided a business subsidy, please indicate the type(s). not applicable, agreement provided financial assistance loan grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial assistance, please indicate the type(s). In not applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement
24. If the agreement provided a business subsidy, please indicate the type(s). In not applicable, agreement provided financial assistance I loan I grant (i.e., forgivable loan) I tax abatement ITIF or other tax reduction or deferral I guarantee of payment I contribution of property or infrastructure I preferential use of governmental facilities I land contribution I other (Specify subsidy type.) 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial assistance, please indicate the type(s). In not applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their
be reported? (Mark one.) 24. If the agreement provided a business subsidy, please indicate the type(s). 3 not applicable, agreement provided financial assistance 3 loan 3 grant (i.e., forgivable loan) 4 tax abatement 5 TIF or other tax reduction or deferral 5 guarantee of payment 6 contribution of property or infrastructure 6 preferential use of governmental facilities 6 land contribution 7 other (Specify subsidy type.) 26. If the assistance included tax increment financing, please	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial assistance, please indicate the type(s). In not applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their
24. If the agreement provided a business subsidy, please indicate the type(s). I not applicable, agreement provided financial assistance loan grant (Le., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) not applicable, assistance was not in the form of TIF redevelopment renewal and renovation soils condition conomic development mined underground space	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial assistance, please indicate the type(s). Inot applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.
24. If the agreement provided a business subsidy, please indicate the type(s). Inot applicable, agreement provided financial assistance loan grant (i.e., forgivable loan) tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities land contribution other (Specify subsidy type.) 26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) not applicable, assistance was not in the form of TIF redevelopment renewal and renovation soils condition conomic development	four types of financial assistance (see Question 25) required to financial assistance 25. If the assistance was one of the four types of financial assistance, please indicate the type(s). 26. In not applicable, agreement provided a business subsidy assistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, when 50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 28. Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary. 29. No Grantor(s) and value of the agreement(s):

Page 2 of 4

Department of Trade and Economic Development

Section 4 Goals and Public Purpose Identified in the Agreement					
28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)					
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☐ Job retention ☐ Stabilizing the community			Mother (please specify) U Other (please specify) U Other (please specify)	assist this	s business & solidify
29. Indicate whether the agreat the time of this report.	caunt included (Fill in the box	the following types of and attainment do	of goals, and whether the re-	cipient had attained	d those goals
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals			cstablished? dates 20 Yes	04)*removed	₩Yes □No □Yes □No
(Please attach descriptions of attainment if not documented					
	c hourly value	of any employer-pro-	cation and/or retention goa vided licalth insurance goal o separate goals by full- an	s for those jobs. 🖔	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTF. (only if goals not stated as FT/PT) Job Crention	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				1	<u>70</u>
less than \$7.00					s
\$7 00 to \$8.99	5			3	<u>, .70</u>
\$9.00 to \$10.99	1			8 3	<u>, 70</u>
\$11.00 to \$12.99				3	. 70
\$13.00 to \$14.99	<u>-</u> _				5
515.00 and higher	- _				<u>-</u>
	rly value of any	employer-provided i	ber of metural jobs created a nealth insurance for those jo ion into full- and part-time	bs. <u>(Only</u> indicate	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-(ime/ Seasonal/Temp. Job Crestion	FTE (only if unable to separate FT/PT) Job Creation	Joh Retention	Hourly Value of Health Insurance
less than \$7.00					<u>-</u>
\$7.00 to \$5.99	3				. 78
\$9.00 to \$10.99	4	_1_		_7	s_ <u>.78</u>
\$11.00 to \$12.99				_4	<u> </u>
\$13.00 to \$14.99				3_	78
\$15,00 and higher	- _			_=	s
32. Has the recipient achie (Murk one.) The 5-year commi		all Yes □	This is th	e final report this rec	ort ipient.

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be monitored.

Department of Trade and Economic Development

Attachment A

*Question 29 - B & C. During a robust economy, the Melrose Area Development Authority in preparation of its business subsidy agreement with Carstens Industries, Inc. extended the job retention goals to five years rather than limiting them to the statute required minimum of two years. In light of the soft economy, the Melrose Area Development Authority recognized that the five year employment stipulation could create undue hardship for this business. Following a December 27, 2001 public hearing, action was taken to modify the agreement by removing the five year employment retainage requirement. This action does not affect the statutory requirement for Carstens Industries, Inc. to continue operations at this site for five years.

P. 10

Section 5 Recipients Failing to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period Augrequired by Minn. Stat.	gust 1 through December 31, §1161.993 and §1161.9947 (A	1999, did your organization have any r	ecipients who failed to report as
Yes (Indicate the name recipient, Attach add	of each recipient falling to re litional pages (f necessary.)	port and the value of substidy or financ	rial assistance awarded to that
XI No			
NA			
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on a	or after August 1, 1999, that wo	ed to achieve any goals or fulfill any of were required to be fulfilled by the time a section.) 2 No (Stop here and subjects of fulfilled during the section).	of this toport? (Mark one.) bmit form to DTED .)
35 39. Provide the followere to be attain	wing information for each ro	cipient failing to fulfill goals or any oth Attach additional pages if necessary.)	
35. Information on recipi	ent and agreement		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
☐ recipient ceased operat ☐ recipient was unable to		☐ recipient relocated to a differ ☐ other (Specify reason.)	rent community
37. To date, has the recip	cent fulfilled its repayment of	oligation? (Mark one.)	
🗅 Yes 🗆 No, recipient	t <u>has begun</u> to repay the assist	ance. O No, recipient has not begu	n to repay the assistance.
38. Has the agreement be	en amended to extend the rec	ipient's deadline for fulfilling its obliga	ations? (Mark one.)
	Yes 🗆 No		
39. Describe the steps be	ing taken to bring recipient is	nto compliance or recoup the subsidy:	
			
			

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146
Or fax to: (651) 215-3841

2000 Minnesota Business Assistance Form

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Department of Trade and Economic Development



Section 1 Information About Grantor

1. Name of grantor (funding entity)

12:10

01-0249

2001 Minnesota Business Assistance Form RECEIVED MAR 2 9 2002

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. \$1161,993 to §116J.995. Please use a separate form to report each agreement; for agreements signed from August 1, 1999 though December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF.
- The following government agencies must submit a 2001 MBAP even if an agreement was not signed during the period January 1, 2000 through December 31, 2000: 1) any local government/agency that signed a business subsidy agreement since January 1, 1996, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and questions 33 and 34.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by Juno 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

