

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 B

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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2001 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).

- Alexandria, City of (1 form)
- Annandale EDA (2 forms)
- Austin, City of (1 form)
- Big Lake EDA (2 forms)
- Brooklyn Park EDA (4 forms)
- Burnsville EDA (4 forms)
- Chaska EDA (2 forms)
- Chisago County HRA-EDA (1 form)
- Cottonwood, City of (1 form)
- Duluth EDA (1 form)
- Eden Prairie, City of (1 form)
- Edina HRA (1 form)
- Freeport, City of (1 form)
- Hastings, City of (2 forms)
- Howard Lake (1 form)
- Iron Range Resources and Rehabilitation Agency (2 forms)
- Lakeville, City of (1 form)
- Lino Lakes EDA (3 forms)
- Little Falls, City of (1 form)
- Long Lake EDA (2 forms)
- Maple Grove, City of (1 form)
- Maple Plain, City of (1 form)
- Marshall, City of (3 forms)
- Minneapolis Community Development Agency (2 forms)
- Minnesota Department of Trade and Economic Development (25 forms)
- Montevideo Community Development Corporation (1 form)
- Monticello, City of (1 form)
- Monticello, EDA (1 form)
- Moorhead, City of (2 forms)
- Mound HRA (2 forms)
- Mountain Lake EDA (1 form)
- New Ulm, City of (1 form)
- North Branch EDA (3 forms)
- Oak Grove, City of (1 form)
- Oakdale, City of (1 form)
- Owatonna, City of (1 form)
- Pine River, City of (2 forms)
- Red Wing Port Authority (2 forms)
- Richfield HRA (1 form)
- Robbinsdale EDA (1 form)

- Rochester, City of (1 form)
- Rogers, City of (1 form)
- Rosemount Port Authority (1 form)
- Saint Cloud HRA (1 form)
- Saint Louis Park EDA (1 form)
- Saint Paul, City of (2 forms)
- Savage, City of (2 forms)
- Scott County (2 forms)
- Shakopee, City of (1 form)
- South Saint Paul HRA (4 forms)
- Spicer, City of (1 form)
- Spring Valley EDA (1 form)
- Waseca, City of (1 form)
- Wheaton, City of (1 form)
- Windom EDA (1 form)
- Wyoming, City of (2 forms)

Forms Submitted by Government Agencies (Financial Assistance)

- Minneapolis Community Development Agency (1 form)
- Spring Valley EDA (1 form)

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-Trade & Economic Development

CIII UF ALEXANDRIA 2001 Minnesota Business Assistance Form

01-0338

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, RECEIVED APR 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 I, 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 Al	out Grantor				
Name of granter (funding entity)		2. Name of person completing this form			
City of Alexandria		Michael J. Weber			
3. Street address	4. City		5. ZIP code		
704 Broadway	Alexandria	a	56308		
6. County	7. Phone number	8. Fax number 9. E-mail address			ress
Douglas	320-763-3	511	mweber@	rea-alp.c	
10. Please indicate who in your	organization should receive the	2002 MBAF if differe	ot from the	person in Quest	ion 2.
Name/Title	Phone number	Street addre	55	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.)			
Of City government County government Regional government State government Other (Please specify.)	 Yes (Indicate hearing date - 4/23/01 and 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, 2000	ed any agreements to award a but that is required to be reported un lete the remainder of the form.)		.993 and §	116J.9947 (Man	
ection 2 Information Ab	out Recipient				· · · · · ·
14. Name of business or organization receiving subsidy or financial assistance		15. Address where be will be used	usiness sub	sidy or financial	assistance
Alexandria Extrusion Company		401 Co Rd 22 Street address	NW A	lexandria State	MN 56308 ZIP code
16. Does the recipient have a pa	rent corporation? (Mark one.)	:			
O Yes (Indicate name and address No	If more than one, indi	cote ultima	Ie owner.)		
Name of parent corporation		Street address	City	State	ZIP code

Manufacturing Services Cl Retail Trade Cl Wholesale Trad	LE 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 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 a	<u></u>				
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	••				
☐ Remained at previous location ☐ Relocated to differe	ent Minnesota location Relocated outside Minnesota				
Section 3 General Information About the Agreeme	ent				
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) 21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)					
\$500,000	4/6/00				
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 5/1/00	the business subsidy or financial assistance. For example, is 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.)					
(I) business subsidy	O financial assistance				
24. If the agreement provided a business subsidy, please indicate the type(s) and total dellar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).				
🗅 not applicable, agreement provided financial assistance	II not applicable, agreement provided a business subsidy				
	Dassistance for property polluted by contaminants Dassistance 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 Dassistance for pollution control or abatement Dassistance 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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	E) No Grantor(s) and value of the agreement(s):				
U nazamous superance superance	Grantor Value (\$)				
i	Grantor Value (\$)				

28. Minn. Stat. §116J.994 re of the following public p	equires that but surposes were	siness subsidy and fin stated in the agreeme	iancial assistance agreement? (Mark all that apply.)	nis state a public (ourpose. Which
D Enhancing economic diversity O Creating high-quality job growth O Job retention		☐ Increasing tax base (cannot be only purpose) ☐ Other (please specify)		pose)	
29. Indicate whether the agree		ed the following types	of goals, and whether the	e recipient had atta	ined those goals
at the time of this report.	(Fill in the b	oxes and attainment a	late(s) for each goal.)	•	
				rget attainment s (month & year)	All goals attained?
A) Specific wage and job goals to be attained within 2 years			2/31/02	□ Yes 20 No □ Yes □ No	
B) Other job-creation and/or C) Other wage goals	_		□Yes □No		☐Yes ☐No
D) Other goals other than wa	ge and job go:	als	OYE ONo		☐ Yes ☐ No
(Please attach descriptions of attainment if not documented			obs yet to	be created	d by 12/31/0
30. For each of the following agreement and the average job creation goals in full-	ge hourly valu- time equivale	e of any employer-pro arr if you are unable	ovided health insurance go to separate goals by full-	sals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Jab Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Crestion	Job Retention	Hearty Value of Health Insurance
no hourly wage-level goal		· 			5
less than \$7.00	. —				\$
\$7.00 to \$8.99			<u>70</u>		-
\$9.00 to \$10.99				<u>30</u>	•·
\$11.00 to \$12.99					-
\$13.00 to \$14.99					\$
\$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 (excluding benefits)	Job Crestion	Seasonal/Temp. Job Creation	separate FT/FT) Jeb Creation	Job Retention	Hoarty Value of Health Insurance
less than \$7.00	-				s
\$7.00 to \$8.99			_38_	<u> 30</u>	5
\$9.00 to \$10.99		 `			5
511.00 to \$12.99			. —		5
\$13.00 to \$14.99		 ··			<u>-</u>
\$15,00 and higher					3
32. Has the recipient achieve (Mark one.)	d <u>all goals</u> (so	e Questions 29, 30 an	d 31) and fulfilled <u>all obli</u>	gations stipulated	in the agreement?
	- 	ΩYes Ø	No		

(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. 	1, 2000, did your organization h 994? (Mark one.)	ave any recipients who failed to			
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	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.)				
Ø 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	required to be fulfilled by the tir	ne of this report? (Mark one.)			
☐ Yes (Complete the remainder of this secti	on.) 12 No (Stop here and su	bmit form to DTED .)			
35 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attai					
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	Ourstanding 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 differ O other (Specify reason.)	ent community			
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)				
☐ Yes ☐ No, recipient has begun to repay the assistance.	O No, recipient has not begu	n to repay the assistance.			
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	rations? (Mark one.)			
□Y⇔ □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



2001 Minnesota Business Assistance Form RECEIVED MAR 0 8 2082

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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) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

L Name of genetor (funding on	•ip.)	2. Name of parting suppleting this form		
1. Name of grantor (funding entity) Appandale Economic Development Author		2. Name of person completing this form		
	<u> Development Author</u>		· · · · · · · · · · · · · · · · · · ·	
3. Street address		4. City	5. ZIP code	
30 Cedar Street East		Annandale 55302		
6. County 7. Phone number		8. Fax number	9. E-mail address	
Wright (320)274-3055		(320)274-5728	city@annandale.mn.us	
10. Please indicate who in your N/A	r organization should receive the	2002 MBAF if different from th	e 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. §116J.994? (Mark one.)		
XXCity government		2 Yes (Indicate hearing date - 9/13/200) attach criteria)		
☐ County government		□ No		
Regional government		☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)		
☐ State government ☐ Other (Please specify.)		☐ Other (Please attach explai		
	ed any agreements to award a bu 0 that is required to be reported t			
XXYes (Complete the remainder of the form)		□ No (<u>Stop here,</u> go to sect	ion 5 on page 4.1	
Section 2 Information Al	bout Recipient			
14. Name of business or organ receiving subsidy or finance		15. Address where business subsidy or financial assistance will be used		
Market Properties, LLC		435 Annandale Blv	d, Annandale, MN 55302	
		Street address City	State ZIP code	
16. Does the recipient have a p	ourent corporation? (Mark one.)	<u> </u>		
Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner)				
Name of parent corporation		Street address City	State ZIP code	

17. Industry of recipient's facility (Mark one.)				
XX Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)			
18 Did the recipient relocate as a result of signing this agreemen	tt? (Mark one)			
XXY es (Indicate city and state of previous address and reason real No (Go to Question 19)	cipient did not complete this project at that address j			
Annandale, MN Previous building City/State of previous address Reason project not completed a	was leased - not owned previous address			
 Would the recipient have remained in previous location or refinancial assistance? (Mark one.) 	elocated elsewhere if not awarded this business subsidy or			
▲ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous location □ Relocated to difference and the previous located to	ent Minnesota location			
Section 3 General Information About the Agreeme	ent			
20. Total dollar value of business subsidy or financial assistance (Pleuse separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$65,000 + interest	10-2-00			
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier) 2-1-01	n the business subsidy or financial assistance. For example, is 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.)	four types of financial assistance (see Question 25) required to			
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
anot applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy			
☐ loan (only principal) ☐ grant (i.e., forgivable loan) S	☐ assistance for property polluted \$ by contaminants			
☐ tax abatement S	assistance for renovating building			
STIF or other tax reduction or deferral \$ 65,000 guarantee of payment \$ 5	stock or bringing it up to code, and assistance provided for designated			
☐ contribution of property or infrastructure ☐ preferential use of governmental facilities \$	historic preservation districts, when 50% or less of total cost			
☐ land contribution S	☐ assistance for pollution control or S			
□ other (Specify subsidy type.) \$	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	25 №0			
☐ soils condition				
XX economic development ☐ mined underground space	Grantorts) and value of the agreement(s):			
☐ hazardous substance subdistrict	Grantor Value (\$)			
	Grantor Value (\$)			

ection 4 Goals and Pu	ibite t ai pos	o rodictified the cr	ic .tsicemen.		
28. Minn. Stat. §116J 994 n of the following public					urpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth			ıse (cannot be only рип ^{geify} - <u>job_creati</u>	
29. Indicate whether the again at the time of this report					ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals		Goals established? Sa Yes No Yes No Yes No Yes No	Target attainment dates (month & year) 2-1-03	All goals attained? So Yes No Yes No Yes No Yes 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 dl-time equivale	of any employer-pro ents if you are unable	ovided health insuran to separate goals by	ce goals for those jobs. full- and part-time pos	
Hourly Wage (excluding benefits)	Full-time Job Cre≢tion	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>onlv</u> if goals stated as FT/PT Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7.00					s
\$7.00 to \$8.99	_5				s
\$7.00 to \$8.99 \$9.00 to \$10.99	<u>-5</u>				s
•	<u>-5</u>				- "
\$9.00 to \$10.99	-5 				- "
\$9.00 to \$10.99 \$11.00 to \$12.99	-5		— — —		s
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents in	ing wage catego urly value of an fyou are unable Full-time	y employer-provided to separate job crea Part-time/	health insurance for tion into full- and pa FTE (only if unab	those jobs. (<u>Onlv</u> indic rt-time positions.) le to	ssssince the benefit trate job creation in
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho	ing wage catego urly value of an	y employer-provided to separate Job crea	health insurance for tion into full- and pa	those jobs. (<u>Onlv</u> indic rt-time positions.) le to [] Job	ssss
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if	ing wage catego urly value of an fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for tion into full- and pa FTE (only if unab separate FT/PI	those jobs. (<u>Onlv</u> indic rt-time positions.) le to [) Job	ss ss ince the benefit rate job creation in Hourly Value of Health Insurance
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits)	ing wage catego urly value of an fyou are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for tion into full- and pa FTE (only if unab separate FT/PI	those jobs. (<u>Onlv</u> indic rt-time positions.) le to [) Job	sssssssssssss
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage catego urly value of an fyou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for tion into full- and pa FTE (only if unab separate FT/PI	those jobs. (<u>Onlv</u> indic rt-time positions.) le to [) Job	ssssince the benefit rate job creation in Hourly Value of Health Insurance ss_0s_0
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage catego urly value of an fyou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for tion into full- and pa FTE (only if unab separate FT/PI	those jobs. (<u>Onlv</u> indic rt-time positions.) le to [) Job	sssssssssssss
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ing wage catego urly value of any f you are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for tion into full- and pa FTE (only if unab separate FT/PI	those jobs. (<u>Onlv</u> indic rt-time positions.) le to [) Job	ssssince the benefit rate job creation in Hourly Value of Health Insurance ss_0s_0

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

 During the period January 1, report as required by Minn. S 	2000 through December 31 tat. §1161.993 and §1161.99	, 2000, did your organization h 947 (Mark one.)	ave any recipients who failed to
(Indicate the name of each recipient: Attach addition		and the value of subsidy or fina	ncial assistance awarded to that
¾ N₀			
Name of recipient Ty	pe of subsidy or assistance	See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have agreement signed on or after		achieve any goals or fulfill any crequired to be fulfilled by the tir	
🗅 Yes (Complete	the remainder of this section	on.) 📑 No (Stop here and su	ibmit form to DTED .)
35 39. Provide the following is were to be attained by the		nt failing to fulfill goals or any of additional pages if necessary.	
35. Information on recipient and	l 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.i:		
☐ recipient ceased operation ☐ recipient was unable to fill va	cant positions	☐ recipient relocated to a diffe ☐ other (Specify reason.)	erent community
37. To date, has the recipient fu	Ifilled its repayment obligat	ion? (Mark one)	
☐ Yes ☐ No. recipient has he	egun to repay the assistance.	☐ No, recipient <u>has not bes</u>	run to repay the assistance.
38. Has the agreement been am	ended to extend the recipien	t's deadline for fulfilling its obl	igations? (Mark one.)
	٥	Yes □ No	. <u> </u>
39. Describe the steps being tal	cen to bring recipient into co	impliance or recoup the subsidy	:
			<u> </u>

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

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Questions? Call	(651) 296-0580. Information on on About Grantor	where to mail or fax your	completed MBAF(s) is on page 4.	
Name of grantor (funding entity)		2. Name of person comp	2. Name of person completing this form		
Annandale Econ	omic Development Autho	rity Mary Deg	iovanni		
3. Street address 30 Cedar Street East		4. City Annandale	5 ZIP code 55302		
6 County Wright	7. Phone number (320) 274–3055	8. Fax number 9. E-mail (320) 274-5728 city@a		dress nandale.mn.u	
10. Please indicate who N/A	in your organization should receive th	ne 2002 MBAF if different ir	om the person in Que	stion 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.") XXCity government ☐ County government ☐ Regional government ☐ State 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 - 9/13/60 attach criteria) ■ No ■ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)			
	on signed any agreements to award a l		assistance from Janua		
_	(Complete the remainder of the form	·			
Section 2 Informati	on About Recipient				
14. Name of business or receiving subsidy or	r organization r financial assistance	15. Address where busi will be used	15. Address where business subsidy or financial assistance will be used		
Robin Reichel	dba Reichel's Caterin	g 725 Norway Dr Street address	725 Norway Dr., Annandale, MN 55302 Street address City State ZIP code		
16. Does the recipient h	ave a parent corporation? (Mark one	;	<u></u>		
⊔ Yes (Indicate name a. ⊇ No	nd address of parent corporation belo	w. If more than one, indicat	e ultimate owner.)		

17. Industry of recipient's facility (Mark one)	-
日 Manufacturing 文文Services 日 Retail Trade 日 Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	t' (Mark one)
☐ Yes (Indicate city and state of previous address and reason rec ☐ No (Go to Question 19.)	upient did not complete this project at that address)
Annandale, MN No room for expans City/State of previous address Reason project not completed at	sion at existing site previous address
19. Would the recipient have remained in previous location or re- financial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or
XX Remained at previous location	nt Minnesota location
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)
\$96,853 + interest	9-13-00
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 2-1-01	the business subsidy or financial assistance. For example, s 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.) Xa business subsidy	four types of financial assistance (see Question 25) required to [4] financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	Anot applicable, agreement provided a business subsidy
□ loan (only principal) \$ □ grant (i.e., forgivable loan) \$	Dessistance for property polluted \$ by contaminants
☐ tax abatement S	☐ assistance for renovating building S
Xi TIF or other tax reduction or deterral \$ 96,853	stock or bringing it up to code, and assistance provided for designated
☐ contribution of property or infrastructure S	historic preservation districts, when
☐ land contribution ☐ land contribution ☐ ☐ land contribution ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	50% or less of total cost assistance for pollution control or \$
☐ other (Specify subsidy type.) S	abatement 2 assistance for a TIF soils condition district \$
	a assistance for a 111 sons condition district 5
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	ŽÍ No
Soils condition	Commence of the commence of th
ži economic development □ mined underground space	Grantor(s) and value of the agreement(s):
☐ hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

28. Minn. Stat. §116J.994 r of the following public	equires that busi	ness subsidy and fin		s state a public p	urpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the communic	growth		Increasing tax base (ear ax Other tplease specify)		
29. Indicate whether the agi				ecipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals	is		et attainment month & year) 2-1-03	All goals attained? Tes E No Tes O No Tes O No Tes O No
(Please attach descriptions attainment if not documente					
	age hourly value all-time equivaler	of any employer-pro nts if you are unable	ovided health insurance gou to separate goals by full- ar	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Crention	Part-time/ Seasonal/Temp, Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Jub Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					s
less than \$7 00	_1_	_2_			s
\$7 00 to \$8.99				_	s
\$9.00 to \$10.99					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	Joh Retention	Hourly Value of Health Insurance
less than \$7,00		_9_			s <u> </u>
\$7 00 to \$8 99					s
\$9.00 to \$10,99		 ··			s
\$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)	eved <u>all goals</u> (se		and 31) and fulfilled <u>all obli</u>	eations stipulate	d in the agreement?

(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 		we any recipients who failed to			
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)					
¾ No					
Name of recipient Type of subsidy or assistance	(Sec 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	required to be fulfilled by the tin	ne of this report? (Mark one)			
Yes (Complete the remainder of this section)	on i RNo (Stop here and su	hmit form to DTED .)			
35 39. Provide the following information for each recipie were to be attained by the time of reporting (Attac					
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 differ ☐ other (Specify reason.)	rent community			
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 begun to repay the assistance.					
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one)					
	Yes Q 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:

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



oughed form read 3/29/12 & 4.H. 2001 Minnesota Business Assistance Form

- # 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

! Name of grantor (funding entity): Agency Minneapolis Community Development		2 Name of person completing this form Kent Robbins			
3 Street address 105 5th Ave. S. 6. County (612)673-5187		+ Cmy Minneapolis	5 ZIP code 55401-25	34	
		(612)673-5111 kent.robbinsemcda.			
10. Please indicate who in you Terrell Towers, Di	r organization should receive the rector 673-5134	2002 MBAF if different from 105 5th Ave. S.,	the person in Ques	55401-253	
Name Title	Phone number	Street address	Citi	ZIP code	
	fark one. It grantor is entity lease indicate affiliation. For wheek "City government.")	(2) Has your organization he adopted enteria for awale compliance with Minn. Januar XYes (Indicate hearing da Dischipting Wage)	rding business sub State \$116J 994° / ry 22, 2001	siaies in Mark one) , ottach criteria	

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance Ryan GB 2000, LLC	15 Address where business subsidy or financial assistance will be used. 1220 Marshall, Mpls., MN 55413			
	Street address	Cay	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one)				
★ Yes Andicate name and address of parent corporation below. □ No.	If more than one in 700 Interna			

17. Industry of recipient's facility (Mark one);		
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wnolesale Trade	☐ Finance, Insurance, ③ Construction ☐	Real Estate 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 M No (Go to Question 19)	tress and reason recipi	ent did not complete this ;	project at inut address.)
City State of previous address Reason proje	ect not completed at pre	vious address	
T .	enant 150 + J	obs	
	Relocated to different I	Minnesota location	Relocated outside Minnesota
Section 3 General Information About	ut the Agreement		
20 Total dollar value of business subsidy or assistance (Please separate value by type and 25.)			(In addition to the agreement is the agreement was amended (
\$11.5 million		October 26,	2000
22. Benefit date iIndicate the date the recipio indicate the date improvements were time whichever is earlier i October 26	thed, equipment was pl	•	•
23. Does the agreement provide a business subtreported? (Mark one)	_	r types of financial assistation financial assistance	ance (see Question 25) required to
24. If the agreement provided a business subs indicate the type(s) and total dollar value		f the assistance was of assistance, pigase indic	ne of the four types of financial cate the type(s).
🗅 not applicable, agreement provided financia	al assistance	not applicable, agreemen	nt provided a business subsidy
□ Joan (only principal) □ grant (i.e., forgivable man) □ tax abatement □ TIF or other tax reduction or determit (GT) □ guarantee of payment □ geometribution of property or intrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify substate type)	ay \$ IF <u>} 965,00</u> 0 - \$ \$ \$	assistance for property p by contaminants assistance for renovating stock or bringing it up to assistance provided for d assistance provided for d nistonic preservation dis 50° y or less or total cost assistance for pollution d abatement assistance for a TH soils	\$10,686,004.00 code, and designated stricts when control or \$
26. If the assistance included tax increment to indicate the type of TIF district? (Mark in	•		providing a business subsidy or ne same project? (Mark one)
Inot applicable, assistance was not in the for	मा र्गाराह पूर्व	Yes (Specify vacin vrante assistance below) attach	n and the same of their (an additional sheet if necessary)
]		
☐ soils condition	-	No	
Deconomic development I mined underground space	G	rantor(s) and value of the	uprechient(x)
D hazardous substance subdistrict	M <u>.</u>	et Council	\$1,646,097.00
		ied"	\$ 444,000.00
	\ -	rantor	Value (S)

Section 4 Goals and Pu	ıblic Purpos	se Identified in t	he Agreement			
28. Minn. Stat. §116J.994 r of the following public	equires that bus purposes were s	siness subsidy and fin stated in the agreemen	nancial assistance agreement? (Mark all that apply)	nts state a public p	ourpose. Which	
☐ Enhancing economic dive			Increasing tax base (carnot be only purpose) Other (please specify) HISTORIC			
 Job retention Stabilizing the community 			_	Preservat	10n	
29. Indicate whether the agr at the time of this report				recipient had atta	ned those goals	
A) Specific wage and job go B) Other job-creation and of C) Other wage goals D) Other goals other than wa	r retention goals	5		get attainment (month & year)	Ali goals attained! Yes No Yes No Yes No	
(Please attach descriptions of attainment if not documented)			· .	flu	2002	
	ige nourly value	or any employer-pro	reation and or retention go ovided health insurance gos to separate goals by full- a	als for those jobs.		
Hourly Wage (excluding benefits)	Creation 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 goul	—	⇒ ·—	 /		s	
less than \$7 (K)			/		١	
\$7,00 to \$8,99			A.		·	
\$4.00 to \$10 44		 .·	(1) F		;	
\$11 00 to \$12 94			\ \ \		`-	
\$13.00 to \$14.42					`	
\$15 OU and higher		<u> </u>				
date and the actual nou	als value of an	employer-provided	ner of actual jobs created nealth insurance for those from into trads and parts time	ions a <u>rele</u> mare	nce the benefication in	
Hourly Wage (excluding benefits)	Full-timt Joh Creation	Part-time Seasonal Temp. Job Creation	FTE tonly if unable to separate FT/PTi Job Creation	Joh Retention	Hourly Value of Health Insurance	
less than ST (K)			-	-	V .	
S=.00 to S6 44		——	<u>/-</u> ^	-		
\$4.00 to \$10.44			/ \- / \		·	
\$11 00 to \$12 99		-/	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u>٠</u>	
\$13.00 to \$14.99	- ·	-/-	0		` <u>-</u>	
\$15 (X) and higher	:-				<u> </u>	
32. Has the recipient active (Mark one.)	ved <u>altrouts</u> (se	re Questions 29, 30 a	nd 31) and fulfilled <u>all obl</u>	e <u>mons</u> stipurated	in the agreement."	

(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.) Tes Andicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach udditional pages if necessary.) **X**No Type of subsidy or assistance (See Questions 24 and 25.) Value of subsidy or assistance Name of recipien: 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) (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 i 35. Information on recipient and agreement. Type of subsidy or assistance Initial value of Name of recipient in default subsidy or assistance Ciry ZIP code of recipient Outstanding value of Street address of recipion: subsidy or assistance 36. Reason(s) for default (Mark all that apply) recipient relocated to a different community. Trecipient ceased operation I recipient was unable to fill vacant positions □ other (Specify reason) = 37. To date, has the recipient fulfilled its repayment obligation? (Mark one): ☐ No, recipient <u>has begun</u> to repay the assistance. 21 No, recipient has not begun to repay the assistance 38. Has the agreement been amended to extend the recipient's deadline for tuifilling its obligations? (Mark one) Dives Divo 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 - AFO 500 Metro Square, 121 East 7" Place St. Paul, MN 55101-2146



01-0598 2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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.

ection 1 Grantor Information	·			• •
1. Name of granter (funding entity) WIDMON	2. Name of person completing	this form		
3 Street authors FORST BIVD	Wyomung	520	12	
7. Phone number 1032	105V4081033	9. E-mail a	ddress	
10. Please indicate who in your organization should receive the 20 Name/Title Phone number	002 MBAF if different from the p 2 24438 IMP Street address	person in Questi WWQ Cf City	FORST La	U 561
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 belo adopted criteria for awardi compliance with Minn. Su	ing business sub	osidies in	
☐ County government	☐ Yes, in 2002 (attack criterial Yes, in 2002 but have not year) Yes, prior to 2002	•	ria	
☐ Regional government	If Yes: Hearing Date 8 6 PYear	er Criteria Sub a	ntted: Samo	
☐ State government				
☐ Other (Please specify.)	Other (Please attach explan	ation.)	į	
13. Has your organization signed any agreements to award a busi through December 31, 2001 that is required to be reported un				
Yes (Complete the remainder of the form.)	No (Stop here, go to section	on 5 on page 4.)	
Section 2 Recipient Information				
14. Name of husiness or organization receiving subsidy or financial assistance MILLORGO UP: RODULTS MANUELO	15. Address where business so will be speed C. VIVIV	ubsidy or finance	NYDMUNG ZIP code	
16. Does the recipient have a parent corporation? (Mark one.) At es (Indicate name and address of parent corporation below,			Zir code	
Name of parent corporation	Street address City	State	ZIP code	

2002 Minnesota Business Assistance Form (1/23/02)

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Dept. of Trade & Economic Development

☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please s	recify developer	•
R. Did the recipient relocate as a result	of signing this agreement?	(Mark one.)		
Yes (Indicate city and state of previous) No (Go to Question 19.)	us address and reason recipi	ient did not complete this project at that a	ddress.)	
ity/State of previous address Reason	project not completed at pr	evious address		
9. Would the recipient have remained inancial assistance? (Mark one.)	in previous location or reloc	ated elsewhere if not awarded this business	ss subsidy or	
Remained at previous locati	on C Relocated to differen	nt Minnesota location	tside Minnesota	
ction 3 Agreement Informati	on			
 Total dollar value of business subs assistance (Please Separate value b and 25.) 		21. Date agreement signed (In addition a date, indicate any dates the agreeme	ent was amended.)	
\$463,000		8-10-99 3/2/	100 8.4.4. 42/	13 pu
ndicate the date improvements were fir		e business subsidy or financial assistance. d into service, or the recipient occupied th		P
	ness subsidy or one of the fo	ur types of financial assistance (see Quest	tion 25) required to	
ne reported? (Mark one.)	business subsidy	🔾 financial assistance		
24. If the agreement provided a busines indicate the type(s) and total dollar v	* *	25. If the assistance was one of the four assistance, please indicate the type(s	• •	
not applicable, agreement provided t	Inancial assistance	not applicable, agreement provided a	business subsidy	
□ loan (only principal) □ grant (i.e., forgivable loan)	\$	assistance for property polluted by contaminants	s	ļ
□ tax abatement	\$	assistance for renovating building	\$	
☐ TIF or other tax reduction or deferra ☐ guarantee of payment	2 3 4 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	stock or bringing it up to code, and assistance provided for designated		}
Contribution of property or infrastruc		historic preservation districts, when		
□ preferential use of governmental fac □ land contribution	ilities \$ S	50% or less of total cost assistance for pollution control or	\$	
and other (Specify subsidy type.)	·	abatement assistance for a TIF soils condition di	istrict \$	
		a assistance for a fire sous condition of	<u> </u>	
26. If the assistance included tax incre indicate the type of TIF district? (Ma		27. Are any other grantors providing a financial assistance to the same project		
	•	Yes (Specify each grantor and the va	lue of their	
 not applicable, assistance was not in 	the form of 115	assistance below; attach an additione	at snoet if necessary.)	
Oredevelopment				1
Trenewal and renovation Soils condition		Grantor(s) and value of the agreement(s	5):	1
conomic development		<u> </u>		
☐ mined underground space		Grantor Value (S)	
A hazardous substance subdistrict		Gmana		
		Grantor Value (S1	1

2002 Minnesota Business Assistance Form (1/23/02)

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Dept. of Trade & Economic Development

8. Minn, Stat, §116J.994 rec f the following public purpo				ate a public purpos	e. Which
Enhancing economic divers Creating high-quality job g I Job retention Stabilizing the community			Increasing tax base (can Other (please specify)	not be only purpos	c)
 Indicate whether the agree at the time of this report. 				pient had attained t	those goals
			Goals Targe	attainment	All goals
				month & year)	attained?
A) Specific wage and job gos		within 2 years			ZYes □No □Yes □No
3) Other job-creation and/or 3) Other wage goals	retention goats		□ Yes □ No □ Yes □ No		O Yes O No
) Other goals other than wa	ge and job goals		C) Yes C) No		⊃Yes ⊃No
Please attach descriptions of ttainment if not documented					
 For each of the following agreement and the avera reation goals in full-time eq 	ge hourly value	of any employer-prov	ided health insurancegoals (for those jobs. (On	<u>ly</u> indicate joh
	Full-time	Part-time/	FTE (only if goals not		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	ytated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					S
less than \$7.00					5
\$7,00 to \$8.99	3	_			s
				· -	s
\$9.00 to \$10.99					•—
\$11.00 to \$12.99			 -		\$
\$13 00 to \$14.99			- ——		s
\$15.00 and higher				·	<u> </u>
date and the actual hou	rly value of any	employer-provided h	er of actual jobs created and ealth insurance for those job in into full- and part-time po FTE (only if anable to separate FT/PT)	s. (<u>Only</u> indicate je	
(excluding benefits)	Creation	Jeb Crestion	Job Creation	200 Kelentoon	Realth Insurance
less than \$7.00		 -			2
\$7.00 to \$8.99	3				s
\$9.00 to \$10.99					5
\$11.00 to \$12.99			- ·		s
\$13.00 to \$14.99		·			2
\$15.00 and higher					\$
32. Has the recipient achie	ved <u>all goals</u> (see		d 31) and fulfilled <u>all obliga</u> Yes 🔲 No	tions stipulated in t	he agreement?

2002 Minnesota Business Assistance Form (1/23/02)

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Dept. of Trade & Economic Development

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December	31, 2001, did your organization have	any recipients who failed to
report as required by Minn, Stat. §116J.993 and §116J.994	4? (Mark one.)	
☐ Yes (Indicate the name of each recipient falling to report recipient. Attach additional pages if necessary.)	ort and the value of subsidy or financia	al assistance awarded to that
Ø No		
Name of recipient Type of subsidy or assistan	cc (See Questions 24 and 25.) Va	llue of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2001, that we		•
Yes (Complete the remainder of this	section.) D No (Stop here and sub	bmli form to DTED .)
 35 39. Provide the following information for each recipered to be attained by the time of reporting. (Attach 35. Information on recipient and agreement: 		er terms of an agreement that
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 differ ☐ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obli	gation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistan	ice. I No, recipient has not begun	to repay the assistance.
38. Has the agreement been amended to extend the recip	pient's deadline for fulfilling its obliga	tions? (Mark onc.)
	□ Yes □ No	
39. Describe the steps being taken to bring recipient into		
		·

Return your completed MBAF(s) by April 1, 2002, to:

2002 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

2002 Minnesota Business Assistance Form (1/23/02)

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Dept. of Trade & Economic Development

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- # 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 About Grantor	· · · · · · · · · · · · · · · · · · ·	
1. Name of granter (funding centry) UDDA WUDMUNG	2. Name of person completing this form	
3 at 5005 Forest Bryd	Wyonuna 55092	
6. County (37) Phone number 103/2	8. Fax number 9. E-mail address 9. E-mail address	
10. Please indicate who in your organization should receive the Name/Title Phone number	2002 MBAF if different from the person in Question 2 2004 MDEWALCH FLG Street address City ZIP code	37
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 8 0 1 and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing	
13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported up		
es (Complete the remainder of the form.)	I 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	
Sunvisefiberglass	Street address City State ZIP code	1
16. Does the recipient have a parent corporation? (Mark one.)		\neg
I Yes (Indicate name and address of parent corporation below.	If more than one, indicate ultimate owner.)	
Name of parent corporation	Street address City State ZIP code	

2001 Minnesota Business Assistance Form

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17. Industry of recipient's	facility (Mark one	:J:			
	nufacturing tail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura ☐ Construction	nce, Real Estate 1 Other (please specif)	·)
18. Did the recipient reloc	ate as a result of si	igning this agreemen	? (Mark one.)		
☐ Yes (Indicate city and st ☐ No (Go to Question 19.)		dress and reason rec	ipient did not complete i	this project at that addres	ss.)
City/State of previous adde	ress Reason pro	ject not completed at	previous address		
19. Would the recipient his financial assistance? (M	-	evious location or re	located elsewhere if nor	awarded this business sub	osidy or
Remained at pre-	vious location C	Relocated to differe	nt Minnesota location	☐ Relocated outside M	innesota
Section 3 General In	formation Abo	out the Agreeme	nt		
20. Total dollar value of assistance (Please sep and 25.)	arate value by typ			gned (In addition to the a dates the agreement was	
\$19800	o MIF		3·	-24-00	
22. Benesit date (Indicate indicate the date implewhichever is carlier.)	rovements were fin			financial assistance. For the recipient occupied the	
23. Does the agreement p be reported? (Mark a	ine.)	subsidy or one of the business subsidy	four types of financial a	ssistance (see Question 2	5) required to
24. If the agreement provi indicate the type(s) as			assistance, please	as one of the four types of indicate the type(s).	
not applicable, agreeme	ent provided financ	cial assistance	not applicable, agre	ement provided a busines	s subsidy
loan (only principal) grant (i.e., forgivable le	oan)	s HS acc	assistance for proper by contaminants	rty polluted	\$
☐ tax abatement ☐ TIF or other tax reduct ☐ guarantee of payment ☐ contribution of propert	y or infrastructure		□ assistance for renov stock or bringing it assistance provided historic preservated	up to code, and for designated on districts, when	2
☐ preferential use of gove ☐ land contribution		, , ,	50% or less of total assistance for pollu		\$
other (Specify subsidy)	ŋре.)		abatement assistance for a TIF	soils condition district	s
26. If the assistance inch indicate the type of I				nators providing a businesse to the same project? (M	
not applicable, assistan	ice was not in the	form of TJF		grantor and the value of to attach an additional sheet	
redevelopment renewal and renovation soils condition	n		Z No		,,,,
☐ economic developmen ☐ mined underground sp	ace		Grantor(s) and value	of the agreement(s):	
□ hazardous substance si	undistrict		Grantor	Value (\$)	
			Grantor	Value (\$)	

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of the following public p	urposes were st				
Enhancing economic diver Creating high-quality job paths for the control of the		•	☐ Increasing tax base (can☐ Other (please specify)_		ose)
Subilizing the community					
9. Indicate whether the agre at the time of this report.			of goals, and whether the reate(s) for each goal.)	cipient had attail	ned those goals
				t attainment	All goals
\ C .=!@	-1 1	aial.!= 3=	established? dates (month & year)	attained?
) Specific wage and job go) Other job-creation and/or			☐ Yes ☐ No	30/02	☐ Yes ☐ No
) Other wage goals	TOTOLINON BOULD		☐ Yes ☐ No		☐ Yes ☐ No
) Other goals other than wa	ige and job goa	İs	□ Yes □ No		☐ Yes ☐ No
	d in Questions :	80 and 31.) ies, indicate the job c	reation and/or retention goa		
			ovided health insurance gon to separate goals by full- ar		
	Fall-time	Part-time/	FTE (only if goals not		
Hourty Wage (excluding benefits)	Job C reation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			- —		3
icss than \$7.00					s
\$7.00 to \$8.99			 -		s
\$9.00 to \$10.99					s
\$11.00 to \$12.99			 -		s
\$13.00 to \$14.99	<u></u> -	ā			s
\$15.00 and higher	_(2	<i>Q</i> 2			s
date and the actual hor full-time equivalents if	wiy value of an you are unable Full-time	y employer-provided to separate job crea Part-time/	nber of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if masks to	obs. <u>(Only</u> indic: positions.)	ute job creation in
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					<u>*</u>
\$7.00 to \$8.99	- —		-		2
\$9.00 to \$10.99					s
, \$11,00 to \$12,99			- —		\$_ <u></u>
					s
\$13.00 to \$14.99					
\$13.00 to \$14.99 \$15.00 and higher					

Page 3 of 4

 During the period January 1, 2000 through Decer report as required by Minn. Stat. §116J.993 and § 	nber 31, 2000, did your organization ha 116J.994? (Mark one.)	ve any recipients who failed to
Yes Andicate the name of each recipient failing to recipient. Attach additional pages if necessary	report and the value of subsidy or finan .)	wial assistance awarded to that
∠ No		
Name of recipient Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fa agreement signed on or after January 1, 2000, the	ailed to achieve any goals or fulfill any out were required to be fulfilled by the times are section.) No (Stop here and such	ne of this report? (Mark one.)
165 Complete the remainder by the	א אפניזאר איז	oma join to Discis,
 35 39. Provide the following information for each were to be attained by the time of reporting. 		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	Trecipient relocated to a differ (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	
Yes No, recipient has begun to repay the ass	istance. U No, recipient has not begr	un to repay the assistance.
38. Has the agreement been amended to extend the	recipient's deadline for fulfilling its obli	gations? (Mark one.)
	☐ Yes ☐ No	
39. Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:	

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2001 Minnesota Business Assistance Form

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2001 Minnesota Business Assistance Form

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l. ·Name of grantor (fixed)	ng entity) Windows DA	2. Name of person comp	eting this form	. – –
ECONOMIC DEVELOPMENT AUTHORITY		James King		
3. Street address		4. City	5. ZIP code	
444 Ninth Street		Windom	56101	·
6. County	7. Phone number	8. Pax number	9. E-mail add	ress
Cottonwood	507-831-6125	507-831-6142	wineda@	windom-mn
10. Please indicate who is	your organization should receive the	2002 MBAF if different fire	om the person in Ques	tion 2.
N/A		<u> </u>		
Name/Title	Phone number	Street address	City	ZTP code
created by gov't agen	tot (Mark one. If grantor is entity cy. please indicate affiliation, For would check "City government.")	12. Has your organization adopted criteria for a compliance with Min	n held a public hearin warding business sub- nn. Stat. §116J.994? ()	sidies in .
City government		Yes (Indicate hearing	date $-11/8/$ and a	stach criteria)
County government Regional government	·	☐ No ☐ We hald a public heari	ng but have not vet ad	lopted
☐ State government		criteria (Indicate date	of initial hearing	<u>ز</u>
Other (Please specify.)	_ `	Other (Please attach explanation.)		
(B. TV				2000
through December 31	a signed any agreements to award a bing 2000 that is required to be reported Complete the remainder of the form.) About Recipient	under Minn. Star. §116J.993	and §116J.994? (Ma	
through December 31	, 2000 that is required to be reported Complete the remainder of the form.) n About Recipient organization	under Minn. Star. §116J.993	and §116J.994? (Masection 5 on page 4.)	rk one.)
through December 31 PYes (ection 2 Information 14. Name of business or	, 2000 that is required to be reported Complete the remainder of the form.) n About Recipient organization financial assistance	under Minn. Star. §116J.993 □ No (Stop here, go to 15. Address where busin will be used 1820 N. Redd1	section 5 on page 4.)	ark one.)
ection 2 Information 14. Name of business or receiving subsidy or Jerry Krame	, 2000 that is required to be reported Complete the remainder of the form.) n About Recipient organization financial assistance	under Minn. Star. §116J.993 □ No (Stop here, go to 15. Address where busin will be used 1820 N. Redd1	section 5 on page 4.) section 5 on page 4.) sess subsidy or financians.	al assistance ndom, MN
ection 2 Information 14. Name of business or receiving subsidy or Jerry Krame 16. Does the recipient has	, 2000 that is required to be reported Complete the remainder of the form.) n About Recipient organization financial assistance er, etal	under Minn. Star. §116J.993 □ No (Stop here, go to 15. Address where busin will be used 1820 N. Redd1 Street address	section 5 on page 4.) section 5 on page 4.) ness subsidy or financiant Ave., W1: City State	al assistance ndom, MN

17. Industry of recipient's facility (Mark one.):	·			
	ervices /holesale Trade	☐ Finance, Insurar ☐ Construction	oce, Real Estate Q Other (please specifi	Warehouse, Distributi
8. 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 reason recipi	ent did not complete t	his project at that addre:	ss.)
Steamboat Rock, IA Minnes City/State of previous address Reason project no	ota was mo	ore central:	y located to	markets
 Would the recipient have remained in previou financial assistance? (Mark one.) 	s location or reloc	ated elsewhere if not a	warded this business su	bsidy or
Remained at previous location Relo	cated to different !	Minnesota location	☐ Relocated outside M	innesota
ection 3 General Information About t	he Agreement			
 Total dollar value of business subsidy or final assistance (Please separate value by type in (and 25.) 	ncial 2	Date agreement sig	ned (In addition to the a dates the agreement was	
150,000	Ì	August 1,	2000	
 Benefit date (Indicate the date the recipient windicate the date improvements were finished whichever is earlier.) September, 	, equipment was pi			
23. Does the agreement provide a business subside be reported? (Mark one.) 23 business		ur types of financial at	ssistance (see Question 2	5) required to
24. If the agreement provided a business subsidy, indicate the type(s) and total dellar value for		5. If the assistance wassistance, please i	as one of the four types on dicate the type(s).	of financial
I not applicable, agreement provided financial as	sistance 2	I not applicable, agree	ment provided a busines	s subsidy
□ loan (only prin cip al) □ grant (i.e., forgivable loan)	s	assistance for proper by contaminants	ty polluted	s
I tax abatement TIF or other tax reduction or deferral guarantee of payment	\$ \$1.25_000	assistance for renova stock or bringing it to assistance provided:	ip to code, and	5
Contribution of property or infrastructure	\$	historic preservation	districts, when	Ì
D preferential use of governmental facilities [7] land contribution		assistance for pollut		5
other (Specify subsidy type.)	· c	abatement assistance for a TIF	soils condition district	s
26. If the assistance included tax increment finar indicate the type of TIF district? (Mark one.)	1		ntors providing a busines e to the same project? (i	*
O not applicable, assistance was not in the form	OFTIF C		rantor and the value of t tach an additional sheet	
□ redevelopment		g No		
☐ renewal and renovation ☐ soils condition ☑ economic development ☐ mined underground space		Grantor(s) and value o	f the agreement(s):	
hazardous substance subdistrict	\;	Grantor	Value (S)	
	1;	Grantor	Value (\$)	\ ·

 Minn. Stat. §116J.994 re of the following public p 					arpose, Which
Enhancing economic diver Creating high-quality job a Lob retention	•		Increasing tax base (o		10#C)
Estabilizing the community	•				
9. Indicate whether the agree at the time of this report.				recipican had attai	ned those goals
•				rget attainment	All goals
. Cussiffs was and ink	محملتهم مطاحم والم	سينافش ٢	established? date 81 Yes Q No 7/	31/02	ettained?
 Specific wege and job gos Other job-creation and/or 		within 2 years	Q Yes Q No	31/02	· TYES TINO
Other wage goals	TOTAL BOILS				DYes DNo
) Other goals other than w	age and job goals	l .	D Yes O No		□Y⇔ ONo
	d in Questions 30 g wage categories age hourly value	ond 31.) st, indicate the job cof any comployer-pro	wided health insurance g	oals for those jobs.	
Job creation goals in ful	•		• • • • • • • • • • • • • • • • • • • •	and part-time post	itions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Fart-time/ Séatoital/Temp. Job Creation	FTE (only if peels not stated as FT/PT) Job Creation	Job Retention	Hearty Value of Health Insurance
no hourly wage-level goal					1
less than \$7,00					3
\$7.00 to \$8.99					1 70
\$9.00 to \$10.99	_1				<u>1.7</u> 8
\$11.00 to \$12.99				. ——	5
\$13.00 to \$14.99	9				1.78
\$15.00 and higher					
 For each of the following date and the actual host full-time equivalents if Hourty Wage (excluding benefits) 	urly value of any	employer-provided	ther of actual jobs create health insurance for those tion into full- and part-tio FTE (only if muchla to separate FT/PT) Job Creation	e jobs. <u>(Only</u> indic me positions.)	nce the benefit outs job creation in Hourly Value of Health Insuran
icus than \$7,00					٠ ــــــ
\$7.00 to \$8,99					5
	1				1.78
\$9.00 to \$10.99	·				
					5
\$9.00 to \$10.99					5 9

☐ Yes ☐ CNo

(Mark one.)

Section 5	Recipients	Failing to	Folfill	Obligation :

 During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1 	per 31, 2000, did your organization ha 18J.994? (Mark one.)	we any recipients who failed to
Yes (Indicate the name of each recipient failing to re recipient. Attach additional pages if necessary.)	port and the value of subsidy or finan	cial assistance awarded to that
it No		
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that 	ed to achieve any goals or fulfill any cowere required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)
Q Yes (Complete the remainder of this	section) 🕏 No (Stop here and sub	bmit form to DTED .)
 35 39. Provide the following information for each rewere to be attained by the time of reporting. 		
35. Information on recipient and agreement:		
<u> </u>	<u> </u>	·
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.):		<u> </u>
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	O recipient relocated to a differ O other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
Yes No, recipient has bettin to repay the assist	rance. O No, recipient has not best	m to repay the assistance.
38. Has the agreement been amended to extend the rec	cipient's deadline for fulfilling its obli	gations? (Mark one.)
	□Y⇔ □No	
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	
	<u></u>	
		· · · · · · · · · · · · · · · · · · ·

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

01-0467



FROM

2001 Minnesota Business Assistance Form

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Name of grantor (funding	reaton	2. Name of person completion Havold D	2. Name of person completing this form Havold D Bruce		
Street address 97h, STN-Box 868		Wheaton	5. ZIP code 5629	16	
Travers-e	7. Phone number 320-563-4110	8. Fax number 320-573-4/10	9. E-mail add	est traver	
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from	the person in Quest	ion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
created by gov't ugency.	(Mark one. If grantor is entity please indicate affiliation, For ould check "City government.")	12. Has your organization I adopted criteria for awa compliance with Minn.	arding business subs	idies in	
City government County government Regional government		☐ Yes (Indicate hearing do MNo ☐ We held a public hearing			
		criteria (Indicate date o			
Other (Please specify.)	igned any agreements to award a bus 2000 that is required to be reported u complete the remainder of the form.)	incss subsidy or financial assinder Minn. Stat. §116J.993 ar	lanation.) stance from January ed §116J.994? (Mar	1, 2000	
Other (Please specify.) 13. Has your organization stathough December 31, 2 Yes (Co	2000 that is required to be reported us complete the remainder of the form.)	incss subsidy or financial assinder Minn. Stat. §116J.993 ar	lanation.) stance from January ed §116J.994? (Mar	1, 2000	
Other (Please specify.) 13. Has your organization stathough December 31, 2 Yes (Co	2000 that is required to be reported us complete the remainder of the form.) About Recipient ganization	incss subsidy or financial assinder Minn. Stat. §116J.993 and Minn. Minn. Stat. §116J.993 and Minn. Mi	stance from January d §116J.994? (Mar ction 5 on page 4.) s subsidy or financia	1, 2000 k one.)	
Other (Please specify.) 13. Has your organization statement 31, 2 Yes (Content of the specific of the specif	2000 that is required to be reported uncomplete the remainder of the form.) About Recipient panization angial assistance	incss subsidy or financial assinder Minn. Star. §116J.993 ar No (Stop here, go to se	stance from January od §116J.994? (Mar ction 5 on page 4.) s subsidy or financia	1,2000 k one.)	
Through December 31, 2 Yes (Confection 2 Information 14. Name of business or organized receiving subsidy or first Bayvett Aconfection 16. Does the recipient have	2000 that is required to be reported uncomplete the remainder of the form.) About Recipient panization angial assistance	incss subsidy or financial assinder Minn. Stat. §116J.993 ar No (Stop here, go to se 15. Address where busines will be used Hwy 755 Street address Ci	stance from January ed §116J.994? (Mar ection 5 on page 4.) s subsidy or financia by State	1, 2000 k one.) al assistance	

17. Industry of recipient's facility (Mark one.):			
•	rvices	☐ Finance, Insurance,	Real Ectore
	holesale Trade		Other (please specify)
18. Did the recipient relocate as a result of signing	•	(Mark one.)	
Tes (Indicate city and state of previous address a No (Go to Question 19.)	nd reason recl _i	cient did not complete this p	roject at that address.)
City/State of previous address Reason project not	completed at p	revious address	
 Would the recipient have remained in previous financial assistance? (Mark one.) 	location or relo	cated elsewhere if not award	led this business subsidy or
Remained at previous location	ated to differen	t Minnesota location 🔾	Relocated outside Minnesota
Section 3 General Information About th	e Agreemer	nt	
20. Total dollar value of business subsidy or finance Resistance (Please separate value by type in Quand 25.)	1	date, indicate any dute	(In addition to the agreement the agreement was amended.)
\$ 150,000.00		3/23/2	300
22. Benefit date (Indicate the date the recipient will indicate the date improvements were finished,			
whichever is earlier.) 4/19/200	oquipmeni wus.	placed into service, or into re	tripiem occupied me property,
23. Does the agreement provide a business subsidy be reported? (Mark one.)		our types of financial assistat	ace (see Question 25) required to
	 _		<u> </u>
24. If the agreement provided a business subsidy, p indicate the type(s) and total dollar value for		25. If the assistance was of assistance, please indicase	ne of the four types of financial rate the type(s).
O not applicable, agreement provided financial ass	istance	☐ not applicable, agreemen	tt provided a business subsidy
Loan (only principal)	150,000	assistance for property p	ollured \$
☐ grant (i.e., forgivable loan) ☐ tax abatement	<u> </u>	by contaminants assistance for renovating	building \$
☐ TIF or other tax reduction or deferral 5		stock or bringing it up to	code, and
☐ guarantee of payment S ☐ contribution of property or infrastructure S	·	assistance provided for d historic preservation dis	
	;	50% or less of total cost	
☐ I sand contribution 5		assistance for pollution of	
other (Specify subsidy type.)	·	abatement assistance for a TIF soils	condition district S
			<u> </u>
26. If the assistance included tax increment financ indicate the type of TIF district? (Mark one.)	ing, please		providing a business subsidy or the same project? (Mark one.)
Inot applicable, assistance was not in the form of	TIF	☐ Yes (Specify each grante assistance below: attack	or and the value of their an additional sheet if necessary.)
☐ redevelopment	:	1 _	
nenewal and renovation		X 10	
☐ soils condition ☐ economic development		Grantor(s) and value of the	aureement(s):
Ci mined underground space			J - G(-/,
☐ hazardous substance subdistrict		Grantor	Value (\$)
		General	Volue (E)
<u></u>		Grantor	Value (S)

of the following public p	equires that busin ourposes were st	ness subsidy and fina ated in the agreemen	meial assistance agreen t? (Mark all thut apply	senis state a public pi	arpose. Which
D Enhancing economic diver Creating high-quality job D Job retention D Stabilizing the community	growth		★Increasing tax base Other (please speci	(cannot be only pur	pose)
29. Indicate whether the agr at the time of this report	eement included (Fill in the ba	the following types xes and attainment d	of goals, and whether the date (s) for each goal.)	he recipient had attain	ned those goals
			Goals '	Target attainment	All goals
			established? d	ics (month & year)	attained?
A) Specific wage and job go	als to be attained	d within 2 years		9/2002	☐ Yes a(No
B) Other job-creation and/or	retention goals		□Yes□No _	·	□Yes □No
C) Other wage goals			□Yes □No _	<u> </u>	☐ Yes ☐ No
D) Other goals other than we	age and lop Bosn	\$	☐ Yes ☐ No _	 	☐ Yes ☐ No
(Please attach descriptions o attainment if not documented				l	
 For each of the followin agreement and the avers job creation goals in ful Hourly Wage 	ige hourly value	of any employer-pro	vided health insurance	goals for those jobs. - and part-time posit	tions.) Hourly Value of
(excluding banefits)	Creation	Job Creation	Jeb Creation	Retention	Health Insurance
				 	5
no hourly wage-level goal					
less than \$7.00		-			5
					٠ ٠
less than \$7.00	<u> </u>				
less than \$7.00 \$7.00 to \$8.99	36				
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	36		——————————————————————————————————————		
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	<u>36</u>		——————————————————————————————————————		
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99	ng wage categor	employer-provided l	health insurance for tho	sc Jobs. <i>(O<u>nly i</u>ndica</i>	ssssssssss
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 and higher 31. For each of the following date and the actual hour full-time equivalents if	ng wage categor Irly value of any you are unable to full-time	employer-provided l to separate job creat Part-timo/	health insurance for thosion into full- and part-n FTE (only if unable t	sc jobs. (O <u>nly i</u> ndica ime positions.)	sssssssssssss
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 and higher 31. For each of the following date and the actual hour full-time equivalents if	ng wage categor irly value of any you are unable i full-time Job	employer-provided l to separate job creat Part-timo/ Scasonal/Temp.	health insurance for tho- tion into full- and purt-to FTE (Only If usable to separate FT/PT)	sc lobs.' (O <u>nly i</u> ndica ime positions.) to Job	sssssssss
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 and higher 31. For each of the following date and the actual hou full-time equivalents if	ng wage categor Irly value of any you are unable to full-time	employer-provided l to separate job creat Part-timo/	health insurance for thosion into full- and part-n FTE (only if unable t	sc jobs. (O <u>nly i</u> ndica ime positions.)	sssssssssssss
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 and higher 31. For each of the following date and the actual hour full-time equivalents if	ng wage categor irly value of any you are unable i full-time Job	employer-provided l to separate job creat Part-timo/ Scasonal/Temp.	health insurance for tho- tion into full- and purt-to FTE (Only If usable to separate FT/PT)	sc lobs.' (O <u>nly i</u> ndica ime positions.) to Job	sssnnce the benefit to fob creation in Hourly Value of
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 and higher 31. For each of the following date and the actual hour full-time equivalents (for the following date and the actual hour full-time equivalents (for the following date).	ng wage categor irly value of any you are unable to full-time Job Creation	employer-provided l to separate job creat Part-timo/ Scasonal/Temp, Job Creation	health insurance for tho- tion into full- and purt-to FTE (Only If usable to separate FT/PT)	sc lobs.' (O <u>nly i</u> ndica ime positions.) to Job	sssssssss
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 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage categor irly value of any you are unable i full-time Job	employer-provided l to separate job creat Part-timo/ Scasonal/Temp, Job Creation	health insurance for tho- tion into full- and purt-to FTE (Only If usable to separate FT/PT)	sc lobs.' (O <u>nly i</u> ndica ime positions.) to Job	sssssssss
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 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage categor irly value of any you are unable to full-time Job Creation	employer-provided l to separate job creat Part-timo/ Scasonal/Temp, Job Creation	health insurance for tho- tion into full- and purt-to FTE (Only If usable to separate FT/PT)	sc lobs.' (O <u>nly i</u> ndica ime positions.) to Job	ssssssssss
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 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage categor irly value of any you are unable to full-time Job Creation	employer-provided l to separate job creat Part-timo/ Scasonal/Temp, Job Creation	health insurance for tho- tion into full- and purt-to FTE (Only If usable to separate FT/PT)	sc lobs.' (O <u>nly i</u> ndica ime positions.) to Job	sssssssss

ection 5 Recipients Failir Do not complete this section		t <mark>ions</mark> t on another 2001 MBAF su	bmitted to DTED.)
	2000 through December	31, 2000, did your organization h	
Tes (Indicase the name of each recipient, Attach additions		ert and the value of subsidy or fina	ncial assistance awarded to that
ĕ v₀			
Name of recipient Ty	po of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or after	January 1, 2000, that we	to achieve any goals or fulfill any tre required to be fulfilled by the ti	me of this report? (Mark one.)
Q Yes (Complete	the remainder of this se	ection.) No (Stop here and s	rubmit form to DTED .)
	ne time of reporting. (An	pient failing to fulfill goals or any o tack additional pages if necessary.	
55. Improduction on recipient and	agreement		l I
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of reciplent		City/ZIP code of recipient	Ourstanding value of subsidy or assistance
36. Reason(s) for default (Mark	all that upply.):		
recipient ceased operation recipient was unable to fill va	eant positions	☐ recipient relocated to a diffi ☐ other (Specify reason.)	Ferent community
37. To date, has the recipient fu	lfilled its repayment obli	gation? (Mark one.)	
☐ Yes ☐ No, recipient has be	gun to repay the assistan	nce. DNo, recipient has not be	in to repay the assistance.
38. Has the agreement been am	ended to extend the recip	ient's deadline for fulfilling its obl	ligations? (Mark one.)
		□Yes □No	
39. Describe the steps being tak	en to bring recipient late	compliance or recoup the subsidy	· :
			
			<u> </u>
<u></u> _			

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



01-0577

2001 Minnesota Business Assistance Form

- The 2001 Minneson 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 MRAF.
- The following government agencies must submit a 2001 MBAF even if an agreement was not signed during the period Jangary 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 About Grantor

	. Name of grantor (funding entity) City of Waseca		this form
3. Street address 508 South St.	ate Street	4. City Waseca, Minnesota	5. ZIP code 56093
6. County Waseca	7. Phone number 507–835–9700	8. Fax number 507-835-8871	9. E-mail address markl@city.waseca.c
10. Please indicate who Mark Leiferm. Community Der Name/Title	in your organization should receive the an Director 507-835-974 Phone number	2002 MBAF if different from the 508 South Stat Street address	e person in Question 2. e St. Wasers.56093 City ZIF code
created by goy't ag	must (Mark one. If granter is entity ency, please indicate affiliation. For I would check "City government.")	12. Has your organization held adopted criteria for awardi compliance with Minn. Sta	ug bosinera subsidica in
A City government County government Regional government State government Other (Please specify,		☐ Yes (Indicate hearing date - ☐ No ☐ We held a public hearing but criteria (Indicate date of inti ☐ Other (Please attach explana	have not yet adopted
through December 3	on signed any agreements to award a bit, 2000 that is required to be reported (Complete the remainder of the form.)	under Minn. Stat. §116J.993 and §	116J.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			
Delta Waseca	1400 2nd St Street address	.SE Waseca City	MN 56 State	21P code
16. Does the recipient have a parent corporation? (Mark or Yes (Indicate name and address of parent corporation b No	-	rdicase vitimase	owner.)	

1m1.22.2002 12.40m1

 Industry of recipient's facility (Mark one Manufacturing 	☐ Services	Q Finance, Insurance, Real Estate	{
O Retail Trade	☐ Wholesale Trade	Construction Other (plane specif	WW
8. Did the recipient relocate as a result of s	dgring this agreement?	(Mark one.)	
I Yes (Indicate city and state of previous ac I No (Go to Question 19.)	ldress and reason recip	iant did not complete this project at that addre	ss.)
City/State of provious address Reason pro	ject not completed at pr	revious address	
 Would the recipient have remained in pr financial assistance? (Mark one.) Note 		cand elsewhere if not awarded this business sub grow to stay competitive	ssidy or
Remained at previous location C	Relocated to different	Minnesota location	imesota
ection 3 General Information Abo	out the Agreement	<u> </u>	
 Total doller value of business subsidy of assistance (Please separate value by type and 25.) 	r finencial a in Quartiens 24	 Date agreement signed (In addition to the a date, indicate any dates the agreement was 	greement amended.)
\$255,000	ļ	Pending (within 30 days)	
		e business subsidy or financial arrigance. For placed into service, or the recipient occupied the	
	subsidy or one of the fo	ur types of financial assistance (see Question 2	5) required to
be reported? (Mark one.)	l business subsidy — C	l financial ausistance	
24. If the agreement provided a business sub indicate the type(s) and total dollar val		 If the assistance was one of the four types of assistance, please indicate the type(s). 	f financial
□ not applicable, agreement provided finance	cial assistance	I not applicable, agreement provided a busines	s subsidy
🔯 loan (only principal) 🗓 grant (i.e., forgivable loan)	\$ 178,000 (assistance for property polluted by contaminants	s
in the abatement	\$ 77,000 I	assistance for renovating building stock or bringing it up to code, and	5
☐ guarantee of payment ☐ contribution of property or infrastmenure	\$ \	assistance provided for designated historic preservation districts, when	
preferential use of governmental facilities land contribution	\$	50% or less of total cost Substitute for pollution control or	s
ather (Specify nubsidy type.)	_ \$	abasement Description district	5
26. If the assistance included tax increment indicate the type of TIF district? (Mark		27. Are any other grantors providing a business financial assistance to the same project? (Ac	
d not applicable, assistance was not in the i	form of TIF	A Yes Specify each grantor and the value of the control of the	
renewal and renovation		Q No	
soils condition sconomic development	İ	Granter(s) and value of the agreement(s):	
mined underground space hazardous substance subdistrict	}	Waseca County \$63,000 (Ta	ax Abateme
	ì	Company Velne (5)	

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			· ,
Castle - 4	Goals and Public Purpo	71	
36670114	COME AND LANGE LAND	iff iff haffiteant ask	e Aureement
		-ac sardiffich in an	a velt coment

28. Minn. Stat. §116J.994 of the following public	colinies that pr	tiness subsidy and fi	nancial assistance agree	ements state a public p	urpose. Which
☐ Enhancing economic div ☐ Creating high-quality job ☐ Job recention ☐ Subilizing the community	powth		Sincreasing tax has	e (cannot be only purp	oose)
29. Indicate whether the ag	reconent includent. (Fill in the b	ed the following type costs and attainment	s of goals, and whether dam(s) for each goal)	the recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/o	nals to be attain restortion goal	ed within 2 years	established? d Di Yes O No O Yes O No	Target pitainment lates (month & year) November 2002	OYE ONo
C) Other wage goals D) Other goals other than w	zoc and iob en	da	OYES ONO _ OYES ONO		□Yes □No □Yes □No
(Please attach descriptions attainment if not documents	of guals and pr	ogress soward			
30. For each of the followin agreement and the average job creation goals in fu	ige hourly valu	e of any employer-pro	ovided bealth insurance	goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Joh Creation	Part-time/ Seasonal/Testip- Job Creation	FTE (paly if goals no stated as FT/PT) Job Creation	rt Job R eten cion	Hourly Value of Health Interspice
no hourly wage-level goal					!
less than \$7,00					5
\$7.00 to \$8.99					3
\$9,00 to \$10,99	_25_				\$
\$11.00 to \$12.99					5
\$13-00 to \$14.99				···	8
\$15.00 and higher					٠
31. For each of the following date and the actual hor full-time equivalents if	dy velue of an	y employer-provided	health insurance for the	ose jobe. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasons/Temp. Job Creation	FTE (neiv [[unable t imparate FT/PT) Job Creation	Jah Retenden	Bourty Value of Besith Insurance
leas than \$7.00					\$
\$7,00 to \$3.99					٠
\$9.00 to \$10.99	0_				z _
\$11.06 to \$12.99	· ·		٠		5
\$13.00 to \$14.99					\$
\$15.00 and higher					3
32. Has the recipient achiev	रूतं <u>क्षी १०० क</u> ्षंत्र (६०	≈ Questions 29, 30 a	nd 31) and fulfilled all	obligations stipulated	in the agreement?
	·	Q Yes Q	No		

(

Section 5 Recipients Failing to Faifill Obligations (Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.) 33. During the period Jamuary 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §1161.993 and §1161.994? (Mark one.) Tes (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.) 707 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) Q 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. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of subady or assistance initial value of subsidy or assistance Street address of recipient City/ZIP code of recipical Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient ceased operation O recipient relocated to a different community D recipicat was unable to fill vacant positions On other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (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? (Mork one.) Q Yes Q No 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 Minneson Business Assistance Form
Minneson 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
- mough December 31, 1999, use the 2000 MBAF; and for agreements signed from August 1, 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 because warning. If it fails to report by 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. #
- # warning. If it fails to report by June 1, it may not award any business subsidies until a report has been filed.
- Ouguiano Call (661) 206 0580 1-6-

Westions? Call (651) 296-0580. Information on w	here to mail or fax your comple	ted MBAF(s) is on page 4.	
Section 1 Information About Grantor			
1. Name of grantor (funding entity) CITY OF SILING VALLY EDA	2. Name of person completing the Michael GRAN		
3. Street address 112 12 CocEstNi)	Think Laity	5 ZIP code 55975	
6. County 7. Phone number (507) 346 - 736. 7	8. Fax number 557 346 7249	4 E-mail address	dicec
10. Please indicate who in your organization should receive the EDA D. KECTOP AS AS AS Name Title Phone number		City ZIP code	
11. Classification of grantor (Mark one, I) grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") 2 City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Picase specify.)	12. Has your organization held adopted criteria for awardin compliance with Minn. State Ackland Yes (Indicate hearing date) No Willas + We held a public hearing but criteria (Indicate date of init) Other (Please attach explanation)	g business subsidies in . §1161.994? (Mark one) FILED L-/STATE) grid anach criteria) www. U LI ZCCL have not yet adopted ial hearing)	
13 Has your organization signed any agreements to award a butthrough December 31, 2000 that is required to be reported Yes (Complete the remainder of the form)	under 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 sub- will be used	osidy or financial assistance	

CAPTER'S TABLICATING INC. 16. Does the recipient have a parent corporation? (Mark one.)

Type Athilicate name and address of parent corporation below.	If more than one,	indicate ultimate o	wner)
© 16 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1			

Name of parent corporation

Street address

Street address

City

State

ZIP code

17. Industry of recipient's facility (Mark on	e.):			
© Manufacturing □ Retail Trade	U Services D Wholesale Trade	☐ Finance, Insur ☐ Construction	ance, Real Estate Other (please specif	5)
18. Did the recipient relocate as a result of s	signing this agreement	(Mark one)		
So (Indicate city and state of previous at So (Go to Question 19.)	ddress and reason reci	pient did not complete	this project at that addre	xs)
City/State of previous address Reason pro	oject not completed at p	previous address	<u></u>	
19. Would the recipient have remained in p financial assistance? (Mark one.)			•	
Section 3 General Information Ab		<u> </u>		
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.) \$\Rightarrow 210,000	or financial ne in Questions 24	21. Date agreement s date, indicate an	igned (In addition to the a v dates the agreement was	
22. Benefit date (Indicate the date the recipindicate the date improvements were fit whichever is earlier.)				e property.
23. Does the agreement provide a business be reported? (Mark one.)		our types of financial U financia) assistance		5) required to
24. If the agreement provided a business su indicate the type(s) and total dollar va			was one of the four types of indicate the type(s)	of financia!
☐ not applicable, agreement provided finan		☐ not applicable, agr	cement provided a busines	ss subsidy
☑ foan (only principal) ☐ grant (i.e., forgivable loan)	sho,cc	assistance for prop by contaminants	erty polluted	\$
☐ tax abatement ☐ IF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure	\$ \$\$ \$\$	assistance for reno stock or bringing i assistance provide historic preservat	t up to code, and d for designated	S
🗇 preferential use of governmental facilitie	s \$	50% or less of tota	ıl cost	c
☐ land contribution ☐ other tSpecify substidy type.)	<u>\$</u> 	☐ assistance for poll abatement ☐ assistance for a TI	F soils condition district	\$
26. If the assistance included tax incremen indicate the type of TIF district? (Mark			rantors providing a businessize to the same project? ()	
U not applicable, assistance was not in the	form: of TIF		grantor and the value of a	
☐ redevelopment ☐ renewal and renovation		34 No		-
☐ soils condition Seconomic development ☐ mined underground space ☐ hazardous substance subdistrict			of the agreement(s):	
a nazardous substance subdistrict		Grantor	Value (\$)	
}		Grantor	Value (\$)	

 Minn, Stat. §116J.994 re of the following public p 	equires that bus purposes were s	iness subsidy and fin tated in the agreemen	ancial assistance agreements (Mark all that apply.)	s state a public p	urpose. Which
D Enhancing economic dive Creating high-quality job D Job retention D Stabilizing the community	growth		Increasing tax base (can D Other (please specify)	unot be only purp	ose)
29. Indicate whether the agr at the time of this report			of goals, and whether the relate(s) for each goal.)	ecipient had atta;	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	r retention goals age and job goa of goals and pro	s ls ogress toward	esiablished? dates (et attainment month & year) 2002	All goals attained? 'Yes DNo 'Yes DNo 'Yes DNo 'Yes DNo 'Yes DNo 'Yes DNo
attainment if not documente	d in Questions	30 and 31.)			
	age hourly value Il-time equivale	e of any employer-pro ents if you are unable	ovided health insurance goal to separate goals by full- ar	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-time Joh Creation	Part-time/ Seasonal/Temp. Job Creation	FTF (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			 ·	<u> </u>	s .
less than \$7.00					s
\$7,00 to \$8,99					s
\$9.00 to \$10.99	Щ.				s
\$. 1 00 to \$12.99			. —		s
\$13.00 to \$14.99					s
\$15,00 and higher		 :-			\$
date and the actual hor	urly value of an	y employer-provided	nher of actual jobs created a health insurance for those ju- tion into fall- and part-time FTE (only if unable to	obs (<u>Only</u> indic	
Honrly 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 (0) to \$8,99	_ i		_	 -	·
	3_			-	\$
\$9.00 to \$10.99	$\alpha \alpha$				s
\$9.00 to \$10.99 \$11.00 to \$12.99	<u>28</u> _		 -		
	<u> 년</u> 주의		 -		s

(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 	1, 2000, did your organization hav 94? (Mark one.)	e any recipients who failed to
Tes (Indicate the name of each recipions failing to report recipions. Attach additional pages if necessary.)	and the value of subsidy or financ	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 	required to be fulfilled by the tim	e of this report? (Mark onc.)
☐ Yes (Complete the remainder of this secti	on.) SNO (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. (Attack		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 recipien:	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 differ ☐ other (Specify reason.)	
37 To date, has the recipient fulfilled its repayment obliga	tion" (Mark one.)	
🖰 Yes – 🗖 No, recipient <u>has begun</u> to repay the assistance	. UNo, recipient has not been	n to repay the assistance.
38. Has the agreement been amended to extend the recipier	nt's deadline for fulfilling us oblig LYes = □ No	ations? (Mark one.)
39. Describe the steps being taken to bring recipient into o	ompliance or recoup the subsidy:	
	<u> </u>	

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



- # 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, DTFD will must 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 I Information A	bout Grantor			
1. Name of granter (funding er	atity'i	2. Name of person c	completing this form	n
<u>City of S</u>	DICER	Jean	Spaulo	ليمم
3. Street address	, - > 0	4 City	5 711	
196 Manitobas	+ POBOL USG	Spice		6288
Kandiyoni	7 Phone number (320) 796 ~ 556 Z	8 Fax number (320) 196 - 2		ivail address CCCLE, HS, No.
10. Please indicate who in you	a organization should receive the	2002 MBAF if differen	nt from the person i	a Question ?
Name/Title	Phone number	Street addre	ss City	ZIP code
	tark one 11 granuer is entity leose indicate affiliation - For 1 check "Cay government,")		zation held a public for awarding busin i Minn Stat. §1161	ess subsidies in
City government County government Regional government State povernment Other Please specificar	Yes Andicate hearing date - and attach criteria: No We held a public hearing but have not yet adopted criteria. Andicate date of initial hearing - 1. Other Attense attach explanation:			
through December 31, 200	ted any agreements to award a bus Of that is required to be reported to plete the remainder of the form,	nder Moor, Stat. \$116.		42. (Mark one.)
Section 2 Information A				
14 Name of business or organ receiving subsidy or finance		15. Address where I will be used	business subsidy or	financial assistance
Mel's So	at Shop	Huy Z3 South, Spicer MN SUZ Street address City State, Zill andle		
16. Does the recipient have a	parent corporation? (Mark one.)			
		10 man days are the	lioreta seltimento con m	
Yes thelicate name oud add	ress of parent corporation below.	- 14 more rum one, ma	actue mannace com m	"

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indicate the (s po(s) and total dollar salue for each type.
24. If the agreement provided a business subardy, please [25]. If the assistance was one of the four
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23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Que be reported? Afark one)
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Corn month
21. Date agreement spares subsidy or financial dollar calue of parases subside by type in Questions 24 date, indicate ony dates the agreement and 25.)
20. Total dollar value of business subsidy or financial and consequence of the addition of doles in Questions 24. Date agreement space of the addition of doles in Questions 24.
Certion 3 General Information About the Agreement 21. Date agreement signed the addition of date, indicate only dates in Questions 24 date, indicate only dates the agreement.
Remained at previous location — Relocated to different Minnesota location — Relocated on action 3. General Information About the Agreement 20. Total dollar value of business subsidy or timineial date, indicate only dutes the addition of dates in Outsides only dates the addition of dates in Outsides only dates the addition of dates in Outsides only dates the agreement.
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26. If the assistance meluded tax merement framenig, please inclicate the type of HF district? Alack one.)

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dolidW - seognicy of	चिंगर्च छ ठाछह डा	ancial assistance agreeanen A Mork oll that appear			o 1991 is this ann N. 18 O the following public
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(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Star. §116J.993 and §116J.9947 (2)		any recipients who failed to
→ Yes (Indicate the name of each recipient failing to report as recipient. Attach additional pages if necessary.)	nd the value of subsidy or finance	al assistance awarded in that
X _N		
Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) V	alne of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were re-	equired to be fulfilled by the time	of this report "(Mark one.)
→ Yes (Complete the ventainder of this sect	ion.) No (Stop here and su	hmje jogni 10 DTFD-)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach addi		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 mat apply.)		.,
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions	☐ recipiem relocated to a differ ☐ other (Specify reason.)	ent community
37 To date, has the recipient fulfilled its repayment obligation	n?(Mark one)	
2 Yes 2 No, recipient has begun to repay the assistance.	JNo, recipient has not begun	to repay the assistance
38. Has the agreement been amended to extend the recipient'	s deadline for fulfilling its obligat	tions!(Mark one ;
	Yes J No	
39. Describe the steps being taken to bring recipient into con-	upliance or recoup the subsidg	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7 Place St. Paul, MN 55101-2146

01-0449

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- 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

Section 1 Information At				
 Name of grantor (funding en Housing & Redevelo 		Name of person completing this form Branna K. Lindell		
3. Street address 125 Third Avenue N	orth	4. City South St. Paul	5. ZIP code 55075	
6. County Dakota	7. Phone number (651) 451–1838	8. Fax number 9. E-mail address (651) 450-8759 b_1indel1@ssphr		
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Ques	tion 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. §1163.994? (Mark one.)		
XX City government HRA County government Regional government State government Other (Please specify)		XXYes (Indicate hearing date - 8/31/9and 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 bu O that is required to be reported t			
XX Yes (Complete the remainder of the form.) DNo (Stop here, go to section 5 on page 4.)				

Section 2 Information About Recipient

Name of parent corporation	Street address	City	State	ZIP code
 ○ Yes (Indicate name and address of parent corporation below) ○ No 	w. If more than one, i	ndicate ultimate	owner.)	
16. Does the recipient have a parent corporation? (Mark one.)				
Schadegg Mechanical, Inc.	225 BridgeP Street address	oint Drive City	South State	St. Paul ZIP code
 Name of business or organization receiving subsidy or financial assistance 	15. Address where will be used	: business subsid	y or financia	al assistance

28. Minn. Stat. §116J.994 request of the following public pure. ☐ Enhancing economic diversion: Creating high-quality job green Job retention: Stabilizing the community. 29. Indicate whether the agree at the time of this report. (A) Specific wage and job goals B) Other job-creation and/or reconomic content wage goals.	ty * owth ment included (Fill in the bo.	ated in the agreement	nt? (Mark all that apply XX Increasing tax base Other (please speci	r.) (cannot be only purply)	pose)
2) Creating high-quality job group Job retention 2) Stabilizing the community 29. Indicate whether the agree at the time of this report. A) Specific wage and job goals B) Other job-creation and/or rec C) Other wage goals	owth ment included (Fill in the bo.	the following types	Other (please speci	(fy)	
A) Specific wage and job goals B) Other job-creation and/or re C) Other wage goals	(Fill in the bo.	the following types wes and attainment of	s of goals, and whether date(s) for each goal.)	the recipient had atta	ined those earle
B) Other job-creation and/or re C) Other wage goals	s to be attained				nied mose goars
D) Other goals other than wage	tention goals	-		Farget attainment ales (month & year) 10/2002	All goals attained? XM Yes O No O Yes O No O Yes O No
(Please attach descriptions of attainment if not documented i					
30. For each of the following agreement and the average job creation goals in full-t	hourly value	of any employer-pr	ovided health insurance	goals for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals no 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 following date and the actual hourl full-time equivalents if yourly Wage	y value of any	employer-provided	d health insurance for th	ose jobs. (<u>Qnlv</u> indi time positions.)	
(excluding benefits)	Creation	Job Creation	Job Creation	200 Mercurion	Health Insurance
less than \$7.00		<u> </u>	—		s
\$7.00 to \$8 \$9		———			5
59.00 to \$10.99	- <u>-</u> -		-		<u>5</u>
\$11.00 to \$12.99	1				3.21
\$13.00 to \$14.99	20			 ·—	3.21
\$15.00 and higher					S

	☐ Manufacturing☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura X☐ Construction	ince, Real Estate Other (please specify)	5 <i>)</i>
8. Did the recip	ient relocate as a result of	signing this agreemen	t? (Mark one.)		··· <u>-</u>
		address and reason rec	ripient did not complete	this project at that addre	ss.)
No (Go to Que	stion 19.) P	revious leased	location was	too small,	
St. Paul, lity/State of prev		o room for exp			
9. Would the re	ecipient have remained in		<u> </u>	awarded this business su	bsidy or
	tance? (Mark one.)	N.V.			
☐ Remain	ed at previous location	Relocated to differe	nt Minnesota location	☐ Relocated outside M	linnesota
ction 3 Gen	eral Information A	out the Agreeme	nt		
0. Total dollar assistance (F and 25.)	value of business subsidy Please separate value by t	or financial spe in Questions 24		gned (In addition to the a dates the agreement was	
\$27,400			May 23,	2000	
indicate the whichever is	date improvements were j s earlier.) January	finished, equipment wa , 2001	s placed into service, or	financial assistance. Fo the recipient occupied th	e property,
	(Mark one.)	s subsidy or one of the D business subsidy	four types of financial assistance	assistance (see Question 2	(5) required to
24. If the agreen indicate the	nent provided a business s type(s) and total dollar s	ubsidy, please – alue for each type.	•	vas one of the four types of indicate the type(s).	of financial
not applicable	e, agreement provided find	incial assistance	🖸 not applicable, agre	ement provided a busines	ss subsidy
D loan (only pri D grant (i.e., for		5	assistance for property by contaminants		s
🗅 tak abatement	1	s	assistance for renov	rating building	s
I TIF or other t Diguarantee of p	ax reduction or deferral	\$ \$	stock or bringing it assistance provided		
	of property or infrastructu		historic preservation		
) preferential u	se of governmental facilit	ies S	50% or less of total	! cost	
land contribu		s <u>27,400</u> s	abatement	tion control or	s
other (Specy)	subsidy type.)		}	soils condition district	s
	ance included tax increme type of TIF district? (Ma			antors providing a busines ce to the same project? (i	
Shot applicabl	e, assistance was not in th	e form of TIF		grantor and the value of t attach an additional sheet	
🗅 redevelopme			1) ·
☐ renewal and t			No.		
🗅 soils conditio Dieconomic de			Grantor(s) and value	of the agreement(s):	
🗅 mined under:	ground space				
🗅 hazardous su	bstance subdistrict		Grantor	Value (S)	
			Grantor	Value (\$)	

÷ ?

Do not complete this section if you completed	ations it on another 2001 MBAF subt	nitted to DTED.)
 During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11 	er 31, 2000, did your organization ha 16J.994? (Mark one.)	ve any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to represent. Attach additional pages if necessary.)	nort and the value of subsidy or finan	cial assistance awarded to that
, ov.		
Name of recipient Type of subsidy or assist:	ance (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who falle agreement signed on or after January 1, 2000, that to 	ed to achieve any goals or fulfill any owere required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one)
🗅 Yes (Complete the remainder of this :	section.) WNo (Stop here and suit	bmit form to DTED .)
 35 39. Provide the following information for each re- were to be attained by the time of reporting. (cipient failing to fulfill goals or any o Attach 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 differ O other (Specify reason)	
37. To date, has the recipient fulfilled its repayment of	oligation? (Mark one.)	
Tyes	ance. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to extend the rec	cipient's deadline for fulfilling its obli	gations? (Mark one)
	Q Yes Q No	
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	
		

Return your completed MBAF(s) by <u>April 1, 2001</u>, 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



01-0451

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Section 1 Information About Grantor

Name of grantor (funding en Housing & Redevelop		Name of person completing this form Branna K. Lindell		
3. Street address 125 Third Avenue N	orth	4 City South St. Paul	5. ZIP code 55075	5
6 County Dakota	7. Phone number (651) 451-1838	8. Fax number 9. E-mail address b_1.1ndel1@ssph		
10 Please indicate who in your	organization should receive the	2002 MBAF if different from t	he person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
	lark one If grantor is entity ease indicate affiliation. For check "City government")	12. Has your organization he adopted criteria for awar compliance with Minn. S	ding business su	bsidies in
XX City government HRA U County government Regional government State government Other (Please specify.)		Wayes (Indicate hearing date - 8/31/9and 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, 200	ed any agreements to award a be 0 that is required to be reported plate the remainder of the form.)	under Minn. Stat. §116J.993 and	d §116J.994? <i>(N</i>	fark one.)

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15 Address where will be used	business subs	idy or financi	ai assistance
Holtkoetter Leuchten	155 Hardm Street address	an Avenue City	, South State	St. Paul 550 ZIP code
16 Does the recipient have a parent corporation? (Mark o	one.)			
Tyes (Indicate name and address of parent corporation)	below. If more than one, is	ndicate ultimai	te owner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
XX Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale	Trade Construction Control (please specify)
18. Did the recipient relocate as a result of signing this agre	ement? (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.)
155 Hardman Avenue City/State of previous address Reason project not comple	eted at previous address
	or relocated elsewhere if not awarded this business subsidy or expansion
	lifferent Minnesota location 2 Relocated outside Minnesota
Section 3 General Information About the Agre	ement
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions	21. Date agreement signed (In addition to the agreement
and 25.) \$53,361	мау 2000
22. Benefit date (Indicate the date the recipient will benefit indicate the date improvements were finished, equipme whichever is earlier.)	t from the business subsidy or financial assistance. For example, nt was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one be reported? (Mark one.) XX business subside 24. If the agreement provided a business subsidy, please	of the four types of financial assistance (see Question 25) required to dy
indicate the type(s) and total dollar value for each typ I not applicable, agreement provided financial assistance	pe. assistance, please indicate the type(s). Whot applicable, agreement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tay abatement ☐ TIF or other tax reduction or defertal ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type) ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5	historic preservation districts, when
26 If the assistance included tax increment financing, ples indicate the type of TIF district? (Mark one.) [25] not applicable, assistance was not in the form of TIF	ase 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) U Yes (Specify each grantor and the value of their
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	assistance below; attach an additional sheet if necessary.) No Grantor(s) and value of the agreement(s):
	Grantor Value (\$)
1	Grantor Value (\$)

. .

28. Minn. Stat. §116J.994 r of the following public	equires that bus purposes were s	iness subsidy and fin tated in the agreemen	nancial assistance agreement? (Mark all that apply.)	ents state a public po)	urpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (i	cannot be only purp	ose)
29. Indicate whether the agr at the time of this report	reement include t. (Fill in the bo	d the following types	s of goals, and whether the	e 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 w	r retention goals	5	established? date XX Yes ONo 10 Yes ONo 0 Yes ONO 0	erget attainment es (month & year) 0/2004	All goals attained? XX Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
(Please attach descriptions attainment if not documente					
30. For each of the followir agreement and the average job creation goals in fu	age hourly value	e of any employer-pr	creation and/or retention grovided health insurance grows to separate goals by full-	goals for those jobs.	(<u>Only</u> indicate tions.)
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		·		<u>—</u>	s
\$7.00 to \$3.99	· 	<u></u> -			s
\$9.00 to \$10.99	_1				s
\$11.00 to \$12.99	<u> </u>			—-	s
3(1.00 to 3(2.7)			<u></u> .		s
\$13.00 to \$14.99					
•					s
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if	ourly value of an <i>you are unable</i> Full-time	y employer-provided to separate job crea Part-time/	Thealth insurance for thos tion into full- and part-tit FTE (only if unable to	se Jobs. (<u>Only</u> indica me positions.)	nce the benefit ate job creation in
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual ho	urly value of an	y employer-provided to separate job crea	Thealth insurance for thosetion into full- and part-tir	se jobs. (<u>Only</u> indic me positions.)	nce the benefit
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if	ourly value of an Tyou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	Thealth insurance for thos tion into full- and part-tit FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indica me positions.)	nce the benefit ate job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	ourly value of an <i>Tyou are unable</i> Full-time Job	sy employer-provided to separate job crea Part-time/ Seasonal/Temp.	Thealth insurance for thos tion into full- and part-tit FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indica me positions.)	nce the benefit ate job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ourly value of an Tyou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	Thealth insurance for thos tion into full- and part-tit FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indica me positions.)	nce the benefit ate job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. 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 \$3.99	ourly value of an Tyou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	Thealth insurance for thos tion into full- and part-tit FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indica me positions.)	nce the benefit ate job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. 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 \$3.99 \$9.00 to \$10.99	ourly value of an Tyou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp. Job Creation	Thealth insurance for thos tion into full- and part-tit FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indica me positions.)	nce the benefit ate job creation in Hourly Value of Health Insurance

Section 5 Recipients Failing to Fulfill Obligations (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 (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Mach additional pages if necessary) XXNo 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) ☐ Yes (Complete the remainder of this section.) XX 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 Initial value of Name of recipient in default subsidy or assistance City/ZIP code of recipient Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply.): a recipient relocated to a different community Trecipient ceased operation O recipient was unable to fill vecant positions Other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 🖸 No, recipient has begun to repay the assistance. D 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.)