2. Name of person completing this form

City of Little Falls 3. Street address 100 NE 7th Ave, PO Box 244		Lori Kasella/Finance Officer		
		4. City Little Falls		5. ZIP code 56345
6. County Morrison	7. Phone number 320-616-5500	8. Fax number 320-616-5505	9. E-mail ac	idress
10. Please indicate who in you	r organization should receive the	2002 MBAP if different fro	on the person in Que	stion 2.
Name/Title	Phone number	Street address	City	2IP codo
11. Classification of grantor (Mark one. If gruntor is entity created by gov's agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Mimp. Star. §116J.9947 (Mark one.)		
₫ City government		E Yes (Indicate hearing date 1 2-20-99 at attach criteria)		
County government Regional government		□ No □ We held a public hearing but have not yet adopted		
State government		criterio (Indicate dat		•
Other (Please specify.)		Other (Please attach explanation.)		
through December 31, 200	ned any agreements to award a boot that is required to be reported plete the remainder of the form., bout Recipient	under Minn. Stat. §1161,993	3 and §116J.994? (A	fark one.)
14. Name of business or organization		15. Address where business subsidy or financial assistance		
receiving subsidy or finance	cial asistance	will be used	00 Paul Lars	on Memorial
Larson/Glastr	on Boats, Inc.	Street address	City State	ZIP code
16. Does the recipient have a	parent corporation? (Mark one.)		 _	
2 Yes (Indicate name and add	iress of parent corporation belo	w. If more than one, indicat	e ultimate owner.)	

Name of parent corporation

Streat address

State

ZIP code

City

17. Industry of recipient's facility (Mark one.).		
_	Services Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of sign	ting this agreement	? (Mark one.)
☐ Yes (Indicate city and state of previous address No (Go to Question 19.)	ess and reason rec	ipient did not complete this project at that address.)
City/State of previous address Remon project	t not completed at	previous address
 Would the recipient have remained in prey financial assistance? (Mark one.) 	ious location or re	located elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ R	elocated to differe	nt Minnesota location Relocated outside Minnesota
Section 3 General Information Abou	t the Agreeme	nt
20. Tetal dollar value of business subsidy or fi assistance (Please separate value by type i and 25.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$ 1,120,000.00		August 31, 1999
	ned, equipment v.a.	the business subsidy or financial assistance. For example, a placed into service, or the recipient occupied the property.
be reported? (Mark one.)	osidy or one of the usiness subsidy	four types of financial assistance (see Question 25) required to [Infinancial assistance]
24. If the agreement provided a business subsitindicate the type(s) and total dollar value		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
a not applicable, agreement provided financial	l assistanco	O not applicable, agreement provided a business subsidy
O loan (only principal) O grant (i.e., forgivable loan) O tox abatement	\$	assistance for property pollured by contaminants assistance for renovating building S
2 TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure	\$ <u>1,120,</u> 00 \$	O stock or bringing it up to code, and assistance provided for designated historic preservation districts, when
preferential use of governmental facilities land contribution	\$	50% or loss of total cost a senseance for pollution control or S
a other (Specify subsidy sype.)	\$	abatement assistance for a TIF soils condition district \$
26. If the assistance included tax increment findicate the type of TIF district? (Mark ct.		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
anot applicable, assistance was not in the for	m of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional theet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ renewal and renovation		M No
Soils condition Seconomic development Simined underground space		Grantor(s) and value of the agreement(s):
☐ hazardous substance subdistrict		Grancer Value (\$)
		Grantor Value (\$)

NO.637

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28. Minn. Stat. \$116J.994 n of the following public:	ourposes were s	iness subsidy and fini tated in the agreemen	mcial assistance agreements? (Mark all that apply.)	state a public p	urpose. Which		
				O Increasing tax base (cannot be only purpose) Cother (please specify) job cration job training			
 Indicate whether the agree at the time of this report 				cipient had artai	ined those goals		
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals		esmblished? dates	et attainment (month & year) 06-02	All goals attained? Styles © No Yes © No Yes O No Yes O No Yes O No			
(Please attach descriptions attainment if not documente							
30. For each of the following agreement and the aver job creation goals in fu	age hourly value	e of any employer-pro nts if you are unable	wided health insurance goa to separate goals by full- a	ls for those jobs.	(<u>Qnly</u> indicate stions.)		
Hourty Wage (excluding benefits)	Full-time Jeb Creetion	Fart-time/ Sensonal/Temp. Job Creation	FTE (<u>only</u> If goals not stated as FT/PT) Job Creation	Jab Retention	Hourly Value of Health Countrance		
no hearty wage-level goal					S		
less than \$7.00					5		
\$7.00 to \$8.99					\$		
\$9.00 to \$10.99				750	\$ <u> </u>		
\$11.00 to \$12.99	_20_				s		
\$13.00 to \$14.99					5		
\$15.00 and higher					<u> </u>		
	urly value of an	y employer-provided	nber of actual jobs created a health insurance for those j tion into full- and pate-time	obs. (<u>Only</u> India			
Hourly Wags (excluding benefits)	Full-time Job Creation	Part-time/ Scaconal/Temp. Jub Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Job Rerendon	Hourly Volue of Health Insurance		
less than \$7.00					\$		
\$7.00 to \$8.99					<u> 1.70</u>		
\$9.00 to \$10.99	_25_			<u>750</u>	<u>.1.70</u>		
\$11.00 to \$12.99	<u>71</u>				<u>,1.70</u>		
513.00 to \${4.99	_21_				<u> 51.70</u>		
\$15.00 and higher	_10_		···		11.70		
32. Has the recipient achi (Mark one.)	eved <u>all goals</u> (i		and 31) and fulfilled all obj	igations supulate	ed in the agreement?		

509

12:10

Section S Recipients Failing to Fulfill Obligations

Do not complete this section if you completed	l it on another 2001 MBAF subt	nitted to DTED.)
 During the period January 1, 2000 through Decem- report as required by Minn. Stat. §116J.993 and §1 		ve any recipients who failed to
Yes (Indicate the name of each recipient falling to trecipient. Attach additional pages if necessary,		ciul assistance awarded to that
i No		
Name of recipient Type of subsidy or assis	stance (See Questions: 24 and 25.)	Value of aubsidy or assistance
 Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that 		
A Yes (Complete the remainder of this	s section., So No (Stop here and sub	bmit form to DTED .)
35 39. Provide the following information for each rewre to be attained by the time of reporting		her terms of an agreement that
35. Information on recipient and agreement:		
Name of reciplent in default	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.):	·	
Transient ceased operation Precipient was unable to fill vacant positions	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)	
Yes No, recipient has begun to repay the assis	stance. 2 No, recipient has not bear	un to repay the assistance.
38. Has the agreement been amended to extend the re	ecipient's deadline for fulfilling its obliq	gations? (Mark one)
	OYes ONo	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	