Return your completed MBAF(s) by April 1, 2001, to:
2001 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AFO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

☐ Yes ☐ No

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

01-0452

Bst Math 4-19-02

- 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

l Name of grantor (funding entity) South St. Paul Housing & Redevelopment Authority		2. Name of person completing Branna K. Lindell				
3. Street address 125 Third Avenue N	orth	4. City South St. Paul	5. ZIP code 55075			
6. County Dakota	7. Phone number (651) 451-1838	8. Fax number (651) 450-8759	9. E-mail addr b_lindell@	ess Ssphra.org		
10 Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Quest	ion 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.)				
XX City government HRA County government Regional government State government Other (Please specify.)	·	 ∀es (Indicate hearing date of No We held a public hearing but criteria (Indicate date of into Other (Please attach explanate) 	t have not yet ad- itial hearing -	opted		
	 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. §1161.993 and §1161.994? (Mark one) 					
XX Yes (Com	olete the remainder of the form)	🖸 No (<u>Stop here,</u> go to section	on 5 on page 4.)			

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where but will be used	siness subsidy	or financi	al assistance	
Stebgo Metals	250 BridgePoi Street address	nt Drive, City	South State	St. Paul ZIP code	55075
16. Does the recipient have a parent corporation? (Mark one.)					
U Yes (Indicate name and address of parent corporation below No	If more than one, indic	ate ultimate ov	vner.)		
Name of parent corporation	Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one.):	
Manufacturing	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	t? (Mark one.)
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.)
South St. Paul No room for expans	
City/State of previous address Reason project not completed at	previous address
19. Would the recipient have remained in previous location or re financial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differe	nt Minnesota location 🗡 Relocated outside Minnesota
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)
\$174,679	November 28, 2000
Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) Anticipated move in 23. Does the agreement provide a business subsidy or one of the	s placed into service, or the recipient occupied the property, date: Apr11 15, 2002
be reported? (Mark one.) Xth business subsidy	🗅 financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25: If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	XX not applicable, agreement provided a business subsidy
Yaloan (only principal) I grant (i.e., forgivable loan) \$\frac{160,000}{5}\$	assistance for property polluted by contaminants
☐ tax abatement S	assistance for renovating building
☐ TIF or other tax reduction or deferral S ☐ guarantee of payment S	stock or bringing it up to code, and
Contribution of property or infrastructure S	assistance provided for designated historic preservation districts, when
preferential use of governmental facilities S 14,679	50% or less of total cos:
A land contribution S 14,679 O other (Specify subsidy type) S S	☐ assistance for pollution control or S abatement
	assistance for a TIF soils condition district S
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.)
Thot applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their
☐ redevelopment	assistance below; attach an additional sheet if necessary.)
nenewal and renovation	₩ ₀
soils condition conomic development mined underground space	Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict	
	Grantor Value (\$)
	Grantor Value (5)

Section 4 Goals and Pu					
28. Minn. Stat. §116J.994 roof the following public	equires that busi purposes were s	iness subsidy and fin tated in the agreemen	ancial assistance agreement? (Mark all that apply.)	nts state a public p	urpose. Which
Enhancing economic dive Creating high-quality job Diob retention Stabilizing the community	growth		Increasing tax base (o		
29. Indicate whether the agreat the time of this report	eement included (Fill in the bo	d the following types ares and attainment of	s of goals, and whether the late(s) for each goal.)	recipient had attai	ined 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? date XX Yes \(\text{No} \) Yes \(\text{No} \) No \(\text{O Yes \(\text{O No} \) No \(\text{O Yes \(\text{O No} \) No	get attainment s (month & year) 2003	All goals attained? U Yes U No U Yes U No U Yes U No
(Please attach descriptions a attainment if not documente	of goals and pro d in Questions 3	ogress toward 30 and 31.)			
30. For each of the following agreement and the avera job creation goals in fur	ige nourly value Il-time equivaler	of any employer-pr	creation and/or retention g ovided health insurance go to separate goals by full-	vale for those jobe	(<u>Only</u> indicate tions.)
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 gozi					\$
less than \$7.00					s _
\$7.00 to \$3.99	_	 -			s_
\$9,00 to \$10.95]				s
\$11 60 to \$12 99					s
\$13.00 to \$14.99					 S
\$15 00 and higher					s
31. For each of the following date and the actual hor	utly value of any	y employer-provided	mber of actual jobs created Thealth insurance for thos tion into full- and part-tin	e jobs. <u>(Only</u> indic	nce the benefit
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
57.00 to \$8.99				 -	s
\$9.00 to \$10 99					5
\$11.00 to \$12.99			•		5
\$13.00 to \$14.99	<u> </u>				s
S15.00 and higher					5
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (s			ligations stipulated	in the agreement?
		☐ Yes X	Ö №		

o not complete this section if you completed it. 3. During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §11	er 31, 2000, did your organization hav	
Yes (Indicate the name of each recipient failing to rep recipient. Attach additional pages if necessary.)	oort and the value of subsidy or financ	cial assistance awarded to that
Š No		
Name of recipient Type of subsidy or assista	ince (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that w 	ed to achieve any goals or fulfill any overe required to be fulfilled by the tim	ther obligations under an ne of this report? (Mark one.)
☐ Yes (Complete the remainder of this s	ection.) XX No (Stop here and sub	omit form to DTED .)
35 39. Provide the following information for each recovere to be attained by the time of reporting 1.	ipient failing to fulfill goals or any ot Attach 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 recipien:	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 other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one)	
☐ Yes ☐ No, recipient has begun to repay the assist	ance. O No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement been amended to extend the rec	ipient's deadline for fulfilling its obli	gations? (Mark one)
	□Yes □No	
39. Describe the steps being taken to bring recipient in	to 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

occuon o Acceptones Landing to Fulfill Obligations



01-0453

- 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 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 About Grantor

				
Name of grantor (funding entity) South St. Paul Housing & Redevelopment Authority		2. Name of person completin Branna K. Lindel	_	
3 Street address		4. City	5. ZIP code	
125 Third Avenue	North	South St. Paul	55075	
6. County Dakota	7. Phone number 651-451-1838	8. Fax number 651-450-8759	9. E-mail ac b_lindell	ldress LGssphra.org
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	ne 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 he adopted criteria for award compliance with Minn. S	iing business su	bsidies in
XXI City government		XXYes (Indicate hearing date	· and	attach criteria)
☐ County government		UNo		
☐ Regional government		We held a public hearing but have not yet adopted		
☐ State government ☐ Other (Please specify.)		criteria (Indicate date of initial hearing) U Other (Please attach explanation)		
through December 31, 200	0 that is required to be reported	usiness subsidy or financial assist under Minn. Stat. §116J.993 and	§116J.994? (A.	fark one.)
KAYes (Con:	olete the remainder of the form)	I No (Stop here, go to secti	on 2 on page 4.	<i>!</i>

Section 2 Information About Recipient

 Name of business or organization receiving subsidy or financial assistance 	15. Address where will be used	15. Address where business subsidy or financial assi will be used					
GoldCom	141 BridgeF	141 BridgePoint Way, So. St. Paul 550					
	Street address	City	State	ZIP code			
16. Does the recipient have a parent corporation? (A Uses (Indicate name and address of parent corpora XM No	·	ndicaie ultimate	owner.)				

17. Industry of recipient's facility (Mark one.):			
XX) Manufacturing	es esale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify	iy
18. Did the recipient relocate as a result of signing this	agreement? (A	fark one.)	
KD Yes (Indicate city and state of previous address and \square No (Go to Question 19.)	reason recipiei	nt did not complete this project at that addre	ss <i>)</i>
West St. Paul, MN No room for			
City/State of previous address Reason project not co	mpleted at prev	ious address	
19. Would the recipient have remained in previous loc financial assistance? (Mark one)	ration or relocal	ed elsewhere if not awarded this business su	bsidy or
☐ Remained at previous location XX Relocate	d to different M	innesota location	innesota
Section 3 General Information About the	Agreement		
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Ques.	21.	Date agreement signed (In addition to the a date, indicate any dates the agreement was	
\$63,600		June 27, 2000	ı
22 Benefit date (Indicate the date the recipient will be indicate the date improvements were finished, equivalently whichever is earlier.) February 200	ipment was pla		
23. Does the agreement provide a business subsidy or be reported? (Mark one) XXI business		types of financial assistance (see Question 2 inancial assistance	5) required to
24. If the agreement provided a business subsidy, plea indicate the type(s) and total dollar value for each		If the assistance was one of the four types of assistance, please indicate the type(s).	f financial
anot applicable, agreement provided financial assista	nce XXI	not applicable, agreement provided a busines	s subsidy
☐ grant (i.e., forgivable loan) S		essistance for property polluted by contaminants	S
☐ guarantee of payment S		assistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when	\$
Direferential use of governmental facilities S		50% or less of total cost	
1		assistance for pollution control or abatement	\$
d other (opensy, overse, y, y, s)		assistance for a TIF soils condition district	S
26. If the assistance included tax increment financing indicate the type of TIF district? (Mark one.)	, please 27	Are any other grantors providing a busines financial assistance to the same project? (i	
XX not applicable, assistance was not in the form of TI	F D	Yes (Specify each grantor and the value of tassistance below; attach an additional sheet	
☐ redevelopment ☐ renewal and renovation ☐ soils condition	, and	No	
economic development mined underground space	G	rantor(s) and value of the agreement(s):	
☐ hazardous substance subdistrict	\vec{G}	rantor Value (\$)	
	G	rantor Value (S)	

of the following public	couires that busi	e Identified in t ness subsidy and fir ated in the agreeme		ments state a public p ly:)	urpose. Which
Enhancing economic dive Occeating high-quality job I Job retention	ersity growth	:	XXI Increasing tax bas Other (please spec	e (cannot be only purp	oose)
Stabilizing the community	У				
Indicate whether the ago at the time of this report	reement included t. (Fill in the bo	the following type xes and attainment	s of goals, and whether date(s) for each goal.)	the recipient had attai	ned those goals
			Goals	Target attainment	All goals
			established? d	lates (month & year)	attained?
) Specific wage and job go	hals to be attained	d within 2 years	XXYes 🖸 No	2/2003	Li Yes ANO
) Other job-creation and/or) Other wage goals	r retention goals				U Yes DNo
) Other wage goals) Other goals other than w	age and ich each	_	□ Yes □ No		O Yes O No
) Other goals other man w	age and Job 80al	S	□ Yes □ No		□Yes □No
Please attach descriptions ttainment if not documente	of goals and pro d in Questions 3	gress toward 0 and 31.)			
 For each of the following agreement and the average jeb creation goals in fu 	age nourly value ll-time equivalen	of any employer-p uts if you are unable	cavided health incurance	a goals for those jobs	(<u>Onl:</u> indicate ions.)
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only If goals n stated as FT/PT) Job Creation	ot Joh Retention	Hourly Value of Health Insuranc
no hourly wage-level goal	 -				\$ <u></u>
less than \$7 00	 -		<u> </u>		s
\$7,00 to \$8.99				<u>-</u> -	s
\$9.00 to \$10.99	_1_				s
\$11,00 to \$12.99					·
\$13.00 to \$14.99		· - -			s
\$15.00 and higher					s
For each of the follow date and the actual ho full-time equivalents if	urly value of any	y employer-provide	mber of actual jobs cre d health insurance for the ation into full- and part FTE (only if unable	nose jobs. (<u>Onlv</u> indic -time positions.)	nce the benefit ate job creation in
•		Seasonal/Temp.		Job Retention	Hourly Value o
Hourly Wage (excluding benefits)	Job Creation	Job Creation	separate FT/PT) Job Creation		Health Insurance
Hourly Wage		•	•		
Hourly Wage (excluding benefits)		•	•	-—·	
Hourly Wage (excluding benefits) less than \$7.00		•	•		Health Insurance
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99		•	•	 	Health Insurance S S
Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99		•	•		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.		we any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report recipient. +:::2ch additional pages if necessary.)	t and the value of subsidy or finan	cial assistance awarded to that
<u>xā</u>		
Name of recipient Type of subsidy or assistance	e (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 section)	ion.) XX 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. (Atta	ent failing to fulfill goals or any ot ach 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	arecipient relocated to a difference of the residual content (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obliga	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 recipier	nt's deadline for fulfilling its oblig	gations? (Mark one)
	Yes DNo	
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:
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

Past Maded 4.3.02

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2001 Minnesota Business Assistance Form

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

ection 1 Information Ab	out Grantor				
1. Name of grantor (funding en CITY OF SHA	TITY) KOPEE (SCOTT COUNTY)	2. Name of person Paul SNOOK,		C DEVELOPMEN	T DIRECTOR
3. Street address 129 HOLMES		4. City SHAKO		5. ZIP code	5379
6. County Scott	7. Phone number (957) 496-9661	8. Fax number (950) 233-		9. E-mail addr	
10. Please indicate who in your	organization should receive the	2002 MBAF if differ	ent from the	person in Questi	on 2.
Name/Title	Phone number	Street addr	ess	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.")			a for awardi:	l a public hearing ng business subs at. §116J.994? (M	idies in
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		▼Yes (Indicate he on No on No oriteria (Indicate of Other (Please at	hearing but	t have not yet adi	
through December 31, 200	ed any agreements to award a bu that is required to be reported u that is remainder of the form.)		6J.993 and §	116J.994? (Ma.	
Section 2 Information Al	bout Recipient				
14. Name of business or organ receiving subsidy or finance		15. Address where will be used	_	ibsidy or financia der construct	
. ADC TELECOMMU		\`		State	
CONTRACT TERMIN	ATED 12/18/01	Street address	City	State	ZIP code
16. Does the recipient have a p	parent corporation? (Mark one.)		_		
☐ Yes (Indicate name and add ▼No	ress of parent corporation below	. If more than one, i	ndicate ultin	nate owner.)	-
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
NAICS: 334210 Manufacturing	☐ 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 and reason recipe No (Go to Question 19.) THIS WAS NOT A RELOCAT A NEW FACILITY	pient did not complete this project at that address.) TION OF EXISTING FACILITY; IT IS
City/State of previous address Reason project not completed at p	previous address
19. Would the recipient have remained in previous location or relocation financial assistance? (Mark one.) THIS PROJECT IS A "PREVIOUS LOCATION". H. • Remained at previous location • Relocated to different	A NEW FACILITY, THEREFORE NOT HAVING A HOWEVER, THE FACILITY WOULD HAVE LOCATED OUTSIDE MN/USA
Section 3 General Information About the Agreemen	ıt
assistance (Please separate value by type in Questions 24	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) MAY 23, 2000 *CONTRACT TERMINATED 12/18/01 NO. 5
22. Benefit date (Indicate the date the recipient will benefit from the indicate the date improvements were finished, equipment was whichever is earlier.) 12/31/01 PER CONTRACT BUSIA	
23. Does the agreement provide a business subsidy or one of the factorized be reported? (Mark one.)	four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	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 (only principal) ☐ grant (i.e., forgivable loan) S	assistance for property polluted S by contaminants
tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure preferential use of governmental facilities \$ 2,010,000 \$ \$ 2,010	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
land contribution	assistance for pollution control or \$
O other (Specify subsidy type.)	abatement abatement assistance for a TIF soils condition district s
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
conomic development mined underground space	Grantor(s) and value of the agreement(s): TERM: 8/1/03-2/1/09
hazardous substance subdistrict	Grantor Value (S) CHY OF SHAKOPEE NOT MORE THAN \$170,000 IN 12 mo Value (S) SCOTT COUNTY NOT MORE THAN \$215,000 IN 12 mo Grantor Value (S) PERIOD
	Grantor Value (S) RERIOA.

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.) Increasing tax base (cannot be only purpose) M Enhancing economic diversity Other (please specify)_ Creating high-quality job growth ☐ Job retention X 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? dates (month & year) attained? <u>1-1-04</u> X Yes □ No ☐ Yes ☐ No A) Specific wage and job goals to be attained within 2 years B) Other job-creation and/or retention goals ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No C) Other wage goals ☐ Yes ☐ No ☐ Yes ☐ No D) Other goals other than wage and job goals (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 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) Hourly Value of Job Retention (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 \$12.99 (no less than \$12.64) \$13.00 to \$14.99 \$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.) N/A. BEVEFIT DATE IS 2/31/ Full-time Part-time/ FTE (only if unable to Hourly Wage Job Seasonal/Temp. separate FT/PT) Job Retention Hourly Value of Job Creation Heal REPORT DATE : 1-1-04 (excluding benefits) Creation Job Creation Health Insurance less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 511.00 to \$12.99 \$13.00 to \$14.99

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

\$15.00 and higher

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

		report and the value of subsidy or finan	ocial assistance awarded to that
recipient. Attach	additional pages if necessar	y.)	
(No			•
Name of recipient	Type of subsidy or as	sistance (See Questions 24 and 25.)	Value of subsidy or assistance
		failed to achieve any goals or fulfill any tat were required to be fulfilled by the tir	
☐ Yes (Complete the remainder of the	his section.) No (Stop here and su	bmit form to DTED .)
		a recipient failing to fulfill goals or any og. (Attach additional pages if necessary.	
35. Information on rec	ipient and agreement:		
Name of recipient in de	fault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipi	ent	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defa	ult (Mark all that apply.):		
☐ recipient ceased ope ☐ recipient was unable	ration to fill vacant positions	☐ recipient relocated to a difference of the control of the contr	erent community
37. To date, has the re	cipient fulfilled its repaymen	t obligation? (Mark one.)	
☐ Yes ☐ No, recipi	ent <u>has begun</u> to repay the as	sistance. 🛮 🖸 No, recipient <u>has not beg</u>	tun to repay the assistance.
38. Has the agreement	been amended to extend the	recipient's deadline for fulfilling its ob	igations? (Mark one.)
		□ Yes □ No	
	being taken to bring recipier	nt into compliance or recoup the subsidy	
39. Describe the steps			
39. Describe the steps			

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

CITY OF SHAKOPEE RESOLUTION NO. 5635

RESOLUTION APPROVING TERMINATION OF THE CONTRACT FOR PRIVATE DEVELOPMENT BETWEEN THE CITY OF SHAKOPEE AND SCOTT COUNTY AND ADC TELECOMMUNICATIONS, INC.; AND RESCINDING RESOLUTION NO. 5357.

WHEREAS, the City of Shakopee, Scott County and ADC Telecommunications, Inc. entered into a Contract for Private Development dated May 23, 2000 for the proposed facility located at 6021 Broadband Boulevard in Shakopee; and

WHEREAS, in connection with the Contract, the City approved Resolution No. 5357, authorizing abatement of property taxes on the ADC facility under Minnesota Statutes Sections 469.1812 to 469.1815; and

WHEREAS, global economic conditions and business circumstances make continuation of the project untenable;

WHEREAS, ADC Telecommunications, Inc., the City of Shakopee, and Scott County recognize the need to terminate the Contract; and

NOW THEREFORE BE IT RESOLVED by the City Council of the City of Shakopee, Minnesota as follows:

- 1. The contract is hereby terminated.
- 2. City officials are authorized and directed to sign a termination agreement on behalf of the City in substantially the form on file in City Hall
 - 3. Resolution No. 5357 is hereby rescinded.

Approved by the City Council of the city of Shakopee, Minnesota this 18th day of December, 2001.

Jon Brekhe Mayor

Attest:

City/Clerk



RECEIVED Max 2 下部線

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial Ħ 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) Section 1 Information A	296-0580. Information on w	here to mail or fax y	our comple	eted MBAF(s)	is on page 4.	
Name of grantor (funding entity) Scott County		2. Name of person completing this form Brian Hanninen				
3. Street address 200 Fourth Avenu	e_West	4. City Shakopee		5. ZIP code 55379		
6. County Scott	7. Phone number 952-496-8101	8. Fax number 952-496-8	180	9. E-mail addi bhanninen	ress @co.scott	mn.u
10. Please indicate who in you	r organization should receive the	2002 MBAF if differe	ent from the	person in Questi	ion 2.	
Name/Title	Phone number	Street addr	uss	City	ZIP code	
	fark one. If granter is entity lease indicate affiliation, For I check "City government.")	compliance wit	a for awardir th Minn Stat	ng business subs t. §116J.994? (A	idies in fark one)	
☐ City government XX County government ☐ Regional government ☐ State government ☐ Other (Please specify)		XXYes iIndicate hearing date = 11-02-00 and attach criteria. □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing =) □ Other (Please attach explanation.)		ppted		
through December 31, 200	ed any agreements to award a bu 0 that is required to be reported to elete the remainder of the form.)		U.993 and §	116J.9942 (Mar		
Section 2 Information A	out Recipient					_
14. Name of business or organ receiving subsidy or finance		15. Address where will be used 12900	business sub	osidy or financia	Lassistance	
B. F. Nelson Foldi Larry M. Ross, LLC	ng Cartons, Inc.	Eagle Creek Street address	Prkwy (Savage MN State	55378 ZIP code	
To Does the recipient have a r	arent corporation? (Mark one)	<u> </u>				1
,	ess of parent corporation below	If more than one, in	dicate ultime	He owner)		
Name of parent corporation		Sireet address	Cuv	State	7.1P code	
						-

17. Industry of recipient's facility (Mark one.)				
E i Manufacturing □ Servi □ Retuil Trade □ Who	ces Jesale Trade	☐ Finance, Insurance, Re. ☐ Construction ☐ Oil	al Estate per (please specify)	
18. Did the recipient relocate as a result of signing the	s agreement? (A	lark one)	 -	
🎖 Yes (Indicate city and state of previous address and UNo (Go to Question 19.)	l reason recipie.	nt did not complete this proj	ect at that address)	
Minneapolis, MN Wanted to ow City/State of previous address Reason project not or				
19. Would the recipient have remained in previous loc financial assistance? iMark one.)	ration or relocat	ed elsewhere if not awarded	this business subsidy or	
☐ Remained at previous location ☐ Relocate	d to different M	innesota location 25 Rele	ocated outside Minnesota	
Section 3 General Information About the A	Agreement			
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)		21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)		
\$300,000.00		01-04-00		
22. Benefit date (Indicate the date the recipient will be indicate the date improvements were finished, equivalence whichever is earlier) When final certifica	ipment was plac	ed into service, or the recip		
23. Does the agreement provide a business subsidy or be reported? (Mark one.) XX business s		types of financial assistance	(see Question 25) required to	
24. If the agreement provided a business subsidy, pleas indicate the type(s) and total dollar value for each		If the assistance was one of assistance, please indicate :		
Ω not applicable, agreement provided financial assistar	ice XXn	ot applicable, agreement pro	ovided a business subsidy	
O Joan (only principal) O grant (i.e., forgivable Joan) S Xtax abatement	h	ssistance for property pollur y contaminants ssistance for renovating buil		
U TIF or other tax reduction of deferral S U guarantee of payment S U contribution of property or infrestructure S	5 a	tock or bringing it up to cod ssistance provided for design istoric preservation districts	e, and nated	
☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type)] 🗀 a	0% or less of total cost existance for pollution contri batement		
	Ū a	ssistance for a TIF soils con	dition district S	
20. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)		Are any other grantors proving thancial assistance to the sa		
XX: or applicable, assistance was not in the form of TIF		les (Specify each grantor an ssistance below, attach an e	d the value of their idditional sheet if necessary t	
☐ redevelopment ☐ renewal and renovation ☐ soils condition	١٠.			
 □ economic development □ mised underground space 	j	nto(3) and value of the agre		
☐ hazardous substance subdistrict	l	y of Savage ntor	\$200,000.00 Value (\$)	
	Gina Cina		Veine (5)	

			nancial assistance agreemen ent? (Mark all that apply)	ts stare a public ;	purpose. Which	
 ★Enhancing economic div ★Creating high-quality job ↓ Job retention ➡ Stabilizing the communit 	growth		(nereusing tax base (cannot be only purpose) Other (please specify)			
 Indicate whether the ag at the time of this report 			s of goals, and whether the (date(s) for each goal)	recipient had attu	uned 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 UNO est UYes UNO	et attainment (month & year) 07-15-03	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 attainment if not documente		**				
	age hourly valu dl-time equivale	e of any employer-pr ints if you are unable	ovided health insurance goa to separate goals by jull- a	ls for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Joh Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
an kuunkuussa lassat anul	·—	<i></i>			5	
no hourly wage-level goal						
less than \$7.00		.— -	·		s	
•		· — -	· 	·	s	
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less than \$7.00 \$7.00 to \$8.99	 		· · 	 	s	
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less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99			· 	· · · · · · · · · · · · · · · · ·	\$ \$ \$	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.90 \$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher S1. For each of the following date and the actual hour	87	y employer-provided to separate job creat	nber of actual jobs cremed a health insurance for those ju	obs. 1 <u>Only</u> indici	\$ \$ \$ \$ \$	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.90 \$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher S1. For each of the following date and the actual hour	_87	y employer-provided	health insurance for those jo	obs. 1 <u>Only</u> indici	sssssnae the benefit ate job creation in	
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 and higher 1. For each of the followindate and the actual hour full-time equivalents if		y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into fidl- and part-time FTE (only (f mable to separate FT/PT)	obs. (<u>Only</u> indica positions) Job	5 5 5 note the benefit ate job creation in N/A Hourly Value of	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.90 \$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the followindate and the actual hou full-time equivalents if Hourly Wage (excluding benefits)		y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into fidl- and part-time FTE (only (f mable to separate FT/PT)	obs. (<u>Only</u> indica positions) Job	5 5 5 5 note the benefit alv job creation in N/A Hourly Value of Health Insurance	
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.00 \$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the followind date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00		y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into fidl- and part-time FTE (only (f mable to separate FT/PT)	obs. (<u>Only</u> indica positions) Job	s s s s s s not the benefit aic job creation in N/A Hourly Value of Health Insurance s	
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less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.90 \$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the followind date and the actual hour full-time equivalents if Hourly Wage toxeluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99		y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those jo tion into fidl- and part-time FTE (only (f mable to separate FT/PT)	obs. (<u>Only</u> indica positions) Job	5 5 5 5 nce the benefit ate job creation in N/A Hourly Value of Health Insurance 5 5 5 5 5 5	

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

 During the period January 1, 2000 through Decembe report as required by Minn. Stat. §110J.993 and §116 	r 31, 2000, did your organization ha J.9942 <i>(Mark one)</i>	we any recipients who failed to				
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.)						
X _{No}						
Name of recipient Type of subsidy or assistan	ice (See Questions 24 and 25.)	Value of subsidy or assistance				
 Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we 						
☐ Yes (Complete the remainder of this section.) XX 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 auditional 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 ☐ recipient was unable to fill vacant positions	D recipient relocated to a different community O other (Specify reason.)					
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)						
The Yes No, recipient has begun to repay the assistant	ce No, recipient has not begu	n 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



2001 Minnesota Business Assistance Form RECEIVED MAR 2 5 2002

- # 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</u>, <u>2000 through December 31</u>, <u>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.

•	ll (651) 296-0580. Information on t ion About Grantor	where to man or rax your co	ompleted MBAP(s) is on page 4.		
1. Name of grantor (fu Scott County	nding entity)	•	Name of person completing this form Brian Hanninen		
3. Street address 200 Fourth A	ivenue W	4. City Shakopee	5. ZIP code 55379-1220		
6. County 7. Phone number 952-496-8101		8. Fax number 952-496-8180	9. E-mail address bhanninen@co.scott		
10. Please indicate wh	o in your organization should receive t	the 2002 MBAF if different from	m 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.") □ City government ② County 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.) XI Yes. (Indicate hearing date 6/23/90nd attach criteria) No. 			
☐ 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)			
through December	ion signed any agreements to award a 31, 2000 that is required to be reporte	d under Minn, Stat. §116J.993	and \$116J.994? (Mark one)		
	s (Complete the remainder of the form	i.) \(\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tintilext{\tint}\text{\text{\text{\text{\text{\text{\tex{\tex	есноп з оп раце 4.)		
14. Name of business of		15. Address where busine will be used 6021	ess subsidy or financial assistance		
ADC Telecomm	unications, Inc.	Br <u>oadband</u> Bl <u>vd</u> S	Shakopee MN 55379 http://www.state.com/state/		
16 Does the recipient	have a parent corporation? (Mark one	;			
□ Yes (Indicate name e K i No	and address of parent corporation belo	ow. If more than one, indicate	ultimate owner)		
Numeral parent current		Street Circus Ci	State ZIP sode		

17. Industry of recipient's facility (Mark one.)			
Manufacturing ☐ Serv ☐ Retail Trade ☐ Wite	rices olesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other iplease spe	ccify)
18. Did the recipient relocate as a result of signing th	is agreement? (Mark one)	
 Yes (Indicate city and state of previous address an \$\frac{1}{2}\$ No (Go to Question 19.) 	d reason recipio	ent did not complete this project at that add	lress.)
Ciry/State of previous address Reason project not c	ompleted at pre	evious address	
19. Would the recipient have remained in previous to financial assistance? (Mark one.)	eation or reloca	ated elsewhere if not awarded this business	subsidy or
☐ Remained at previous location ☐ Relocat	ed to different N	dinnesota location 💢 Relocated outside	Minnesota
Section 3 General Information About the	Agreement		
20. Total dollar value of business subsidy or financia assistance (Please separate value by type in Que, and 25.)		Date agreement signed (In addition to the date, indicate any dates the agreement w	
\$1,290,000.00	İ	May 23, 2000	
22. Benefit date (Indicate the date the recipient will be indicate the date improvements were finished, eq whichever is earlier.) December 31, 2	uipment was ple		
23. Does the agreement provide a business subsidy of be reported? (Mark one)		r types of financial assistance (see Question financial assistance	25) required to
24. If the agreement provided a business subsidy, plea indicate the type(s) and total dollar value for each		If the assistance was one of the four type assistance, please indicate the type(s).	s of financial
a not applicable, agreement provided financial assista	ance 3	not applicable, agreement provided a busin	ness subsidy
□ loan (only principal) □ grant (i.e., forgivable loan) □ tax abatement □ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure		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	\$ \$
☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type,i		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 indicate the type of TIF district? (Mark one)	g please 27	Are any other grantors providing a busin financial assistance to the same project?	
🛛 not applicable, assistance was not in the form of TI	F &	Yes (Specify each grantor and the value of assistance below, attach an additional shi	
☐ redevelopment ☐ renewal and renovation ☐ soils condition	jo	No	
☐ economic development ☐ mined underground space	Gr	rantor(s) and value of the agreement(s).	
☐ hazardous substance subdistrict		<u>ity of Shakopee _ 8720,0</u> mmlor Value(S)	00.00
	$\left\{ \frac{1}{G_{0}}\right\}$	meter Value (S)	

			nancial assistance agreement nt? (Mark all that apply)	ts state a public p	ourpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the communit	growth		∑ Increasing tax base (car □ Other (please specify)_		
29 Indicate whether the ag at the time of this repor			s of goals, and whether the r late(s) for each goal)	ecipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w (Please attach descriptions)	r retention goals	s als	established? dates. **D Yes U No 01-0 U Yes U No	et attainment (month & year) 1-2004	All goals attained? Tyes No Yes No Yes No Yes No
attainment if not documente					
agreement and the avera	age hourly value	e of any employer-pro	reation and/or retention gos ovided health insurance goal to separate goals by full- an FTE (only if goals not	ls for those jobs.	
Hourly Wage (excluding benefits)	Jub Creation	Seasonal/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal				<u> </u>	s
less than \$7.00					s
\$7,00 to \$8,99		_· 			s
\$9 00 to \$10 99	<u> </u>				s
\$11.00 to \$12.99	<u>450_</u>		 -		s
\$13.00 to \$14.99	. —				s
\$15.00 and higher			-· · 		s
	irly value of any	y employer-provided	iber of actual jobs created a health insurance for those jo tion into full- and part-time	obs. 1 <u>Only</u> indica	
			PER control Complete de		
full-time equivalents if	Full-time	Part-time/	FIE (only if unable to separate FT/PT)	Job	Hourly Value of
	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
full-time equivalents if	Job.	Seasonal/Temp.	separate FT/PT)		•
full-time equivalents if Hourly Wage (excluding benefits)	Job.	Seasonal/Temp.	separate FT/PT)		Health Insurance
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	Job.	Seasonal/Temp.	separate FT/PT)		Health Insurance
full-time equivalents if full-time equivalents	Job.	Seasonal/Temp.	separate FT/PT)		Health Insurance S S
full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job.	Seasonal/Temp.	separate FT/PT)		Health Insurance S S

(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
U 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
XI No		
Name of recipient Type of subsidy or assistance	iSee 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	on.) XXNo (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		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 other (Specify reason)	ent community
37. To date, has the recipient fulfilled its repayment obligat	ion! (Mark one)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	② 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 obliga	ations? (Mark one)
a	Yes_ U 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:

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

01-0560



Section 1 Information About Grantor

2001 Minnesota Business Assistance Form

- 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. §116I.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.
- Ouestions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entire? Davage	2. Name of person completing this form
3. Street address UCCOIL Drive	4. Circ 5. ZIP code 55378
6. County 7. Phone number 952.282.7660	8. Fax number 950 9. E-mail address
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.") City government County government Regional government State government Other (Please specify.)	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.) Q. ZO. Q. Yes (Indicate hearing date und attach criteria) No We held a public hearing but have not yet sdopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)
13. Has your organization signed any agreements to award a buthrough December 31, 2000 that is required to be reported to CYCS (Complete the remainder of the form.)	under Minn. Stat. §116J.993 and §116J.994? (Mark one.)
Section 2 Information About Recipient	
14. Name of business or organization receiving subsidy or financial assistance BF Nelson Folding Con Larry M. Ross LLC	15. Address where business substdy or financial assistance will be used 17900 Eagle CV, PKWI 55318 Street address City State ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	
U Yes (Indicate name and address of purent corporation below	v. If more than one, indicate ultimate owner.)
Name of parent corporation	Street address City State ZIP code

17. Industry of recipient's facility (Mark one	r.):			
Manufacturing J Retail Trade	Services Wholesale Trade	☐ Finance, Insuran	nce, Real Estate Other (please specifi	(v)
18. Did the recipient relocate as a result of si	igning this agreement	t? (Mark one.)		
Tes (Indicate city and state of previous ad No (Go to Question 19.)	dress and reuson rec	apient did not complete i	this project at that addres	53.)
Mpls. 752 - 354 6. City/State of previous address Reason pro	Wanted ject not completed at	to cwn	building	2
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or re	located elsewhere if not	ewarded this business sub	osidy or
Remained at previous location	Relocated to differe	nt Minnesom location	Relocated outside M	innesota
Section 3 General Information Abo	out the Agreeme	nt		
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)			gned (In addition to the a dates the agreement was	
\$ 200,000.		[. u .	2000	_
22. Benefit date (Indicate the date the reciping indicate the date improvements were fin whichever is carlier.)		s placed into service, or		
23. Does the agreement provide a business to be reported? (Mark one.)			ssistance (see Question 2	5) required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar val-			as one of the four types of indicate the type(s).	of financial
not applicable, agreement provided finance	cial assistance	⊠not applicable, agre	ement provided a busines	a subsidy
I loan (only principal) I grant (i.e., forgivable loan)	\$	assistance for prope by contaminants	•	s
☐ tex abatement ☐ TIF or other tax reduction or deferral	\$	assistance for renov stock or bringing it		\$
☐ guarantee of payment ☐ contribution of property or infrastructure	\$	assistance provided historic preservation	for designated n districts, when	
☐ preferential use of governmental facilities ☐ lund contribution	2	50% or less of total assistance for pollu		s
other (Specify subsidy type.)	5	abatement assistance for a TIF	soils condition district	s
26. If the assistance included tax increment indicate the type of TIF district? (Mark			ntars providing a busines e to the same project? (A	
not applicable, assistance was not in the f	form of TIF	Yes (Specify each gassistance below; a	rantor and the value of ti Nach un additional sheet	heir if necessary.)
☐ redevelopment ☐ renewal and renovation		□N₀		• -
☐ soils condition☐ economic development		Grantor(s) and value of	of the workersen(s):	
I mined underground space		Linet Ca	\$300 A	\DO
hazardous substance subdistrict		Grantor	Value (\$)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		Grantor	Value (5)	

28. Minn. Star. §116J.994 re of the following public p					rpose, Which
Enhancing economic diversity job O Job retention Stabilizing the community	growth		☐ Increasing mx base (☐ Other (please specify		ose)
29. Indicate whether the agri at the time of this report				e recipient had anair	ned 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	s	cstablished? dat	arget attainment tes (month & year) 1 (15 - 200) S	All goals attained? Yes UNo Yes No Yes No
(Please attach descriptions attainment if not documente					
30. For each of the following agreement and the average job creation goals in fu	age hourly value	of any employer-pro	vided health insurance (goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Jab Creutiva	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals not stated ws FT/PT) Job Creation	Jab Retention	Hourly Value of Health Insurance
no hourly wago-level goal		m.—,	, —,	aT	2
less than \$7,00	'	spe <u>year</u>	has Not f	200554 <u>d</u>	<u>s</u>
\$7.00 to \$8.99		<u>Sin</u> ce	has not p benefit date be frest so	e. . 1	£
\$9.00 to \$10.99	_ <u>[V@</u> }=+	- year will	be +185+ 50	ched Nod	\$
511.00 to \$12.99		—Kepo	ting		\$
\$13.00 to \$14.99		— ₎			\$
\$15.00 and higher			<u>. </u>		<u> </u>
	urly value of any	/ cuiployer-provided	aber of actual jobs create bealth insurance for tho tion into full- and part-t	se jobs. (<u>Only</u> Indica	
Hourly Wage	Fyll-time Jub	Pure-time/ Seasonal/Temp.	FTE (<u>oply</u> if unable to reparate FT/PT)	o Jub	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7.00					5
57.00 to \$8.99					2
\$9.00 to \$10.99		Sane	ors Above.		2
\$11.00 to \$12.99					S
\$13.00 to \$14.99	—				\$
\$15.00 and higher					<u> </u>
32. Has the recipient achie (Mark one.)	eved <u>all gosts</u> (so	ec Questions 29, 30 ;	,	oplications stipulated	d in the agreement?

Do not complete this	section if you completed	it on another 2001 MBAF sub	mitted to DTED.)
	inuary 1, 2000 through Decemb Minn. Stat. §116J.993 and §1	ber 31, 2000, did your organization ha 161.994? (Mark one.)	eve any recipients who fulled to
	e of each recipient failing to re additional pages if necessary.)	tport and the value of subsidy or finat	ncial assistance awarded to that
3-No			
Name of recipient	Type of subsidy or assist	tance (Ses Questions 24 and 25.)	Value of subsidy or assistance
		led to achieve any goals or fulfill any owere required to be fulfilled by the tir	
D Yes (1	Complete the remainder of this	section.) Kino (Stop here and su	thmit form to DTED .)
		ecipient failing to fulfill goals or any of Attach additional pages if necessary.)	
35. Information on reci	pient and agreement:		
Name of recipient in det	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipie	ent .	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	th (Mark all that apply.):		
☐ recipient ceased oper ☐ recipient was unable		recipiont relocated to a differ of other (Specify reason.)	rent community
37. To date, has the rec	ipient fulfilled its repayment o	bligation' (Mark one.)	
☐ Yes ☐ No, recipie	nt has begun to repay the assis	tance. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement	been amended to extend the re-	cipiem's deadline for fulfilling its obli	igations? (Mark one.)
		☐ Yes ☐ No	
39. Describe the steps	being taken to bring recipient is	nto compliance or recoup the subsidy	:

Return your completed MBAF(s) by April 1, 2001, to: 2001 Minnesota Business Assistance Form

2001 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - A6O 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



01-0561

2001 Minnesota Business Assistance Form

- # 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 About Grantor 2. Name of person completing this form 1. Name of grantor (funding entity) 3. Street address 7. Phone number 9. E-mail address Fax number 6. County 952 -882-2660 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 ZIP code City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government,") compliance with Minn. Stat. §116J.994? (Mark one.) 10/2/00 City government Yes (Indicate hearing date and attach criteria) ☐ County government ☐ Regional government We held a public hearing but have not yet adopted ☐ State government critoria (Indicate date of initial hearing -Other (Please specify.) 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.9947 (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 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used otime Fitness City ZIP code Street address 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.) ON: Name of parent corporation Street address City State ZIP code

17. Industry of reci	pient's facility (Mark on	e.):			
	☐ Manufacturing ☐ Retail Trade	© Services □ Wholesale Trade	Finance, Insura Construction	nce, Real Estate Other (please specif.	5)
18. Did the recipie	nt relocate as a result of	signing this agreemen	t? (Mark one.)		
☐ Yes (Indicate cit ♥No (Go to Quest		ddress and reason rec	ripient did not complete i	this project at that addre	55.)
City/State of provid	ous address Reason pro	oject not completed at	previous address		
19. Would the reci financial assistan		orevious location or re	located elsewhere if not	awarded this business su	bridy or
☐ Remained	at previous location	☐ Relocated to differe	nt Minnesota location	☐ Relocated ourside M	linnesota
Section 3 General	ral Information Ab	out the Agreeme	nt		 .
assistance (Ple	alue of business subsidy of sees separate value by 197		date, indicate any	gned (In addition to the a dutes the agreement was	-
	44,300,000		Oct.	2,2000	
	ite improvements were fi			financial assistance. For the recipient occupied th	
23. Does the agree be reported?	emen: provide a business (Mark one.)		four types of financial a	ssistance (see Question 2	5) required to
indicate the typ	nt provided a business su pe(s) and total dollar va agreement provided finar	due for each type.	assistance, please	vas one of the four types of indicate the type(s).	
1.		C ENDINGRICE			sa suusiuy
	vable loan) reduction or deferral	\$ \$ \$	☐ assistance for prope by contaminants ☐ assistance for renov stock or bringing it	vating building up to code, and	s
preferential use	property or infrastructure of governmental facilitie	es \$	assistance provided historic preservation 50% or less of total	on districts, when	6
land contribution Onther (Specify st	nt ubsidy type.)	s	☐ assistance for pollutabatement ☐ assistance for a TIF	tion control or Soils condition district	s
I	ce included tax increments of TIF district? (Mar.	• •		untors providing a busines to the same project? (A	
	assistance was not in the	form of TIF		gruntor and the value of t utach an additional sheet	
☐ redevelopment ☐ renewal and ren ☐ soils condition ☐ economic devel			Grantor(s) and value	of the agreement(s):	
☐ mined undergro	ound space		Ottom-of(0) with Thirds (
1			Grantor	Value (\$)	
			Grantor	Value (\$)	<u> </u>

 Minn, Stat. §116J.994 r of the following public 			t? (Murk all that apply.)		
DEnhancing economic diversity of the Creating high-quality job Dob retention Description of the Community of	growth		Dincreasing tax base (con Dither (please specify) Founding and apending years after the	nnot be only purposed for the control the	ose) lettien of frage at least date:
 Indicate whether the ag at the time of this report 			of goals, and whether the r	ecipient had attair	ned those goals
A) Specific wage and job g B) Other job-creation and/o C) Other wage goals D) Other goals other than w	or retention goals	ls	established? dates	et ensinment (month & year)	All goals attained? Yes ONo Yes ONo Yes ONo Yes ONo
Please attach descriptions uttainment if not document					
	rage hourly value ull-time equivale	e of any employer-pro nts if you are unable	ovided health insurance gos to separate goals by full- a	Us for those jobн.	
Hourly Wage (excluding benefits)	Full-time Job Croation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FI/PT) Job Creation	Job Retention	Hourty Value of Health Insurance
no hourly wage-level goal					\$
less than 57.00		<u>_</u> N/	1 —		5
\$7.00 to \$8.99			J		<u>•</u>
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					1
513.00 to \$14.99		. ——			\$
\$15.00 and higher				<u></u>	s
date and the actual ho	ourly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica	
	Creation	Job Creation	Job Creation	Retention	Health Insurance
(excluding benclity)					2
(excluding benefits)					
		$\frac{-}{\Delta}$ / L	1 —		\$
less than \$7.00					\$
less than \$7.00 \$7.00 to \$8.99		$\frac{}{}$	1		s s
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99		<u>~</u> /			\$ \$ \$

3. During the period January 1, 2000 through Deceme report as required by Minn. Stat. §1!6J.993 and §. Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary. No No Type of subsidy or assistance of recipient.	(163.994? (Mark one.) report and the value of subsidy or finance)	
recipient. Attach additional pages if necessary,	, 	cial assistance awarded to that
Name of recipient Type of subsidy or assu		
	stance (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who fa agreement signed on or after January 1, 2000, tha 	iled to schieve any goals or fulfill any of t were required to be fulfilled by the tim	ther obligations under an e of this report? (Mark one.)
Tyes (Complete the remainder of thi	s section.) No (Stop here and sub	mit form to DTED .)
 35 39. Provide the following information for each twere to be attained by the time of reporting. 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.):		
I recipient ceased operation I recipient was unable to fill vacant positions	control of the contro	ent community
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the ussi	istance. 🗆 No, recipient has not begu	m to repay the assistance.
38. Has the agreement been amended to extend the r	ceipient's deadline for fulfilling its oblig	ations? (Murk one.)
	□ Yes □ No	

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

01-0342



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.

	bout Grantor			
1. Name of granter (funding c		2. Name of person completing this form Beth Ulrich		
3. Street address 4th St		4. City St. Paul	5. ZIP code 5510;	<u>a.</u>
6. County Ramsey	7. Phone number 651 - 264 - 6659	8. Fax number 657 - 228-3220	9. E-mail add beth-ulric	iress h@ci.stpaul.
	ur organization should receive the	2002 MBAF if different from	the person in Ques	tion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity vlease indicate affiliation. For ld check "City government.")	12. Has your organization adopted criteria for awa compliance with Minn.	urding business sub	sidies in
© City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Yes (Indicate hearing do No We held a public hearing enteria (Indicate date o, Other (Please attach exp	but have not yet as finitial hearing	lopted
through December 31, 20	ned any agreements to award a but 00 that is required to be reported u	pider Minn, Štat. §116J.993 a	nd §116J,994? <i>(Ma</i>	urk one.)
Yes (Com	plete the remainder of the form.)	No (Stop here go to so	ction 5 on page 4.)	
Section 2 Information A	bout Recipient			
Section 2 Information A 14. Name of business or organ receiving subsidy or finan	nization	15. Address where busines will be used	s subsidy or financi	al assistance
14. Name of business or organ receiving subsidy or finan	nization cial assistance	will be used	•	
14. Name of business or organ receiving subsidy or finan	nization		•	
14. Name of business or organ receiving subsidy or finan J. Ring Glass	nization cial assistance	will be used	•	
T. Ring Glass 16. Does the recipient have a	nization cial assistance Studio, Inc.	will be used 2408 Territori Street address Ch	al Rd., St. f	

17. Industry of recipier	nt's facility (Mark o	ne.):			
	Manufacturing Retall Trade	O Services O Wholesale Trad		Insurance, Real Estate tion	ciss <u>art studi</u>
18. Did the recipient re	locate as a result of	signing this agreeme	nt? (Mark one.)		
Yes (Indicate city and St. No (Go to Question)		iddress and reason re	elpient did not con	plete this project at that add	lress.)
City/State of previous	ddress Reason pro	oject not completed a	t previous address		
19. Would the recipien financial assistance?		previous location or n	elocated elsewhere	if not awarded this business	subsidy or
☐ Remained at p	revious location	Relocated to differ	ent Minnesota loca	tion	Minnesota
Section 3 General	Information Ab	out the Agreeme	ent		
20. Total dollar value of assistance (Please :	of business subsidy separate value by ty			ent signed (In addition to the e any dates the agreement w	
and 25.) 29 53	355		April	24,2000	
	nprovements were fi		u placed into servi	idy or financial assistance. I ce, or the reciplent occupied eSS.	
23. Does the agreemen be reported? (Man	k one.)	subsidy or one of the business subsidy	four types of finan	icial assistance (see Question	25) required to
24. If the agreement pro- indicate the type(s)				nce was one of the four type lease indicate the type(s).	s of financial
🗖 not applicable, agree	ment provided finan	cial assistance	🔾 not applicable	, agreement provided a busin	ess subsidy
loan (only principal) grant (i.e., forgivable	loan)	s <u>53,355</u>	assistance for p	property polluted	S
tax abatement TIF or other tax redu	·	Ş	assistance for	renovating building ng it up to code, and	s
🔾 guarantee of payment	•	\$	assistance prov	vided for designated	
contribution of prope preferential use of go			historic preser	rvation districts, when total cost	
☐ land contribution ☐ other (Specify subside		s		pollution control or	S
G Ottick (Specify sausia)	y lype./		abatement Q assistance for a	TIF soils condition district	\$
26. If the assistance inciding the type of	luded tax increment TIF district? (Mark			r grantors providing a busing stance to the same project?	
🂢 not applicable, assisti	ince was not in the f	form of TIF		ach grantor and the value of ow; attach an additional she	
oredevelopment renewal and renovation	on.		Ø⊈No		
soils condition			\ '		
nined underground s	pace		Grantor(s) and va	lue of the agreement(s);	i
☐ hazardous substance	tubdistrict		Grantor	Value (\$)	
			Grantor	Value (5)	

Section 4 Goals and Po	ablic Purpo:	se Identifie <u>d i</u> n t	he Agreement		
28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreement nt? (Mark all that apply.)	ts state a public	purpose. Which
☐ Enhancing economic dive Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		Increasing tax base (ca at Other (please specify)	nnot be only put	pose) rehabilitation
29. Indicate whether the agr				recipient had atu	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	5	established? dates	get attainment (month & year) 5/2002	All goals attained? Yes SNo Yes No Yes No Yes No
(Please attach descriptions attainment if not documente					
	ige hourly value	of any employer-pro	recation and/or retention gos ovided health insurance gos to separate goals by full- a	ls for those jobs.	
Hourly Wage (excluding benefits)	Full-dime Job Creation	Part-time/ Seasons/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				1	-
less than \$7.00					<u> </u>
\$7.00 to \$8,99	5				\$
\$9.00 to \$10.99					S
\$11.00 to \$12.99					5
\$13.00 to \$14.99					s _
\$15.00 and higher					S
	rly value of any	employer-provided	ber of actual jobs crested a health insurance for those jo ion into full- and part-time	obs. <u>(Onlv</u> Indic	
44	Full-time	Part-time/	FTE (only if upable to		
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			 -		4
\$7.00 to \$8.99	1.5				5
\$9.00 to \$10.99	2				5
\$11.00 to \$12,99				-	\$ _
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
32. Has the recipient achiev (Mark one.)	ed all goals (se		nd 31) and fulfilled <u>all oblic</u>	rations stipulated	in the agreement?

Do not complete this section if you completed it o	n another 2001 MBAF sub-	mitted to DTED.)
 During the period January 1, 2000 through December 3 report as required by Minn. Stat. §116J.993 and §116J.9 	l, 2000, did your organization ha 947 (Mark one.)	we any recipients who failed to
Tycs (Indicate the name of each recipient falling to report recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
X No. E.Y.H. 9/04/02 year phone	· ·	
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 2 Yes (Complete the remainder of this section)	required to be fulfilled by the tim	ne of this report? (Mark one.)
35 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attack		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	O recipient relocated to a differ O other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligati	on? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient has not begy	n to repay the assistance.
38. Has the agreement been amended to extend the recipient	's deadline for fulfilling its oblig	ations? (Mark one.)
	Yes O No	
39. Describe the steps being taken to bring recipient into con	mpliance 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

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development



2001 Minnesota Business Assistance Form RECEIVED AFR

- 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.

1. Name of grantor (funding	g entity)	2. Name of person completing this form Beth Ulrich				
City of Saint Pa	iul					
3. Street address		4. City	5.	ZIP code		
25 W. 4th St.	# 1400	St Paul		55102		
6. County	7. Phone number	8. Fax number	9.	E-mail add	ress	
Ramsey	651 266 6689	651 228 322	20 be	th_ulri	checi stpan	11.mn
10. Please indicate who in	your organization should receive the	e 2002 MBAF if differen	t from the pers	ion in Quest	tion 2.	
Name/Title	Phone number	Street addres	is (City	ZIP code	
created by gov't agency	t (Mark one If grantor is entity ; please indicate affiliation. For ould check "City government.")	12. Has your organiz adopted criteria t compliance with	for awarding b	usiness subs	sidies in	
©City government ☐ County government		Yes (Indicate hear	ring date 9 <u>/8</u>	/99 and <u>a</u>	ttach criteria)	
☐ Regional government		O We held a public h	earing but hav	e not yet ad	opted	
State government		eriteria (Indicate e				
Other (Please specify)		☐ Other (Please attac	ch explanation	.)		
	igned any agreements to award a bu 2000 that is required to be reported					
TYes (Co	omplete the remainder of the form)	I No (Stop here, go	o to section 5 a	n page 4.)		
Section 2 Information	About Recipient					
14. Name of business or org receiving subsidy or fin		15. Address where be will be used	usiness subsidy	y or financia	il assistance	
Rughmaiar Agus		1567 W 7th Street address	St St Pa	aul MN State	55102 ZIP code	
Buchmeier Agenc	a parent corporation? (Mark one.)	Street ductess	City	Juic	Zir tode	
to. Does the recipient have	a parent corporation (Mark one.)				1	
☐ Yes (Indicate name and a ¶ No	ddress of parent corporation below	: If more than one, indic	cate ultim <mark>ate o</mark>	wner.)		
Name of parent corporation		Street address	City	State	ZIP code	

17. Industry of rec	ipient's facility (Mark on	e.):			
	☐ Manufacturing☐ Retail Trade	Services Wholesale Trad	☐ Finance, Insura ☐ Construction	ance, Real Estate Other (please speci	ſv)
18. Did the recipie	ent relocate as a result of s	signing this agreemen	nt? (Mark one.)		
Yes (Indicate cit No (Go to Quest	ty and state of previous action 19.)	ddress and reuson re	cipient did not complete	this project at that addre	·ss.)
St Pau1 City/State of previo		ot own proper			
	ipient have remained in p	revious location or re	elocated elsewhere if not	awarded this business su	bsidy or
🙎 Remained	d at previous location C	Relocated to differe	ent Minnesota location	☐ Relocated outside N	1 innesota
Section 3 Gener	ral Information Abo	out the Agreeme	ent		
	alue of business subsidy o case separate value by typ			gned (In addition to the o dates the agreement was	
\$63,42	5.00		May 1, 2000		
	•				
23. Does the agree be reported? (subsidy or one of the business subsidy	four types of financial a	ssistance (see Question 2	5) required to
	nt provided a business sub oc(s) and total dollar val			as one of the four types of indicate the type(s).	of financial
not applicable, a	greement provided financ	cial assistance	🗆 not applicable, agree	ement provided a busines	ss subsidy
☐ guarantee of pay ☐ contribution of p	vable loan) reduction or deferral ment property or infrastructure of governmental facilities n	\$ \$63,425 \$ \$ \$ \$ \$ \$	□ assistance for prope by contaminants □ assistance for renove stock or bringing it assistance provided historic preservatio 50% or less of total □ assistance for pollut abatement □ assistance for a TIF	ating building up to code, and for designated n districts, when cost ion control or	s s s
	e included tax increment pe of TIF district? (Mark			ntors providing a busines to the same project? (A	
anot applicable, a	issistance was not in the f	orm of TIF		rantor and the value of to ttach an additional sheet	
redevelopment renewal and rene	ovation		X D No		
soils condition condition condition condition condition condition	opment und space		Grantor(s) and value o	f the agreement(s):	
☐ hazardous subst	ance subdistrict		Grantor	Value (\$)	
			Grantor	Value (\$)	

DEnhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		■ Increasing tax base (a □ Other (please specify)		
29. Indicate whether the agr at the time of this report	eement include	d the following types	s of goals, and whether the date(s) 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 wa (Please attach descriptions of	retention goals	ls	established? date ★P Yes □ No _5,	rget attainment s (month & year) /1/2002	All goals attained? Yes No Yes No Yes No
attainment if not documente					
	ige hourly value	of any employer-pri	creation and/or retention g 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 (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					\$
\$7 00 to \$8.99	_16_				s
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher					s
full-time equivalents if	irly value of an you are unable Full-time	y employer-provided to separate job crea Part-time/	health insurance for those tion into full- and part-tin FTE (only if unable to	: jobs. <i>(Only</i> indica ne positions.)	ite job creation in
Hourly Wage (excluding benefits)	Job Creation	SeasonaVTemp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
less than \$7.00					\$
\$7.00 to \$8.99		 -			2
\$9.00 to \$10.99					s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher	_12_				\$

(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.) Tes (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 24.11. 9/4/02 per phone 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.)

L.H., 9/4102 per phone

O 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. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Initial value of Type of subsidy or assistance 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.): Direcipient relocated to a different community Trecipient ceased operation a recipient was unable to fill vacant positions Onther (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) ☐ No, recipient <u>has begun</u> 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, 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



1999 use the 1999 MBAF.

2001 Minnesota Business Assistance Form

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,

- 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.

					
1 Name of granor (funding City of St. Louis)		2. Name of person c		his form	
3. Street address 5005 Minneto		4. City St. Louis Par		5. ZIP code 55416	
6 County Hennepin	7 Phone number 952-924-2197	8. Fax number 952-924-	Z663	y. E-mail addi	russ Houispark.
,	our organization should receive the	2002 MBAF if differen		<i>J</i>	
Name: Title	Phone number	Street addre	48	City	ZIP code
created by gov't agency	(Mark one If grantor is entity , please indicate affiliation. For uld check (City government,")	12. Has your organi adopted criteria compliance with	for awardin	g business subs	idies in
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.) ☐		Yes (Indicate here) No We held a public criteria (Indicate D Other (Please atta	hearing but date of init	have not yet ad iol hearing	opted
			<u> </u>		
13. Has your organization's through December 31. 2 Yes (Co	igned any agreements to award a by 2000 that is required to be reported implete the remainder of the form.	usiness subsidy or finan- under Minn, Stat \$116	cial assistan J.993 and §	ce from January 116J.9942 (Ma	
13. Has your organization's through December 31, 2 Yes (Consection 2 Information 14. Name of business or of receiving subsidy or fin	igned any agreements to award a bi 2000 that is required to be reported implete the remainder of the form, of About Recipient ganization ancial assistance	usiness subsidy or tinandunder Minn, Stat \$116. D No (Stop here,)	cial assistan 1,995 and § 10 to section business sub	ce from January 116J.9942 (Ma a 5 on page 4.)	rk one.)
13. Has your organization's through December 31, 2 Yes (Consection 2 Information 14. Name of business or of receiving subsidy or fin	igned any agreements to award a bi 2000 that is required to be reported implete the remainder of the form, of About Recipient ganization ancial assistance	under Minn, Stat. \$116. 21 No. (Stop here,) 15. Address where will be used 14	cial assistan J.993 and § Jo to securor business sul JOD/1450	ce from January 1161,994? (Ma a 5 on page 4.) exidy or financia Carthau	rk one.)
13. Has your organization's through December 31. 2 Yes (Contection 2 Information 14. Name of business or of	igned any agreements to award a bi 2000 that is required to be reported implete the remainder of the form, of About Recipient ganization ancial assistance	under Minn, Stat. \$116. 21 No. (Stop here,) 15. Address where will be used 14	cial assistan J.993 and § Jo to securor business sul JOD/1450	ce from January 1161,994? (Ma a 5 on page 4.) exidy or financia Carthau	rk one.) nt assistance Ave., St. Lo
13. Has your organization's through December 31, 2 Yes (Consection 2 Information 14. Name of business or organization C3M Hospitality, a Minnesota tor 16. Does the recipient have	igned any agreements to award a bi 2000 that is required to be reported implete the remainder of the form, of About Recipient ganization ancial assistance	15. Address where will be used 14. 5701 Wayza Street address	cial assistan 1.993 and § 10 to secunor business sul 100/1450 44 Blvd City	ee from January 1161,9942 (Ma a S on page 4.) esidy or financia Zarthan State	rk one.) al assistance Ave., St. Lou is Park, MA

	
17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	Finance, Insurance, Real Estate 2 Construction A Other (pleuse specify) Hospitality
18. Did the recipient relocate as a result of signing this agreemen	t? (Mark one.)
Yes Andicate city and state of previous address and reason rec XNo (Co to Question 19.) Recipient commenced open	cipient did not complete this project at that address., cration of two mw hotels at this location.
City/State of previous address Reason project not completed at	previous address
 Would the recipient have remained in previous location of re- financial assistance? (Mark one.) 	located elsewhere if not awarded this business subsidy or
☐ Remained at previous location ARelocated to different	nt Minnesota location
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$Z,549,450	21. Date agreement signed (in addition to the agreement date, indicate any dates the agreement was amended) Z-7-Z000 Amended 8-7-Z000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) 9-11-2000	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	four types of financial assistance (see Question 25) required to [2] Ifinancial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
inot applicable, agreement provided financial assistance	#not applicable, agreement provided a business subsidy
Distance (only principal) S	Sassistance for property polluted by contaminants assistance for renovating building stock or bringing it up to code, and assistance provided for designated histone preservation districts, when
Departmental use of governmental facilities I land contribution Other (Specify subsidy type) S	50% or less of total cost Dissistance for pollution control or subatement Dissistance for a TIF soils condition district substitutes sub
	- connection with some containing district
26. If the assistance included tax increment financing, please indicate the type of TIF dismet? (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	→ Yes (Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)
Trenewal and renovation It soils condition	X No
U economic development U mined underground space U hazardous substance subdistnet	Granton(s) and value of the agreement(s):
a discount advantage apparent	Gramor Value (\$)
	Grantor Value (5)

			ancial assistance agreement at? (Mark all that apply.)	s state a public pu	irpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		MIncreasing tax base (car MOther (please specify) has bestondard and each wildings.	Redevelop av	Lacea of
). Indicate whether the agr at the time of this report			of goals, and whether the relate(s) for each goal.)	ecipient had attait	ned those goals
) Specific wage and job go j Other job-creation and/oi j Other wage goals j Offier goals other than w	recention goals age and job goa	k	established? dates t	et attainment (month & year) 2004	All goals attained? Li Yes Mo Li Yes Li No Li Yes Li No Li Yes Li No Li Yes Li No Li Yes Li No
Please attach descriptions c wainment if not documente	,	• •			
agreement and the avera	age hourly value	e of any employer-pro	creation and/or retention gos ovided health insurance goa to separate goals by full- w FTE (anly it goals not	is for those jobs.	
Hourly Wage (excluding benefits)	Job Crestion	Seasonal/Temp. Joh Creation	stated as PT/PT) Job Creation	Job Retention	Hourly Value of Health Jusurance
no hourly wage-level goal		··· <u></u> -	·· — <u> </u>		5
less than \$7.00		· —·—			`
\$7,00 to \$8,99	<u> 35</u>				·
\$9.00 to \$10.00	- —	<u></u>			`
\$11,00 to \$12.99			 ·		`
\$13,00 to \$14,99	<u></u> ·-	.——			·
\$15.00 and higher				<u></u>	S
date and the actual ho full-time equivalents if Hourly Wage	urly value of an '1 on are unable Fall-time Job	y employer-provides to separate job crea Part-time/ Seasonal/Femp.	nber of actual jobs created a health insurance for those j then into full- and part-time FTE (only if unable to separate FT/PT)	obs <u>(Only</u> indic positions) Job	ate job greation in Hourly Value of
(excluding benefits)	('reation	Job Creation	Job Creation	Retention	Health Insurance
less than \$7,00	/3	3			.1.51*
\$7.00 to \$8.99	4	<u>.</u>			51.51*
\$9.00 to \$10. 99	l	. 			1.51*
			···		.1.51 *
\$11.00 to \$12.99					
\$(1.00 to \$12,99 \$13.00 to \$14,99 \$15.00 and higher	•				,1.51*

2001 Minnesota Business Assistance Form

Page 3 of 4

Department of Trade and Economic Development

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

33 During the period January report as required by Minn	1, 2000 through December 1. Stat. §116J.993 and §116J	31, 2000, did your organization h. 994? (Mark one.)	ave any recipients who failed to
U Yes Undicate the name of ex- recipient. Attach additi	ach recipient failing to repo onal pages if necessary.)	rt and the value of subsidy or fina	moral assistance awarded to that
≭ No			
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization has agreement signed on or at	e any recipients who failed for January 1, 2000, that we	to achieve any goals or fulfill any re required to be fulfilled by the ti	other obligations under an me of this report? (Mark one.)
🖰 Yes (Compl	lete the remainder of this sec	tion.) MNo (Stop here and s	uhmit torm to DTED .)
		ient failing to fulfill goals or any cuch additional pages if necessary.	
35. Information on recipient a	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 (Ma	irk all that apply.):		
☐ recipient coused operation ☐ recipient was unable to fill	vacant positions	Trecipient relocated to a difficult of the respective reason.)	-
37 To date, has the recipient	fulfilled its repayment oblig		
LI Yes - Li No, recipient <u>has</u>	begun to repay the assistance	re. – Il No, recipient <u>has not be</u> s	run to repay the assistance
38. Has the agreement been a	imended to extend the recipi	ent's deadline for fulfilling its ob-	igations? (Mark one.)
 	<u> </u>	Li Yes - Di No	
39. Describe the steps being t	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

2001 Minnesota Business Assistance Form

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

 Name of grantor (funding er St.Cloud Housing 	dity) & Redevelopment Aut!	•	2. Name of person completing this form prity Bruce Thielman			
3. Street address 1225 West St. Germain Street		4. Cny St. Cloud	5. ZIP code 56301			
6. County 7 Phone number Stearns (320)252-0880		8. Fax number (320)252-0889	9. E-mail address bthiclman@stclo	ud hra		
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	Cny ZIP co	ale		
	lark one. If grantor is entity lease indicate affiliation. For Leheck "City government":		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) ☐ HRA		2) Yes challeate hearing date -5/15/0and attach criteria: No We note a public hearing but have not yet adopted criteria cloubrate date of maid hearing				
through December 31, 200	ned any agreements to award a by that is required to be reported of the the remainder of the torm of	under Minn, Stor \$1101,993 at	id §1161.994" (Mark one)			
Section 2 Information A	bout Recipient					
14. Name of business or organization receiving subsidy or financial assistance Eastgate IL, LLP,		 15. Address where business subady or financial assistance will be used 425 St., Germain St. E. St. Cloud MN 56304 				
		Street address Cit				
To Does the recipient have a p	nment corporation" (M.m4/me/)					
그 Yes (Indicate name and add 절 No	ress of parent corporation below	. It more than one, indicate al	limate owner.)			
Name of parent corporation		Street address City	State ZIP cod	de d		

17. Industry of recipient's facility (Mark one).			
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale T		inance, Insurance, Real Estate Construction ** Other tplease specify off	ice build
18 Did the recipient relocate as a result of signing this agree	ement? i Mark	mc.)	
□ Yes (Indicate city and state of previous address and reaso ☑ No (Go to Question 19.)	on recipient dic	not complete this project at that address,)	
City/State of previous address Reason project not complet	ted at previous	address	
19. Would the recipient have remained in previous location financial assistance? (Mark one.) N/A This is a result of the control of the contr	redevelop	ment TIF	
☐ Remained at previous location ☐ Relocated to di		tota location	ta
ection 3 General Information About the Agree			———
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2 and 25.) \$306,000		e agreement signed (In addition to the agreeme e, indicate any dates the agreement was amend 5/24/00	
22. Benefit date (Indicate the date the recipient will benefit indicate the date improvements were finished, equipment whichever is earlier) Jan. 9, 2002			
 Does the agreement provide a business subsidy or one of be reported? (Mark one.) business subsides 	_	s of financial assistance (see Question 25) requial assistance	rired to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each typ		ne assistance was one of the four types of finan stance, please indicate the type(s).	icial
a not applicable, agreement provided financial assistance	≥3 not a	oplicable, agreement provided a business subst	dy
loan (only principal) 5		ance for property polluted \$	
Digrant (i.e., forgivable loan) \$ Latax abatement \$	lassist	ntammants ance for renovating bailding S	
★ FIF or other tax reduction of deferral \$\$306, Digitarantee of payment Signarantee of payment		or bringing it up to code, and ance provided for delignated	
1 contribution of property or infrastructure \$	histo	ac preservation districts, when	
J preferential use of governmental facilities \$	_	or less of total cost ance for pollution control or \$]
Jother (S) ecity subsuly type (S	abute	men!	
	📗 🗋 🕽 assis	ance for a TH-seris condition district S	
26 If the assistance included tax increment financing, pleas indicate the type of TIF district? (Mark one.)		any other granters providing a business saless netal assistance to the same project* (Mark or	
I not applicable, assistance was not in the form of TIIs		Specify each grantor and the value of their tarce below; attach an additional sheet y nece	· v
Fredevelopment J renewal and renovation	231 No	and additional sheet if mee	
□ soils condition □ economic development □ immed underground space □ hazardous substance subdistrict		(s) and varie of the agreement(s)	
we consider a constant of the	Granto	Value (5)	
	Granto	Value (S)	

			ancial assistance agreement n ^{er} (Mark all that apply i	s state a public pi	arpose. Which
I finhancing economic diver I Creating high-quality job I lob retention I Stabilizing the community	growth		ង Increasing tax base (car ង Other <i>tylense specify</i> <u>r</u> a	mot be only purp redevelopme trea	ose) nt of blight
9 Indicate whether the agr at the time of this report			of goals, and whether the r	ecipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or D) Other wage goals D) Other goals other than wa	retention goals		established? dates (2.1/9)	et attamment month & year) 2004	All goals attained? Dives pino Dives uno Dives uno Dives uno Dives uno
Please attach descriptions of ttainment if not documented				- _	
agreement and the avera	ige hourly value	e of any employer-ρτ	reation and/or retention goa ovided health insurance goa to separate goals by full- or	ds for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Crestion	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	- — .	·· —	<u> </u>		<u>, </u>
\$7 (0) to \$8,99			_	_	·
		- -			2
\$9 on to \$10.99					5
\$9 on to \$10.99 \$11 @ to \$12.99	<u>-2</u> -				
	<u>-2</u> -	- ·-		-	S
\$11 (0) to \$12 99	<u>2</u> . —	-		- 	\$
\$11 00 to \$12 99 \$15.00 to \$14 99 \$15.00 and higher 1. For each of the following date and the actual hor	ng wage categoryly value of an	y employer-provided	aber of actual jobs created a Thealth insurance for those j tion into full and part-time FTE (only if unable to	iobs. <u>Only</u> mdic	s _
\$11 00 to \$12 99 \$15.00 to \$14 99 \$15.00 and higher 1. For each of the following date and the actual hore.	ng wage category value of an voice are unable	y employer-provided to separate job cred	health insurance for those p tion into field and part-time	iobs. <u>Only</u> mdic	s _
\$11.00 to \$12.99 \$13.60 to \$14.90 \$15.00 and higher 1. For each or the rollowing date and the actual hor tall time equivalents if Hourly Wage	ng wage category value of an von are unable Full-time Joh	y employer-provided to separate job cred Part-time/ Seasonal/Lemp.	The aith insurance for those j tion into pall, and part-time FTE (only if unable to separate FT/PT)	(obs. (<u>Only</u> mdic) positions (Juh	5
\$11 (0) to \$12.99 \$13,60 to \$14.99 \$15,00 and higher 1. For each or the following date and the actual hor trull time equivalents if Hourly Wage texcluding benefits)	ng wage category value of an von are unable Full-time Joh	y employer-provided to separate job cred Part-time/ Seasonal/Lemp.	The aith insurance for those j tion into pall, and part-time FTE (only if unable to separate FT/PT)	(obs. (<u>Only</u> mdic) positions (Juh	5 _ nee the benefit ite job eresition in Hourly Value of Health Jusurance
\$11 (0) to \$12 99 \$15,60 to \$14 99 \$15,00 and higher 1. For each of the following date and the actual hor title time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage category value of an von are unable Full-time Joh	y employer-provided to separate job cred Part-time/ Seasonal/Lemp.	The aith insurance for those j tion into pall, and part-time FTE (only if unable to separate FT/PT)	(obs. (<u>Only</u> mdic) positions (Juh	5 _ nee the benefit ite job erection in Hourly Value of Health Insurance
\$11 (0) to \$12 99 \$15,60 to \$14 99 \$15,60 and higher 1. For each of the following date and the actual hor title time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7,00 to \$8,00	ng wage category value of an von are unable Full-time Joh	y employer-provided to separate job cred Part-time/ Seasonal/Lemp.	The aith insurance for those j tion into pall, and part-time FTE (only if unable to separate FT/PT)	(obs. (<u>Only</u> mdic) positions (Juh	5 _ nee the benefit ite job eresition in Hourly Value of Health Jusurance
\$17.00 to \$12.99 \$13.60 to \$14.90 \$15.00 and higher 1. For each or the rollowing date and the actual hor rull time equivalents if Hourly Wage (excluding benefits) best than \$7.00 \$5.00 to \$8.00 \$9.00 to \$10.50	ng wage category value of an von are unable Full-time Joh	y employer-provided to separate job cred Part-time/ Seasonal/Lemp.	The aith insurance for those j tion into pall, and part-time FTE (only if unable to separate FT/PT)	(obs. (<u>Only</u> mdic) positions (Juh	5 _ nee the benefit ite job eresition in Hourly Value of Health Jusurance

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy.
68.C - 53.C
com & nAA "snothigaldo 20 giullithd 30) onillach s'hrospison odt buotzo ot bobroma nood morroonga odt aalt. 38
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voin, Arith The tree print fulfilled its repayment obligation (Arith Arith Oll 178)
t mostost through a sharing positions and in order of the same sew morphost.
giammmos mereflits a of benegoler merefeet 🗀 notimisqo besees merefeet 🗀
3e. Reasones) for default (Atan apply).
To subtract the property of th
O anter Initial someway of subsiders to specification of technical radius of technical values of technical subsiders.
$\mathcal{S}_{\mathcal{E}}$. Information on recipient and agreement:
stl. 189 Provide the following information for each recipient failing to fall goals or any other terms of an agreement that were to be autimed by the time of reporting. Attach badditional pages of necessary.)
e (1313et ot maoi timbus biro sasil qotë), ok ⊏ — (notisse sidi fo vibritimor sidi malqmoD) ≥5¥ ⊑
34. Did your organization has e any reciptents who failed to achies e any goals or fulfill any other obligations under an table of the construction of the constructio
Name of recipient Value of subsidy or assistance (See Questions 24 and 25) Value of subsidir or assistance
°N □
with our population of contributions of the properties of the state of states a_{ij} and $a_{$
33. During the period Lanuary 1, 2000 through December 31, 2000, did your organization has e any recipients who failed to report as required by Muni. Stat. \$1161 993 and \$1161,994? After one)
O not complete this section if you completed it on another 2001 MAR arbmitted to DTED i

Return your completed MMAF(s) by April 1, 2001. (o: 2001 Minnesota Business Assistance Form functional Department of Trade and Economic Development -

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St. Paul, MN 55101-2146

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2001 Minnesota Business Assistance Form

- 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, 1990 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 About Grantor 1. Name of granter (funding entity) 2. Name of person completing this form Rosemount Port Authority Jim Parsons 4._City 5. ZIP code Street address 55068 2875 145th St. West Rosemount 6. County 7. Phone number 8. Fax number 9. E-mail address 551-423-4411 Dakota 651**-**423-5203 jlim.parsons@ci.rosembunt.mn.us 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. ZIP code Street address City Name/Title Phone number 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 affiliation. For adopted criteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.) example, a city EDA would check "City government.") Yes Andicate hearing date 4-4-00 and attach criteria) Tity government ☐ County government □ No ☐ We held a public hearing but have not yet adopted ☐ Regional government ☐ State government criteria (Indicate date of initial hearing - ___ ☐ Other (Please specify.) ☐ 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. \$110J.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 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used Webb Business Promotions 15197 Boulder Ave. Rosemount MN 55068 Street address City State 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.) X No

Name of parent corporation

Street address

State

ZIP code

City

17. Industry of recipient's facility (Mark one.): XI Manufacturing I Services I Finance, Insurance, Real Estate				
☐ Retail Trade ☐ Wholesale Trade ☐ Construction ☐ Other tplease specifyt				
18. Did the recipient relocate as a result of signing this agreement? (Mark one.)				
X Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.)				
No (Go to Question 19.) Business subsidy not available; previous location did				
Burnsville, MN not provide adequate area to grow.				
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 tinancial assistance? (Mark one.)				
☐ Remained at previous location — 2 Relocated to different Minnesota location — ☐ Relocated outside Minnesota				
Section 3 General Information About the Agreement				
20. Total dollar value of business subsidy or financial 21. Date agreement signed (In addition to the agreement				
assistance (Pleuse separate value by type in Questions 24 date, indicate any dates the agreement was amended.	,			
and 25.) \$664,636 June 19, 2000				
<u> </u>				
22. Benefit date illudicate 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.) Novembor 2000	•			
November 2000				
23. Does the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required	l to			
be reported? (Mark one.) XI business subsidy				
24. If the agreement provided a business subsidy, please 25. If the assistance was one of the four types of financia				
indicate the type(s) and total dollar value for each type.				
🗆 not applicable, agreement provided financial assistance 💢 not applicable, agreement provided a business subsidy				
□ loan (only principal) S □ assistance for property polluted S				
☐ grant (i.e., forgivable loan) S by contaminants				
☐ tax abatement S ☐ assistance for renovating building S Stock or bringing it up to code, and				
☐ guarantee of payment \$ assistance provided for designated				
☐ contribution of property or infrastructure S				
XI land contribution \$ 98.399 ☐ assistance for pollution control or \$				
All other (Specify subsidy type.) Public Improvements — Soli, 317 abatement assistance for a TIF soils condition district S				
Park Dedication Fee 4,920				
26. If the assistance included tax increment financing, please 27. Are any other grantors providing a business subsidy	15			
indicate the type of TIF district? (Mark one.) financial assistance to the same project? (Mark one.)				
☐ Yes iSpecify each grantor and the value of their	· •			
assistance below; attach an additional sheet if necessary redevelopment	rr.)			
☐ renewal and renovation 🚨 No				
☐ soils condition ☐ Grantor(s) and value of the agreement(s)				
☐ mined underground space				
☐ hazardous substance subdistrict ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	—			
Grantor Value (\$)				

 Minn. Stat. §116J.994 re of the following public p 				s state a public pu	rpose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job retention ☐ Stabilizing the community	rrowth		Increasing tax base (car Other (please specify) Fuller use of e	Increase jo	<u>DDS</u>
 Indicate whether the agree at the time of this report. 				ecipient had attair	red those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates of June	et attainment (month & year) 2 20, 2002	All goals attained? O Yes I No I Yes I No I Yes I No I Yes I No I Yes I No
(Please attach descriptions of attainment if not documented					
	ge hourly value	of any employer-pro	reation and/or retention gos ovided health insurance goa to separate goals by full- an	ls 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			- —		s
					s
\$9.00 to \$10.99			 -		
\$9.00 to \$10.99 \$11.00 to \$12.99	<u> </u>		 -	·——	s
\$11.00 to \$12.99			— —- —-	·	s
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hours	ng wage catego trly value of an	y employer-provided to separate job crea	health insurance for those j tion into full- and part-time	obs. <u>(Only</u> indica	ss
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hours	ng wage catego	y employer-provided	health insurance for those j	obs. <u>(Only</u> indica	ss
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if	ng wage catego irly value of an you are unable Full-time Job	y employer-provided to separate job crea Part≪me/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	sss
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	ng wage catego irly value of an you are unable Full-time Job	y employer-provided to separate job crea Part≪me/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego irly value of an you are unable Full-time Job	y employer-provided to separate job crea Part≪me/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss s sce the benefit ate job creation in Hourly Value of Health Insurance s
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego irly value of an you are unable Full-time Job	y employer-provided to separate job crea Part≪me/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	ss s s nce the benefit rate job creation in Hourly Value of Health Insurance s s
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followind date and the actual hour 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 irly value of an you are unable Full-time Job Creation	y employer-provided to separate job crea Part≪me/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indica positions.) Job	sssnce the benefit ate job creation in Hourly Value of Health Insurance ssss

(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 report as required by Minn. Stat. §116J.993 and §116J.99		ve any recipients who failed to
☐ Yes (Indicate the name of each recipient falling to report of recipient. Attach additional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
C) 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 a agreement signed on or after January 1, 2000, that were to	equired to be fulfilled by the tim	e of this report? (Mark one.)
Yes (Complete the remainder of this section)	n.) U No (Stop here and sub	emit form to DTED .)
35 39. Provide the following information for each recipien were to be attained by the time of reporting. (Attach		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	☐ recipient relocated to a differ ☐ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligati	on? (Mark one.)	
CI Yes No, recipient has begun to repay the assistance.	U No, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipient	t's deadline for fulfilling its obliq	gations? (Mark one.)
0	Yes □ No	
39. Describe the steps being taken to bring recipient into co	mpliance or recoup the subsidy:	
·		

Return your completed MBAF(s) by <u>April 1, 2001</u>, to: 2001 Manneson, Business Australia Form

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

Trade & Economic Development

01-0253

2001 Minnesota Business Assistance Form

- 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 <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 grantor (funding entity) CITY OF ROSERS	2. Name of person completing this form CARY EITEZ, CITY HOMINISTRATOR			
3. Street address 12913 MAIN STREET	4. City ROGERS	5. ZIP code 55.374		
6. County 7. Phone number 763-428-2253	8. Fax number 763-428-4470	9. E-mail address		
10. Please indicate who in your organization should receive the				
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.")	Street address City ZIP code 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 Ci State government Ci Other (Please specify.)	☐ Yes (Indicate hearing date - 6-13-00 and attach criteda) ☐ No ☐ We held a public hearing but have not yet adopted ☐ criteria (Indicate date of initial hearing -			
13. Has your organization signed any agreements to award a but through December 31, 2000 that is required to be reported utilities (Complete the remainder of the form.)		116J.994? (Mark one.)		
Section 2 Information About Recipient				
14. Name of business or organization receiving subsidy or financial assistance ROGERS ASSOCIATES ILP 7841 WAYZATA BLVD MINNEAPOLIS, MN 65426	15. Address where business subsidy or financial assistance will be used ROSERS INDUSTRIAL PARK 55374 [2999 WILFRED LANE, ROSERS, MN Street address City State ZIP code			
16. Does the recipient have a parent corporation? (Mark one.) 2 Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate awner.)				

Name of parent corporation

Street address

State

ZIP code

City

					 -
17. Industry of re	cipient's facility (Mark o	ne.):	7	DISTRIBUTION	COUTER
	☐ Manufacturing ☐ Retail Trade	O Services O Wholesale Trade	☐ Finance, Insure: ☐ Construction	ance, Real Estate Other (please speci)	5)
18. Did the recipi	ient relocate as a result of	signing this agreemen	t? (Mark one.)		
Dycs (Indicate c No (Go to Que	ity and state of previous o stion 19.)	address and reason rec	ipient did not complete	this project at that addre	थ्ड.)
City/State of prev	ious address Reason p	roject not completed at	previous address		
	cipient have remained in ince? (Mark one.)	•	Α	awarded this business su EVIOOSLY IN EXIST	-
☐ Remaine	ed at previous location	Relocated to differe	nt Minnesota location	☐ Relocated outside M	(innesota
Section 3 Gene	eral Information Al	out the Agreeme	nt		
	value of business subsidy lease separate value by t			gned (In addition to the a dates the agreement was	
	60,000 MA	XIMUM	JUNE	= 13,2000)
indicate the a	late improvements were f			financial assistance. Fo the recipient occupied th	
whichever is	Pay-As-You-	G TIF NOTE	199UED 8-	13-01 - BENEF	IT DATE
23. Does the agre be reported?	(Mark one.)	subsidy or one of the business subsidy	four types of financial a	assistance (see Question 2	5) required to
	ent provided a business st ype(s) and total dollar v			vas one of the four types of indicate the type(s).	of financial
🔾 not applicable,	agreement provided fina	ncial assistance	not applicable, agre	ement provided a busine	is subsidy
loan (only prin		\$	assistance for proper by contaminants		s
guarantee of pa		s 1,060,000	☐ assistance for renov stock or bringing it assistance provided	up to code, and for designated	•
🔾 preferential use	property or infrastructure of governmental facilities		historic preservation 50% or less of total		
and contributi		s	abatement		s
			assistance for a TIF	soils condition district	\$
	nce included tax incremes			entors providing a businessee to the same project?	
not applicable,	assistance was not in the	form of TIF		grantor and the value of t attach an additional shee	
redevelopment	novation		×νο	· · · · · · · · · · · · · · · ·	·
Soils condition Acconomic deve	elopment round space		Grantor(s) and value	of the agreement(s):	
U hazardous sub:	stance subdistrict	, ···,=	Grantor	Value (S)	
1			Grantor	Value (S)	

Section 4 C	Goals and l	Pablic Purpos	e Identified i	n the A	ereement
-------------	-------------	---------------	----------------	---------	----------

28. Minn. Stat. §116J.994 req of the following public pu				nts state a public pu	irpose. Which
☐ Enhancing economic divers Creating high-quality job gr ☐ Job retention Stabilizing the community			Increasing tax base (c) Other (please specify)		ose)
29. Indicate whether the agree at the time of this report.				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	ctention goals	ls	established? dates	get anainment 5 (month & year) 3-13-03	All goals attained? O You Dano O You D No O You D No O You D No
attainment if not documented	in Questions	10 and 31.)			
30. For each of the following agreement and the averag job creation goals in full-	e hourly value	of any employer-pro	ovided health insurance go	als for those jobs.	
Hourly Wage (creinding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourty Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00	7				S
\$7.00 to \$8.99 (8/42)	20	-			\$
\$9.00 to \$10,99			 		\$
\$11.00 to \$12.99					s
\$13.00 to \$14,99	 -				\$
\$15.00 and higher					5
	y value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim	: jobs. (<u>Onty</u> indic	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp- Job Creation	FTE (only if usable to separate FT/PT) Job Creation	Job Retestion	Hourly Value of Health Insurance
less than \$7.00					s
\$7.00 to \$8.99					\$
99.00 to \$10.99			_		\$
\$11.00 to \$12.99	<u> 11 </u>				\$
\$13.00 to \$14.99					5
\$15,00 and higher					3
32. Has the recipient achiev (Mark one.)	ed <u>all goals</u> (s		and 31) and fulfilled all ob	ligations stipulated	d in the agreement?

Do not complete this section if you completed	it on another 2001 MBAF sub	nitted to DTED.)
 During the period January 1, 2000 through Decement as required by Minn. Star. §116J.993 and §1 		ve any recipients who failed to
Yes (Indicate the name of each recipient failing to n recipient. Attach additional pages if necessary.)	eport and the value of subsidy or finan	cial assistance awarded to that
NNO L.F.H. 813goz parphone		
Name of recipient Type of subsidy or assist	tance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fai agreement signed on or after January I, 2000, that	were required to be fulfilled by the tin	ne of this report? (Mark one.)
☐ Yes (Complete the remainder of this	section.) 10 No (Stop here and sul	omit form to DTED.)
 35 39. Provide the following information for each rewere to be attained by the time of reporting. 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 differ ☐ other (Specify reason.)	-
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
Yes INo, recipient has begun to repay the assist	ance. ONo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the rec	cipient's deadline for fulfilling its oblig	gations? (Mark one.)
	□Yes □No	
39. Describe the steps being taken to bring recipient in	nto 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

ATTN: Ed Hodder

TIN BO MODE



01-0400

2001 Minnesota Business Assistance Form

Original goen read 4/4/02 E.f.H.