Return your completed MBAF(s) by April 1, 2001, to:

2001 Minnesora Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St Paul, MN 55101-2146



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- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

1. Name of grantor (funding each of HIBBING	ntity)		Name of person completing this form SUZANNE LAITALA—TOSCANO			
3. Street address 401 E 21ST ST	· · · · · · · · · · · · · · · · · · ·	4. City BIBBING	5. ZIP code 55746			
6. County ST. LOUIS	7 Phone number 218-262-3486	8. Fax number 218-262-2308	9. E-mail address STOSCANO@CL.HIBBIN	G. M		
	ur organization should receive th	-				
Name/Title	Phone number	Street address	City ZIP code	İ		
	Murk one. If grantor is entity lease indicate affiliation. For ld check "City government.")	adopted criteria for as	n held a public hearing on and warding business subsidies in n. Stat. §116J.994? (Mark one.)			
City government County government Regional government		■ Yes (Indicate hearing date - 9/20/99) dattach criteria) □ No □ We held a public hearing but have not yet adopted				
☐ State government ☐ Other (Please specify.)		criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)				
through December 31, 199	ned any agreements to award a b 99 that is required to be reported uplete the remainder of the form,	under Minn. Stat. §116J.993	and \$116J.994? (Mark one.)			
ection 2 Information	About Recipient		_ 			
4. Name of business or organi		15. Address where husiness subsidy or financial assistance will be used				
receiving subsidy or finance	CARPENTER BROTHERS SERVICES, INC					
-	-	1100 GREYHOUND	BLVD, HIBBING, MN 55	57 4 6		

2000 Minnesota Business Assistance Form

Page I of 4

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholessite Tra	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	en! (Mark one.)
☐ Yes (Indicate city and state of previous address and reason ☐ Yes (Go to Question 19.)	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed	ar previous address
19. Would the recipient have remained in previous location or financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to different M	Innesota location
Section 3 General Information About the Ag	reement
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$94, 850	10/18/99
 Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) 	om the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the reported? (Mark one.) XX business subsidy	he four types of financial assistance (see Question 25) required to it financial assistance
 If the agreement provided a business subsidy, please indicate the type(s). 	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
I not applicable, agreement provided financial assistance	a not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☑ TIF or other tax reduction or deferral ☐ guarantee of payment ☑ contribution of property or infrastructure ☐ preferential use of governmental facilities ☑ land contribution ☐ other (Specify subsidy type.)	□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
I not applicable, assistance was not in the form of TIF	U Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
CI redevelopment renewal and renovation soils condition conomic development mined underground space hazardous substance subdistrict	Stantor(s) and value of the agreement(s):
	Grantor Value (\$)
	Grantor Value (\$)

Page 2 of 4

Section 4 Goals and	Public Pur	pose Identifie	d in the Agreement		
28. Minn. Stat. §116J.994 re of the following public pu				s state a public pur	pose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Flob retention ☐ Stabilizing the community	growth		Increasing tax base (et XI Other (please specifi)) Other (please specify) Other (please specify)	PUBLIC IMP	ROVEMENT
29. Indicate whether the agr at the time of this report				ecipient had attain	ed those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	retention goals		established? dates Payer Ono Payer Ono Payer Ono	get attainment (month & year)	All goals attained? HYes UNO Yes UNO Yes UNO Yes UNO
(Pleuse attach descriptions of attainment if not documente					
	age hourly value	of any employer-pr	creation and/or retention gos ovided health insurance gos to separate goals by full- at FTE (only if goals not	la for those jobs. (
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Health Insurance
no hourly wage-level goal					5
less than \$7.00					s
\$7.00 to \$8.99	_0	_2_		_6	·8
\$9,00 to \$10.99					s
\$11.00 to \$12.99					1
\$13.00 to \$14.99					22
\$15.00 and higher					<u> </u>
date and the actual hor	urly value of any	employer-provided	mber of actual jobs created a i health insurance for those j ation into full- and purt-time FTE (only if unable to separate FT/PT) Job Creation	obs. I <u>Onlv</u> indica	
less than \$7.00			 -		s
\$7.00 to \$8.99		1		6	:_ 8+
\$9.00 to \$10.99	3				s 81
\$11,00 to \$12,99			•••		3
\$13.00 to \$14.99					s
\$15.00 and higher					s .
32. Has the recipient achie	eved <u>all goals</u> (se	ee Questions 29, 30	and 31) and fulfilled all obti	ga <u>rions</u> supulated	in the agreement?
(Mark one.)	=			-	

Page 3 of 4

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. \$116J.993 and \$116J.994? (Mark one.) 🗅 Yes Andicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) 10 No Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.) ☐ Yes (Complete the remainder of this section.) No (Stop here and submit form to DTED.) 35. - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Anach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subsidy or assistance Initial value of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): Trecipient relocated to a different community recipient ceased operation I recipient was unable to fill vacant positions other (Specify reuson.) 37. To date, has the recipient fulfilled its repayment onligation? (Mark one.) ☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146
Or fax to: (651) 215-3841

2000 Minnesota Business Assurtance Form

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01-0023



2000 Minnesota Business Assistance Form RECEIVED FED 1 3 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. \$1161.993 to §1161.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 11, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

I. Name of grantor (funding City of Fergus	-	2. Name of person com Penny Davis	nieting this form	·	
3. Street address 112 West Washir	nggon	4 Chy Fergus Falls	5. ZIP code 56537		
o. County Otter Tail	7. Phone number (218) 739-0126	8 Tax number (218) 739-0149	9. E-mail add	iress	
to. Please indicate who in j	your organization should receive the	2001 MBAE if different fi	om the person in Ques	tion 2.	
Name/l'itle	Phone number	Street address	City	21P code	
created by gov't agency	t (Mark one, Il geantor is entas , please ludicate affilentom - For add check X its government - ;		on held a public hearing awarding business sub inn. Stat. \$1161.994? (sidies in	
XXCity government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please speelly.)		XXVes (Indicate hearing) No. 12 We held a public hear covering (Indicate da) 14 Other (Please anach)	ring but have not yet a to of initial hearing	dopted	Criteria was submitted: 2001; no
through December 31,	rigned any agreements to award a hi 1999 that is required to be reported complete the remainder of the porn.)	under Moon, Stat. \$1163,99		ark one)	changes have heen made
Section 2 Informatio	on About Recipient				<u></u>
14. Name of business or org receiving subsidy or fin		15 Address where bus will be used	iness subsidy or financ	ial assistance	\neg
florists' Atri	um, Ltd.	115 1/2 West Sweet address	Lincoln Fer	gua Falls ZIP code	56537
16. Does the recipient have	a parent corporation? (Mack one.)				
☐ Yes iIndicate name and a ※ No	ddress of parent corporation below	. If more than one, indicat	e ultimate (wner)		