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 Grant	or
-----------	-------------	-------------	----

I. Name of grantor (funding entity) City of Rochester		Name of person completing this form Terry Spaeth		
3. Street address 201 4th Street SE		4. City Rochester	5. ZIP code 55904-3781	
6. County Olmsted	7 Phone number (50 7) 285–8082	8. Fax number (507) 287–7979	9. E-mail address tspaeth@cl.roches	ster.mn
10. Please indicate who in	your organization should receive the	2002 MBAF if different from the	e person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
created by gov't agenc	oc (Mark one, If gruntor is entity y, pleuse indicate affiliation, For ould check "City government.")	compliance with Minn. S Yes Indicate hearing date No We held a public hearing b	ling business subsidies in tat. §1161.994? (Mark one.) 8–16–99d <u>anach criteria)</u> ut have not yet adopted intal hearing	
through December 31,	signed any agreements to award a bu 2000 that is required to be reported to Complete the remainder of the form.)		§1161.994? (Mark one.)	
Section 2 Information				
14. Name of business or or receiving subsidy or fi	rganization	15. Address where business s will be used	ubsidy or financial ossistance	
Mayo Foundatio	on ·	200 1st Street SW Street address City	Rochester MN 5590 State ZIP code)5

Name of parent corporation

33 No

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

Street address

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

State

ZIP code

City

17. Industry of recipient's facility (Mark one.):	
□ Manufacturing □ Services □ Retail Trade □ Wholesale Tra	
15. Did the recipient relocate as a result of signing this agreem	ent? (Mark one.)
2 Yes Andrease Assart of previous address and reason r 20 No 1Go to Question 19.)	verpient did not complete this project at that address.)
City/State of previous address Reason project not completed	as 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 diffe	rent Minnesota location 🔲 Relocated outside Minnesota
Section 3 General Information About the Agreen	ent
30. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) \$290,000,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 1-26-00
V 23 0 /030/030	1-20-00
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment whichever is earlier.) Improvements not	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.) **Business subsidy**	e four types of financial assistance (see Question 25) required to Offinancial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
Dinot applicable, agreement provided financial assistance	d not applicable, agreement provided a business subsidy
Ulean (only principal) I grant (i.e., forgotable loan) I fax abatement Ulean TIF or other tax reduction or deferral Ulean guarantee of payment Ulean contribution of property or infrastrueture S	Dissistance for property polluted S
Digreferential use of governmental facilities S Digreferential use of governmental facilities S Digreferential use of governmental facilities S Digreferential use of governmental facilities S S Di	50% or less of total cost assistance for pollution control or abatement assistance for a TIF soils condition district S
care reclificies Wevelide Boulds	Supplied for a 111 doing conceptor 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	Tes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
☐ redevelopmen: ☐ renewal and renovation ☐ soils condition	20 No
conomic development mined underground space hazardous substance subdistrict	Grantor(s) and value of the agreement(s):
a mentana anamine adolitici	Grantor Value (S)
	Grantor Value (\$)

--- ------

			he Agreement			3
28. Minn. Stat. \$1161.994 of the following public			nancial assistance agreement nr? (Mark all that apply.)	is state a public p	ourpose. Which	
☐ Enhancing oconomic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		Increasing tax base (ca Other (please specify) health care so at cost-effect	Providing ervices &	<u>& expanding</u> facilities	
 Indicate whether the against the time of this report 				ecipient had atta	ined those goals	
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals	•	established? dates	et attainment (month & year) -2003	All goals attained? Yes Who Yes Who Yes Who Yes Who	B 9/24/02
(Please attach descriptions attainment if not documente						
	age hourly value	e of any employer-pr	creation and/or retention gos ovided health insurance gos to separate goals by full- a	is for those jobs.		
Hourly Wage (excluding benefits)	Full -time Job Creation	Part-sime/ Seasonal/Tomp. 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					\$]
less than \$7.00					S	
57.00 to \$8.99					s	
99.00 to \$10.99					S	1
\$11.00 to \$12.99				·	\$	Ì
\$13.00 to \$14.99			<u> </u>	·	s	
\$15,00 and higher	<u>50</u>	1			S	1
	urly value of an	y employer-provided	heer of actual jobs created : health insurance for those j tion into full- and part-time	obs. (Only India		
Hourly Wage (excluding benefits)	FuB-time Job Creation	Part-time/ Se250naVTemp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
less than \$7.00					5	
57.00 to \$8.99					5	
59.00 to 510.99					<u> </u>	
\$11.00 to \$12.99					3	
\$13.00 to \$14.99					1	
\$15.00 and higher	1,188	as of			s	R 9/24/
32. Has the recipient achie (Mark one.)	ved all goals (s		and 31) and fulfilled all obli	eations stipulate	d in the agreement?	, , ,

2001 Minnesota Business Assistance Form

Page 3 of 4

Department of Trade and Economic Development

Section 5 Recipients Failing to Fulfill Obligations
(Do not complete this section if you completed it on or

i Do noi complete this section if you comple	erea it on another 2001 MBHE SHO	mittea to DIED.)					
 During the period January 1, 2000 through De- report as required by Minn, Stat. §116J.993 and 	cember 31, 2000, did your organization had \$1161.994? (Mark une.)	we any recipients who failed to					
Tyes (Indicate the name of each recipient failing recipient. Attach additional pages if necessions)		icial assistence awarded to that					
28 Ko							
Name of recipient Type of subsidy or a	ssistance (See Questions 24 and 25.)	Value of subsidy or assistance					
34. Did your organization have any recipients who agreement signed on or after January 1, 2000, to	failed to achieve any goals or fulfill any other than were required to be fulfilled by the time	other obligations under an ne of this report? (Mark one.)					
I Yes (Complete the remainder of	this section.) 8 No (Stop here and suc	bmit form to DTED .)					
 35 39. Provide the following information for each were to be attained by the time of reporting 35. Information on recipient and agreement: 	ch recipient failing to fulfill goals or any or g. (Attach additional pages if necessary.)	ther terms of an agreement that					
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.):							
necipient ceased operation precipient was unable to fill vacant positions	Description relocated to a differ Dother (Specify reason.)	ent community					
37. To date, has the recipient fulfilled its repaymen	nt obligation? (Mark one.)						
☐ Yes ☐ No. recipient has begun to repay the a	ssistance O No, recipient has not begy	n to repay the assistance.					
38. Has the agreement been amended to extend the	recipient's deadline for fulfilling its oblig	ations? (Mark one.)					
	☐ Yes ☐ No						
39. Describe the steps being taken to bring recipies	nt into compliance or recoup the subsidy:						
	<u> </u>						

Return your completed MBAF(s) by <u>April 1, 2001</u>, 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



2001 Minnesota Business Assistance Form RECEIVED HAR 2 3 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 <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 inail 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

1 KI 1 1 1 1 1 1				_ _ _	
1. Name of grantor (funding entity) Gobbinsole Economic Development Anthority		2 Name of person completing this form			
Schbinselele Evention	in Diselopment Anthority	Alberia Glick, E			
3. Street address		4. City	5. ZIP code		
4100 Lodgeria	<u> 4, N</u>	Robinsoldi	SSYZZ	<u> </u>	
6. County	7. Phone number	8. Fax number	9. E-mail ac		
Hennepin 703 551 1258		7:3 55/ 1291	MELICEC	مس طعانده بطبوت لور ب	
10. Please indicate who in	your organization should receive the	2002 MBAF if different from	the person in Que	stion 2.	
Name/Title	Phone mumber	Street address	City	ZIP code	
11. Classification of grantor (Mark one, It grantor is entity created by gov t agency, please indicate attiliation. For example, a city EDA would check. "City government.")		12. Has your organization I adopted criteria for awa compliance with Minn.	rding business sii Stat. ξ116J,994°	bsidies in Mark one i	
City government		2 Yes Andicate hearing da	ne <u> Whalf</u> rand	attach criteria)	
☐ County government ☐ Regional government		☐ No ☐ We held a public hearing			
☐ State government					
☐ State government ☐ Other (Please specify)		eriteria (Indicate date of	' imital hearing		
-		☐ Other iPlease attach expl		<i></i>	
☐ Other (Please specify r_ 13. Has your organization	signed any agreements to award a but 2000 that is required to be reported u	☐ Other (Please attach expl siness subsidy or financial assi	anation) stance from Janua	ny 1, 2008)	
□ Other (Please specify r _ 13. Has your organization through December 31.	signed any agreements to award a but	☐ Other (Please attach expl siness subsidy or financial assi	anation i stance from Janua id \$1161,994° (A)	ny 1, 2008) fark (m.)	
Other (Please specify r Has your organization through December 31)	signed any agreements to award a but 2000 that is required to be reported to implete the remainder of the form (☐ Other (Please attach expl siness subsidy or financial ass) inder Minn, Stat. \$1161,993 at	anation i stance from Janua id \$1161,994° (A)	ny 1, 2008) fark (m.)	
☐ Other (Please specify r) [3] Has your organization through December 31. [5] Yes (C)	signed any agreements to award a but, 2000 that is required to be reported uniquete the remainder of the form 1 in About Recipient organization.	☐ Other (Please attach expl siness subsidy or financial ass) inder Minn, Stat. \$1161,993 at	anation) stance from Janua id 84 (61/994° 7), rtion 5 on plage 9	ry 1, 2018) fark (-n.)	
Other (Please specify r 1) Has your organization through December 31. Yes (6) Tection 2 Information 14. Name of business or creceiving subsidy or file.	signed any agreements to award a but, 2000 that is required to be reported uniquete the remainder of the form? In About Recipient organization inancial assistance	☐ Other (Please attach expl siness subsidy or financial assinder Mmn. Stat. \$1161.993 at ☐ No. (Stap here, go to see ☐ Address where business will be used	anation) stance from Janua id 84 (61/994" (A) stron 5 on plage 3 Gainste on finance	ny 1, 2008) fark (m.) (m. assistance)	
Other (Please specify r Has your organization through December 31. Yes (6) Section 2 Information Name of business or (6)	signed any agreements to award a but, 2000 that is required to be reported uniquete the remainder of the form? In About Recipient organization inancial assistance	☐ Other (Please attach expl siness subsidy or financial assi inder Minn, Stat. \$1161,993 at ☐ No. (State there) go to ver-	anation) stance from Janua id 84 (61/994" (A) stron 5 on plage 3 Gainste on finance	ny 1, 2008) fark (m.) (m. assistance)	
□ Other (Please specify r = 13). Has your organization through December 31. □ Yes (0) □ Section 2 Information 14. Name of business or creceiving subsidy or file. □ MC Shores (1)	signed any agreements to award a but, 2000 that is required to be reported uniquete the remainder of the form? In About Recipient organization inancial assistance	☐ Other (Please attach expl siness subsidy or financial assinder Mmn. Stat. \$1161.993 at ☐ No. (Stap here, go to see ☐ Address where business will be used	anation) stance from Janua id 84 (61/994" (A) stron 5 on plage 3 Gainste on finance	ny 1, 2008) fark (m.) (m. assistance)	
13. Has your organization through December 31. 24 Yes 10. Section 2 Information 14. Name of business or or receiving subsidy or formation. 16. Does the recipient have	signed any agreements to award a but. 2000 that is required to be reported to complete the remainder of the form.) In About Recipient organization inancial assistance.	Other Please attach explisitess subsidy or financial assumder Mmn. Stat. \$1161.993 at □ No. (Stap here, ga to year). Stage there will be used 471% + 4764 4√√√ 2. Street address Care	stance from Janua of 81 (61/994" (A. cutou 5 on plane 3) samske of finale behave 2 (2) state y State	ny 1, 2008) fark one) r	

17. Industry of rec	cipient's facility (Mark on	e.7:			
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insure ☐ Construction	ance, Real Estate Other (please speci	Reall/Straig
18. Did the recipi	ent relocate as a result of	signing this agreemen	nt! (Mark one)		
☐ Yes (Indicate ci ■ No (Go to Ques	ty and state of previous action 194	ldress and reason ree	cipient did not complete	this project at that addre	28A, J
City/State of previ	ous address Reason pro	eject not completed at	previous address		
financial assista	ipient have remained in p ince? (Mark one.) Expc.	us ion of stist.	-3 Service If di	dievelocati, the	را دِينَ بريه خدم پائلوا
	d at previous location Q		 	☐ Relocated outside N	linnesota
	ral Information Ab			<u> </u>	
assistance (Pl	alue of business subsidy c case separate value by typ 3 SC CCC.		date, indicate any	gned (In addition to the a dates the agreement wa:	
	130,000		12/15/2000		
indicate the d	Indicate the date the recip ate improvements were fir earlier.) (51) dv &&	nished, equipment wa	s placed into service, or		
23 Does the agre be reported?		subsidy or one of the I business subsidy	four types of financial a	ssistance (see Question I	(5) required to
	nt provided a business sub pc(s) and total dollar val			as one of the four types indicate the type(s).	of financial
🗓 not applicable.	agreement provided financ	rial assistance	🔊 not applicable, agre	ement provided a busine.	ss subsidy
2 loan (only prins		5 <u>50.000</u>	assistance for prope	rty polluted	S
☐ grant (i.e., forg) ☐ tax abatement	ivable (oan)	S	by contaminants assistance for renov	ating building	s
	reduction or deferral	S	stock or bringing it assistance provided		
	property or infrastructure	S	historic preservano	n districts, when	
☐ preferential use ☐ land contribute	of governmental facilities	s <u>s</u>	50% or less of total assistance for pollut		\$
other (Specify 8		_ s	abatement	soils condition district	·
			Gaissistance for a Tir	sons condition district	
	ce included tax increment spe of TIF district" (Mark			ntors providing a busines e to the same project" (A	
}	assistance was not in the f	orm of TIF	Tyes (Specify each g assistance below; a	rantor and the value of i stach an additional shee	heir Lif necessary.)
☐ redevelopment ☐ renewal and ref	novation		i		
☐ soils condition ☐ economic devel ☐ mined undergre	•		Grantoris) and value of	of the agreement(s)	
☐ hazardous subs			Grantor	Value (8)	
			Cirantor	Value (5)	

of the following public	purposes were state	a in the agreeiner	nt! (Mark all that apply.)		
Enhancing economic diversel Creating high-quality job Job retention Stabilizing the community	growth		★ Increasing tax base (car★ Other (please specify)	nnot be only pun Sames R	known-Syrins
Indicate whether the again at the time of this report			of goals, and whether the r	ecipient had attai	ned those goals
) Specific wage and job go) Other job-creation and/o) Other wage goals) Other goals other than w Please attach descriptions trainment it not documente	oals to be attained wor retention goals vage and job goals of goals and progre	ithin 2 years Synon toward Control	Goals Targ	sign commercial dis	211-42 51114 14"
agreement and the aver-	age hourly value of	any employer-pro	reation and/or retention gos ovided health insurance gos to separate goals by full- a	Is for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job S Creation	Part-time/ easonal/Temp Joh C reation	FIE (only if goals not stated as FT/PT) Job Creation	.fah Retention	Hourly Value of Health Insurance
no hourly wage-level goal					` _
less than \$7.00		<u> </u>		_	·
\$7.00 to \$8.99					·
\$9.00 to \$10.99			<u> </u>		٠ -
\$11,000 to \$12,900	_	 -		_	`
\$13.00 to \$14.90	_	_		-—	·
\$15,00 and higher					`
date and the actual ho	ourly value of any en f vou are unable to s Full-time Job	iployer-provided	ther of actual jobs created a health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. (<u>Only</u> indic	
Hourly Wage (excluding benefits)	Creation	ann Clemmun			
	Creation —			_	`
(excluding benefits)	Creation ——	 · . <u></u>	 	<u> </u>	` · -
(excluding benefits) less than \$7.00	Creation	 	- ·- 	_ _ _	`- - -
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	Creation	 	- ·- ·-	- - -	\ \\ \\ \\
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Creation		·- ·- ·- 	 	\ \\ \\ \\

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

 During the period January 1, 2000 three report as required by Minn. Stat. §116J 			ave any recipients who failed to	
☐ Yes (Indicate the name of each recipient recipient. Attach additional pages if	•	ic of subsidy or fina	neial assistance awarded to that	
`ætNo				
Name of recipient Type of subs	ndy or assistance (See Questi	ms 24 and 25.)	Value of subsidy or assistance	
34. Did your organization have any recipie agreement signed on or after January 1				
¥ Yes (Complete the remai		-	abmit form to DTED.)	
35 39. Provide the following information were to be attained by the time of			_	
35. Information on recipient and agreemen	t.			
TMC Storas Inc		z	180 cec	
Name of recipient in default	Type of su	bsidy or assistance	Initial value of subsidy or assistance	
4719-47 mil Au D	Pipin	J. 6 55422	Hopfield Lawrence trade	
기계·기계·시기자 Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac Ac	Cuy/ZIP c	ode of recipient	Outstanding value of Astrodox subsidy or assistance	
36 Reason(s) for default (Mark all that ap	ply).			7
☐ recipient ceased operation: ☐ recipient was unable to fill vacout position		t relocated to a diffe Pecify reason, i हिंह्य	rent community Secret Sens Sensor Comments for The renth of the sensor	د منځارلات
37. To date, has the recipient fulfilled its is		me) \sim	n neman serika menanci biri John Katabaran Jamas Kiring dinen	77 k & 1994 1 Jahn 1
≱ Yes ☐ No, recipient has begun to rep → The second of the second	ay the assistance. U No, i	ecipient <u>has not bee</u>	un to repay the assistance.	_]
38. Has the agreement been amended to ex	tend the recipient's deadline	tor fulfilling its obli	gations? (Mark one.)	7
	□ Yes _ 24 No	,		
39. Describe the steps being taken to bring	recipient into compliance or	recoun the substay	:	¬
	-		·	

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 Fast 7th Place St. Paul, MN 55101-2146



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 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 <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.
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- Ouestions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

L. N. --- - Conserver (fundang entire)

D: 1 C: 1 1 11 /	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. Name of person completing this form			
Richfield Housing ar	d Redevelopment Auth	ority Katia	Medvets	ki, Redev	zelopment :
3. Street address		4. City		5. ZIP code	
6700 Portland Avenue	South	Richfield		55423	
6 County	7. Phone number	8. Fax number		9. E-mail add	resskmedvet
Hennepin	612/861-9776	612/861-8974	· c	i.richfi	eld.mn.us
10. Please indicate who in your	organization should receive the	2002 MBAF if differ	ent from the p	erson in Ques	tion 2.
Name Title	Phone number	Street addr	ess	City	ZIP code
11 Classification of grantor (M created by gov't agency, pl example, a city EDA would	ease indicate affiliation. For	12 Has your organ adopted criteri compliance wi	a for awarding	g business sub:	sidies in
☑ City government (munic: ☐ County government	ipal HRA)	XXIYes (Indicate hi ⊇ No	earing date -	11/15/99 and <u>a</u>	ittach <u>criteria</u>)
→ Regional government		☐ We held a public			iopted
☐ State government ☐ Other (Please specify)		criteria (Indicate date of initial hearing) Other (Please attach explanation.)			
13 Has your organization sign	ed any agreements to award a bus	iness subsidy or fina	ncial assistan	ce from Januar	v 1, 2000
through December 31, 200	ed any agreements to award a bus that is required to be reported us therefore the remainder of the form Therefore Therefore		6J.993 and §1	16J.994? (Ma	
through December 31, 200	O that is required to be reported under the remainder of the form in the pout Recipient	nder Minn. Stat. §11	61.993 and §1	16J.994? (Ma 5 on page 4.)	rk one.)
Section 2 Information Al 14 Name of business or organ receiving subsidy or finance	O that is required to be reported under the remainder of the form in the pout Recipient	No (Stop here, 15. Address where will be used	6J.993 and § l go to section business sub	16J.994? (Ma 5 on page 4.) sidy or financi	rk one.)
Name of business or organ	O that is required to be reported under the remainder of the form in the pout Recipient	nder Minn. Stat. §11. □ No (Stop here, 15. Address where	6J.993 and § l go to section business sub	16J.994? (Ma 5 on page 4.) sidy or financi	rk one.)
Section 2 Information Al 14 Name of business or organ receiving subsidy or finance Best Buy Co., Inc.	O that is required to be reported under the remainder of the form in the pout Recipient	No (Stop here, 15. Address where will be used Interchang	6J.993 and §1 go to section business sub e West A	16J.994? (Ma 5 on page 4.) sidy or financi	al assistance
Section 2 Information Al 14 Name of business or organ receiving subsidy or finance Best Buy Co., Inc. 16 Does the recipient have a p	O that is required to be reported under the remainder of the form in the pout Recipient Ization Ization Ization	15. Address where will be used Interchange Street address	6J.993 and §1 go to section business sub e West A City	16J.994? (Ma 5 on page 4.) sidy or financi rea State	al assistance

17. Industry of recipient's facility (Mark one.).			
	*corporate	headquarters	
	3 Services 3 Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please spec	:ifs)
18. Did the recipient relocate as a result of sign	ning this agreement?	(Mark one.)	-
Yes (Indicate city and state of previous addr	ess and reason recip	pient did not complete this project at that add	ress)
	-	ions; expansion opportunitie	
accessibili	ty to employ		•
<u>Eden Prairie, MN</u>	t not completed at p		
19. Would the recipient have remained in prev financial assistance? (Mark one.)	ious location or relo	cated elsewhere if not awarded this business s	ubsidy or
☐ Remained at previous location ☐ R	elocated to different	Minnesota location	Minnesota .
Section 3 General Information About	the Agreement	t	
20. Total dollar value of business subsidy or fi	nancial 2	21. Date agreement signed (In addition to the	agreemeni
assistance (Please separate value by type in	n Questions 24	date, indicate any dates the agreement wa	
and 25.)		IRA approval on 11/21/00	
	(City Council approval on 12/	11/00
\$59,923,127		Agreement dated 12/18/00	
22. Benefit date (Indicate the date the recipien indicate the date improvements were finish whichever is earlier.)		te business subsidy or financial assistance Folaced into service, or the recipient occupied i	
Projected full benefit date	e: Year 2004	4	<u></u>
Does the agreement provide a business sub be reported? (Mark one.)	•	our types of financial assistance (see Question) I financial assistance	25) required to
24. If the agreement provided a business subsidential indicate the type(s) and total dollar value	• • •	 If the assistance was one of the four types assistance, please indicate the type(s). 	of financial
not applicable, agreement provided financial	assistance	not applicable, agreement provided a busine	ess subsidy
loan (only principal)	s (assistance for property polluted	S
grant (i.e., forgivable loan)	s	by contaminants	
☐ tax abatement		assistance for renovating building	s
XX TIF or other tax reduction or deferral	9 18.073.127	stock or bringing it up to code, and	
guarantee of payment	\$	assistance provided for designated	
XX contribution of property or infrastructure	1 1 ,850 ,000		
preferential use of governmental facilities	\$ \ .	50% or less of total cost	-
☐ land contribution ☐ other (Specify subsidy type.)	ξ—— ;	assistance for pollution control or abatement	,
a omer rapectly substav type:	·	assistance for a TIF soils condition district	s
26 If the assistance included tax increment fin	ancing, please	27. Are any other grantors providing a busine	ess subsidy or
indicate the type of TIF district? (Mark on		financial assistance to the same project?	
not applicable, assistance was not in the form	n of TIF	☐ Yes (Specify each grantor and the value of assistance below; attach an additional she	
***Credevelopment			
? renewal and renovation	į x	⊠ No	
a soils condition	ļ	Constant to the second	
conomic development	'	Grantor(s) and value of the agreement(s):	
☐ mined underground space ☐ hazardous substance subdistrict			
C liefardons sensenire senensener		Grantor Value (\$)	
	i i	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 purposes were stated in the agreement? (Mark all that apply.) [Increasing tax base (cannot be only purpose) Enhancing economic diversity DOther (please specify) Redevelopment 3 Creating high-quality job growth Also see attached Business Subsidy Criteria ☐ Job retention 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.) Target attainment All goals attained? established? dates (month & year) A) Specific wage and Job goals to be attained within 2 years ☐ Yes ID No Ma Yes □ No ☑ Yes ☐ No ☐ Yes Ø No B) Other job-creation and/or retention goals Q Yes □ No ☐ Yes Ø No C) Other wage goals ☐ Yes 夕 No Q Yes □ No D) Other goals other than wage and job goals *See Sections (c.) and (e.) of the (Please attach descriptions of goals and progress toward attached Business Subisidy Agreement. attainment if not documented in Questions 30 and 31.) 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 Seasonal/Temp. stated as FT/PT) Hourly Value of Hourly Wage Job Job Retestion Creation Jah Creation Jeb Creation Health Insurance (excluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 150 \$9.00 to \$10.99 \$11 00 to \$12.99 350 \$13.00 to \$14.99 500 \$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.)

Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ SeasonsI/Temp. Job Creation	FTE (<u>oply</u> If unable to separate FT/PT) Job Creation	N/A at this Jeb Retestion	time Hourty Value of Health Insurance
less than \$7.00					3
\$7 00 to \$8 99					\$
\$9.00 to \$10.99					:
\$11.00 to \$12.99					!
\$13.00 to \$14.99					!
\$15.00 and higher					<u> </u>

32.	Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the a	greenent?
	(Mark one.)	Ŧ .
	□ Yes D No	

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

 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 (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	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.)							
XXNo .								
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	achieve any goals or fulfill any or required to be fulfilled by the tim	other obligations under an ne of this report? (Mark one.)						
☐ Yes (Complete the remainder of this section	on.) X D 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	nt failing to fulfill goals or any or ch additional pages if necessary.)	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	☐ recipient relocated to a difference of the control of the contr	-						
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 oblig	gations? (Mark one.)						
3	Yes D No							
39 Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:							
								
								

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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



Section 1 Information About Grantor

2001 Minnesota Business Assistance Form RECEIVED HAP 1.2 2007

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- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity) RED WING FORT AUTOCOTY	2. Name of person completing Completing	
3. Street address	4. City RED WING	5. ZIP code
6. County 7. Phone number (A - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	8. Fax number (25)-388-478.Z	9. E-mail address
10. Please indicate who in your organization should receive the 2	2002 MBAF it 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 adopted criteria for awardir compliance with Minn. Sta	ng business subsidies in t. 8116J 994° (Mark one.)
City government ☐ County government ☐ Regional government ☐ State government ☐ Other Please specific)	Yes (Indicate hearing date) No We held a public hearing but criteria (Indicate date of int U Other (Please attach explana	have not yet adopted tral hearing)
13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported in Yes. (Complete the remainder of the form.)		116J.994? (Mark one.)
Section 2 Information About Recipient		
14. Name of business or organization receiving subsidy or financial assistance	15 Address where business sul will be used	bsidy or financial assistance (left) = NV e (177)
DL RICCI	CC 1 IVC 1 YOM OV V Street address City	1 Idea F.F. QC State 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 ultima	ale owner.)
Name of parent corporation	Street address City	State Z1P code

17. Industry of recipient's facility (Mark one	· /			
Manufacturing 1 Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insu ☐ Construction	urance, Real Estate Other (please specified)	69 <u> </u>
18. Did the recipient relocate as a result of s	igning this agreement?	(Mark one.)		<u>-</u> .
Yes (Indicate city and state of previous ac No (Go to Question 19,)	ldress and reason recip	pient did not comple	te this project at that addre	xx. J
City/State of previous address Reason pro	ject not completed at p	orevious address		
19. Would the recipient have remained in pr financial assistance? (Mark one.)	revious location of relo	scated elsewhere if n	ot awarded this business su	bsidy or
Remained at previous location L	Relocated to differen	t Minnesota location	☐ Relocated outside M	linnesora
Section 3 General Information Abo				
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)	or financial	21. Date agreement	signed the addition to the a ny dates the agreement was	
22. Benefit date (Indicate the date the recipindicate the date improvements were fin whichever is earlier.)		placed into service.		
<i>,</i> '	business subsidy	☐ financial assistanc	e	
24. If the agreement provided a business sub- indicate the type(s) and total dollar val	ue for each type	assistance, plea-	was one of the four types one indicate the type(s).	
Inot applicable, agreement provided finance,	cial assistance	☐ not applicable, ag	reement provided a busine	ss subsidy
☐ loan (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.)	S S S S	assistance provid historic preserva 50% or less of tot assistance for pol abatement	ovating building it up to code, and ed for designated tion districts, when tal cost	s s s
26. If the assistance included tax increment indicate the type of TIF district? (Mark not applicable, assistance was not in the Direction renewal and renovation Discondition Disconomic development	one.j	financial assista 'I' Yes (Specify each assistance below) No	grantors providing a busines nee to the same project? (A h grantor and the value of t c attach an additional shee the of the agreement(s):	lark one.i heir
☐ mined underground space ☐ hazardous substance subdistrict		Grantor	Value (\$)	<u></u>
		Granter	Value (\$)	

Page 2 of 4

 Minn, Stat. §116J.994 r of the following public: 			ancial assistance agreemen it? (Mark all that apply.)	ts state a public p	urpose. Which
Enhancing economic dive ACreating high-quality job I Job retention I Stabilizing the community	growth		☐ Increasing tax base (ca☐ Other (please specify)		oose)
9. Indicate whether the agr at the time of this report				recipient had attai	ned those goals
a) Specific wage and job go) Other job-creation and/or) Other wage goals)) Other goals other than w	retention goals	s	established? dates Yes □ No □ 11 □ Yes □ No □	get attainment (month & year)	All goals attained? Yes Mo Yes UNo Yes UNo Yes UNo
Pleuse attach descriptions tainment if not documente					
	age hourly value ll-time equivale	e of any employer-pro ents if you are unable	ovided health insurance gos to separate goals by full- o	ds for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FIF. (only if goals not stated as FI/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					٠ .
less than \$7,00				<u> </u>	s
\$7.00 to \$8,99	 -				2
\$9.00 to \$10.00	<u>15</u>			·	\$
\$11.00 to \$12.99				 -	s
\$13.00 to \$14.99					s <u> </u>
\$15.00 and higher		.—	_ .		\$.
date and the actual hor	urly value of an	y employer-provided	ther of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	jobs. <u>(Only</u> indus	
	_	_			۷
less than \$7.00					s
less than \$7.00 \$7.00 to \$8.99	-				
	. <u> </u>	<u> </u>	- -		<u>, , , , 50</u>
\$7.00 to \$8,99	<u>-</u> <u>2</u>	<u>3</u> 		.	<u>, 2.5</u> 0 , <u>2</u> 50
\$7.00 to \$8.99 \$9.00 to \$10.99	<u>-</u> <u>2</u>	<u>3</u> 	 		

Page 3 of 4

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

	ary 1, 2000 through December inn. Stat. §116J.993 and §116	r 31, 2000, did your organization ha I,994? (Mark one)	ave any recipients who failed to
	f each recipient failing to repo litional pages if necessary)	ort and the value of subsidy or final	ncial assistance awarded to that
Name of recipient	Type of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or	after January 1, 2000, that we	to achieve any goals or fulfill any or required to be fulfilled by the tine ction; No (Stop here and su	ne of this report? (Mark one)
	by the time of reporting (Att	pient failing to fulfill goals or any o such additional pages if necessary.)	
Name of recipient in defaul	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 (Mark all that apply)		
☐ recipient ceased operation☐ recipient was unable to f		☐ recipient relocated to a diffe ☐ other (Specify reason.)	rent community
37. To date, has the recipie	ent fulfilled its repayment obli	gation? (Mark one.)	
□ Yes □ No. recipient <u>t</u>	nas begun to repay the assistan	ce. 🔲 No, recipient <u>has not beg</u>	un to repay the assistance.
38. Has the agreement bee	n amended to extend the recip	ient's deadline for fulfilling its obli 'Yes DNo	gations? (Mark one.)
39 Describe the steps beir	ig taken to bring recipient into	compliance or recoup the subsidy:	
			

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Or fax to: (651) 215-3841

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Section 1 Information About Grantor

1. Name of grantor (funding entity) • FORWING REST ACT ACTIVE	2. Name of person completing			
3. Street address 山口(11) Carreet	4. City (4.1) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5. ZIP code		
6. County 7. Phone number (COUNT) (A COUNT) (A	8. Fax number (F. 14-13) [6] 4-178. [2]	9. E-mail address		
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.") A City government County government Regional government State government Other (Please specify.)	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 - WISIGN 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 buthrough December 31, 2000 that is required to be reported				
☐ Yes (Complete the remainder of the form.)	□ No (Stop here, go to section	n 5 on page 4.)		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used				
ARAM TOTALICO	Street address	City	1 Y / GAL Y	ZIP code	
16. Does the recipient have a parent corporation? (Ma.	rk one)				
U Yes (Indicate name and address of parent corporation) No	on below. If more than one, in	dicate ultimate	owner)		
Name of parent corporation	Street address	City	State	ZIP code	

17. Industry of rec	ipient's facility (Mark or	ne.):			
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trad		ance, Real Estate Other (please speci	<u>69[31474</u> 475]
18. Did the recipie	nt relocate as a result of	signing this agreemer	nt? (Mark one)		
☐ Yes (Indicate cit MNo (Go to Quest		ddress and reason re	cipieni did not complete	this project at that addre	.55)
City/State of previo	ous address Reason pro	oject not completed a	previous address		
19. Would the reci		previous location or re	elocated elsewhere if no	t awarded this business su	ibsidy or
☐ Remained	at previous location	Relocated to differe	ent Minnesota location	Relocated outside M	finnesota
Section 3 Gener	ral Information Ab	out the Agreeme	ent		
	alue of business subsidy ase separate value by ty			ngned (In addition to the e dates the agreement was	
11/4	35,000 <u> </u>		10113100		
	te improvements were fil arlier.)	nished, equipment wa		financial assistance. For the recipient occupied th	
	ment provide a business			assistance (see Question 2	25) required to
be reported? (business subsidy	☐ financial assistance		
	t provided a business su e(s) and total dollar va			vas one of the four types of indicate the type(s)	of financial
not applicable, a	greement provided finan	cial assistance	a not applicable, agre	ement provided a busines	ss subsidy
☐ guarantee of pay ☐ contribution of p ☐ preferential use of payers in the contribution	rable loan) reduction or deferral ment property or infrastructure of governmental facilitie		by contaminants assistance for renoving stock or bringing it assistance provided historic preservations or less of total assistance for pollulabatement	vating building up to code, and for designated on districts, when l cost	\$ \$ \$
indicate the typ	opment und space	one.)	financial assistand	intors providing a busines ce to the same project? (i grantor and the value of t attach an additional sheet of the agreement(s):	Mark one.) heir
			Grantor	Value (\$)	

and the last of the second

(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 report as required by Minn. Stat. §116J.993 and §116J		ve any recipients who failed to
Sees (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary)	t and the value of subsidy or finan	cial assistance awarded to that
X 100		
Name of recipient Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that wer	e required to be fulfilled by the tim	ne of this report? (Mark one.)
☐ Yes (Complete the remainder of this sec	No (Stop here and sub	bmit form to DTED)
35 39. Provide the following information for each recip were to be attained by the time of reporting. (An		
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 differ ☐ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one.)	
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	Yes 🗆 No	
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500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



2001 Minnesota Business Assistance Form

- 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 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.

1. Name of grantor (funding entity) CITY OF PINE RIVER		2 Name of person completing this form WANDA MONGAN, CLERK			
3. Street address P.O. BOX 87		4. City PINE RIVER	5. ZIP code 56474	·	
5. County 7. Phone number 218–587–2440		8. Fax number 218-587-3335	9. E-mail ad allnoing	dres @uslink.ne	
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from	the person in Que	stion 2.	
NameTitle	Phone mumber	Street address		ZIP code	
11 Classification of grantor (Mark one. If grantor is entity created by gos '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 unteria for awarding business subsidies in compliance with Minn. Stat. §1163.994? (Mwk one)			
County government County government Regional government Ustage government County freeze specific)		No The standard hearing date 11/14/00 attach criteria. Tho We held a public hearing but have not yet adopted criteria. (Indicate date of initial hearing). The other (Please and in explanation).			
	igned any agreements to award a bu 2000 that is required to be reported to				
\$\$ 1 € (C)	omplete the remainder of the form.	Tillo (Stop here, go to se	ction Szurvaec &)	

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance	15. Address where will be used	e laisiness subsid	hy or financia	i assistance
ULTIMATE LIQUORS	200 FRONT	ST S PIN	E RIVER	MN 56474
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mar "Yes (Indicate name and address of parent corporation) "No		ndicate ultimate	crisher ·	
Name of parent corporation				

17. Industry of reci	ippent's facility (Mark on	e.,			
	☐ Manufacturing 【ARctail Trade	□ Services □ Wholesale Trade	Construction		<u>.</u>
18 Did the recipie	nt relocate as a result of s	agning this agreement	t? (Mark one		
XiYes (Indicate cu) IINo (Go to Quest	y and state of previous a ion 19.	ddvess and reason rec	upieni did not complete i	ilus project as tieu addre.	s s. :
PINE RIVER City/State of previo		A NEW FACILI	TY IN THE SAM	E_TOWN	
19. Would the reci	pient have remained in proce? (Mark one.)	revious location or re	located elsewhere if not	awarded this business sub	beidy or
Remained	at previous location C	Relocated to differe	nt Minnesota location	☐ Relocated outside M	linnesota
Section 3 Gener	ral Information Abo	out the Agreeme	nt		
	alue of business subsidy o pase separate value by typ			gned In addition to the a dates the agreement was	-
101,5	00		10-24-00		
	<u> </u>				
	ment provide a business	subsidy or one of the	four types of linearcial a	ssistance (see Question 2	5) required to
be reported? /		Ybusiness subsidy	🚨 financial assistance		
•	nt provided a business sul ne(s) and total dollar val			as one of the four types of indicate the type(s).	of financial
⊒ not applicable. a	igreement provided finan	cial assistance	🔊 not applicable, agre	ement provided a busines	a subsidy
□ loan (only princ □ grant (i.e., forgi		\$	assistance for prope by contaminants	-	s
aguarantee of pay	reduction or deferral ment property or infrastructure of governmental facilities		Sussistance for renover stock or bringing it assistance provided historic preservations of total	up to code, and for designated on districts, when	3
☐ land contributio☐ other (Specify si	rì .	\$	assistance for pollut abatement	tion control or	s
!	GO UP TO 25 Y	EARS		soils condition district	s
	ce included tax increment pe of TIF district? (Mark			ritors providing a busines e to the same project? (A	
☐ not applicable.	assistance was not in the t	form of TIF		rantor and the value of t truch an additional sheet	
in redevelopment	or arion		∑ No		
soils condition conomic devel	opment		Grantoris) and value (of the agreement(s):	
Innined undergro	und space		1		
			Grantor	Value (\$)	
			Granter	Value (\$)	_

28 Minn. Stat. [116J.994 r of the following public			nancial assistance agreem nt? (Mack all that apply.		un ose. Which
DEnhancing economic diversity job			2 Increasing tax base Other (please spect)		
⊒XJoh retention ⊈I Stabilizing the congnunity	y.				
29. Indicate whether the agr at the time of this report				ic recipient had attai	ned those goals
			Goals T	arget attainment	All goals
				tes (month & year)	attained"
A) Specific wage and job go			2 4 Yes □ No _	<u>3-5-01</u>	MaYe □No
B) Other job-creation and or	r retention goals	•			DYes DNo
C) Other wage goals D) Other goals other than w	ruge and inh one	Tr.	□ Ye □ No =		DYe DNo DYe DNo
or only goals thing star w	age and this goa	16	<u> </u>		3 16 3 .00
Piease attach descriptions attanment if not documente					
	age hourly value	of many employer-pro	creation and or retention ovided health insurance p to separate goals by full	eoals for those jobs.	
	Full time	Part-time:	FIE (only if goals not		
Hourly Wage (excluding benefits)	Job Crestion 2	Sessonal Temp. Job Creadon	stated as FT/PT) Job Creation	Job Retention	Hourly Value o Health Insurance
no hourly wage-level goal			- · ·		·
no hourly wage-level goal less than \$7.00		_	- · ·		<u>. </u>
less than \$7.00					1
less than \$7.00 \$7.00 to \$8.99					1
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99					1
less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	 		··		1 1 1
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 and higher 31. For each of the following date and the actual ho	ing wage catego	y employer-provided		se jobs. (<u>Only</u> indice ime positions.)	ssssssssss_
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 and higher 31. For each of the following date and the metual hor full-time equivalents () Hourly Wage	ing wage catego urly value of an fyou are unable Fall-time Job	y employer-provided 10 separate job crea Part-time Seusonal Temp.	ther of actual jobs create health insurance for the stion into full- and part-u FTE (only if unable to separate FT-PT)	se jobs. <u>(Only</u> indica ime positions.) Job	ssssssssss_
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 and higher 31. For each of the following date and the menual hor full-time equivalents () Hourly Wage (excluding benefits)	ing wage categourly value of an fyou are unable Full-time Job Crestion	y employer-provided 10 separate job crea Part-time Seusonal Temp.	ther of actual jobs create health insurance for the stion into full- and part-u FTE (only if unable to separate FT-PT)	se jobs. <u>(Only</u> indica ime positions.) Job	ssssssss
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 and higher 31. For each of the following date and the actual home full-time equivalents () Hourly Wester (excluding benefits) less than \$7.00	ing wage categourly value of an fyou are unable Full-time Job Crestion	y employer-provided 10 separate job crea Part-time Seusonal Temp.	ther of actual jobs create health insurance for the stion into full- and part-u FTE (only if unable to separate FT-PT)	se jobs. <u>(Only</u> indica ime positions.) Job	ssssssss
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 and higher 31. For each of the following date and the actual hon full-tume equivalents () Hourly Wester (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage categourly value of an fyou are unable Full-time Job Crestion	y employer-provided 10 separate job crea Part-time Seusonal Temp.	ther of actual jobs create health insurance for the stion into full- and part-u FTE (only if unable to separate FT-PT)	se jobs. <u>(Only</u> indica ime positions.) Job	ss ss ss ss Hourty Value of Health Insurance ss ss
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 and higher 31. For each of the following date and the metual hor full-tume equivalents () Hourly Weste (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ing wage categourly value of an fyou are unable Full-time Job Crestion	y employer-provided 10 separate job crea Part-time Seusonal Temp.	ther of actual jobs create health insurance for the stion into full- and part-u FTE (only if unable to separate FT-PT)	se jobs. <u>(Only</u> indica ime positions.) Job	ss ss ss ss ss Hourty Value of Health Insurance ss ss ss ss

(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 report as required by Minn. Stat. §116J.993 and §116J.99		e any recipierits who failed to
☐ Yes (Indicate the name of each recipient failing to report of recipient. Attach additional pages if mecassary.)	and the value of subsedy or financ	nal assistance awarded to tha:
ŬNo		
Name of recipient Type of subsidy or assistance	(See Questions 24 and 25.)	alue of subsidy or assistance
 Did your organization have any recipients who failed to agreement signed on or after January 1, 2000, that were 		
TYes (Complete the remainder of this section	on.) The Stop here and subs	mit_form w DTEL+
35 - 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attack		er tenns 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	Trecipient relocated to a difference other (Specify reason)	n! community
37. To date, has the recipient fulfilled its repayment obligati	ion? Afark one	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient <u>has not hecur</u>	to repay the assistance
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its obliga	stions? (Mark one.)
0	Yes QNo	
39. Describe the steps being taken to bring recipient into co	impliance or recoup the subsidy:	

Return your completed MBAF(s) by April 1. 20101, 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



2001 Minnesota Business Assistance Form

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- The following government agencies must sabine a 2001 MBAF even (f an agreement was not signed during the period January 1, 2000 th rough December 31, 2000; 1) any local government agency that signed a business subsidy agreement since January 1, 1956, or represents a population of more than 2,500, 2) all state government agencies. If the local-state government agency coes not have any subsidies or assistance to report piease answer questions 1 through 13 and questions 33 and 33.
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 warming. If it fails to report by Jame 1, it may not award any business subsidies until a report has been fixed.
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Section 1	Information .	\bout	Grantor
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CITY OF PINE RIVER		WANDA MONGAN, CLERK			
3. Street address P.O. BOX 87		i Cay PINE RIVE	1	5 MP code 56474	
6 County CASS	218-587-2440	8 Fax mingles: 218-587-333	5	Femral and ALLNOING	euslink.ne
19. Please indicate who in	your organization should receive if,	c 2002 MBAF it Jaffere	it from the pe	assa, na Guest	reti 2.
Name Title	Prome number	Street addre		: 'ny	Zibi coste
11 Classification of grantor (Mark one If granto) is entity created by gov't agency, please indicate affinition—for example, a city EDA would check. City government."		12 Has your organs adopted criteria compliance with	for awarding	foreinges subs	idies in 💎 🖠
		X1. es insheate neuring odie - 11 / 14 inch <u>attach criteria</u> . □ Ne. □ We held a priche hearing but have not yet adopte i criteria. bedie at a of rigidal neuring. □ Other Pricise attach explanation.			
thrisigh Decent er 31.	signed any agreements (yawan) a b 20% that is remained to be reported complete the remainder of the point) 993 mil (†)	jaloot saa	
Section 2 Information	1 About Reciptent				
14. Name of business or o receiving subsidy or fi	•	15 Address where I will itemsed	เกลมเซรร รมโเร	rly or financi	ai assistance
PINE RIVER STATE BANK		103 MTLL ST	PINE R	IVER MN	5647 <u>4</u>
	·	Street address	Cry	Sinte	ZII code
16. Does the recipient has	е в рагето сегрогат, от 1. Магж съвел				
2) 6 Indicate name and	sakiress of parent corporation tele-	ss. Li more than one ind	ficate olum t	e incretti	
Name of parent corporation		Street address	s ny	Starc	ZW code