17. Industry of recipient's facility (Mark one):	
☐ Manufacturing XX Services ☐ Retail Trade ☐ Wholesale	Trade U Construction U Other (please specify)
18. Did the recipient relocate as a result of signing this agree	ement! (Mark one)
	lves in Fergus Falls and it was easier partner to relocate to Fergus Falls
19 Would the recipient have remained in previous location financial assistance? (Mark one.)	or relocated elsewhere if not awarded this business subsidy or
☐ Rengined at previous location ☐ Refocated to different	Minnesota location — URelocated outside Minnesota
Section 3 General Information About the A	greement
20 Total dollar value of business subaidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount fin totals	21. Date agreement signed (in addition to the agreement date indicate any dates the agreement was amended.)
\$77,450	12-23-99
22. Benefit date (Indicate the date the recipient will benefit indicate the date improvements were finished, equipment whichever is earlier.) 01-03-00	thous the basiness subsaly or financial assistance. For example, was placed into service, or the recipient accupied the property,
23. Does the agreement provide a business subsidy or one of be reported? (Mark one.) XX husiness subs	of the four types of financial assistance (see Question 25) required to sidy. Ultimate all assistance
24. If the agreement provided a business subsidy, plear e indicate the type(s)	25 If the assistance was one of the four types of financial assistance, please indicate the type(s).
4 not applicable, agreement provided financial assistance	(X cot applicable, agreement provided a business subsidy
X tone Xi grant (i.e., forgivable toan) U tax abatement U TIF or other tax reduction or deferral U guarantee of payment U contribution of property or intrastructure U preferential use of governmental facilities U land contribution U other (Specify subsidy type.)	☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to come, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a CIF soils condition district
20. If the assistance included tax increment thanoung, plea indicate the type of TIF district? (Alark one)	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
22 not applicable, assistance was not in the form of [11]	XI Yes (Specify each granter and the value of their assistance below; attach an additional sheet if necessary)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ conomic development ☐ mined underground space ☐ hazardous substance subdistrict	Granton(s) and value of the agreement(s): Project 2000 of FF \$5,000.00
	Chanton Value (\$) Ciration Value (\$)

inhancing economic diver	aily		Uncreasing tax base (cu	innot be only purpo	se)
reating high-quality job y	growth		(A) Other (please specify)	<u>initiate lo</u>	<u>cation of</u> e-
ob retention Rubilizing the community	,		☐ Other please specify) ☐ Other please specify)		
	sentant included		of gones, and whether the n	·	 - - -
				ger attainment	All <u>u</u> oals
Specific wage and job go.	de la la reciona	Laurbia 2 m		(munth & year) 1-3-02	attained"
Other job-creation and/or		I Within T Active	J Yes JJ No		⊥Yes ∟No
Other wage goals	-		→ Yes □ No		U Yes U No U Yes U No
Other goals other than wa	ige and job gool	5	□Yes □No		□ 162 □ Ma
use attach descriptions (innvent () not documented					
agreement and the avera	igo hourly value	of any employer-pro	reation and/or retention go; wided health insurance gon to separate goals by full- a	Is for those jobs. 10	
Bourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Segrago/Lemp. Jub Creation	l TF. (<u>only</u> If gonis not stated as FT/PT) Joh Creginsa	Jub Resention	Hourly Value of Health Insurance
ini nousty wage-level gout					h
less than \$7.00					\$
\$7,00 to \$8.99	_3				<u> 41. 29</u>
	_7				1.29
\$9.00 to \$10,99					\$.
\$9.00 to \$10.99 \$11.00 to \$12.99					• •
	· 			_	3
\$11.00 to \$12.99					
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the following the and the actual hor jull-time equivalents if	ng wage categor arly value of any you are unable Fall-time	employer-provided to separate tob crea Part-time	ner of actual jobs created a health usurance for those from into fall- and part-time FIE (only if another)	jons. (<u>Onls</u> indical) : positions.)	e the benefit e job creation in
\$11.00 to \$12.09 \$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual house.	ng wage categor arly value of any you are unable	remployer-provided to separate tob crea	health usurance for mose j tion into full- and part-time	ons. (Only indicate	S
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15 bit and higher For each of the following date and the actual hor full-time equivalents if the following	ng wage categor arly value of any you are unable Fall-time	remployer-provided to separate tob crea Part-timer Seasonn/Temp.	health uisur ince for those j tion into jult- and part-time FTT (only if awable to separate FT/PT)	jons. (<u>Onls</u> indical) : positions.)	e the benefit e job creation in
\$11.00 to \$12.99 \$15.00 to \$14.99 \$15.00 to \$14.99 For each of the following and the actual hor pull-time equivalents if the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents in the actual hor pull-time equivalents is the actual hor pull-time equivalents is the actual hor pull-time equivalents is the a	ng wage categor arly value of any you are unable Fall-time	remployer-provided to separate tob crea Part-timer Seasonn/Temp.	health uisur ince for those j tion into jult- and part-time FTT (only if awable to separate FT/PT)	jons. (<u>Onls</u> indical) : positions.)	the benefit c job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the following that and the actual houself-time equivalents if thousy Wage (excluding benefits) tess than \$7.00	ng wage categor arly value of any you are unable Fall-time	remployer-provided to separate tob crea Part-timer Seasonn/Temp.	health uisur ince for those j tion into jult- and part-time FTT (only if awable to separate FT/PT)	jons. (<u>Onls</u> indical) : positions.)	e the benefit e job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hour full-time equivalents if flourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage categor arly value of any you are unable Fall-time	remployer-provided to separate tob crea Part-timer Seasonn/Temp.	health uisur ince for those j tion into jult- and part-time FTT (only if awable to separate FT/PT)	jons. (<u>Onls</u> indical) : positions.)	e the benefit c job evention in Hourly Value of Health Insurance \$ 2
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tDo not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn, Stat. \$1161.993 and \$1161.9942 (Mink onc.) 🖬 Yes (Indicate the name of each recipient failing to report and the value of subside or financial assistance awarded to that (ecipient. Attach additional pages if necessary) XXNo Type of subsidy or assistance (See Questions 24 and 23) Value of subsidy or assistance Name of recipient 34. Did your organization have any recipients who failed to achieve my goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be tubified by the time of this report? (Mark one.) \mathbf{x}_{N} was (Complete the remainder of this section) $z \in \mathsf{U}$. No (Stop here and submit form to DTED .) 35, - 39. Provide the following information for each recipion failing to fittfall goals of any other terms of an agreement that were to be attained by the time of reporting. (Thuch additional pages if necessary) 35. Information on recipient and agreement: Florists' Atrium Ltd. Loan/Grant \$77,450 Type of sinsidy or assistance Name of recipient in default Initial value of subsidy or assistance 115 5 West Lincoln Fergus Falls 56537 63,798.22 Street address of recipiont City/ZIP code of recipient Outstanding value of subsidy or assistance 36 Reason(s) for default (Mark all that apply): 22 recipient ceased operation (i) recipient relocated to a different community U recipient was unable to fill vacant positions. U other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (klark one.) A No, recipient has begun to repay the assistance. UNO, recipient has not begun to repay the assistance. 38. Has the agreement been amended to extend me recipient's deadline for fulfilling its obligations? (Mark one.) LI Yes Ki No. 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy: The City Attorney will be consulted to determine whether there is any recomment that can be made. ...

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Phul, MN 55301-2146 On fax to: (651) 215-3841

P.02



2000 Minnesota Business Assistance Form

RECEIVED APR 1 2002

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn, Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>; 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

ection l Informatio	on About Grantor			·
1. Name of granter (funding	g entity) (DCCDA)	2. Name of person comp		1
Jakota County C	ommuniki Development	Jil Hu	tmacher	
3. Street address 2496-14515 51	. West Agency	4. City Rosemount	5. ZTP code 550	. 1
6. County Dakota	7. Phone number 651-923-9800	8. Fax number 651-923-412	9. E-mail ac	heredaka
10. Please indicate who in	your organization should receive the	2001 MBAF if different fro	om the person in Que	stion 2. State,
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agenc	ot (Mark one. If grantor is entity y, please indicate affiliation: For would check "City government.")		on held a public hear awarding business su nn. Stat. §116J,994?	bsidies in
City government		Yes Andicate hearing	date - <u>[]-9-99</u> and	auach crit eri a)
County government Regional government		☐ No ☐ We held a public hear	ing but bays any yet	ndonted
State government		criteria (Indicate dat	•	,
Other (Please specify.)		Other (Please attach o	explanation.)	
	signed any agreements to award a bit 1999 that is required to be reported			
₩ Yes (0	Complete the remainder of the form.)	□ No (Siop here, go to	section 5 on page 4.	<u>) </u>
section 2 Informati	on About Recipient			
 Name of business or or receiving subsidy or fl 	•	15. Address where busi will be used	ness subsidy or finan	icial ossistance
Signal Hills Com	panyII, LLP	Street address	1k Mell Was	ZIP code
16. Does the recipient have	e a parent corporation? (Mark one.)			
☐ Yes (Indicate name and ■ No	address of parent corporation below	. If more than one, indicate	ultimate owner.)	
Name of parent corporation		Street address C	ity Sta	te ZIP code

<u> </u>	D Scrvices D Wholesale Tradc	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of sign	ning this agreement?	(MATE ONE.)
☐ Yes (Indicate city and state of previous addr ■ No (Go to Question 19.)	ress and reason recip	rient did not complete this project at that address.)
City/State of previous address Reason project	t not completed at pr	revious address
19. Would the recipient have remained in previous assistance? (Mark one.)	rious location or reloc	cated elsewhere if not awarded this business subsidy or
■ Remained at previous location □ Relocate	ed to different Minne	sota location D Relocated outside Minnesota
Section 3 General Information Ab	out the Agreer	nent
20. Total dollar value of business subsidy or fl assistance (Please separate by type - see Q and 25 - and indicate only principal amounts 3, 300,000	uestions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) December 29, 1999
indicate the date improvements were finished		ne business subsidy or financial assistance. For example, aced into service, or the recipient occupied the property,
	baidy or one of the fo	our types of financial assistance (see Question 25) required to
be reported? (Mark one.)	business aubaidy	O financial assistance
24. If the agreement provided a business subsi		25. If the assistance was one of the four types of financial
indicate the type(s).	u, prese	Assistance, please indicate the type(s),
not applicable, agreement provided Imancia	il assistance	O not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specific substitution)		□ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
other (Specify subsidy type.)		
26. If the assistance included tax increment fi indicate the type of TIF district? (Mark one		27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
not applicable, assistance was not in the for	m of TTF	Yes (Specify each grantor and the value of their assistance helow; attach an additional sheet if necessary.)
redevelopment O renewal and renovation	ļ	יארט.
□ soils condition	}	
economic development mined underground space	Ì	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Ì	City of West St. Paul #300,000 (loan) Grantor Value (5) Metropolita Council #324,500 (gr
		The politing Council \$324,500 (grantor Value (5)

		Pose Inchallen	in the Agreement			
28. Minn, Stat. \$116J.994 re of the following public pu				state a public purp	pose. Which	
Enhancing occupants diver Creating high-quality job : Job retention Stabilizing the community	growth	and prevention	Increasing tax base (ca Other (please specify) Other (please specify) Other (please specify)	Providing inge	his for competed and for controlly	
 Indicate whether the agr at the time of this report 				ecipient had attaine	d those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	retention goals	·	cstablished? dates Yes INO Feb I Yes No I Yes No	get attainment (month & year) nary 1, 2002	All goals attained? Yes ONo Yes ONo Yes ONo Yes ONo	
(Please attach descriptions of attainment if not documented		gress toward PK	ase see atta	chment.		
	age hourly value	of any employer-prov	eation and/or retention gos rided health insurance gos o separate goals by full- at	a for those jobs. (9		
Hourly Wage (excluding benefits)	Fall-time Job Creation	Part-time/ Seasohal/Temp. Job Creation	FTE (pnly if goals not stated as FT/PT) Job Creation	Job Retention	Hearly Value of Health Insurance	
no hourly wage-level goal					δ	
less than \$7.00			<u> 10</u>		s	
\$7.00 to \$8.99			_10_		\$	
\$9,00 to \$10_ 9 9					s	
\$11.00 to \$12.99					\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher					5	
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.)						
Hearly Wage (excluding benefits)	Full-time Job Creation	Pert-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Jab Retention	Hourly Value of Health Insurance	
less than \$7.00	_0_	<u>50</u>			5,	
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\$7.00 to \$8.99	3.77	//			Į	
\$7.00 to \$8.99 \$9.00 to \$10.99	<u>14</u> .	<i>_1D.</i>			š	
	2	_1D.			\$ \$	
\$9.00 ta \$10.99	14. 2 17	<u> 10.</u> 2			\$ \$	

Section 4. Goals and Public Purpose (Attachment)

The primary public purpose, as stated in the agreement, relates to redeveloping and renovating the Signal Hills Mall. The specific redevelopment activities were divided into six phases with progress (through 12/31/01) identified as follows:

Phase 1 (completed). This phase included environmental remediation, building demolition, partial exterior building renovation, and new construction for the Kmart building.