17. industry of recipient's facility (Nairk one	
□ Manufacturing □ Services □ Recail Trade □ Wholesale T	★ Finance, insurance Real Estate Table □ Construction □ Cother (picture specific
Treat Trate Two desare 1	Tage a consumer of a construction and a constructio
18 Did the recipient relocate as a result of signing this agree	ment (Mark one
🏋 es (Indicate vity and state of previous address and reason 🗅 No (Go to Question 19)	crecipiem did not complete this project of their address
PINE RIVER, MN BUILT A LARGER City State of previous address Reason project not complete	FACILITY IN THE SAME TOWN
19 Would the recipient have remained in previous location of financial assistance? Mark one	or relocated elsewhere if not awarded this business subsidy or
An Remained at previous location — D Relocated to di-	fferent Minnesota location D Relocated outside Minnesota
ection 3 General Information About the Agree	ment
20 Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2 and 25.)	21 Date agreement signed In addition to the agreement date, indicate any dates the agreement was amended.
205,000	11/27/00
	from the business subsidy or financial assissance. For example, t was placed into service, or the recipical recupied the property
23. Does the agreement provide a business subsolv or one of be reported. • Mark one. **Exported** - Mark one.	The four types of linancial assistance (see Question 28) required to \(\text{\tinit}\text{\tex{\tex
24 if the agreement provided a business subsidy, picuse indicate the type(s) and total dollar value for each type	25. If the assistance was one of the four types of financial assistance please indicate the types.
☐ not applicable, agreement provided financial assistance	🗶 not applicable, harcement provided a business subsidy
□ form (only principal) 5	□ Dissistance for property politice?
Discrant (i.e., foreivable loan)	_ by contaminants
Tax nonternera SS EXCTIF or other tex reduction or deterral SS	Dussistance for renovating building 5
The community of an energy	stock or bringing it up to code, and assistance provided for designated
Department of property or infrastructure \$	Instoric preservation districts, when
I preferential use of governmental facilities 5	Silva or less et total cost
□ land contribution \$	2 assistance for pollution control or S
Xother (Specify substity type) NOTE S	at agricul Jassist need for a TIF sons condition district [2]
PAY AS YOU GO TIF 8 YEAR INCREMENT	Dassistance (i.e. a. 13) Sept. Container (ii.e.)
 if the assistance included tay increment (mancarg) please indicate the type of TIT district? (Mark) one 	27 Are any other grantons providing a business substity of financial assistance to the same project. Akirk one
Three applicable, assistance was not in the form of TII	A Yes (Specify each granter and the value of their assummed below an ach in additional measifure events)
च re-lev elopment च renewal and renovation	X _{I No}
Soils condition	mail 1985
zeconomic development	Granteres) and value of the agreement so
Immed underground space	Someone and carde of the agreement st.
□ hazardous substance subdistrict	
	Grantor Value (S)
	Crantor Value (5)

			ancial assistance agreements it? (Mink all that apply)	stale a public po	npose. Włach
Enhancing economic diventions of the Creating Engli-quality job XJob retention XStabilizing the continuing	growth		La Other please specify _	not be only purp	
? Indicate whether the ag at the time of this repor			of goals, and whether the re kne's for each good.	cipient had attan	ned those goals
A) Specific wage and Job go B) Other job-creation and o D) Other wage goals		I within 2 years	established" dates of Market 1276 1276 1276 1276 1276 187	et atairmera morth & year) 0/00	All goals attained: 20 Yes DNo DNe DNo DNe DNo
 Other goals other than w 	ace and job goal-	•	176 180		□ Yes □ No
agreement and the at tr	ed in Questions 3 ing wage categoric age hearly value	orand of. e. mateure the job of only employer-pro	iteation and or retention goal	is for those jobs.	esseriy producene
зов степи п досих ил п	ш-шж ғашмас	из и ума але власне	to separate goods by hul- as	ы ран-шье рыя	non:
Hourly Wage :excluding benefits;	Full-time Job Creation	Part-time Sestonal Temp. Joh Creation	F IE c <u>onty</u> if goals not stated as IT P I Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					:
les - than \$7.00					ı
	_		 -	_	· –
\$7.00 to \$8.99		 _	. —-		
25.00.10.210.45			•		·
\$33 ou to \$12.99	3	 -			1
\$13.00 to \$14.00	——				·
\$15,00 and higher			- · ·		t
date and the actual ho	orly value of any	employer-provided	ther of actual jobs created a health insurance for those is non-one pair and port-time FTE conty it unable to separate FT PTs Job Creation	elis. <u>(Only</u> indici	
less than \$7.00	· 				ī
\$7.00 to \$8,99	_				i
90.012 of 00 92	_				<u> </u>
\$11,00 to \$12.99	<u></u>	<u> </u>			1 <u> </u>
\$13 00 to \$14 99			<u>—</u> -		·
\$15,00 and higher	_	_	 -		t
	eved <u>all goals</u> (se		and 31) and fulfilled <u>alf obli</u> →Ne	eations stipulate l	In the agreement

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

	ary 1, 2000 theorigh December 31 rm. Stat. §1163-293 and §116J-99		ive any recipients who failed to
	i each recipient failing to report (litional pages if necessary)	and me value of subsidy or final	ncial assistance awarded to that
X Ne			
Name of recipient	Type of subsidy or assistance	See Questions 21 circl 25	Value of subsidy or assistance
	have any recipients who failed to railer January 1, 2000, that were		
⊒Yes Con	ntilete the remainider of this section	m (XINo (Stop here and su	domajkovni is DTEP
	ving information for each recipi e (by the time of reporting, +4 <i>nac)</i>		ther terms of an agreement that
35 Information on recipier	it and acreement:		İ
Name of recipient in defaul	1	Type of subsidy or assistance	initial value of subsidy or assistance
Street address of recipiont		City ZIP code of recipient	Outstanding value of subsidy or assistance
30 Reason(s) for derault :	Mok all that apply		
Trecipient coased operation arecipient was unable to f		Direcipient relocated to a differ a other (Specify reason	real consumity
37. To date, has the recipie	an fidfilied as repayment obligat	ion ' Afrik one.	
[고수는 고자o, recipient]	ias begun to repay the assistance	□ No. recipient has not beg	gin to repay the assistance
38. First the agreement bee	n amended to extend the recipies	is deading for fulfilling as obli	gations? Markone
<u> </u>		ie UNo	
39. Describe the steps ben	ig taken to bring recipient into co	impliance or recoup the subsidy:	:
	— .—		·—· — · — —

Return your completed MBAF(s) by 4pril 1, 2001, to:

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



2001 Minnesota Business Assistance Form RECEIVED MAR 2 to 2002

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- 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 grantor (funding er	itity)	2. Name of person completing this form			
CITY OF OW	AUNOTA	DAVID M. S	TRAND		
3. Street address ,		d City	5. ZIP code		
540 WEST HILL	s Circle	DWATONA	55060		
6. County	7. Phone number	8. Fax number	9. E-mail address		
			9. E-mail aduress		
STEELE	507.444.43	507 444-4351			
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from th	e person in Question 2.		
Name:Title	Phone number	Street address	City ZIP code		
11. Classification of grantor /A created by gov't agency, pleasample, a city EDA would	ease indicate affiliation. For	Has your organization hell adopted criteria for award compliance with Minn. St			
☐ County government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify) ☐		☐ No ☐ We held a public hearing bu	nitial hearing)		
through December 31, 200	ed any agreements to award a but 0 that is required to be reported un plete the remainder of the form.)		§116J.994? (Mark one.)		
Section 2 Information Al	out Recipient				
14 Name of business or organ receiving subsidy or finance GENSEAU EQUIPM	ial assistance	15. Address where business swill be used 620 ALEXAPORE D Street address City	Ubsidy or financial assistance OWATOWNA R. A MINN. SSOCO State ZIP code		
16. Does the recipient have a p	arent corporation? (Mark one.)				
☐ Yes (Indicate name and add) No	ress of parent corporation helow.	If more than one, indicate ultin	nate owner.)		
Name of parent corporation		Street address City	State ZIP code		

	
17. Industry of recipient's facility (Mark one.).	
★ Manufacturing ☐ Services	1) Finance Incurrence Beat Course
Manufacturing G Services G Retail Trade G Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
A Ketan fract A Milotesale 1180	Constitution a Other (preuse specify)
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)
Mes (Indicate city and state of previous address and reason re	cipient did not complete this project at that address i
Ti No (Go to Question 19.)	, , , , , , , , , , , , , , , , , , ,
1500 MĀIN ST.	
OWATONHA EXISTING SITE NOT	T CONDUCTOR TO EXPANSION
City/State of previous address Reason project not completed a	t previous address
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
Remained at previous location	ent Minnesota location
	
Section 3 General Information About the Agreeme	ent
20 Total dollar value of business subsidy or financial	21. Date agreement signed (In addition to the agreement
assistance (Please separate value by type in Questions 24	date, indicate any dates the agreement was amended)
and 25.)	
\$211.065	10/25/00
\$211,000	
22 Benefit date (Indicate the date the recipient will benefit from	the business subsidy or financial assistance. For example
	is placed into service, or the recipient occupied the property,
which areas is earlier)	is placed into service, or the recipient occupied the property,
Oct. 31, 2000	
301.01, 200	
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	☐ financial assistance
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) and total dollar value for each type.	assistance, please indicate the type(s).
☐ not applicable, agreement provided financial assistance	I not applicable, agreement provided a business subsidy
☐ loan (only principal) S	☐ assistance for property polluted S
☐ grant (i.e., forgivable loan) S	by contaminants
☐ tax abatement S	☐ assistance for renovating building S
★ TIF or other tax reduction or deferral \$\frac{211.065}{}	stock or bringing it up to code, and
☐ guarantee of payment S	assistance provided for designated
☐ contribution of property or infrastructure S	historic preservation districts, when
preferential use of governmental facilities S	50% or less of total cost
Uland contribution S	☐ assistance for pollution control or S
☐ other (Specify subsidy type.) \$	abatement
	assistance for a TIF soils condition district S
26 If the assistance included tax increment financing, please	27. Are any other grantors providing a business subsidy or
indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark onc.)
, , , , , , , , , , , , , , , , , , , ,	Programme Programme (1996)
I 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	X No
☐ soils condition	,
economic development	Grantor(s) and value of the agreement(s):
☐ mined underground space	
☐ hazardous substance subdistrict	
	Grantor Value (S)
	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 purposes were stated in the agreement? (Mark all that apply.) Increasing tax base (cannot be only purpose) ☐ Enhancing economic diversity ☐ Other (please specify) Creating high-quality job growth □ Job retention ☐ 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) Target attainment All goals established? dates (month & year) attained? Mary Yes ⊃ No. A) Specific wage and job goals to be attained within 2 years ⊐ Yes 🗶 No ☐ Yes ☐ No B) Other job-creation and/or retention goals ☐ Yes ☐ No. ☐ Yes ☐ No C) Other wage goals → Yes □ No. ☐ Yes ☐ No D) Other goals other than wage and job goals TYes UNo (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 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 Seasonal/Temp. stated as FT/PT) Job Job Retention Hourly Value of (excluding benefits) Job Creation Job Creation 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 \$12.99 \$13.00 to \$14.99 \$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 FTE (only if unable to Part-time/ Hourly Wage Job Seasonal/Temp. separate FT/PT) Job Retention Hourly Value of (excluding benefits) Creation Job Creation Job Creation Health Insurance less than \$7.00 \$.. .___ \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 5 \$15.00 and higher

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

(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. 		ve any recipients who failed to
I Yes (Indicate the name of each recipient failing to report recipient Attach additional pages if necessary.)	and the value of subsidy or financ	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. (Attack		
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 control of the contr	•
37. To date, has the recipient fulfilled its repayment obligat	tion? (Mark one.)	
12 Yes 12 No, recipient has begun to repay the assistance.	U No, recipient has not begui	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)
၁	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:

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



2001 Minnesota Business Assistance Form RECEIVED MAR 2

- 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 §1161.995. 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 lax your completed MBAF(s) is on page 4.

Section 1 Information A	bout Grantor				1
I. Name of grantor (funding entity) City of Oakdale		2. Name of person completing this form Richard McNamara			
3. Street address		4. City	5. ZIP code		
1584 Hadley Avent	in North	Oakdale	55128		
		T		1-	
6. County Washington	7. Phone number (651) 730-2809	8. Fax number (651) 730-2818	9. E-mail add rich@ci.	oakdale.mn.	us
10. Please indicate who in you Same	ur organization should receive the	2002 MBAF if different from the	e person in Ques	tion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	Mark one. If grantor is entity please indicate affiliation. For id check "City government.")	12. Has your organization he adopted criteria for award compliance with Minn. S	ling business sub	sidies in	
City government County government CRegional government CState government Cother (Please specify.)		© Yes (Indicate hearing date 4/25/() Chid attach criteria) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation)			66 jobs at minimum of \$7.20/an ho
through December 31, 200	ued any agreements to award a bus 10 that is required to be reported u plete the remainder of the form.)		§116J.994? <i>(Ma</i>		attached.
Section 2 Information A	bout Recipient				_
14. Name of business or organ receiving subsidy or finan		15. Address where business s will be used	nibsidy or financi	al assistance	
CSM Investors, In	c.	3350, 3400 Grans		<u></u>	55128
	····	Street address City	State	ZIP code	ļ
16. Does the recipient have a	parent corporation? (Mark one.)	6744, 6866 33rd St	. N., Oako	dale, MN 55	128
		If more than one indicate alm	mate owner.)		}
★P Yes (Indicate name and add D No.	ress of parent corporation below.				,
XI Yes Andicate name and add CSM Corporation Name of parent corporation		2575 University Av		<u>2IP code</u>	Paul, MN 55114

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

17. Industry of recipient's facility (Mark one.)				
	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)			
18. Did the recipient relocate as a result of signing this agreer	nent? (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 complete	i at previous address			
19. Would the recipient have remained in previous location of financial assistance? (Mark me.) New Company/C				
☐ Remained at previous location ☐ Relocated to diff	erent Minneants location			
Section 3 General Information About the Agrees	пелі			
20. Total dollar value of husiness subsidy or financial assistance (Picase separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)			
\$54,000 annually for 8 years	5/1/00			
	om 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 be reported? (Mark one.) Ki business subsidy	he four types of financial assistance (see Question 25) required to I financial assistance			
24. If the agreement provided a husiness subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
inot applicable, agreement provided financial assistance	a not applicable, agreement provided a husiness subsidy			
☐ loan (only principal) ☐ grant (i.e., forgivable loan) \$	U assistance for property polluted \$ by contaminants			
XX tax abatement TIF or other tax reduction or deferral guarantee of payment contribution of property of infrastructure preferential use of governmental facilities	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			
□ land contribution 5 U other (Specify subsidy type) 5	U assistance for pollution control or S			
	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 granters providing a business subsidy or financial assistance to the same project? (Murk one.)			
XXnot applicable, assistance was not in the form of TIF	☐ Yes (Specify each grantor and the value of their assistance below; attach an additional theet if necessary.)			
redevelopment renewal and renovation soils condition	XXXNo			
☐ economic development ☐ mined underground space:	Grantor(s) and value of the agreement(s):			
Thazardous substance subdistrict	Grantor Value (S)			
	Grantor Value (S)			

2001 Minnesota Business Assistance Form

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Department of Trade and Economic Development

			numial assistance agreem nt? (Mark all that upply.		urpose. Which
DEnhancing economic diversity A Creating high-quality job growth DIOD retention			Increasing tax base (cannot be only purpose) (ther (please specify)		
Stabilizing the communit					
Indicate whether the ag			s of goals, and whether the	ne recipient had attai	ned those goals
	:		Goals T	ergel atteinment	All goals
			established? day	es (month & year)	attained?
Specific wage and job goals to be attained within 2 years Other job-creation and/or retention goals			XXYes DNo DYes QNo	_8.03	☐ Yes ☐ No
Other wage goals			O Yes ONo		TYES DNO
O) Other goals other than wage and job goals			D Yes D No		UYes UNo
ease attach descriptions sunment if not documente			•		
agreement and the aver	age hourly value	e of any employer-pro	pression and/or retention ovided health insurance a to repurate goals by full	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-dime Job Creation	Part-time/ Soutonal/Temp. Job Creation	ITE (unly if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Realth Insurance
o hourly wage-level goal					s
less than \$7,00			· -		52
\$7.00 to \$8.99	66			 ·	£
\$9.00 to \$10.99	· —				7
\$11.00 to \$12.99	·			 -	zz
\$13.00 to \$14.99	· ·				s
\$15.00 and higher		. No. of the			s
	uly value of any	remployer-provided i to separate job creat	ther of actual jobs creates health insurance for those ion into full- and part-ur FTE (only if unable to separate FT/PT)	e Jobs. <u>(Chly</u> Indica ne poxitions.) Job	te job creation in Hourly Value of
Hourly Wage	Job	•			Health Insurance
	•	Job Crestion	Job Creation	Retention	
Hourly Wage	Job Creation	•	Job Creation		5
Hourly Wage (ascluding benefits)	Job	•	Job Creation		s
Hourly Wage (ascluding benefits) less than \$7.00	Job Creation	•	Job Creation		s s
Hourly Wage (axcludipg benefits) less than \$7.00 \$2.00 to \$8.99	Job Creation	•	Job Creation		s s s
Hourly Wage (axcluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	Job Creation	•	Job Creation		\$ \$ \$
Hourly Wage (ascluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	Job Creation	•	Job Creation		\$ \$ \$ \$

2001 Minnesona Buginess Assistance Form

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Department of Trade and Economic Development

* Minumum wage goals may be higher on individual basis.

(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.) Tes (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.) D 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 January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) No (Stop here and submit form to DIED.) [] 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. (Attack 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 City/ZIP code of recipient Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for default (Mark all that apply:): I recipient ceased operation. I recipient relocated to a different community Directoricus was mosble to fill vacant positions. Dether (Specify reasons) _ 37. To date, has the recipient fulfilled its repayment obligation? (Mark onc.) I No, recipient has begun to repay the assistance. DNo, 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.) O Yes U 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) 215-384)

2001 Minnesota Business Assistance Form

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Department of I rade and Economic Development



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 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 wh	nere to mail or fax you	ir completed MBAF(s) is on page 4.	
Section 1 Information A	bout Grantor				
-	Name of grantor (funding entity) City of Oak Grove		Name of person completing this form Janice Olsen, City Administrator		
3. Street address 19990 Nightinga	le Street N.W.	4. City Cedar	5. ZIP code 55011		
6. County Anoka	7. Phone number 763-753-1920	8. Fax number 763-753-627	9. E-mailad jolsen o	dress ci.oak-grove.mn.	
10. Please indicate who in you	r organization should receive the	2002 MBAF if different	from the person in Que	stion 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.")		adopted enteria fo	ntion held a public hearing awarding business sub Minn. Stat. §116J.994?	osidies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)	☐ County government ☐ Regional government ☐ State government		Yes (Indicate hearing date - 1/10/00 d 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, 200	ned any agreements to award a bus 10 that is required to be reported u	nder Minn, Stat. §1161.	993 and §116J.994? (M	ark one.)	
□NYes (Com	plete the remainder of the form.)	□ No (Stop here, go	to section 5 on page 4.,		
Section 2 Information A	hout Recipient			<u> </u>	
14. Name of business or organ receiving subsidy or finan-		15. Address where bu will be used	isiness subsidy or financ	ial assistance	
Stock Building	Supply	1936 Tamaraci Street address	City Cedar	, MN 55011 ZIP code	
16. Does the recipient have a	parent corporation? (Mark one.)				
U No	ress of parent corporation below.				
Carolina Holdings Name of parent corporation	Inc.	Brand Rd. Ro	a <u>liegh, NC</u> City State	ZIP code	

17. Industry of reci	pient's facility (Mark one	c.):			
	Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☑ Finance, Insura e ဩ Construction	ince, Real Estate I Other (please speci	(jio)
18. Did the recipier	nt relocate as a result of s	igning this agreemer	n? (Mark one.)		
☐ Yes (Indicate city ☑ No (Go to Questi	e and state of previous action 19.)	ldress und reason rec	cipient did not complete	this project at that addre	rss.)
City/State of previo	us address Reason pro	ject not completed at	previous address		
19. Would the recip	pient have remained in pr	evious location or re	located elsewhere if not	awarded this business su	ıbsidy or
	at previous location	Relocated to differe	(Retail)	(Manu 2 Relocated outside N	ifacturing)
	al Information Abo			- Holitedia (January)	· · · · · · · · · · · · · · · · · · ·
20. Total dollar va	lue of business subsidy o use separate value by typ	r financial	21. Date agreement si	gned (In addition to the d dates the agreement was	
\$125,000	.00		May 31, 200	00	
	dicate the date the recipite improvements were finiriler.) August 1,	ished, equipment wa			
23. Does the agreer be reported? (3)		subsidy or one of the business subsidy	four types of financial a	ssistance (see Question 2	25) required to
	t provided a business sub e(s) and total dollar valu			as one of the four types of indicate the type(s).	of financial
🗆 not applicable, ag	reement provided financ	ial assistance	'≨t not applicable, agree	ement provided a busines	ss subsidy
	able loan) reduction or deferral nent roperty or infrastructure f governmental facilities	\$ \$ \$ <u>125,000</u> \$ \$ \$ \$ \$	□ assistance for proper by contaminants □ assistance for renove stock or bringing it assistance provided historic preservation 50% or less of total □ assistance for pollut abatement □ assistance for a TIF	ating building up to code, and for designated n districts, when cost	s s s
	e included tax increment e of TIF district? (Mark o			ntors providing a busines to the same project? (A	
☑ redevelopment ☐ renewal and reno ☐ soils condition ☐ economic develop ☐ mined undergrou ☐ hazardous substat	pment nd space	orm of TIF		rantor and the value of the teach an additional sheet fithe agreement(s): Value (S)	
			Grantor	Value (\$)	

			nancial assistance agreemer ent? (Mark all that apply.)	nts state a public p	ourpose. Which
Enhancing economic divergence of the Creating high-quality job			Increasing tax base (cannot be only purpose) Other (please specify)		
≵Job retention ☐ Stabilizing the community	y				
29. Indicate whether the agr at the time of this report			es of goals, and whether the date(s) for each goal.)	recipient had atta	ined those goals
A) Specific wage and job go 3) Other job-creation and/or 5) Other wage goals D) Other goals other than w	r retention goals	s ils	established? dates U Yes Q No Q Yes Q No Q Yes Q No	get attainment s (month & year)	All goals attained? I Yes I No I Yes I No I Yes I No I Yes I No I Yes I No
Pleuse uttach descriptions (uttainment if not documente					
agreement and the avera job creation goals in ful Hourly Wage (excluding benefits)	age hourly value ll-time equivale Full-time Job Creation	c of any employer-pr ents if you are unable Part-time/ Seasonal/Temp, Job Creation	rovided health insurance go e to separate goals by full- a FTE (only if goals not stated as FT/PT) Job Creation	als for those jobs. and part-time pos Job Retention	(<u>()ntv</u> indicate itions.) 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 <u>.</u>
			 -		s
\$11.00 to \$12.99					_
					s .
\$11.00 to \$12.99				_	2 —- ·
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hot full-time equivalents if	urly value of any you are unable Full-time	y employer-provided to separate job crea Part-time/	mber of actual jobs created I health insurance for those ation into full- and part-time FTE (only if unable to	jobs. (<u>Only</u> indic e positions.)	nce the benefit ate job creation in
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher B1. For each of the following date and the actual hours.	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job crea	I health insurance for those ation into full- and part-time	jobs. (Only indic	nce the benefit
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hot full-time equivalents if Hourly Wage	arly value of an you are unable Full-time Job Creation 0	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	I health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <i>(Only</i> indic e positions.) Job Retention	nce the benefit ate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher B1. For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	arly value of an you are unable Full-time Job Creation 0	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	I health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <i>(Only</i> indic e positions.) Job Retention	nce the benefit ate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher B1. For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	arly value of an you are unable Full-time Job Creation 0 0 18	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	I health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <i>(Only</i> indic e positions.) Job Retention	nce the benefit ate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. 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	arly value of an you are unable Full-time Job Creation 0	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	I health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <i>(Only</i> indic e positions.) Job Retention	nce the benefit ate job creation in Hourly Value of Health Insurance s s_N/A
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. 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	arly value of an you are unable Full-time Job Creation 0 0 18	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	I health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indice positions.) Job Retention	nce the benefit ate job creation in Hourly Value of Health Insurance \$

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

	ry 1, 2000 through December 3 in. Stat. §116J.993 and §116J.9	1, 2000, did your organization h 994? (Mark one.)	ave any recipients who failed to
	cach recipient failing to report tional pages if necessury.)	and the value of subsidy or fina	ncial assistance awarded to that
X 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 required to be fulfilled by the tir	
☐ Yes (Comp	olete the remainder of this secti	ion.) 🛮 🛭 No (Stop here and su	ibmit form to DTED .)
		ent failing to fulfill goals or any or the 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 (M	ark all that apply.);		
Trecipient ceased operation Trecipient was unable to fill		☐ recipient relocated to a diffe☐ other (Specify reason.)	rent community
37. To date, has the recipien	t fulfilled its repayment obligat	tion? (Mark one.)	
□ Yes □ No, recipient ha	s begun to repay the assistance	No, recipient has not beg	un to repay the assistance.
38. Has the agreement been	amended to extend the recipier	it's deadline for fulfilling its obli	gations? (Mark one.)
		Yes □ No	
39. Describe the steps being	taken to bring recipient into ec	empliance 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

Trade & Development

01-0395

2001 Minnesota Business Assistance Form

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4 2002

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

	About Grantor				
1. Name of grantor (funding NORTH BRANCE			2. Name of person completing this form DAVID StutELBER 9		
3. Street address 6408 ELM	STREET	4. City NORTH BRANCH	5. ZIP code 5505	-6	
6. County Chishas	7. Phone number 651-674-81/3	8. Fax number 651-674-8262	9. E-mail add	dress north-branch.	
10. Please indicate who in	your organization should receive the	2002 MBAF if different from th	е регѕол ш Qисѕ	tion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of gramor (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 he adopted criteria for aware compliance with Minn. S	ling business sub	sidies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		☐ Yes (Indicate hearing date ☐ No ☐ We held a public hearing b criteria (Indicate date of i ☐ Other (Please attach copta)	ut have not yet a nitial hearing -	dopted	
	signed any agreements to award a be 2000 that is required to be reported t				
_	omolese the remainder of the form)	□ No (Stop here va ta sect	ion 5 on page 4.1	1	
₩ Yes (C	Complete the remainder of the form.)	No Stop here go to sect	ion 5 on page 4.)		
_	About Recipient	15. Address where business will be used	subsidy or financ	iul assistance	
Section 2 Information 14. Name of business or or receiving subsidy or fire	About Recipient	15. Address where business will be used	subsidy or financ	iul assistance	
Section 2 Information 14. Name of business or or receiving subsidy or fit PETERSONS	About Recipient rganization nancial assistance	15. Address where business will be used	rubsidy or financ	iul assistance	
Section 2 Information 14. Name of business or or receiving subsidy or fit PETERSONS 16. Does the recipient hav	About Recipient Instruction Instruction Instruction August BRAnch mill	15. Address where business will be used	nubsidy of finance NARYK BRAN State	iul assistance	

	C Manufacturing	D Services	🗆 Finance, (nours	nce, Real Estate
	6 Retail Trade	□ Wholesale Trade	O Construction	Other (please specify)
8. Did the rec	ipient relocate as a result of	f signing this agreement?	(Mark one.)	
I Yes (Indicate I No (Gu to Q		uddress and reason recip	ient did not complete i	his project at that address.)
City/State of pi	revious address Reason p	roject not completed at pr	evious address	
	recipient have remained in istance? (Mark one.)	previous location or reloc	cated elsewhere if not	swarded this business subsidy or
Rema	tined at previous location	☐ Relocated to different	Minnesota location	☐ Relocated outside Minnesota
ection 3 Ge	neral Information A	bout the Agreement	<u>t </u>	
	ar value of business subsidy (Please separate value by t			med (In addition to the agreement dates the agreement was amended.)
	83,000		July 17	,2000
indicate th			e husiness subsidy or	financial assistance. For example, the recipient occupied the property.
	d? (Mark one.)		eur types of financial a I financial assistance	ssistance (see Question 25) required t
indicate the	ement provided a business s e type(s) and total dollar v	alus for each type.	assistance, picasc	as one of the four types of financial indicate the type(s).
☐ not applicab	ole, agreement provided fina	nucial assistance	I not applicable, agree	ement provided a business subsidy
☐ loan (only p ☐ grant (i.e., fo ☑ tax abateme	orgivable oan)	5	 assistance for proper by contaminants assistance for renov 	· -
(i) guarantee of Contribution	of property or infrastructus	\$ \$ re S	stock or bringing it assistance provided historic preservatio	for designated
☐ preferential. ☐ land contrib	use of governmental facilities	ics \$	50% or less of total assistance for pollut	
	ify subsidy type.)		abatement	soils condition district \$
	stance included tax increme he type of TIF district? (Ma			ntors providing a business subsidy or e to the same project? (Mark one.)
	ble, assistance was not in th	c form of TLF		rantor and the value of their ttach an additional sheet if neversary
•	<u>jent</u>		□ No	
☐ redevelopm ☐ renewal and		ļ		
☐ redevelopm ☐ renewal and ☐ soils condit ☐ economic d	tion levelo pme nt		Grantor(s) and value of	of the agreement(s):
☐ redevelopm ☐ renewal and ☐ soils condit ☐ economic d ☐ mined unde	ion		Grantor(s) and value of Chishque Contact	4

6516748262

 Minn. Stat. §116J.994 re of the following public p 	equires that bus outposes were s	mess subsidy and fin tated in the agreemer	ancial assistance agreements? (Mark all that apply.)	nts state a public po	urpose. Which
Enhancing economic dive Creating high-quality job			Increasing tax base (or Other (please specify),		
I Job retention Stabilizing the community	,			Clednup	
 Indicate whether the agr at the time of this report 	eement include . (Fill in the bo	d the following types was and attainment a	of goals, and whether the late(s) for each goal.)	recipient had attai	and those goals
				get attninment (month & year)	All goals attained?
.) Specific wage and job go	als to be attaine	d within 2 years		(11011111 & year)	M Yes D No
) Other job-creation and/or	retention goals		ÜYes ÜNo		3 Yes DNo
Other wage goals	_	•	□ Yes □ No		□ Yes □ No
) Other goals other than w	age and job goa	ls	□Yes □No		□ Yes □ No
Please attach descriptions of tainment if not documented					
 For each of the followin agreement and the avera job creation goals in fu- 	ige hourly value	of any employer-pro	reation and/or retention go wided health insurance go to separate goals by full-	als for those jobs.	(<u>Only</u> indicate tlons.)
Hourly Wage (excluding beactiv)	Full-date Job Crenties	Part-dme/ Sessonal/Temp. Job Creation	FTE (anhy if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal					š
less than \$7.00					\$
\$7.00 to \$8.99			10		\$
\$9.00 to \$10.99					s
\$11.00 to \$12.99					5
\$13.00 to \$14.99	Sandri Australia			, o 	\$
\$15.00 and higher					S
full-time equivalents if Hourty Wage	urly value of any you are unable Full-time Job	y employer-provided In separate joh crea Part-time/ Sessansi/Temp.	health insurance for those tion into full- and part-rim FTE (anly if unable to separate FT/PT)	jobs. <u>(Only</u> indica e positions.) Job	ate job creation in Hourly Value of
(excluding benefits) less than \$7.00	Creation	Job Creation	Job Creation	Refeation	Health Insurance
\$7.00 to \$8.99			10_		3
\$9.00 to \$10.99					5
\$11.00 to \$12.99					s
\$13.00 to \$14.99					5
\$15.00 and higher	*				3
32. Has the recipient achie (Mark one.)	eved all goals (s	_	and 31) and fulfilled <u>all ob</u>	ligations stipulated	d in the agreement?

Section 5 Recipients Failing to Fulfill Obligations (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.) Tyre (Indicate the name of each recipient falling to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) X 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.) (1) 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. (Attach additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Initial value of Type of subsidy or assistance 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.): recipient relocated to a different community I recipient ceased operation I recipient was unable to fill vacant positions Other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 🖸 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.) O Yes O No 39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

Return your completed MBAF(s) by <u>April 1, 2001</u>, 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

01-0396



2001 Minnesota Business Assistance Form RECEIVED AFR

4 2002

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

ection 1 Information A	bout Grantor			
1. Name of grantor (funding en North Branch		2. Name of person completing this form DAVID StateLBERG		
3. Street address 6408 ELM	STREET	4. City NORTH BRANCE	5. 21P code 5.50	4
6. County Chis198	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail ad devids d	ddress 9 north-branch
10. Please indicate who in you	r organization should receive the	2002 MBAF if different fro	m the person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark onc. If grantor is entity lease indicate affiliation. For d check "City government.")	12. Has your organizatio adopted criteria for a compliance with Mir	warding business su	ibsidies in
City government County government Regional government State government Other (Please specify.)		✓ Yes (Indicate hearing No We held a public hearing criteria (Indicate date Other (Please astach 2)	ng but have not yet of initial hearing -	adopted
	ned any agreements to award a bu 00 that is required to be reported			
Yes (Com	plete the remainder of the form.)	O No (Stop here, go to	section 5 on page 4	
ection 2 Information A	bout Recipient			
 Name of business or organ receiving subsidy or finan 		15. Address where busin will be used	-	
GEK DEVEL	opment	Po Box 454	North Brack City State	ZIP code
	parent corporation? (Mark one.)			
□ Yes (Indicate name and add No	dress of parent corporation below	If more than one, indicate	ı ultimute owner.)	·
Name of parent corporation		Street address C	City State	ZIP code

17. Industry of recip	pient's facility (Mark o	ne.):			
	☐ Manufacturing ☐ Retail Trade	□ Services □ Wholesale Trade	☐ Finance, Insurar	ice, Real Estate [] Other (please specif	5)
18. Did the recipier	nt relocate as a result of	signing this agreemen	t? (Mark one.)		
☐ Yes (Indicate city No (Go to Questi		address and reason rec	ipient did not complete t	his project at that addres	ss.j
City/State of previo	us address Reason p	roject not completed at	previous address		
19. Would the recip financial assistant		previous location or re	located elsewhere if not a	warded this business sub	osidy or
Remained	at previous location	☐ Relocated to differe	nt Minnesota location	☐ Relocated outside M	nnesoto
Section 3 Gener	al Information A	bout the Agreeme	nt		
	ive of business subsidy use separate value by t			ned (In addition to the a dates the ogreement was	
# 18	15,000	<u> </u>	12/28/2	000	
indicate the da whichever is ea	le improvements were j vrlier.) 12/28/3 ment provide a busines	inixhed, equipment wa.	the business subsidy or f s placed into service, or t four types of financial as	he recipient occupied th	e property,
at reportation (i		🔊 business subsidy	🔾 financial assistance		
	t provided a business s e(s) and total dollar v			es one of the four types on indicate the type(s).	of financial
🗆 not applicable, a	groement provided fina	ncial assistance	🔊 not applicable, agree	ment provided a busines	s subsidy
☐ guarantee of pay ☐ contribution of p	reduction or deferral		☐ assistance for proper by contaminants ☐ assistance for renova stock or bringing it a assistance provided; historic preservation 50% or less of total (ating building up to code, and for designated a districts, when	\$ \$
☐ land contribution ☐ other (Specify su	π	s <u>185,000</u>	☐ assistance for polluti abatement ☐ assistance for a TIF	ion control or	s
26. If the assistance	be included tox increme	nt financing, please		tors providing a busines to the same project? (A	
	ssistance was not in th	form of TIF	1	rantor and the value of to toch an additional sheet	
☐ redevelopment ☐ renewal and ren ☐ soils condition			Ø No		
☐ economic develo ☐ mined undergro ☐ hazardous subst	und space		Grantor(s) and value of	f the agreement(s):	
— vasm.doft2 20021	AIRCE SUDDISTRICT		Grantor	Value (\$)	
1			Grantor	Vaine (\$)	

 Minn, Stat. §116J.994 r of the following public 			ancial assistance agreeme 17) (Mark all that apply.)	nts state a public pi	urpose. Which	
D Creating high-quality job I Job retention	Enhancing economic diversity Creating high-quality job growth I Job retention I Subilizing the community		Discreasing tax base (cannot be only purpose) Other (please specify)			
9. Indicate whether the ag	reement includes	i the following types	of goals, and whether the	recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w Please attach descriptions attainment if not documents	of goals and pro	s gress toward	established? date 10 Yes 3 No 12	rget attainment s (month & year) /3//246)	All goals attained? Yes ONo OYes ONo OYes ONo OYes ONo	
	age hourly value	of any employer-pro	meation and/or retention govided health insurance go to separate goals by full-	als for those jobs.		
Hourly Wage (excluding benefits)	Full-time Job Creatien	Part-time/ Sessonal/Temp. Job Creation	FTE (only if goals not stated as FT/FT) Job Creation	Job Reten ti on	Hourly Value of Health Insurance	
no hourly wage-level goal					3	
less than \$7.00					s	
\$7.00 to \$8.99			<u>20</u>		\$	
\$9,00 to \$10.99					5	
\$11.00 to \$12.99					s	
\$13.00 to \$14.99					s	
\$15.00 and higher					\$	
	ourly value of an	y employer-provided	the created in the creater through the control of the control of the control of the control of the control of the control of the creation in t	e jobs. <u>(Only</u> indic		
less than \$7.00	CIEZUM	200 (1470)00	Jus Citation	Receited	214444 14444 4444	
-			41			
\$7.00 to \$8.99			 -		•——	
\$9.00 to \$10.99						
\$11.00 to \$12.99						
					<u></u>	
\$13,00 to \$14,99 \$15,00 and higher						

Yes ONO

To not complete this section if you completed	it on another 2001 MBAF subi	mitted to DTED.)
 During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1. 	oer 31, 2000, did your organization ha 16J.994? <i>(Mark one.)</i>	we any recipients who failed to
Yes (Indicate the name of each recipient failing to receptent, Attach additional pages if necessary.)	sport and the value of subsidy or finan	icial assistance awarded to that
Í No		
Name of recipient Type of subsidy or assist	unce (See Questions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who fall agreement signed on or after January 1, 2000, that 	ed to achieve any goals or fulfill any o were required to be fulfilled by the tin	other obligations under an ne of this report? (Mark one.)
Tes (Complete the runainder of this	section.) SNo (Stop here and su	bmit form to DTED .)
35 39. Provide the following information for each rewere to be attained by the time of reporting. (
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 recipiont relocated to a differ O other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its repayment of	bligation? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assist	tance. O No, recipient has not been	un to repay the assistance.
38. Has the agreement been amended to extend the re-	cipient's deadline for fulfilling its abli	gations? (Mark one.)
	□ Yes □ No	_
39. Describe the steps being taken to bring recipient in	nto compliance or recoup the subsidy:	
		<u> </u>

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

Page 4 of 4

01-0398



2001 Minnesota Business Assistance Form RECEIVED APR 4 2002

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(5) is on page 4.

1. Name of grantor (funding entity) NORTH BRANCH EDA		2. Name of person completing this form DAU'D 5+4ELBER 9			
3. Street address 6408 ELM	SHEET	4. City North Branch	5. ZIP code 5503	6	
6. County ChisAge	7. Phone number 651-674-8113	8. Fax number 651-674-8262	9. E-mail add dovids 0	iress north-branch	
10. Please indicate who in your	organization should receive the	2002 MBAF if different from the	e person in Ques	tion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of granter (Mark one. If granter is entity created by you'l agency, please indicate affiliation. For example, a city EDA would check "City government,")		12. Has your organization be adopted criteria for aware compliance with Minn, S	dus stanizuc gnil	sidies in	
✓ City government □ County government □ Regional government □ State government □ Other (Please specify.)		☐ Yes (Indicate hearing date - 8/23/4) and attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted critetia (Indicate date of initial hearing) ☐ Other (Please attach explanation.)			
through December 31, 2000		usiness subsidy or financial assist under Minn. Stat. §116J.993 and D No. (Stop here, go to sect.)	§116J.9947 <i>(Ma</i>	urk one.)	
ection 2 Information At					
14. Name of business or organi receiving subsidy or finance	ation	15. Address where business will be used	•	ļ	
HBSL, LLC		GRAND Average.	NORTH BRA	ch ms. 5505	
HBSL, LLC		Street address City	State	ZIP code	
HBSL, LLC		GRAND Avenue, Street address City	State	ZIP code	
16. Does the recipient have a p	arent corporation? (Mark one.)	Street address City v. If more than one, indicate ulti		ZIP code	

17. Industry of recipient's facility (Mark one.):				
	Services Wholesale Trade	☐ Finance, Insurance, Re☐ Construction ☐ O	al Estate ther (please specify	, <u> </u>
18. Did the recipient relocate as a result of signif	ng this agreement? (Mark one.)		
10 Yes (Indicate city and state of previous address 10 No (Go to Quartion 19.)	s and reason recipie	ent did not complete this pro	oject at that address	r.)
Chanklidge, NN Could M City/State of previous address Resson project s	t Recieve a	vious address	then then	<u>~·</u>
 Would the recipient have remained in previor financial assistance? (Mark one.) 	us location or reloca	ated elsewhere if not awarde	d this business sub	sidy or
Remained at previous location ARel	ocated to different \	Minnesota location DRe	located outside Mi	nnesota
Section 3 General Information About	the Agreement			
20. Total dollar value of business subsidy or fine assistance (Please separate value by type in and 25.)	ancial 21	l. Date agreement signed (III date, indicate any dates to	_	
# 29,000		11/21/2000		
22. Benefit date (Indicate the date the recipient indicate the date improvements were finished whichever is earlier.) But LD The is	d, equipment was pl	aced into service, or the rec		
23. Does the agreement provide a business subsite teported? (Mark one.)	idy or one of the fou		ce (see Question 25) required to
24. If the agreement provided a business subsidy indicate the type(s) and total dollar value for		S. If the assistance was one assistance, please indicat	• • •	financial
not applicable, agreement provided financial a	ssistance 💆	not applicable, agreement p	provided a business	subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan)	\$	assistance for property poll by contaminants		s
Max abatement Tip or other tax reduction or deferral guarantee of payment contribution of property or infrastructure	\$ <u>29,000</u> \$ \$	l ussistance for renovating b stock or bringing it up to o assistance provided for des historic preservation distri	ode, and ignated	-
☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.)	\$	50% or less of total cost l assistance for pollution cor abatement	ntrol or	s
, , , , , , , , , , , , , , , , , , , ,	\	assistance for a TIF soils o	andition district	S
26. If the assistance included tax increment fina indicate the type of TIF district? (Mark onc.		7. Are any other granters particles financial assistance to the		
not applicable, assistance was not in the form	ofTIF	Yes (Specify each granter assistance below; attach a		
☐ redevelopment ☐ renewal and renovation ☐ soils condition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 No		-
conomic development mined underground space hazardous substance subdistrict		Grantor(s) and value of the a	g reement (s):	
C vietarintés autoranies autotianies	Ī	irantor	Value (\$)	
	\ 7	Grantor	Value (S)	

28. Minn. Stat. \$1161.994 r of the following public	equires that bus purposes were s	iness subsidy and fin- tated in the agreemen	oncial assistance agreemen N'i (Mark all that apply.)	sts state a public p	urpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	grawth		28 Increasing tax base (c: 52 Other (please specify)	nnot be only pur Job Ch) (A)
29. Indicate whether the age at the time of this report				recipient had attai	ined those goals
				get attainment	All goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals				(month & yeu) 31 200 3	sttained? O Yes Mo O Yes O No O Yes O No
D) Other goals other than w	age and job goa	25	□Yes □No		☐ Yes ☐ No
(Please attach descriptions attainment if not documente		•			
	age hourly value ili-rime equivale	of any employer-pro	restion and/or retention go ovided health insurance go to separate goals by full-	als for those jobs.	
Hourly Wage (excluding benefits)	Full-dine Job Creation	Part-time/ Seasonn/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					.
less than \$7.00					3
\$7.00 to \$8.99					
\$9.00 to \$10.99			<u>7</u>		5
\$11.00 to \$12.99			<u></u>		•
\$13.00 to \$14.99		•			s
\$15.00 and higher					s
	uriy value of an	y employer-provided 10 separate job crea	health insurance for those tion into full- and part-tim	jobs. (Only Indic	
Hourly Wage (excluding benefits)	Fall-time Job Creation	Part-time/ Scaremi/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hearly Value of Health Insurance
less than \$7.00				<u> </u>	£
\$7.00 to \$8.99			.——		5
\$9.00 to \$10.99			0_		S
\$11.00 to \$12.99					3
\$13.00 to \$14.99					S
\$15.00 and higher					<u> </u>
32. Has the recipient schi- (Mark onc.)	eved <u>all goals</u> (s		and 31) and fulfilled all ob	ligations stipulate	d in the agreement?