Phase 2 (completed). This phase included further building renovation of the existing mall structure, parking lot restoration, and site landscaping.

Phase 3 (completed). This phase, as amended, included the exterior renovation of the vacant former bank building and the final renovation of the existing mall structure (with the exception of the "flex-area" expansion space).

Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)						
33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
No						
Name of recipient Type of subsidy or assistance	cc (See Questions 24 and 25.)	Value of subsidy or assistance				
 Did your organization have any recipients who failed to agreement signed on or after August 1, 1999, that were 						
Yes (Complete the remainder of this sec.)	tion.) #No (Stop here and sub	mit form to DTED.)				
 35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be attained by the time of reporting. (Attach additional pages if necessary.) 35. Information on recipient and agreement: 						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipiont	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply.):						
O recipient ceased operation O recipient was unable to fill vacant positions	other (Specify reason.)	ont community				
37. To date, has the recipient fulfilled its repayment obliga	ition? (Mark one.)					
Yes No, recipient has booun to repay the assistance	. O No, recipient has not begun	to repay the assistance.				
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark onc.)						
☐ Yes ☐ No						
39. Describe the steps being taken to bring recipient into c	ompliance or recoup the subsidy:					

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from <u>August 1, 1999 through December 31, 1999</u> per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period <u>August 1, 1999 through December 31, 1999</u>: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions 1 through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section	1	Inf	format	ion	A ho	nt (Cras	stor
Section	1	4 141	ivi iliai	IVII	AUU	ul 3	JIAI	RWI

Section 1 Intormation A	ADOUL GLAINUI			-		
1. Name of grantor (funding en City of Cannon Fal		Name of person completing this form Dallas Larson				
3. Street address 306 W Mill Street		4. City Cannon Fal	ls	5. ZIP code 55009		
6. County Goodhue	8. Fax number 507-263-584	13	9. E-mail address cfalls@cannon.ne			
10. Please indicate who in you	r organization should receive the	2001 MBAF if differ	ent from the	person in Ques	ion 2.	
Name/Title	Phone number	Street addr	ess	City	ZIP code	
11. Classification of grantor (M created by gov't agency, ple example, a city EDA would	ease indicate affiliation. For	12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)				
20 City government ☐ County government ☐ Regional government ☐ State government ☐ Other Please specif.)	Yes (Indicate hearing date 11/18/99) attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)					
through December 31, 199	ed any agreements to award a bur 9 that is required to be reported un plete the remainder of the form.		6J.993 and §	1163.994? (Ma		
Section 2 Information	About Recipient					
14. Name of business or organization receiving subsidy or financial assistance Lorentz Etc., Inc.		15. Address where business subsidy or financial assistance will be used 705 Cannon Industrial Blvd Cannon Falls 55009				
Bordicz Eco., inc.		Street address		City	Z1P code	
16. Does the recipient have a pa	arent corporation? (Mark one)					
☐ Yes (Indicate name and address) No	ess of purent corporation below.	If more than one, inc	dicate ultimu	te owner)		
Name of parent corporation		Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark o	ne.):	
☐ Manufacturing ☐ Retail Trade	Cl Services Cl Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☑ Other (please specify) Meat Proce
18. Did the recipient relocate as a result o	signing this agreement?	(Mark one.)
☐ Yes (Indicate city and state of previous 爲 No (Go to Question 19.)	address and reason recip	vent did not complete this project at thut address.)
City/State of previous address Reason p	roject not completed at pr	revious address
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or reloc	cated elsewhere if not awarded this business subsidy or
Remained at previous location ☐ Rel	ocated to different Minne	sota location
Section 3 General Information	About the Agreer	nent
20. Total dollar value of business subsidy assistance (Please separate by type - s and 25 - and indicate only principal	iee Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
109,000		12/09/99
		we business subsidy or financial assistance. For example, used into service, or the recipient occupied the property,
23. Does the agreement provide a busines be reported? (Mark one.)		our types of financial assistance (see Question 25) required to
	a husiness subsidy	🖸 financial assistance
24. If the agreement provided a business s indicate the type(s).	ubsidy, please	 If the assistance was one of the four types of financial assistance, please indicate the type(s).
☐ not applicable, agreement provided fine	ncial assistance	☐ not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructural preferential use of governmental facility ※XI and contribution		☐ assistance for property polluted by contaminants ☐ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost ☐ assistance for pollution control or abatement ☐ assistance for a TIF soils condition district
other (Specify subsidy type)		
26. If the assistance included tax increme indicate the type of TIF district? (Mark	• • [27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
XI not applicable, assistance was not in the	e form of TIF	¥ Yes (Specify each gruntor and the value of their assistance below; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition		□ No
☐ economic development ☐ mined underground space		Grantor(s) and value of the agreement(s):
☐ hazardous substance subdistrict		DTED Grant/Loan \$100,000 Grantor Value (\$)
		SEMIF Loan \$100,000
		Grantor Value (\$)
	,	·

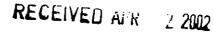
Section 4 Goals and	Public Pur	pose Identified	in the Agreement	/			
28. Minn. Stat. §116J.994 requires that business subsidy and financial assistance agreements state a public purpose. Which of the following public purposes were stated in the agreement? (Mark all that apply.)							
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☐ Stabilizing the community			X Increasing tax base (cannot be only purpose) C) Other (please specify) C) Other (please specify) C) Other (please specify)				
29. Indicate whether the agreement included the following types of goals, and whether the recipient had attained those goals at the time of this report. (Fill in the boxes and attainment date(s) for each goal.)							
A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals C) Other wage goals D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward			Goals Target attainment established? dates (month & year) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No \(\) Yes \(\) No				
attainment if not documented							
30. For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hourly value of any employer-provided health insurance goals for those jobs. (Only indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions.) Full-time Part-time/ FTE (only if goals not Hourly Wage Job Seasonal/Temp. stated as FT/PT) Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance							
no hourly wage-level goal					s		
less than \$7.00					2		
	_L	 -			1.60		
\$7 00 to \$8.99					<u>.1.80</u>		
\$9.00 to \$10.99	<u>4</u> _5				2.40		
\$11 00 to \$12.99		-			\$2.40		
\$13.00 to \$14.99			 -		s		
\$15.00 and higher					\$		
31. For each of the following wage categories, indicate the number of actual jobs created and/or retained since the benefit date and the actual hourly value of any employer-provided health insurance for those jobs. (Only indicate job creation in full-time equivalents if you are unable to separate job creation into full- and part-time positions.) Full-time Part-time/ FTE (only if unable to Hourly Wage Job Seasonal/Temp, separate FT/PT) Job Retention Hourly Value of							
(excluding benefits)	Creation	Job Crestion	Job Creation		Health Insurance		
less than \$7 00		 _			•——		
\$7.00 to \$8 99	4				1 90		
\$9 00 to \$10.99		<u></u>		-	<u>,1.8</u> 0		
\$11.00 to \$12.99	4_				<u>, 2.2</u> 0		
\$13.00 to \$14.99			-		5		
\$15.00 and higher				·	<u></u>		
32. Has the recipient achiev (Mark one.)	32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?						
							

(Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

	st 1 through December 31, 1999 16J.993 and §116J.994° (Mark	, did your organization have any re one.)	rcipients who failed to report as	
	each recipient failing to report ional pages if necessary.)	and the value of subsidy or financi	al assistance awarded to that	
¥ No				
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance	
		achieve any goals or fulfill any oth equired to be fulfilled by the time		
∑d KYes (Con	nplete the remainder of this sect	ion.) 🔲 No (Stop here and sub	mit form to DTED.)	
35, - 39. Provide the follow were to be attained	ing information for each recipies by the time of reporting. (Attac	nt failing to fulfill goals or any other hadditional pages if necessary.)	er terms of an agreement that	
35. Information on recipient	t and agreement:			
Lorentz Etc., I Name of recipient in default		Land Contribution Type of subsidy or assistance	109,000 Initial value of subsidy or assistance	
305 Cannon Stre	æt	Cannon Falls 55009	e	
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance	- i
36. Reason(s) for default (M	fark all that apply:)			{
☐ recipient ceased operation☐ recipient was unable to fil		O recipient relocated to a difference of the other (Specify reason.)	int community iness revenues below	projections
37. To date, has the recipier	nt fulfilled its repayment obligat	ion? (Mark one.)		_;
Yes No, recipient ha	as begun to repay the assistance.	□ No, recipient has not begun	to repay the assistance.	
38. Has the agreement been	amended to extend the recipien	t's deadline for fulfilling its obligat	mons? (Mark one.)	
□ Yes	s XNo			_]
39. Describe the steps being	g taken to bring recipient into co	mpliance or recoup the subsidy:		٦
Planning to sche	edule a public hear	ring to consider a o	ne-year extension.	
	·			i

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146





01-0369

- The 2000 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreements signed from August 1, 1999 through December 31, 1999 per Minn. Stat. §116J.993 to §116J.995. Please use a separate form to report each agreement.
- The following government agencies must submit a 2000 MBAF even if an agreement was not signed during the period August 1, 1999 through December 31, 1999: 1) any local government/agency that signed a business subsidy agreement since January 1, 1995, or represents a population of more than 2,500; 2) all state government agencies. If the local/state government agency does not have any subsidies or assistance to report, please answer questions I through 13 and follow directions.
- If a local or state government agency that is required to report has not done so by April 1, DTED will mail a warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Questions? Call (651) 297-2335. Information on where to mail or fax your completed MBAF(s) in on page 4.

Section 1 Information Al	out Grantor				
1. Name of grantor (funding entity) City of Cambridge		Name of person completing this form John T. Sullivan			
3. Street address 626 North Main Street		4. City Cambridge	5. ZIP code 55008		
6. County 7. Phone number [763] 15anti (763) 689-3211		8. Fax number 9. E-mail address jsullivan@ci.cam		_	lge.mn.us
10. Please indicate who in you	r organization should receive the	2001 MBAF if different from	the person in Que	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.")		12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one)			
City government County government Regional government State government Other (Please specify.)		Yes (Indicate hearing date - 9/20/9and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing - Other (Please attach explanation.)			
	ned any agreements to award a bust of that is required to be reported				
X Yes (Comp	lete the remainder of the form)	□ No (Stop here, go to sec	tion 5 on page 4.))

Section 2 Information About Recipient

Name of business or organization receiving subsidy or financial assistance	Address where business subsidy or financial assistance will be used				
Park Manufacturing Corporation	555 Garfield St. Street address	S Cambridge City	55008 ZIP code		
16. Does the recipient have a parent corporation? (Mark one.)					
☐ Yes (Indicate name and address of parent corporation below. ⑤ No	If more than one, indicate ul	timate owner.)			
Name of parent corporation	Street address City	State	ZIP code		

17. Industry of recipient's facility (Mark one.):	
XX Manufacturing	Finance, Insurance, Real Estate ade Construction Other (please specify)
18. Did the recipient relocate as a result of signing this agreen	ment? (Mark one.)
☐ Yes (Indicate city and state of previous address and reason ☐ No (Go to Question 19.)	recipient did not complete this project at that address)
Cedar, MN Park Manufacturin City/State of previous address Reason project not complete	g had inadequate land availability at previous at previous address location.
 Would the recipient have remained in previous location of financial assistance? (Mark one.) 	r relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to diffe	erent Minnesota location Market Relocated outside Minnesota
Section 3 General Information About the Agreen	ment
20. Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$251,000	10/20/99
	rom the business subsidy or financial assistance. For example, was placed into service, or the recipient occupied the property.
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	the four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
🔾 not applicable, agreement provided financial assistance	2 not applicable, agreement provided a business subsidy
☐ loan ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☑ contribution of property or infrastructure ☐ preferential use of governmental facilities ☑ land contribution ☐ other (Specify subsidy type.)	 □ assistance for property polluted by contaminants □ assistance for renovating building stock or bringing it up to code, when 50% or less of total cost □ assistance for pollution control or abatement □ assistance for a TIF soils condition district
 If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one)
O not applicable, assistance was not in the form of TIF O redevelopment	The Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
☐ renewal and renovation ☐ soils condition ☑ economic development ☐ mined underground space	© No Grantor(s) and value of the agreement(s):
☐ hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