Section 5	Recipients	Failing to	Fulfill	Obligations
-----------	------------	------------	---------	-------------

 During the period January 1, 2000 through Decemb report as required by Minn. Stat. §116J.993 and §11 	(6J.994? (Mark one.)	
I Yes (Indicate the name of each recipient failing to re- recipient. Attach additional pages if necessary.)	port and the value of suluidy or financ	cial assistance awarded to that
9 .No		
Name of recipient Type of subsidy or assists	ance (See Quertions 24 and 25.)	Value of subsidy or assistance
 Did your organization have any recipients who faile agreement signed on or after January 1, 2000, that v 		
Yes (Complete the remainder of this:	section.) INO (Stop here and sul	hmis form to DTED .)
 35 39. Provide the following information for each recovere to be attained by the time of reporting. (A 		her terms of an agreement that
35. Information on recapient and agreement:		
Name of recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance
	City/ZIP code of recipient	Outstanding value of
Street address of technical		subsidy or assistance
36. Reason(s) for default (Mark all that apply.):		shoskly of assistance
36. Reason(s) for default (Mark all that apply.):	content relocated to a difference of the recipient relocated to a difference of the reason.)	
36. Reason(s) for default (Mark all that apply.): O recipient ceased operation O recipient was unable to fill vacant positions	content relocated to a difference of the content of	
36. Reason(s) for default (Mark all that apply.): O recipient ceased operation O recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of	recipient relocated to a differ control other (Specify reason.)	ent community
36. Reason(s) for default (Mark all that apply.): O recipient ceased operation O recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment of	☐ recipient relocated to a difference ☐ other (Specify reason.)	ent community on to repay the assistance,
36. Reason(s) for default (Mark all that apply.): ☐ recipient ceased operation ☐ recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment ob ☐ Yes ☐ No, recipient has begun to repay the assist	☐ recipient relocated to a difference of other (Specify reason.) Digation! (Mark one.) ance. ☐ No, recipient has not begue	ent community on to repay the assistance,
36. Reason(s) for default (Mark all that apply.): Orecipient ceased operation Precipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment ob Oryes One, recipient has begun to repay the assistant 38. Has the agreement been amended to extend the recipient	☐ recipient relocated to a difference of other (Specify reason.) pligation? (Mark one.) ance. ☐ No, recipient has not begue ipient's deadline for fulfilling its oblig	ent community on to repay the assistance,
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions 37. To date, has the recipient fulfilled its repayment ob ☐ Yes ☐ No, recipient has begun to repay the assists	☐ recipient relocated to a difference of other (Specify reason.) pligation? (Mark one.) ance. ☐ No, recipient has not begue ipient's deadline for fulfilling its oblig	ent community on to repay the assistance,

Return your completed MBAF(s) by <u>April 1, 2001</u>, 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



2001 Minnesota Business Assistance Form

- 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	bout Grantor				
1. Name of grantor (funding er City of New Ulm	ntity)	2. Name of person complete David Schnobric			
3. Street address 100 Nor P.O. Bo	-	4. City New Ulm	5. ZIP code 56073-		
6. County Brown	7. Phone number (507) 359-8245	8. Fax number (507) 359-9752	9. E-mail ac	ldress orich@ci.new	-ulm.mn.us
10. Please indicate who in you	r 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 lease indicate affiliation. For I check "City government.")	12. Has your organization hadopted criteria for awa compliance with Minn.	irding business su	bsidies in (Mark one.)	
City government		Nes Andicate hearing do			
☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		☐ No ☐ We held a public hearing criteria (Indicate date o) ☐ Other (Please attach expi	finitial hearing -		
	ned any agreements to award a but that is required to be reported				
D Yes (Com)	plete the remainder of the form.)	🗅 No (<u>Stop here,</u> go to see	ction 5 on page 4.	<i>)</i>]
Section 2 Information A	bout Recipient				-

14. Name of business or organization receiving subsidy or financial assistance	15. Address whe will be used	re business subsi	dy or financia	l assistance
New Ulm Economic Development Corporation	2101 North	Broadway/	New Ulm,	MN 56073
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark on 口 Yes (Indicate name and address of parent corporation be 弘 No	•	indicate ultimate	owner.)	
Name of parent corporation	Street address	City	State	ZIP code

^{*}See Attachment A for further information on this project.

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreemen	1.º (Mark one.)
☐ Yes (Indicate city and state of previous address and reason rec 図 No (Go to Question 19.)	cipient 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 previous location or refinancial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to differe	nt Minnesota location
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$350,000	November 29, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment wa whichever is earlier.) August 10, 2001	
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.)	☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	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 (only principal) S	□ assistance for property polluted \$
☐ grant (i.e., forgivable loan) ☐ tax abatement S	by contaminants assistance for renovating building s
TIF or other tax reduction or deferral \$350,000	stock or bringing it up to code, and
☐ guarantee of payment ☐ contribution of property or infrastructure S	assistance provided for designated historic preservation districts, when
preferential use of governmental facilities \$	50% or less of total cost
☐ land contribution S	☐ assistance for pollution control or S
a other (Specify subsidy type.) S	abatement Classistance for a TIF soils condition district S
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.)
Inot applicable, assistance was not in the form of TIF	Specify each grantor and the value of their assistance below: attach an additional sheet if necessary.)
© redevelopment]
O renewal and renovation	3 №
Soils condition Considered to the control of the co	Grantor(s) and value of the agreement(s):
mined underground space	Clausing and value of the agreements).
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public p 			nancial assistance agreement nt? (Mark all that apply.)	s state a public p	urpose. Which
DEnhancing economic diver Creating high-quality job to Job retention Stabilizing the community	growth		Signification in Increasing tax base (car Signification of the Signific	nnot be only purp (see back	of page)
 Indicate whether the agn at the time of this report. 				ecipient had attai	ined 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	·	established? dates NYes INo 8/2	et attainment (month & year) 003	All goals attained? Tes O No Tes O No Tes O No Tes O No
(Please attach descriptions of attainment if not documented					
	ige hourly value	of any employer-pr	creation and/or retention gos ovided health insurance gos to separate goals by full- a	ds 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	Hearly Value of Health Insurance
no hourly wage-level gnal					s
less than \$7.00					s
\$7.00 to \$8.99					\$
	12		_12_		s
\$9.00 to \$10.99					
\$9.00 to \$10.99 \$11.00 to \$12.99					\$
					\$ \$
\$11.00 to \$12.99		 			
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hou	ng wage catego	y employer-provided	nber of actual jobs created a health insurance for those j nion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. (Only indic	ssnce the benefit
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hou full-time equivalents if	ng wage catego irly value of an you are unable Full-time Jeb	y employer-provided to separate joh crea Part-time/ Seasona/Temp.	health insurance for those juiton into full- and part-time FTE (ent) if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Je b	ss nce the benefit ate job creation in Hourly Value of
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	ng wage catego irly value of an you are unable Full-time Jeb	y employer-provided to separate joh crea Part-time/ Seasona/Temp.	health insurance for those juiton into full- and part-time FTE (ent) if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Je b	s nce the benefit are job creation in Hourly Value of Health Issurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego irly value of an you are unable Full-time Jeb	y employer-provided to separate joh crea Part-time/ Seasona/Temp.	health insurance for those juiton into full- and part-time FTE (ent) if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Je b	ss ince the benefit ate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage catego irly value of an you are unable Full-time Jeb	y employer-provided to separate joh crea Part-time/ Seasona/Temp.	health insurance for those juiton into full- and part-time FTE (ent) if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Je b	ss nce the benefit ate job creation in Hourly Value of Health Insurance \$s
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour 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 irly value of an you are unable Full-time Jeb	y employer-provided to separate joh crea Part-time/ Seasona/Temp.	health insurance for those juiton into full- and part-time FTE (ent) if unable to separate FT/PT)	obs. (<u>Only</u> indic positions.) Je b	ss nce the benefit ate job creation in Hourly Value of Health Insurance \$ \$ \$

ATTACHMENT A

PROJECT DESCRIPTION

The City of New Ulm established a tax increment financing district to assist the New Ulm Economic Development Corporation (NUEDC) with the construction of a new manufacturing facility. NUEDC, a non-profit entity, has entered into a lease agreement with MTS Systems Corporation (MTS) to occupy the building. The lease agreement requires MTS to comply with the job creation goals identified in this report and the project Development Agreement.

(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 report as required by Minn. Stat. §116J.993 and §116J.99	, 2000, did your organization had? (Mark one.)	ave any recipients who failed to
See (Indicate the name of each recipient failing to report a recipient. Attach additional pages if necessary.)	and the value of subsidy or finar	ncial assistance awarded to that
ĎÍ 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.) 💆 No (Stop here and su	ibmit form to DTED.)
35 39. Provide the following information for each recipier were to be attained by the time of reporting. (Attack		
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 diffe	rent community
	other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment obligat		
Yes No, recipient has begun to repay the assistance.	☐ No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its obli	gations? (Mark one.)
0	Yes 🗆 No	
39. Describe the steps being taken to bring recipient into co	mpliance 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

01-0390



2001 Minnesota Business Assistance Form RECEIVED APR



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- 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.
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- 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

5074273327

	otity)	2. Name of person completing	this form	
MH Lake Francowi	Development Huthorth	Marya O		
3. Street address		4. City	5. ZIP code	
930 3d	Ax	M+ Lake	56159	
6. County Coffenerad	7. Phone number 507-427-2499	8. Fax number SD7-427-3327	9. E-mail add	resi
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	person in Quest	ion 2.
Name/Title	Phone number	Street address	City	ZIP code
	Mark one. If grantor is entity lease Indicate affiliation. For I check "City government.")	Has your organization held adopted criteria for awardi compliance with Minn. Sta	ng business subs st. §116J.994? <i>(</i> A	idies in fark one.)
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)	<u>\$.</u>	☐ Yes (Indicate hearing date : ☐ No ☐ We held a public hearing but criteria (Indicate date of int	t have not yet ad	
through December 31, 200	ned any agreements to award a but to that is required to be reported u plete the remainder of the form.)		116J.9947 (Mai	
through December 31, 200	0 that is required to be reported u	nder Minn. Stat. §116J.993 and §	116J.9947 (Mai	
through December 31, 200	that is required to be reported uplete the remainder of the form.) bout Recipient	nder Minn. Stat. §116J.993 and §	116J.9947 (Ма н 5 он ра <u>це</u> 4.)	rk one.)
through December 31, 200 Yes (Cony Section 2 Information A	that is required to be reported uplete the remainder of the form.) bout Recipient sization cial assistance	O No (Stop here, go to section 15. Address where business su	116J.9947 (Mai n 5 on page 4.) baidy or financia	rk one.)
strough December 31, 200 EYes (Cony Section 2 Information Al 14. Name of business or organ receiving subsidy or finance Profilent, Tr	that is required to be reported uplete the remainder of the form.) bout Recipient sization cial assistance	15. Address where business su will be used	116J.9947 (Mai n 5 on page 4.) baidy or financia	rk one.)
Section 2 Information Al 14. Name of business or organ receiving subsidy or finance Profilent, To	that is required to be reported uplete the remainder of the form.) bout Recipient nization cial assistance	15. Address where business su will be used Street address City	h 5 on page 4.) beidy or financia M+LaKe M. State	rk one.)

17. Industry of recipient's facility (Mark one.):	
☐ Menufacturing ☐ Service ☐ Retail Trade ☐ Whole	es
18. Did the recipient relocate as a result of signing this	agreement? (Mark one.)
☐ Yes (Indicate city and state of previous address and s ☑No (Go to Question 19.)	reason recipient did not complete this project at that address.)
City/State of previous address Reason project not con	mpleted at previous address
 Would the recipient have remained in previous localinancial assistance? (Mark one.) 	ation or relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ■ Relocated	to different Minnesota location
Section 3 General Information About the A	greement
20. Total dollar value of business subsidy or financial assistance (Planse separate value by type in Questi and 25.).	21. Date agreement signed (In addition to the agreement date, Indicate any dates the agreement was amended.)
and 25.), 300,000.∞	4-1-2000
	neft from the business subsidy or financial assistance. For example, pment was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or be reported? (Mark one.)	one of the four types of financial assistance (see Question 25) required to ubsidy
24. If the agreement provided a business subsidy, pleas indicate the type(s) and total dellar value for each	
☐ not applicable, agreement provided financial assistan	ace and applicable, agreement provided a business subsidy
☐ 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	by contaminants 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
Other (Specify substdy type.)	absterness assistance for a TIP soils condition district \$
26. If the ministence included tax increment financing, indicate the type of TIF district? (Mark one.)	financial assistance to the same project? (Mark one.)
Sanot 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 ☐ conomic development	Of No Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict	
	Grantor Value (\$)
1	Grantor Value (\$)

04/03/2002 11:52 5074273327 APR-03-2002 11:09 PROTIENT INC.

E. Mine. Sec. §1167.994 sec f the following public pusper	pajeto (bat bosia: Jos weto statod i	ess subsidy and finan n the agreement? (M	cial assistance agreements s ork all that apply.)	reve a bapiție beză	ose. Which
) Behaving committed diver Creating high-quality job g I Joh retenden I Subiliping the community			O Increasing tax base (ear O Other (please specify)) (M)
S. Indicate relative the age as the time of this report.	unon included (FE) in the bon	the following types our and attentions of a	f goals, and whether the rec e(s) for each goal)	ipinet had stains	f those goals
A) Specific wage and job gos) Other job-creation endiver) Other wage goals) Other goals other then we	retracion grade po and job pouls		SYS SNO	er Attainment (month & year)	All goals attained? O Yes O No O Yes O No O Yes O No O Yes O No
Ploane arrach descriptions of Maintenant if not decremented to Fox each of the Soligarity Maintenant and the state	in Quanties, it I was entrych	and 31.) n. indicate the job cre	estion and/or restruction grads		mir indicate Sob
rreales goals in fail-time of			re goals by full- and part-riss		THE PERSON NAMED IN
Routly Then (eveloding bostfla)	Juli dine Job Creades	Part-ther/ General/Temp. Job Creation	FTE (<u>only</u> if push not Hated to FT/FE) Job Creaded	Job Receives	Mounty Value of Moster Taxantine
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less then \$7.60				-	-
\$7.00 to \$6.99	_				<u> </u>
	3				<u>.2.75</u>
39.00 to \$10.99					2.75
90.00 to \$10.99 \$11.00 to \$12.99	16				
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o not complete this s	ection if you completed	l it on another 2001 MBAF sub-	nitted to DTED.)
	uary 1, 2000 through Decem Minn. Stat. §116J.993 and §1	ther 31, 2000, did your organization has 116J.9947 (Mark one.)	ve any recipients who failed to
	of each recipient failing to n iditional pages if necessary.)	eport and the value of subsidy or fluan	cial assistance awarded to that
⊉ No			
Name of recipient	Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
agrament signed on a		led to schieve any goals or fulfill any of were required to be fulfilled by the time section.) 25 No (Stop here and subsection.)	ne of this report? (Mark one.)
	ed by the time of reporting.	ecipiont failing to fulfill goals or any of (Attack additional pages if necessary.)	
Name of recipient in defin	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	t	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(a) for default	(Mark all that apply.):		
O recipient ocessed operati O recipient was unable to		O other (Specify reason.)	ent community
	ient fulfilled its recomment o	hligation? (Mark one)	
To date, has the racip	near remined to tehsyment a	2-0-14-11 (11:14) to proces	
•	thus begun to repay the attain		m to repay the assistance.
O Yes O No, recipient	bas begun to repay the admis	tance. No, recipient has not begue cipient's deadline for fulfilling its oblig	
O Yes O No, recipient 38. Has the agreement be	bas begun to repay the admis	tance. No, recipient has not begue cipient's deadline for fulfilling its oblig	
O Yes O No, recipient 38. Has the agreement be	bas begun to repay the admis	tance. No, recipient has not begue cipient's deadline for fulfilling its oblig	

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St. Paul, MN 55101-2146





2001 Minnesota Business Assistance Form

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each husiness subjidy and financial assistance agreement signed from <u>Junuary 1, 2000 through December 31, 2000</u> for 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
 warming. 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.

ection 1 Informatio	on About Grantor				_
1. Name of grantor (fund Mound HRA	ling entity)	2. Name of person co Gino Busina	mpleting this form tro		
3. Street address 5341 Maywood	Road	4. City Mound	5. ZIP 55	code 5364	
6. County Hennepin	7. Phone number 952-472-0608	8. Fax number 952-472-0620	1 =	ail address isinaro@cityo	ofmound.com
10. Please indicate who i	in your organization should receive the	2002 MBAF if different	from the person in	Question 2. N/A	
Name/Title	Phone number	Street address	s City	ZIP code	
created by gov't ages	mot (Mark one If grantor is entity ney, please indicate affiliation. For would check "City government")	compliance with XYes thindicate hear No We held a public h	or awarding busine Minn. Stat. §116J. § ring date -12/14 caring but have not date of initial bearing but	ss subsidies in 1947 (Mark one) 1999 <u>addeli criteria</u>)	VQ papho
through December 3	on signed any agreements to award a bull. 2000 that is required to be reported	under Minn, Stat. §116J.	.993 and §116J,994	" (Mark one)	
	(Complete the remainder of the form.)	No tStop here, go	o to section 2 on pu	ge 4 /	
14. Name of business or receiving subsidy or	•	15. Address where by will be used Suite 212	usiness subsidy or t	Inancial assistance	
MetroPlains	B Development LLC	Spruce Tree Street address		Paul, MN. State ZIP code	55104
16. Does the recipient h	ave a parent corporation? (Mark one.)				\neg
	nd address of parent corporation belov	v. If more than one, indi	cate ultimate owne	r)	
Æj No					I

17. Industry of recipient's facility (Mar	k one.)			
Manufacturing A Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insure: ☐ Construction	ance, Real Estate 2 Other (please specified)	<u> </u>
18. Did the recipient relocate as a resul	t of signing this agreemen	t? (Mark one.)		
☐ Yes (Indicate city and state of previo ☐ No (Go to Question 19)	us address and reason rec	upient did not complete	this project at that addre	·sa. /
City/State of previous address Reason	n project not completed at	previous address	- , 	
19. Would the recipient have remained financial assistance? (Mark one.)	in previous location or re	located elsewhere if not	t awarded this business su	bsidy or
X Remained at previous location	☐ Relocated to differe	nt Minnesota location	☐ Relocated outside N	Innesota
Section 3 General Information	About the Agreeme	nt		
20. Total dollar value of business subs assistance (Please separate value b and 25.)			igned (In addition to the c edates the agreement was	
1,800,000		Dec.	12, 2000	
22. Benefit date (Indicate the date the indicate the date improvements we whichever is earlier) Antic:		s placed into service, or	r the recipient occupied th	
23. Does the agreement provide a busi be reported? (Mark one.)	ness subsidy or one of the Xi business subsidy	four types of financial assistance	assistance (see Question 2	25) required to
24. If the agreement provided a busines indicate the type(s) and total dolla	- •		was one of the four types (mdicate the type(s).	of financial N/A
☐ not applicable, agreement provided t	inancial assistance	a not applicable, agre	eement provided a busine	ss subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan)	\$ \$	□ assistance for prop by contaminants		s
☐ tax abatement ☐ TIF or other tax reduction or deferra ☐ guarantee of payment ☐ contribution of property or infrastruc ☐ preferential use of governmental fac	sture \$	stock or bringing it assistance provided historic preservations 50% or less of total	t up to code, and d for designated on districts, when	3
☐ land contribution ☐ other (Specify subsidy type.)	\$	assistance for pollu abatement		\$ \$
26 If the assistance included tax incre indicate the type of TIF district? if			untors providing a busines ce to the same project" 13	
☐ not applicable, assistance was not in	the form of TIF		grantor and the value of i attach an additional slice	
redevelopment renewal and renovation		20 No		
☐ soils condition ☐ economic development ☐ mined underground space		Grantor(s) and value	of the agreement(s):	
🗓 hazardous substance subdistrict		Grantor	Value (\$)	
		Grantor	Value (\$)	

			nancial assistance agreement nt? (Mark all that apply.)		
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		Increasing tax base (car in Other (please specify) generate spin redevelor	promote r n-off deve	edevlopment
9. Indicate whether the agr at the time of this report			s of goals, and whether the r	<u>-</u> '	ned those goals
() Specific wage and job go () Other job-creation and or () Other wage goals () Other goals other than was	retention goals	ls	established? dates If Yes I No Dec		All goals attained? Tyes XNo Zayes XNo Zayes XNo Xi Yes Xi No Xi Yes Xi No Xi Yes Xi No
itainment if not documente					
agreement and the avera	age hourly value	of any employer-pr	creation and/or retention gos rovided health insurance gos to separate goals by full- a FTE tonly if goals not	ds for those jobs.	(<u>Only</u> indicate itions.)
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			4 -	· — ·	,
less than \$7.00	. — -	_ —	125% of Federal	Minimum w	age
•					<u>-</u>
\$7.(R) to \$5.99				- ·	
\$7.80 to \$5.99 \$9.00 to \$10.99	 · -	— - 		- ·	٠ ـ
	 · -	 	 	- · ·	;
\$4.00 to \$10,99	. — . — . —	 		- · 	
\$9.00 to \$10.99 \$17.00 to \$12.99		 	 	 	,
\$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 hores.	urly value of an	y employer-provided	mber of actual jobs created d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	jobs (<u>Only</u> indic	\$ \$ \$ nce the benefit
\$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 vou are unable Full-time Job	y employer-provided to separate job cred Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs <u>(Only</u> indic positions i p Jab	S S S nce the benefi: are job creation in N/A at this t
\$10.00 to \$10.99 \$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	urly value of an vou are unable Full-time Job	y employer-provided to separate job cred Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs <u>(Only</u> indic positions i p Jab	s s s nce the benefi: ale job creation in N/A at this t Hourly Value of Health Insurance
\$9.00 to \$10.99 \$13.00 to \$14.99 \$15.00 and higher 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 an vou are unable Full-time Job	y employer-provided to separate job cred Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs <u>(Only</u> indic positions i p Jab	s s s nce the benefi: uic jub creation in N/A at this t Hourly Value of Health Insurance s
\$9 00 to \$10,99 \$17.00 to \$12.99 \$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 (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of an vou are unable Full-time Job	y employer-provided to separate job cred Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs <u>(Only</u> indic positions i p Jab	s s nce the benefi: are job creation in N/A at this t Hourly Value of Health Insurance s s
\$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 (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urly value of an vou are unable Full-time Job	y employer-provided to separate job cred Part-time/ Seasonal/Temp.	d health insurance for those ation into full- and part-time FTE (only if unable to separate FT/PT)	jobs <u>(Only</u> indic positions i p Jab	s s nce the benefi: are job creation in N/A at this t Hourly Value of Health Insurance s s

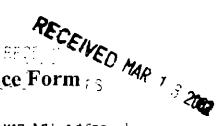
(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.) 33. During the period January 1, 2000 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994? (Mark one.) Tyes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) XI 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 (Complete the remainder of this section.)
XI 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: Name of recipient in default Initial value of Type of subsidy or assistance subsidy or assistance City/ZIP code of recipient Outstanding value of Street address of recipient subsidy or assistance 36. Reason(s) for defaul: (Mark all that apply): I recipient relocated to a different community → recipient ceased operation I recipient was unable to fill vacant positions ☐ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) I No, recipient has begun to repay the assistance. 2 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



2001 Minnesota Business Assistance Form 75



- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each (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.
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- 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					_
Name of grantor (funding entity) Mound HRA		2. Name of person co Gino Busin		s torm]
3. Street address5341 Maywood Road	i	4. City Mound	5	ZIP code 55364]
	Phone number 52-472-0608	8. Fax number 952-472-0620		. E-mail add noBusina	ress aro@cityof	nound.
10. Please indicate who in your org	anization should receive the	2002 MBAF if different	from the pe	rson in Quest	non 2. N/A	
Name/Title	Phone number	Street address	s	City	ZIP code	
11. Classification of grantor (Mark created by gov't agency, please example, a city EDA would che	indicate affiliation. For	12. Has your organiz adopted criteria f compliance with	or awarding	business sub:	sidies in	
M City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		XJ Yes (Indicate hear □ No □ We held a public h criteria (Indicate of □ Other (Please attac	earing but ha	ive not yet ac I hearing	lopted	
13. Has your organization signed at through December 31, 2000 tha						
☐ Yes (Complete	the remainder of the form.)	X No (Stop here, go	o to section 2	on page 4.)		_
Section 2 Information Abou	t Recipient					
14. Name of business or organizati receiving subsidy or financial a		15. Address where be will be used	usiness subsi	dy or financi	ul assistance	
RayMar Properties	, Inc.	2250 Commen	ce Blvc Cny	I. Mound State	, Mn. 553 ZIP code	364
16. Does the recipient have a paren	t corporation? (Mark onc.)					7
☐ Yes (Indicate name and address ¾ No	of parent corporation belov	e. If more than one, indi	cate ultimate	owner)		
Name of parent corporation		Street address	Cny	State	ZIP code	

17. Industry of recipient's facility (Mark one	:):		
Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specific	ecity)
18. Did the recipient relocate as a result of s.	igning this agreement	Mark one.	
□ Yes (Indicate city and state of previous ad ☑ No (Go to Question 19.)	ldress and reason recij	ment did not complete this project at that ad-	drevs i
City/State of previous address Reason pro	ject not completed at p	previous address	
 Would the recipient have remained in prefinancial assistance? (Mark one) 	evious location or rele	ocated elsewhere if not awarded this business	subsidy or
Remained at previous location	Relocated to differen	t Minnesota location	: Minnesota
Section 3 General Information Abo	out the Agreemen	t	
20. Total dollar value of business subsidy of assistance (Please separate value by type and 25.)		 Date agreement signed (In addition to the date, indicate any dates the agreement v 	
\$250,000	,	July 11, 2000	
whichever is earlier.)		he husiness subsidy or financial assistance, placed into service, or the recipient occupied	
23. Does the agreement provide a business of be reported? (Mark one.)		our types of financial assistance (see Questio	n 25) required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar val		25. If the assistance was one of the four type assistance, please indicate the type(s)	es of financial
🗓 not applicable, agreement provided finance	rial assistance	☐ not applicable, agreement provided a busi	ness subsidy
□ loan (only principal) □ grant (i.e., forgivable loan)	5	assistance for property polluted by contaminants	\$
🗖 tax abatement	1.14 \$ <u>250,000</u>	☐ 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	5
☐ land contribution ☐ other (Specify subsidy type.)	- s	 □ assistance for pollution control or abatement □ assistance for a TIF soils condition district 	\$ S
26. If the assistance included tax increment indicate the type of TIF district? (Mark		27 Are any other grantors providing a busi financial assistance to the same project?	
anot applicable, assistance was not in the f	orm of TIF	Yes (Specify each grantor and the value assistance below; attach an additional st	
★redevelopmen: ☐ renewal and renovation ☐ soils condition		Xi No	,
☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict		Grantor(s) and value of the agreement(s):	
Therations substance subdistrict	Ì	Grantor Value (\$)	
	ĺ	Grantor Value (\$)	

 Minn, Stat. §116J.994 re of the following public p 					urpose. Which
Enhancing economic diver			☼ Increasing tax base (☐ Other (please specify)		
XJob retention			generate spin-		
29. Indicate whether the agri at the time of this report.	cement include			- redeve Lopa e recipient had attai	
A) Specific wage and job go. B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	recention goals	i	established? dat 2 Yes \(\text{No} \) No 4 Yes \(\text{No} \) No 2 Yes \(\text{No} \) No 2 Yes \(\text{No} \) No	es (month & year) arch 2001 ac 2002 ec 2002	All goals attained? Xii Yes Iii No Iii Yes Xii No Iii Yes Xii No Xii Yes Iii No
(Please attach descriptions o attainment if not documented					
	ge hourly value	e of any employer-pro	reation and/or retention povided health insurance g to separate goals by full-	oals 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-jevel goal					`
less than \$7.00			_		s_ <u></u>
\$7.00 to \$8.99	·—· —		<u>50</u>		·- —
\$9.00 to \$10.99	- —			- —	٠
\$11.00 to \$12.99		<u> </u>			s
\$13.00 to \$14.99					>
\$15.00 and higher			— .–	<u> </u>	,
	irly value of an	y employer-provided	nber of actual jobs create health insurance for tho- tion into full- and part-ti	se jobs. (<u>Only</u> indic	
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 (Fair \$7,60)					` – -
	- .	_		_	`
\$7,000 to \$8,900					
2 9,00 to 2 10,99 \$7,00 to \$8,99	— –				, —
	— – – –	 	— — —·—	— - —·-	s .—
\$9.00 to \$10.99	— — — —	 		— - — · - — —	s s

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

	nuary 1, 2000 through Decem Minn, Stat §116J,993 and §1	iber 31, 2000, did your organization ha 16J.994° (Mark one.)	ive any recipients who failed to
Q Yes (Indicate the nam recipient: Attach)	e of each recipient failing to r idditional pages if necessary.	eport and the value of subsidy or finan	icial assistance awarded to mat
LK No			
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25)	Value of subsidy or assistance
34. Did your organizated agreement signed or	on have any recipients who fai or after January 1, 2000, that	led to achieve any goals or fulfill any ϵ were required to be fulfilled by the \tan	other obligations under an ne of this report? (Mark one)
☐ Yes /(Complete the remainder of this	s section.) XI No (Stop here and su	bmit form to DTED .)
35 39. Provide the followere to be attain	lowing information for each r	ecipient failing to fulfill goals or any o (Attach additional pages if necessary)	ther terms of an agreement that
35. Information on recip	nient and agreement:		
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipie	n:	City ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	(coMark all that apply);		
☐ recipient ceased opera ☐ recipient was unable a		☐ recipient relocated to a differ ☐ other (Specify reason.)	rent community
37. To date, has the rec	ipient fulfilled its repayment c	obligation? (Mark one)	
☐ Yes ☐ No, recipie	nt <u>has begun</u> to repay the assis	stance.	un to repay the assistance.
38. Has the agreement t	peen amended to extend the re	cipient's deadline for fulfilling its obli	gations? (Mark one)
L		UYes DNo	
39. Describe the steps b	eing taken to bring recipient	nto 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



2001 Minnesota Business Assistance Form RECEIVED MAR 2 8 2882



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 Questions? Call (651) 	296-0580. Information on w	here to mail or fax your compl-	eted MBAF(s) is on page 4.
Section 1 Information A	bout Grantor		
Name of grantor (funding entry of Moorhead	• •	Name of person completing Loretta Szweduik	this form
3. Street address 500 Center Avenu	ie .	4. City Moorhead	5. ZIP code 56560
6. County Clay	7. Phone number 218–299–5375	8. Fax number 218-299-5399	9. E-mail address Torotta.szweduik@ ci.moorhead.mn.us
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from the	
Name/Title	Phone number	Street address	City ZIP code
	Mark one. If grantor is entity lease indicate affiliation - For Leheck "City government,")	12 Has your organization held adopted criteria for awardi compliance with Minn. Sta	ng business subsidies in
☑ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		XJ Yes (Indicate hearing date : ☐ No ☐ We held a public hearing but criteria (Indicate date of im ☐ Other (Please attach explana	t have not yet adopted mal hearing
through December 31, 200		siness subsidy or financial assista inder Minn. Stat. §116J.993 and § 2 No. (Stop here, go to section	8116J.994? (Mark one.)
Section 2 Information A	·		
14. Name of business or organ receiving subsidy or finan	nization	15. Address where business su will be used	sbsidy or financial assistance
State Bank of Waw	lov ·	3004 14th St S M	oorband MN 56550

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.) **(X** \ \ 0

Street address City ZIP code State Name of parent corporation

Street address

City

State

ZIP code

17. Industry of recipient's facility (Mark o	ne.):		
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	(v)
18. Did the recipient relocate as a result of	signing this agreement	? (Murk one)	
☐ Yes (Indicate city and state of previous of 2 No (Go to Question 19.)	address and reason rec	ipient did noi complete this project at that addre.	5 <i>5. j</i>
City/State of previous address Reason pr	roject not completed at	previous address	
19. Would the recipient have remained in financial assistance? (Mark one.)	previous location or rel	ocated elsewhere if not awarded this business sul	hsidy or
21 Remained at previous location	☐ Relocated to differen	nt Minnesota location U Relocated outside M	linnesota
Section 3 General Information Al	bout the Agreeme	nt	
20. Total dollar value of business subsidy assistance (Please separate value by ty and 25.)		21. Date agreement signed (In addition to the a date, indicate any dates the agreement was	
\$42,600		10/02	
indicate the date improvements were f		the business subsidy or financial assistance. For placed into service, or the recipient occupied th	
he reported? (Mark one.)		tour types of financial assistance (see Question 2 financial assistance	5) required to
24. If the agreement provided a business st indicate the type(s) and total dollar va		25. If the assistance was one of the four types of assistance, please indicate the type(s).	of financial
not applicable, agreement provided final	ncial assistance	🖄 not applicable, agreement provided a busines	s subsidy
☐ Ioan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructur ☐ preferential use of governmental facilitie ☐ land contribution ☐ Sother (Specify subsidy type.) ☐ Border City Development 2	es S SS	 □ 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 indicate the type of TIF district? (Mar.)		27. Are any other grantors providing a business financial assistance to the same project? (A)	
XXnot applicable, assistance was not in the	e form of TIF	Tyes (Specify each grantor and the value of to assistance below; attach an additional sheet	
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space		图 No Grantor(s) and value of the agreement(s):	
inazardous substance subdistrict		Grantor Value (\$)	- <u></u> -
1		Grantor Value (\$)	

Page 2 of 4

 Minn. Stat. §116J.994 n of the following public p 			nancial assistance agreement? (Mark all that apply.)		urpose. Which
Enhancing economic dive Creating high-quality job	-		Solution Increasing tax base to Cother tplease specify		
I Job retention I Stabilizing the community	ç				
9. Indicate whether the agr at the time of this report				e recipient had attai	ned those goals
				rget attainment	All goals
\ Saarifin wasaa aad iab uu	ماد د ام مدده	al midde 2 mass	established? date **E Yes **D No **9*	es (month & year) -1-02	attained? *U Yes U No
 Specific wage and job go Other job-creation and/or 					D Yes D No
1) Other wage goals	Totaliiii Biraii	•	-1 No. 1 N. No.		□ Yes □ No
) Other goals other than w	age and Joh goa	ls	O Yes O No		U Yes U No
Please attach descriptions (ttainment if not documente					
 For each of the followin agreement and the avera job creation goals in fu 	age hourly value	of any employer-pr	creation and/or retention govided health insurance goto separate goals by full-	oals for those jobs.	(<u>Only</u> indicate tions.)
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 o Health Insurance
					s
no hourly wage-level goal		- —	··· 		
no hourly wage-level goal less than \$7,00		- -			<u> </u>
	 	 	 	- ·	
less than \$7,00		 	 	 	<u>-</u>
less than \$7.00 \$7.00 to \$8.99	 - 1 -		 	 	s
less than \$7,00 \$7,00 to \$8,99 \$9,00 to \$10,99		 	 	 	s s
less than \$7,00 \$7,00 to \$8,99 \$9,00 to \$10,99 \$11,00 to \$12,99	 1 	- — 		 	\$ \$ \$
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 and higher 31. For each of the following date and the actual hot full-time equivalents if	ng wage catego urly value of an you are unable Full-time	y employer-provided to separate job crea Part-time/	health insurance for those tton into full- and part-tu FTE (only if unable to	e jobs. (<u>Only</u> indice ne positions)	SSSssss
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 and higher I. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	ng wage catego urly value of any you are unable	y employer-provided to separate job crea	health insurance for those tuon into full- and part-tu	e jobs. (<u>Only</u> indice	5 5 5 5 5 5 5 5 5 1.
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 and higher 1. For each of the following date and the actual hor full-time equivalents if Hourly Wage	ng wage catego urly value of an you are unable Full-time Jub	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indice ne positions) Job	SSSnce the benefit are job creation in
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 and higher I. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	ng wage catego urly value of an you are unable Full-time Jub	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indice ne positions) Job	5 5 5 5 5 5 5 nice the benefit are job creation in Hourly Value of Health Insuran
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 and higher 1. For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ng wage catego urly value of an you are unable Full-time Jub	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indice ne positions) Job	SSSSSS
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 and higher 1. 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	ng wage catego urly value of an you are unable Full-time Jub	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indice ne positions) Job	S S S S nuc the benefit are job creation in Hourly Value of Health Insuran S S S 1 ourly Value of Health Insuran
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 and higher I. 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 an you are unable Full-time Jub	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indice ne positions) Job	5 5 5 5 5 5 5 nuce the benefit are job creation in Hourly Value of Health Insuran 5 5 5 5

(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.)

report as required by Minn.	. Stat. §116J.993 and §116J.9	994? (Mark one.)	
Yes (Indicate the name of ea recipient. Attach addition		t and the value of subsidy or finar	ncial assistance awarded to that
Ø No			
Name of recipient	Type of subsidy or assistance	c (See Questions 24 and 25.)	Value of subsidy or assistance
		o achieve any goals or fulfill any o c required to be fulfilled by the tin	
□ Yes (Comple	ete the remainder of this sect	tion.)	bmit form to DTED .)
		ent failing to fulfill goals or any o ch additional pages if necessary.)	
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		Ciry/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Man	rk all that apply):		
☐ recipient ceased operation ☐ recipient was unable to fill v	racant positions	☐ recipient relocated to a differ ☐ other (Specify reason.)	rent community
37. To date, has the recipient f	fulfilled its repayment obliga	ntion? (Mark one.)	
☐ Yes ☐ No, recipient has	begun to repay the assistance	e. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement been ar	nended to extend the recipie	nt's deadline for fulfilling its obli	gations? (Mark one.)
		Yes UNo	
39. Describe the steps being to	aken to bring recipient into c	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



- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financia 2002 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.

Name of grantor (funding entity) City of Moorhead Street address 500 Center Avenue			2. Name of person completing this form Loretta Szweduik			
		4. City Moorhead	5. ZIP code 56560			
6. County 7. Phone number Clay 218-299-5375		8. Fax number 218-299-5399	9. E-mail address loretta.szweduik@ ci.moorhead.mn.us			
10. Please indicate wh	o in your organization should receive	the 2002 MBAF if different from				
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") 23. City government 33. County government 34. Regional government 35. State government 36. Other (Please specify.)		r adopted criteria for av compliance with Mini Et Yes ilindicate hearing o □ No □ We held a public hearin				
through December	31, 2000 that is required to be report s (Complete the remainder of the for	ted under Minn, Stat. §116J.993	and \$116L994? (Mark one.)			
Section 2 Informa	tion About Recipient					
14. Name of business receiving subsidy	or organization or financial assistance	15. Address where busine will be used	15. Address where business subsidy or financial assistance will be used			
United Structural Components, LTC			S, Moorhead M: 56560 City State ZIP code			

Name of parent corporation

Street address

State

City

ZIP code

17. Industry of recipient's facility (Mark one	.):			
*C# Manufacturing O Retail Trade	☐ Services ☐ Wholesale Trade		urance, Real Estate n	fvi
18. Did the recipient relocate as a result of st	gning this agreemen	t? (Mark one.)		
☐ Yes (Indicate city and state of previous ad IXINo (Go to Question 19.)	dress and reason rec	cipient did not comple	te this project at that uddre	uss.)
City/State of previous address Reuson proj	ect not completed at	previous address		
19. Would the recipient have remained in pr financial assistance? (Mark one.)	evious location or re	located elsewhere if r	not awarded this business su	ibsidy or
U Remained at previous location U	Relocated to differe	nt Minnesota location	Relocated outside N	Innesota
Section 3 General Information Abo	ut the Agreeme	nt		
20. Total dollar value of business subsidy of assistance (Please separate value by typ. and 25.)		_	signed (In addition to the one of the signed) was	
\$139,400		12-22-00)	
22. Benefit date (Indicate the date the recipindicate the date improvements were fin whichever is earlier.) 1-10-01				
23. Does the agreement provide a business s he reported? (Mark one.)	ubsidy or one of the	four types of financia		25) required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar value			was one of the four types of se indicate the type(s).	of financial
a not applicable, agreement provided financ	ial assistance	🔁 not applicable, ag	greement provided a busine	ss subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ TIF or other tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure	S S S S S	assistance provid	ovating building it up to code, and	S
Dipreferential use of governmental facilities I land contribution **Stother (Specify subsidy type.) Border City Development Zo	\$ \$ one \$139,400	50% or less of to assistance for pol abatement assistance for a T		s
26. If the assistance included tax increment indicate the type of TIF district? (Mark)			grantors providing a busines nee to the same project? ()	
XXnot applicable, assistance was not in the fo	orm of TIF		h grantor and the value of t ; attach an additional shee	
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development		₭ No Grantor(s) and valu	e of the agreement(s):	
inned underground space in hazardous substance subdistrict		Grantor	Value (\$)	
		Grantor	Value (S)	

 Minn. Stat. §116J.994 r of the following public 			nancial assistance agreem nt? (Mark all that apply.		purpose. Which
Enhancing economic dive Creating high-quality job Job retention			☐ Other (please specif		rpose)
Stabilizing the community	y				
9. Indicate whether the agr at the time of this report				ne recipient had att	
			Goals T	arget attainment	97. All goals
			established? dat	tes (month & year)	attained?
) Specific wage and job go			_	9-1-02	Y Yes 🛂 No
) Other job-creation and/or	r retention goals	i	U Yes U No		'Li Yes Li No
) Other wage goals) Other goals other than w	are and job cos	ls	□ Yes □ No □ Yes □ No		□ Yes □ No □ Yes □ No
, comer goals office than w	age and joo gou				210, 210
Please attach descriptions tainment if not documente					
_	age hourly value	of any employer-pi	creation and/or retention ovided health insurance p to separate goals by ful	goals 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	Joh Retention	Hourly Value of Health Insuranc
no hourly wage-level goal					\$
1 d 67 00				<u>·-</u>	s
less than \$7.00					
\$7.00 to \$8.99	<u>2</u> Q.	20_		. —	s
	<u>2</u> 0.	20 <u> </u>	 -	· <u> </u>	s s
\$7.00 to \$8.99	<u>2</u> 0. 	20 <u> </u>	 	· —	s s s
\$7.00 to \$8.99 \$9.00 to \$10.99	<u>2</u> 0. — - —	20 	 ··	· — - —	. —
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	<u>2</u> 0. 	20 	 	. <u> </u>	
\$7.00 to \$8.99 \$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 ho	ing wage catego urly value of an	ries, indicate the nur y employer-provided to separate job crea	health insurance for the months into full- and part-ti	se jobs. (<u>Onle</u> indi ime positions)	sss
\$7.00 to \$8.99 \$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 ho	ing wage catego	ries, indicate the nur	health insurance for tho	se jobs. (<u>Onle</u> indi ime positions)	sss
\$7.00 to \$8.99 \$9.00 to \$10.90 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher I. For each of the follow date and the actual ho full-time equivalents if Hourly Wage	ing wage catego urly value of an you are unable Full-time Job Crention	ries, indicate the nur y employer-providec to separate job crea Part-time/ Seasonal/Lemp. Job Creation	health insurance for tho tuon into full- and part-to FTE (only if unable to separate F1/PT)	se jobs. (<u>Onle</u> mdi ime positions)) Joh Refention	since the benefit teate job creation in Hourly Value of Health Insurance
\$7.00 to \$8,99 \$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 (excluding benefits)	ing wage categourly value of an you are unable Full-time Job Creation	ries, indicate the nur y employer-providec to separate job crea Part-time/ Seasonal/Lemp.	health insurance for tho tuon into full- and part-to FTE (only if unable to separate F1/PT)	se jobs. (<u>Onle</u> mdi ime positions) Joh Refention 	since the benefit scate job creation in Hourly Value of Health Insurance s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher I. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage categourly value of an fyou are unable Job Creation	ries, indicate the nur y employer-providec to separate job crea Part-time/ Seasonal/Lemp. Job Creation	health insurance for tho tuon into full- and part-to FTE (only if unable to separate F1/PT)	se jobs. (<u>Onle</u> indi ime positions) Job Refention	ssince the benefit reate job creation in Hourly Value of Health Insurance ss0_s45_
\$7.00 to \$8.99 \$9.00 to \$10.90 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher I. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage categourly value of an you are unable Full-time Job Creation	ries, indicate the nur y employer-providec to separate job crea Part-time/ Seasonal/Lemp. Job Creation	health insurance for tho tuon into full- and part-to FTE (only if unable to separate F1/PT)	se jobs. (<u>Onle</u> mdi mie positions)	ssince the benefit teate job areation in Hourly Value of Health Insurance s
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followidate and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ing wage categourly value of an fyou are unable Job Creation	ries, indicate the nur y employer-providec to separate job crea Part-time/ Seasonal/Lemp. Job Creation	health insurance for tho tuon into full- and part-to FTE (only if unable to separate F1/PT)	se jobs. (<u>Onle</u> indi ime positions) Job Refention	ssince the benefit scate job creation in Hourly Value of Health Insurance ss0s45

(Do not complete this section if vou 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 (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:) Ø No Type of subsidy or assistance (See Questions 24 and 25.) Name of recipient 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.)