of the following public p	ритроses were s	tated in the agreeme	ent? (Mark all that apply)			
Enhancing economic diversity Creating high-quality job growth Job retention		Increasing tax base (cannot be only purpose) Other (please specify) increase net jobs				
		Other (please specify)				
Stabilizing the community			Other (please specify)			
). Indicate whether the agr at the time of this report			es of goals, and whether the date(s) for each goal.)	recipient had at	tained those goals	
				get attainment	All goals	
Cassific was and ish so	alata ba anaina	ed within 2 conse		(month & year) 30/02	attained? ☑ Yes ☑ No	
Specific wage and job go Other job-creation and/or				307.02	□ Yes □ No	
Other wage goals			- · · · · · · · ·		☐ Yes ☐ No	
Other goals other than wa	age and job goa	ls	□ Yes □ No		□ Yes □ No	
lease attach descriptions of ainment if not documented						
agreement and the avera	ige hourly value	of any employer-pa	creation and/or retention g rovided health insurance go to separate goals by full-	oals for those job	s. (<u>Only</u> indicate	
Hourly Wage	Full-time Job	Part-time/	FTE (only if goals not	Job	Hourly Value of	
(excluding benefits)	Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Retention	Health Insurance	
o hourly wage-level goal					\$	
less than \$7.00					s	
					s_	
\$7.00 to \$8.99					•——	
50 00 to 510 00					•	
50 00 to 510 99	\$8.	00 per hour	15* and to average \$	9.15 per h	•	of
50 00 to 510 00	\$8.	00 per hour	and to average \$	9.15 per h	•	of
\$9.00 to \$10.99 *15 jobs with mi \$17.00 to \$12.99	\$8.	00 per hour	15* and to average \$	9.15 per h	•	of
\$9.00 to \$10.99 *15 jobs with mi \$17.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hore	ng wage catego urly value of any you are unable	ries, indicate the nur y employer-provided to separate job crea	and to average \$ mber of actual jobs created the insurance for those tion into full- and part-time.	l and/or retained	sssssince the benefit	of i
\$9.00 to \$10.99 *15 jobs with mi \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hours.	ng wage catego	ries, indicate the nur	and to average \$	l and/or retained	sssssince the benefit	of
\$9.00 to \$10.99 *15 jobs with mi \$17.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual how full-time equivalents if the source of the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the following date and the actual how full-time equivalents if the source of the source of the following date and the actual how full-time equivalents if the source of the source	ng wage catego urly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs created the health insurance for those tion into full- and part-time	l and/or retained c jobs. (<u>Only</u> ind e positions.)	sssssssssssss	of
\$9.00 to \$10.99 *15 jobs with mi \$17.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hore full-time equivalents if the control of the following benefits)	ng wage catego urly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs created the health insurance for those tion into full- and part-time	l and/or retained c jobs. (<u>Only</u> ind e positions.)	sssssssssssss	of
\$9.00 to \$10.99 *15 jobs with mi \$17.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hore full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego urly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs created the health insurance for those tion into full- and part-time	l and/or retained c jobs. (<u>Only</u> ind e positions.)	sssssssssssss	of i
\$9.00 to \$10.99 *15 jobs with mi \$17.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego urly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs created the health insurance for those tion into full- and part-time	l and/or retained c jobs. (<u>Only</u> ind e positions.)	sssssssssssss	of
\$9.00 to \$10.99 *15 jobs with mi \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage catego urly value of any you are unable Full-time Job	ries, indicate the nur y employer-provided to separate job crea Part-time/ Seasonal/Temp.	mber of actual jobs created the health insurance for those tion into full- and part-time	l and/or retained c jobs. (<u>Only</u> ind e positions.)	sssssssssssss	

Section 5 Recipients Falling to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.)

(Do not complete this section if you completed it c	on another 2000 MBAR Sub	milieu lo DIED.)				
33. During the period August 1 through December 31, 1999, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.)						
So No						
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance				
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations under an agreement signed on or after August 1, 1999, that were required to be fulfilled by the time of this report? (Mark one.)						
☐ Yes (Complete the remainder of this section	on.) 🔊 No (Stop here and sub	mit form to DTED .)				
35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Atta	ent failing to fulfill goals or any ouch additional pages if necessary.	ther terms of an agreement that				
35. Information on recipient and agreement:						
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street address of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reason(s) for default (Mark all that apply)						
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	O recipient relocated to a difference of the other (Specify reason.)	ent community				
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)					
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance. ☐ No, recipient <u>has not begun</u> to repay the assistance.					
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)						
□ Yes □ No						
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:					

Return your completed MBAF(s) by April 1, 2000, to:

2000 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

JR & R TIF # 1-10

1999 Minnesota Business Assistance Form

(Please return by April 1, 1999)



Please complete lines 1 through 16 for all agreements.

1. Funding government agency name		2. Contact name				
Windom EDA		James King				
3. Agency street address		4. City				
444 9th Street		Windom				
5. Zip code 6. Phone number (area code)		8. Type of government agency				
56101	507-831-6125 7. Fax number (area code) 507-831-6142	K CityCountyRegionalState Other (Please indicate)				
9. Name of business receiving assistance		10. Industry of recipiant (SIC code)				
JR & R Partnership		5251				
11. Type of assistance (e.g. loan, TIF, grant, infrastructure, etc.)		12. Name of TIP district (if applicable)				
TIF		1-10 Runnings				
13. Date of business assistance agreement	14. Date assistance first provided	15. Date project (building/ machinery/etc.) was	16. Dollar value of business assistance			
3/29/99	6/2001	placed in service 9/2000	\$450,000.00			

For assistance agreements signed between July 1, 1995 and December 31, 1997, complete lines 17 through 20. For agreements signed during 1996 and future years, please complete lines 21 through 24.

17. Job creation goals for business receiving assistance			18. Average hourly wage level goals for business receiving assistance			
19. Actual jobs created since business received assistance			20. Actual average hourly wage paid to employees hired since business received assistance N/A			
Goals of business receiving assistance: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)		Actual performance since project placed in service: (Please indicate number of employees at each wage level and indicate the corresponding benefit level.)				
21. Job Creation Full-time Part-time	Hourly Wage Level (excl. benefits)	22: Hourly Value of Voluntary Benefits (\$)		on Part-time	Hourly Wage Level (excl. benefits)	24. Hourly Value of Voluntary Benefits (\$)
	less than \$7.00 \$7.00 to \$7.99		-; - <u>-</u>		less than \$7.00 \$7.00 to \$7.99	
	\$8.00 to \$9.99 \$10.00 to \$11.99		<u>7</u>		\$8.00 to \$9.99 \$10.00 to \$11.99	1.50
\$12.00 and higher If necessary, please attach additional documentation.		1 \$12.00 and higher 2.00 If necessary, please attach additional documentation.				

Please complete lines 25 through 27 for all agreements.

25. Last date actual wage and job creation levels documented May 28, 2002	26. Date this Minnesota Business Assistance Form completed May 28, 2002						
27. Have all wage and job goals been achieved? Yes — do not submit future forms for this project. No — please submit the 2000 Minnesota Business Assistance Form.							

This form replaces all previous forms. Please complete one form for each business assistance agreement your agency signed between July 1, 1995 and December 31, 1998 which provided \$25,000 or more in public funds or used tax increment financing. A form should be submitted annually for each assistance agreement until a submitted form indicates that all wage and job creation goals have been achieved. Do not submit this form if your agency has not agreed to provide assistance to a business since July 1, 1995.