12402

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. (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.): I recipient relocated to a different community recipient 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. U 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.) U Yes U 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



- 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 <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

Section 1 Intol mation About Grantor				
1. Name of grantor (funding entity) MONTICELLO ECONOMIC DEVELOPMENT AUTh	2. Name of person completin	-		
3. Street address 505 WALNUT STREET, SUITE 1	4. City MONTICELLO	5. ZIP code 55362		
6. County 7. Phone number 763-2/1-3208	8. Fax number 763-295-4404	9 E-mad ac ollie.ko	^{ldress} ropchak@ci.m	onticello mn.us
10 Please indicate who in your organization should receive the	2002 MBAF if different from the	ne person in Que		
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 he adopted criteria for award compliance with Minn. S	ding business su	bsidies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.) MONTICELLO EDA	ut have not yet :			
13. Has your organization signed any agreements to award a be through December 31, 2000 that is required to be reported				
Yes (Complete the remainder of the form.)	□ No (Stop here, go to secti	on 5 on page 4.	<i></i>	

14 Name of business or organization 15. Address where business subsidy or financial assistance will be used				
TWIN CITY DIE CASTINGS COMPANY	520 CHELSEA	RD E	MONTICELLO,	MN 5536
	Street address	City	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.) 2 Yes (Indicate name and address of parent corporation below.	If more than one, ind	licate ultir	nate owner j	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one).	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trad	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)
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 ☐No (Go to Question 19)	cipient did not complete this project at that address)
City/State of previous address Reason project not completed a	t previous address
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
Remained at previous location Remained to different	ent Minnesota location Relocated outside Minnesota
Section 3 General Information About the Agreeme	nt
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended)
\$100,000	June 8, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was whichever is earlier.) June 8, 2000	the business subsidy or financial ussistance. For example, is 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.) Substitute of the subs	☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided financial assistance	20 not applicable, agreement provided a business subsidy
Ston (only principal) Stone Sto	□ 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.)
Monot applicable, assistance was not in the form of TIF	XX Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition	□ No
a economic development	Grantor(s) and value of the agreement(s):
☐ mined underground space ☐ hazardous substance subdistrict	MONTICELLO HRA \$225,000 TIF
	Grantor Value (\$) City of Monticello \$500,000 Equipm
	Grantor Value (S)
	City of Monticello \$ 40,000 REDUC Trunk Fees

Section 4 Goals and Pub						
25. Minn. Stat. §116J 994 req of the following public pu					purpose Which	
☐ Enhancing economic divers ☐ Creating high-quality job gr ☐ Job retention			☐ Other (please specify) ☐ Other (please specify) ☐ Other (please specify)			
☐ Stabilizing the community			Other (please specifi			
29 Indicate whether the agree at the time of this report.				he recipient had att	amed those goals	
A) Specific wage and job goal B) Other job-creation and/or re C) Other wage goals D) Other goals other than wag	etention goals	5	established? dat	ept. 1, 2002	All goals attained? Yes \(\text{D}\) No Yes \(\text{D}\) No Yes \(\text{D}\) No Yes \(\text{D}\) No	
(Please attach descriptions of attainment if not documented t			<u></u>	·		
30 For each of the foilowing agreement and the average job creation goals in full-	e hourly valu time equivale	e of any employer-p nts if you are unable	rovided health insurance to separate goals by full	goals 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	
Machine ZZ RR.					s	
AT LEAST \$8.50	71				5	
\$9000XQ\$118.90X					s	
At LEAST \$12.00	14				s	
glada a filmago					\$	
<u>C. C. St. red Sep</u> tor					s	
31. For each of the following date and the actual hourl full-time equivalents if yo	y value of an	v emplover-provided	i health insurance for tho	se jobs. (<u>Only</u> indi		
Hourly Wage (excluding benefits)	Job Crestion	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Resention	Hourly Value of Health Insurance	
KXXXXXXXXXX	 -				s	
AT LEAST \$8.50					;_92/H ;_92/H	
XXXXXXXXXXX					s	
AT Least \$12.0	0 28				, 92/Hr	
account to the same of the sam					s	
32. Has the recipient achieve (Mark one.)	d <u>all goals</u> (s		and 31) and fulfilled <u>all o</u>	bligations stipulate	d in the agreement?	

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

 During the period Ja- report as required by 	nuary 1, 2000 through Decer Minn, Stat. §1 [6],993 and (mber 31, 2000, did your organization ha §1161.994? <i>(Mark one.)</i>	ve any recipients who failed to
	e of each recipient failing to additional pages if necessary	report and the value of subsidy or finan .)	cial assistance awarded to that
¥ No			
Name of recipient	Type of subsidy or ass	istance (See Questions 24 and 25.)	Value of subsidy or assistance
		ailed to achieve any goals or fulfill any o at were required to be fulfilled by the tin	
Q Yes (0	Complete the remainder of th	is section.) 🂢 No (Stop here and sui	bmit form to DTED .)
35 39. Provide the fol were to be attai	lowing information for each	recipient failing to fulfill goals or any o (Attach additional pages if necessary.)	ther terms of an agreement that
35. Information on recip	pient and agreement:	•	:
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipies	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	It (Mark all that apply.):		
Trecipient ceased opers recipient was unable t		Trecipient relocated to a differ control of the con	rent community
37. To date, has the rec	ipient fulfilled its repayment	obligation? (Mark one.)	
☐ Yes ☐ No, recipies	nt <u>has begun</u> to repay the ass	istance. O No. recipient has not beg	un to repay the assistance.
38. Has the agreement l	been amended to extend the	recipient's deadline for fulfilling its obli	gations? (Mark one.)
:	•	□ Yes □ No	
39. Describe the steps b	ocing 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

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

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2001 Minnesota Business Assistance Form RECEIVED MAR 2 5 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 About Grantor

I. Name of grantor (funding entity) CITY OF MONTICELLO		2. Name of perso OLLIE KORO		this form	
3. Street address		4. City		5. ZIP code	
505 WALNUT STREET.	SHITE 1	MONTICELLO		<u>5</u> 536	2
6 County 7. Phone number 763-271-3208		8. Fax number 76 -295-44	04	9 E-mail ad ollie.kor	dr.ss opchak@ci.mon
10 Please indicate who in your	organization should receive the	2002 MBAF if diffe	erent from the	person in Que	stion 2.
Name/Title	Phone number	Street add	iress	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.")			ria for awardir	a public heari ng business sub t. §116J.994? (sidies in
■ County government □ County government □ Regional government □ State government □ Other (Please specify)	Wes (Indicate) No We held a publicateria (Indicate) Cother (Please of	ic hearing but ate date of int	have not yet a	dopted	
through December 31, 2000	ed any agreements to award a bit of that is required to be reported	under Minn, Stat. §1	16J.993 and §	116J.994° <i>(M</i>	ark one.1
	lete the remainder of the form.)	□ No (<u>Stop here</u>	go to section	n 5 on page 4)	
section 2 Information Ab	out Recipient				
14 Name of business or organi receiving subsidy or finance		15. Address wher will be used	re business sui	bsidy or financ	ial assistance
TWIN CITY DIE CASTINGS COMPANY		_520_CHELSE Street address	EA ROAD City	MONTIC State	EI LO 55362 ZIP code
10. Does the recipient have a pa	arent corporation? (Mark one)				
☐ Yes /Indicate name and addr XXXo	ess of parent corporation belov	v. If more than one, t	indicate ultım	ate owner)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.)	
A Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate de ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (Mark one)
Tes (Indicate city and state of previous address and reason ratio (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
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	rent Minnesota location X 🗘 Relocated outside Minnesota
Section 3 General Information About the Agreem	nent
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$5 <u>0</u> 0,000	June 8, 2000
22. Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment with whichever is earlier.) August 7, 2000	om 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.) XX business subsidy	he four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	25 If the assistance was one of the four types of financial assistance, please indicate the type(s).
Inot applicable, agreement provided financial assistance	and applicable, agreement provided a business subsidy
Ston (only principal) Ston (000 Ston	□ 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 S
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 2Xot applicable, assistance was not in the form of TIF	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) 29 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): HRA \$225,000 TIF Grantor Value (S) EDA \$100,000 Equipment Loan
	Grantor Value (\$) CITY S40,000 REDUCTION OF TRUNK FEE

Section 4 Goals and Pul	lic Purpo	se Identified in t	the Agreement			
28. Minn. Stat. §116J.994 rec of the following public pu			nancial assistance agreemen ent? (Mark all that apply.)	ts state a public	purpose. Which	
☐ Enhancing economic diversity ☐ Creating high-quality job 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 agre- at the time of this report.				recipient had at	ained 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	e and Job go	s ais	established? dates	et attainment (month & year)		
attainment if not documented	in Question .	30.)				
	e hourly valu	ie of any employer-pr	creation and/or retention go rovided health insurance go to separate goals by full-	als for those job	s. (<u>Onlv</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	
Activities 25, 500				<u> </u>	\$	
AT LEAST \$8.50	71				s	
Notice and the second s					s	
At IEAST \$12.00	0 14				s	
<u> </u>					s	
Et C. 10					s	
	y value of an	y employer-provided	nber of actual jobs created i health insurance for those atton into full- and part-time	jobs. <u>(Only</u> ind.		
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	
KAYAA XXVEX					s	
XXXXXXXXXXXXX					s	
AT LEAST \$8.50	25_				<u>, 97</u> H~	
XXXXXXXXXXXXX					s	
AT Least \$12.0	0 <u>28</u>				<u>, 92</u> /H~	
and the same					S	
	d <u>all goals</u> (s	ee Questions 29, 30	and 31) and fulfilled all obli	gations stipulate	ed in the agreement?	
(Mark one.)						
	_	☐Yes \$	i No		_	

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

Yes (Indicate the name of each recipient failing to report and the value of subsidy or financial assistance a recipient. Attach additional pages if necessary.) No Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsiding the subsiding of subsiding the subsiding of subsiding the subsiding agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report. Yes (Complete the remainder of this section.) No (Stop here and submit form to DT)	y or assistance s under en
Name of recipient Type of subsidy or assistance (See Questions 24 and 25.) Value of subsid 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report. O Yes (Complete the remainder of this section.) No (Stop here and submit form to DT. 35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an 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 subsidy or as Street address of recipient City/ZIP code of recipient Outstanding values subsidy or as	under in
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report. O Yes (Complete the remainder of this section.) No (Stop here and submit form to DT) 35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an 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 subsidy or assistance City/ZIP code of recipient Outstanding values subsidy or assistance Outstanding values subsidy or assistance Type of subsidy or assistance Outstanding values subsidy or assistance Outstanding values of recipient of the facility of the fac	under in
agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report. Q Yes (Complete the remainder of this section.) No (Stop here and submit form to DT). 35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an 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 subsidy or as Street address of recipient City/ZIP code of recipient Outstanding value subsidy or as 36. Reason(s) for default (Mark all that apply.):	
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an 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 subsidy or assistance subsidy or as Street address of recipient City/ZIP code of recipient Outstanding value of subsidy or assistance of recipient of subsidy or assistance. 36. Reason(s) for default (Mark all that apply.):	(INDIA OILE.)
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 subsidy or as Street address of recipient City/ZIP code of recipient Outstanding v subsidy or as 36. Reason(s) for default (Mark all that apply.): Direcipient ceased operation O recipient relocated to a different community	ED .J
35. Information on recipient and agreement: Type of subsidy or assistance Initial value subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value subsidy or assistance Outstanding value subsidy or assistance Outstanding value Outsta	agreement that
Street address of recipient Ciry/ZIP code of recipient Outstanding v subsidy or as: 36. Reason(s) for default (Mark all that apply.): Direcipient ceased operation Orecipient relocated to a different community	
subsidy or as: 36. Reason(s) for default (Mark all that apply.): □ recipient ceased operation □ recipient relocated to a different community	
□ recipient ceased operation □ recipient relocated to a different community	
☐ other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)	
Yes O No, recipient has begun to repay the assistance. O No, recipient has not begun to repay the a	issistance.
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark of	one.)
☐ Yes ☐ No	
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidyt	

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



2001 Minnesota Business Assistance Form RECEIVED MAR 2 to 2002

- 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.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 thrormation About Grant	Section	format	mation Abou	ut Grantor
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Name of grantor (funding entity) 2. Name of person completing this form							
Montavideo Community Development	Scott Marguardt						
3. Street address	4. City 5. ZIP code						
103 Canton Ave. P.O. Box 676	Montevideo 56265						
6. County 7. Phone number	8. Fax number 9. E-mail address						
Chippewa (320) 269-6575	(1320) 269-9340 ledge montevides mn. Org						
10. Please indicate who in your organization should receive the	e 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. §116J.994? (Mark one.)						
City government	Yes (Indicate hearing date - 0-4-9 and attach criteria)						
County government	□ No						
☐ Regional government	We held a public hearing but have not yet adopted						
(1) State government (2) Other (Please specify.) 501 (C) (4)	criteria (Indicate date of initial hearing) Other (Please attach explanation.)						
13. Has your organization signed any agreements to award a b through December 31, 2000 that is required to be reported	usiness subsidy or financial assistance from January 1, 2000 under Minn. Stat. §116J.993 and §116J.994? (Mark one.)						
Yes (Complete the remainder of the form.) \(\sum \text{No (Stop here, go to section 5 on page 4.)}\)							
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						
Micro-Dynamics Corporation	1633 9th St. No. Montevideo MN 56245 Street address City State ZIP code						
16 Does the recipient have a parent corporation? (Mark one.)							
☐ Yes (Indicate name and address of parent corporation belo No	☐ Yes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.) X No						
Name of parent corporation	Street address City State ZIP code						

Manufacturing □ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura ☐ Construction	nce, Real Estate Other (please specif	5)
8. Did the recipient relocate as a result of	signing this agreement	? (Mark one.)		
Tes (Indicate city and state of previous at No (Go to Question 19.)	ddress and reason rec	ipient did not complete i	this project at that addre	5 5.)
City/State of previous address Reason pro	oject not completed at	previous address		
 Would the recipient have remained in p financial assistance? (Mark one.) 	previous location of rel	ocated elsewhere if not	awarded this business su	bsidy or
☐ Remained at previous location ☐	Relocated to differen	nt Minnesota location	☐ Relocated outside M	linnesota
ection 3 General Information Ab	out the Agreeme	nt		
20. Total dollar value of business subsidy assistance (Please separate value by tyland 25.)		date, indicate any	gned (In addition to the d dates the agreement was	ngreement amended.)
\$ 150,000		2-0	7-2000	
22. Benefit date (Indicate the date the recipindicate the date improvements were fill whichever is earlier.) 2-7-				
23. Does the agreement provide a business be reported? (Mark one.)	subsidy or one of the tubes business subsidy	four types of financial a	ssistance (see Question 2	25) required to
24. If the agreement provided a business su- indicate the type(s) and total dollar vs	lue for each type.		as one of the four types andicate the type(s).	of financial
not applicable, agreement provided final	ncial assistance	🔀 not applicable, agree	ement provided a busine	ss subsidy
💢 loan (only principal) 🖸 grant (i.e., forgivable loan)	s <u>150,000</u> s	assistance for prope by contaminants		s
☐ tax abatement ☐ TIF or other tax reduction or deferral	\$	assistance for renov	up to code, and	s
☐ guarantee of payment ☐ contribution of property or infrastructure		assistance provided historic preservatio	n districts, when	
☐ preferential use of governmental facilitie ☐ land contribution	s	50% or less of total assistance for pollut		s
Onther (Specify subsidy type.)	\$	abatement assistance for a TIF	soils condition district	s
26. If the assistance included tax increment indicate the type of TIF district? (Mar.			ntors providing a busine te to the same project? (•
not applicable, assistance was not in the	form of TIF		grantor and the value of stack an additional shee	
☐ redevelopment ☐ renewal and renovation ☐ soils condition		□ No		·
☐ economic development		Grantor(s) and value of Montevideo In	of the agreement(s):	
☐ mined underground space ☐ hazardous substance subdistrict		Development Cor Grantor		,000

Section 4 Goals and Public Purpose Identified in the Agreement

28. Minn. Stat. §116J.994 re of the following public p	quires that busi urposes were si	ness subsidy and fin tated in the agreemer	ancial assistance agreement? (Mark all that apply.)	its state a public pi	irpose. Which			
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☐ Other (please specify) ☐ Stabilizing the community								
29 Indicate whether the agree at the time of this report.				recipient had attai	ned those goals			
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	ls	established? dates 24 Yes	get attainment (month & year) 2-31-01	All goals attained? Yes Mo No Yes No No Yes No			
(Please attach descriptions of attainment if not documented								
	ge hourly value	of any employer-pr	creation and/or retention ge 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	Hourty 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	<u>20</u>			·	<u></u>			
\$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 (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance			
less than \$7.00		 			s			
7. 25 \$7.00 to \$8.99			 -		5			
+0 \$9.00 to \$10.99	1 -			_	: <u> .60</u>			
ا \$11.00 to \$12.99 كيام. 13	10			10	\$			
\$13.00 to \$14.99					s			
\$15.00 and higher	<u> </u>				s			
32. Has the recipient achie	ved all goals (s	see Questions 29, 30	and 31) and fulfilled all oh	ligations stipulate	d in the agreement?			
(Mark one.)		☐ Yes	∑ INo					

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

	ry 1, 2000 through December nn. Stat. §116J.993 and §116	31, 2000, did your organization ha J.994? (Mark one.)	ve any recipients who failed to
	each recipient failing to repo tional pages if necessary.)	rt and the value of subsidy or finan	cial assistance awarded to that
X No			
Name of recipient	Type of subsidy or assistan	ce (See Questions 24 and 25.)	Value of subsidy or assistance
		to achieve any goals or fulfill any c ere required to be fulfilled by the tin	
X Yes (Com	plete the remainder of this sec	ction.)	bmit form to DTED .)
		oient failing to fulfill goals or any oi trach additional pages if necessary.)	
35. Information on recipien	t and agreement:	t.	
Micro-Dynamics Name of reciplent in default		Type of subsidy or assistance	Initial value of subsidy or assistance
1633 9 th St. N Street address of recipient	Jorth	Mantavideo 54265 City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (A	Aark all that apply.).		
recipient ceased operation recipient was unable to fi		I recipient relocated to a differ A other (Specify reuson.)	
37. To date, has the recipie	nt fulfilled its repayment obli	gation? (Mark one.)	
¼ Yes ☐ No, recipient <u>h</u>	as begun to repay the assistan	ice. 2 No, recipient has not begi	un to repay the assistance.
38. Has the agreement beer	amended to extend the recip	ient's deadline for fulfilling its obli	gations? (Mark one.)
		□ Yes XANo	
39. Describe the steps bein	g taken to bring recipient into	compliance or recoup the subsidy:	
Was Paid	Back 12/18/20	001	
	·		

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



01-0676

21- 6916

- 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.
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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

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 9. E-mail address 9. E-mail address paul.a.moe/ā.state.mn		
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. §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) □ 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 bu 10 that is required to be reported i			
* Yes (Com	plete the remainder of the form.)	□ No (Stop here, go to sect	ion 5 on page 4.1	·

14. Name of business or organization receiving subsidy or financial assistance	15. Address where bus will be used	where business subsidy or financial assistance used		
UNITED STRUCTURAL COMPONENTS	4141 30 TH AVE S. Street address	MOORHEAD City	MN 56560 ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)				
☐ Yes (Indicate name and address of parent corporation belo No	w. If more than one, indice	ste ultimate owner.)		

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Service ☐ Retail Trade * Wholesale	Trade Description Description
18. Did the recipient relocate as a result of signing this agreen	nent? (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	l at previous address
19. Would the recipient have remained in previous location of financial assistance? (Mark one)	relocated elsewhere if not awarded this business subsidy or
☐ Remained at previous location ☐ Relocated to different l	Minnesota location
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 date, indicate any dates the agreement was amended.)
and 25 - and indicate only principal amount for loans.) \$470,000	OCTOBER, 2000
22. Benefit date (Indicate the date the recipient will benefit free indicate the date improvements were finished, equipment whichever is earlier.) JANUARY, 2001	was placed into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the reported? (Mark one.) * business subsidy	ne 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	u 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 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	Grantor(s) and value of the agreement(s
☐ hazardous substance subdistrict	Grantor Value (S)
	Grantor Value (S)

			ancial assistance agreement? (Mark all that apply.)	is state a public pu	rpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		* Increasing tax base (car • Other tplease specify		ose)
. Indicate whether the agr			of goals, and whether the ate(s) for each goal.)	recipient had attain	ned those goals
Specific wage and Job go Other Job-creation and/or Other wage goals Other goals other than w	r retention goals	•	established? dates * Yes 🗆 No ' Yes 🖸 No	eet attainment (month & year) E 2003	All goals attained! Yes No Yes No Yes No Yes No
lease attach descriptions tumment if not documente					
agreement and the avera	age hourly value	of any employer-pro	reation and/or retention go wided health insurance go to separate goals by full- o	ils 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					\$
\$9.00 to \$10.99	_40	·· 			s_2.00 <u></u>
\$11.00 to \$12.99	_6				\$2.00_
\$13.00 to \$14.99	8				s_ 2.00 <u>_</u>
\$15,00 and higher	. 9_				s2.00_
date and the actual ho full-time equivalents if Hourly Wage	urly value of an <i>you are unable</i> Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	ther of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica	
(excluding henefits)	Creation	Job Creation	Job Creation		S
iess than \$7.00 \$7.00 to \$8.90					
	6				\$1.18
\$9,00 to \$10.99	7				\$1.18
\$11.00 to \$12.99	8		· .		\$1.18
	4	-			\$1.18
\$13 00 to \$14 99	7				

(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 (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 i * 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 January 1, 2000, 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. (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/ZIP code of recipient Street address of recipient Outstanding value of subsidy or assistance 36. Reason(s) for default (Mark all that apply r a recipient relocated to a different community ☐ recipient ceased operation I recipient was unable to fill vacant positions □ other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (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, 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



01-0701

- 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 9. E-mail address 651-296-5287 bart.bevins@state.mn.			
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. §116J.994? (Mark one.)			
☐ City government ☐ County government		* Yes (Indicate hearing date - 9-24-99-) and attach criteria)			
☐ Regional government * State government ☐ Other (Please specify)	☐ We held a public hearing criteria (Indicate date of ☐ Other (Please attach expl	initial hearing			
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 (Comp	olete the remainder of the form)	Ti No 1810p here, go to see	ction 5 on page 4.)		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busing will be used	ness subsidy or financ	cial assistance
TRACY MINNTRONIX, CORP	1045CRAIG AVE Street address	TRACY City	MN 56175 ZIP code
16. Does the recipient have a parent corporation? (Mark Yes (Indicate name and address of parent corporation) No		ate ultimate owner)	

Name of parent corporation	Street address City State ZIP code		
17. Industry of recipient's facility (Mark one):			
* Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale To	☐ Finance, Insurance, Real Estate rade ☐ 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 r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or		
☐ Remained at previous location ☐ Relocated to different M	nnesota location		
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.) MARCH 29, 2000		
\$150,000			
	,		
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one)			
* 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.)		
☐ receveropment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s 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 purposes were stated in the agreement? (Mark all that apply.) Increasing tax base (cannot be only purpose). ☐ Enhancing economic diversity . Creating high-quality job growth ☐ Other tplease specify: ☐ Job retention 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 i All goals Goals Target attainment established? dates (month & year) attanged? 1 Yes X No 244 82 1/02 DECEMBER 2002 * Yes ☐ No A) Specific wage and job goals to be attained within 2 years ☐ Yes ☐ No □Yes □No B) Other job-creation and/or retention goals C) Other wage goals ☐ Yes □ No. ☐ Yes ☐ No. □ Yes □ No □ Yes □ No D) Other goals other than wage and job goals (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.) Full-time Part-time/ FTE (only if goals not Hourly Wage Joh Seasonal/Temp. stated as FT/PT) Job Retention Hourly Value of (excluding benefits) Health Insurance Creation Job Creation Job Creation no hourly wage-level goal less than \$7.00 S \$7,00 to \$8.99 S.35 28 \$9.00 to \$10.994 \$.35 3 S \$11,00 to \$12.99 \$13.00 to \$14.99 \$ \$15.00 and higher 5.35 3 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) Job Creation Creation Job Creation Health Insurance less than \$7.00 6 \$7.00 to \$8.99 20. \$.70 \$9.00 to \$10.99 5.70 \$11.00 to \$12.99 S \$13.00 to \$14.99 2 \$ \$15.00 and higher 3 5.70 32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?

Section 5 Recipients Failing to Fulfill Obligations

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

Yes

(Mark one)

	ry 1, 2000 through December 3 in. Stat. §116J.993 and §116J.9	1, 2000, did your organization h 94? (Mark one.)	ave any recipients who failed to	
	☐ 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	
		achieve any goals or fulfill any required to be fulfilled by the til		
☐ Yes (Com	plete the remainder of this secti	on) • No (Stop here and si	ıbmit form to DTED .)	
		nt failing to fulfill goals or any chadditional pages if necessary.		
35. Information on recipient	t 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 (A	fark all that apply.)			
☐ recipient ceased operation ☐ recipient was unable to fil		☐ recipient relocated to a diffe	erent community	
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 beg	un 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:

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

RECEIVED MAY

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2001 Minnesota Business Assistance Form

01-0702

- 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 ^{fH} 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/il/state.mn.us</u>	
10. Please indicate who in you	ur organization should receive the	2002 MBAF if different from th	ne 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. §116J.994? (Mark one.)		
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify:)		* Yes (Indicate hearing date - 9-24-99- 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 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) \(\sim \Delta \no \left(\frac{Stop here}{2}{90} to section 5 on page 4.)			ion 5 on page 4.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used		assistance
BEDFORD TECHNOLOGY, LLC	2424 ARMOUR BLVD Street address	WORTHINGTON City	MN 56187 ZIP code
16. Does the recipient have a parent corporation? (Mark on 3. Yes (Indicate name and address of parent corporation has a second or sec		e 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 T	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)			
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 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 M	innesota location - D Relocated outside Minnesota			
Section 2 Consuel Information About the Agreemen	4			
Section 3 General Information About the Agreeme	21. Date agreement signed (In addition to the agreement			
 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.) 	date, indicate any dates the agreement was amended.)			
\$199.000	JULY 7, 2000			
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.) FEBRUARY 14, 2000				
23. Does the agreement provide a business subsidy or one of the	e four types of financial assistance (see Ouestion 25) required to			
be reported? (Mark one.) • business subsidy	☐ financial assistance			
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).			
🗅 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	Grantor(s) and value of the agreement(s Grantor Value (S)			
☐ hazardous substance subdistrict	Grantor Value (\$)			

 Minn. Stat. §116J.994 re of the following public p 			iancial assistance agreement? (Mark all that apply.)		urpose. Which	
Enhancing economic diver Creating high-quality job to I Job retention Stabilizing the community	growth		☐ Increasing tax base (☐ Other (please specify	cannot be only pur	pose)	
Indicate whether the agreat the time of this report.				recipient had atta	ined those goals	
a) Specific wage and job gos b) Other job-creation and/or c) Other wage goals c) Other goals other than wa	retention goals	s	established? date * Yes U No <u>DE</u>	rget attainment es (month & year) CEMBER 2002	All goals attained? I Yes Xi No 2.1. I Yes II No I Yes II No I Yes II No	н. 8рчу
Please attach descriptions o ttainment if not documented						
	ge hourly valu	e of any employer-pr	ereation and/or retention g ovided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT) Job Creation	als for those jobs.		
no hourly wage-level goal		==		- -	s	
less than \$7.00					S	
\$7.00 to \$8.99	20				\$1.50	
\$9 00 to \$10 994					s	
\$11.00 to \$12.99					\$	
\$13 00 to \$14 99		<u></u>			s	
\$15 00 and higher		· · ·—-—			S	
	rly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tin	jobs. (Only 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	
	1				\$1.50	
\$7.00 to \$8.99					\$1.50	
\$7.00 to \$8.99 \$9.00 to \$10.99	2					1
	2				S	
\$9.00 to \$10.99	2				s s	

(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 		e 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 financ	rial 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	required to be fulfilled by the tim	e of this report? (Mark one.)		
☐ Yes (Complete the remainder of this secti	on.) * No (Stop here and sub	mit form to DTED .i		
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 differe ☐ other (Specify reason.)			
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one)			
☐ Yes ☐ No, recipient has begun to repay the assistance	☐ No, recipient has not begut	n 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:

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



01-0703

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- 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.
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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

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@state.mn.us</u>	
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from th	ne 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. §116J.9949 (Mark one.)		
☐ City government			- 9-24-99- and attach criteria)	
☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		□ 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 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.) UNo (Stop here, go to section 5 on page 4.)			ion 5 on page 4.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used		ncial assistance
HARFEL, LLC	410 WEST ANOKA ST Street address	DULUTH City	MN 55803 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 recipient did not complete this project at that address.) No (Go to Question 19. 			
City/State of previous address Reason project not completed a	t 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 Mi	nnesota location		
Section 2 Consul Information About the Assessmen	-4		
Section 3 General Information About the Agreeme	· · · · · · · · · · · · · · · · · · ·		
 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.)		
\$200,000	SEPTEMBER 19, 2000		
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.) OCTOBER 31, 2001			
23. Does the agreement provide a business subsidy or one of the			
be reported? (Mark one) * 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 ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (S) CITY OF DULUTH \$100,000 Grantor Value (S)		

28. Minn. Stat. §116J.994 re of the following public p			ancial assistance agreements? (Mark all that apply.)	ts state a public pu	arpose. Which
☐ Enhancing economic dive • Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		* Increasing tax base (ca • Other (please specify)		ose)
29. Indicate whether the agr				recipient had attain	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	get attainment (month & year) CEMBER 2002	All goals attained? U Yes ANO & A U Yes U No U Yes U No U Yes U No
(Please attach descriptions e attainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention go wided 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					S
\$9.00 to \$10.094					S
\$11.00 to \$12.99		. ———			\$
\$13.00 to \$14.99	10		_		\$
\$15.00 and higher		<u>-</u>			S
	arly value of any	y employer-provided	ber of actual jobs created health insurance for those ton into full- and part-time	johs. <u>(Only</u> indica	
	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
Hourly Wage (excluding benefits)					s
		-—			
(excluding benefits)					s
(excluding benefits)		. 			s s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99		. <u> </u>			-
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99		 			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 Decreport as required by Minn. Stat. §116J.993 and		ve any recipients who failed to
☐ Yes (Indicate the name of each recipient failing) recipient. Attach additional pages if necess		cial ussistance awarded to that
* No		
Name of recipient Type of subsidy or a	ssistance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who agreement signed on or after January 1, 2000, to Yes (Complete the remainder of	that were required to be fulfilled by the tim	ne of this report? (Mark one.)
35 39. Provide the following information for each were to be attained by the time of reporting		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	Cuy/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all that apply.)		
Trecipient ceased operation recipient was unable to fill vacant positions	other (Specify reason)	
37. To date, has the recipient fulfilled its repaymen	nt obligation? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the a	ssistance UNo, recipient has not begi	in to repay the assistance.
38. Has the agreement been amended to extend the	e recipient's deadline for fulfilling its oblig	ations? (Mark one.)
□ Yes □ No		
39. Describe the steps being taken to bring recipie	nt into compliance 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



01-0704

- 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@state.mn.us</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. §116J.994? (Mark one)			
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate hearing date - 9-24-99- 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. §116J.993 and §116J 994? iMark one.)					
* Yes (Complete the remainder of the form.)		□ No (Stop here, go to section 5 on page 4.)			

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busines will be used	15. Address where business subsidy or financial assistance will be used				
DYCAST SPECIALITIES CORP	29468 STATE HWY 28 Street address	STARBUCK City	MN 56381 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 agreement? (Mark onc.)					
 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 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.) FEBRUARY29, 2000				
\$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.)					
MAY 3, 2000					
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)					
* business subsidy U 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).				
🗅 not applicable, agreement provided financial assistance	not applicable, agreement provided a business subsidy				
* loan grant (i.e., forgivable loan) Lax 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 onc.)	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☐ hazardous substance subdistrict☐	Grantor(s) and value of the agreement(s Grantor Value (5)				
	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 purposes were stated in the agreement? (Mark all that apply.) ☐ Increasing tax base (cannot be only purpose) ☐ Enhancing economic diversity · Creating high-quality job growth ☐ Other (please specify) ☐ Job retention ☐ 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) Target attainment All goals Goals established? dates (month & year) attained? 1 Yes XNo & 7/14 8/2402 JUNE 2002 A) Specific wage and job goals to be attained within 2 years *Yes □No B) Other job-creation and/or retention goals ☐ Yes ☐ No JYcs ⊃No C) Other wage goals ☐ Yes ☐ No □ Yes □ No D) Other goals other than wage and job goals □ Yes □ No ☐ Yes ☐ No (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.) Full-time FTE (only if goals not Part-time/ Hourly Wage Joh 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 (K) S \$7.00 to \$8.99 30 S \$9.00 to \$10,994 S \$i1.00 to \$12.99 S \$13.00 to \$14.99 S \$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) Full-time FTE (only if unable to Part-time/ Hourly Wage Job Seasonal/Temp. separate FT/PT) Job Retention Hourly Value of (excluding benefits) Job Creation Health Insurance Creation Job Creation less than \$7.00 \$7.00 to \$8.99 16 \$1.29 \$9.00 to \$10.99 \$1.29 \$11,00 to \$12.99 \$1.29 \$13,00 to \$14,99 \$1.29 \$15.00 and higher 1 \$1.29 32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement?

Section 5 Recipients Failing to Fulfill Obligations

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

(Mark one.)

* No

33. During the period Jar report as required by	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.9	1, 2000, did your organization ha 94° (Mark one)	ave any recipients who failed to
	e of each recipient failing to report additional 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
	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	hmut 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		other (Specify reason.)	
37. To date, has the reci	pient fulfilled its repayment obligat	ion? (Mark one)	
☐ Yes ☐ No, recipien	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 recipien	nt's deadline for fulfilling its obliq	gations? (Mark onc.)
n,	Yes 🖸 No		
39. Describe the steps be	eing taken to bring recipient into co	ompliance or recoup the subsidy:	
			

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01-0668

- 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) MN AG & ECON DEVELOPMENT BOARD		2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METR	O 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 9. E-mail address 651-296-5287 paul a.nwe/ä.stc		-
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from t	the person in Que	stion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency.	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	12. Has your organization h adopted criteria for awar compliance with Minn.	rding business su	bsidies in
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate hearing date - 3-12-00) and attach crite □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing		adopted
through December 31, 2	igned any agreements to award a bu 000 that is required to be reported to A.A. 8120102 Implete the remainder of the form.)	ınder Minn Stat. §116J.993 an	d §116J.994? 7A.	fark one)

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used
FAIRVIEW HEALTH SERVICES	2450 RIVERSIDE AVE., MINNEAPOLIS, MN 55454 Street address City 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.)

Name of parent corporation	Street address City State ZIP code				
17. Industry of recipient's facility (Mark one.)					
☐ Manufacturing * Services ☐ Retail Trade ☐ Wholesale Trace	☐ Finance, Insurance, Real Estate de ☐ 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					
 Would the recipient have remained in previous location or infinancial assistance? (Mark one.) 	elocated elsewhere if not awarded this business subsidy or				
* Remained at previous location	nesota location 🕒 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)				
\$180,315,000 CONDUIT BOND ISSUE	APRIL 15, 2000				
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.) MAY 2003					
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) * business subsidy	four types of financial assistance (see Question 25) required to				
	T				
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).				
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 subsuby type.) CONDUIT BOND ISSUE	□ 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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s):				
2.222 24224 3404/01/10/	Grantor Value (S)				
	Grantor Value (\$)				

 Minn. Stat. §116J.994 r of the following public 			ancial assistance agreement? (Mark all that apply.)	nts state a public pu	irpose. Which
☐ Enhancing economic diversity of Creating high-quality job ☐ Job retention ☐ Stabilizing the community	high-quality job growth * Other (please specify) PROVIDE AND EXPAND HEAL CARE SERVICES				
29. Indicate whether the ago at the time of this repor				recipient had attain	ned those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals	5	established? dates * Yes □ No <u>May</u>	get attainment s (month & year) y 2005	All goals attained? Yes No 4.1 Yes No Yes No Yes No
(Pleuse attach descriptions attainment if not documente					
	age hourly value	e of any employer-pro	reation and/or retention geovided 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					s
\$9 nn to \$10.99					s
\$11.00 to \$12.99			100		S
311.00 (0.312.49					s
\$13.00 to \$14.99					
					\$
\$13.00 to \$14.79 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if	urly value of an Tyou are unable Full-time	y employer-provided to separate job creat Part-time/	health insurance for those tion into full- and part-tim FTE (only if unable to	jobs. (<u>Only</u> indice e positions)	nce the benefit the job creation in
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho	urly value of an fyou are unable	y employer-provided to separate job creat	health insurance for those tion into full- and part-tim	jobs. (Only indica	nce the benefit
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage	urly value of an fyou are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice e positions)	nce the benefit the job creation in Hourly Value of
\$13.00 to \$14.79 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits)	urly value of an fyou are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	jobs. (<u>Only</u> indice e positions)	nce the benefit the job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an fyou are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Joh Creation	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	Jobs. (<u>Only</u> indice e positions) Job Retention	Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ourly value of an Fyou are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Joh Creation	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	Jobs. (<u>Only</u> indice e positions) Job Retention	Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ourly value of an Fyou are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Joh Creation	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	Jobs. (<u>Only</u> indice e positions) Job Retention	Hourly Value of Health Insurance S S

 During the period Jar report as required by ! 	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.9	1, 2000, did your organization ha 94? (Mark one.)	ive any recipients who failed to
TYes (Indicate the name recipient. Attach)	of each recipient failing to report additional 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
agreement signed on	n have any recipients who failed to or after January 1, 2000, that were	required to be fulfilled by the tir	ne of this report? (Mark one.)
□ Yes (C	omplete the remainder of this secti	on.) * No (Stop here and su	bmit form to DTED .)
	owing information for each recipie ed by the time of reporting. (Attac		
35. Information on recip	ient and agreement:		
Name of recipient in defa	ult	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	(Mark all that apply)	-	
☐ recipient ceased operat ☐ recipient was unable to		other (Specify reason.)	rent community
37. To date, has the recip	pient fulfilled its repayment obligat	tion? (Mark one)	
☐ Yes ☐ No, recipien	t has begun to repay the assistance	□ No, recipient has not hegi	un to repay the assistance.
38. Has the agreement be	een amended to extend the recipier	nt's deadline for fulfilling its oblig	gations? (Mark one)
U Y	r'es ⊃No		
39. Describe the steps be	eing taken to bring recipient into ec	ompliance or recoup the subsidy:	
			

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31-51.71



2001 Minnesota Business Assistance Form

01-0669

- 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 (Rural Job Creation Program)		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@state.mn.us	
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2			ne 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. §116J.994? (Mark one.)		
☐ City government		* Yes (Indicate hearing date - 7-27-00 and attach criteria)		
☐ County government ☐ Regional government * State government ☐ Other (Please specify)		☐ 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 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 (Con	uplete the remainder of the form.)	□ No (Stop here, go to sect	ion 5 on page 4.)	

14. Name of business or organization receiving subsidy or financial assistance	 Address where business subsidy or financial assistance will be used 			
GOLD'N PLUMP POULTRY	14244 EAST HWY 24, COLD SPRING MN 56320 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 ☐ Services ☐ Retail Trade ☐ Wholesale 1	☐ Finance. Insurance, Real Estate Frade ☐ Construction ☐ Other (please specify)
8. Did the recipient relocate as a result of signing this agree	ement? (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
 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 2 Relocated to different h	Minnesota location U Relocated outside Minnesota
stice 2 Committee and the American	4
ection 3 General Information About the Agreen	
 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.)
\$71,000	June 30, 2000
	rom the business subsidy or financial assistance. For example, i was placed into service, or the recipient occupied the property,
	
 Does the agreement provide a business subsidy or one of be reported? (Mark one.) 	the four types of financial assistance (see Question 25) required to
• business subsidy	i 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	unot 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.) CONDUIT BOND ISSUE	☐ 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 (S)
	Grantor Value (\$)

ection 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 ☐ Increasing tax base (cannot be only purpose) * Other (please specify) PROVIDE AND EXPAND HEAD CARE SERVICES					
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		established? dates Yes No June Yes No Yes No	get attainment (month & year) 2002	All goals attained? All yes \(\text{D} \) No \(\text{D} \) Yes \(\text{D} \) No \(\text{D} \) Yes \(\text{D} \) No \(\text{D} \) Yes \(\text{D} \) No \(\text{D} \) Yes \(\text{D} \) No	
attainment if not documented	in Question 30).)			
	ge hourly value	of any employer-pro	reation and/or retention go wided health insurance gos to separate goals by full- a	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	Joh Retention	Hourly Value of Health Insurance
no hourly wage-level goal		- · -		<u> </u>	s
less than \$7.00			<u> </u>		s
\$7.00 to \$8.99	_35		 -		s
\$9.00 to \$10.99					s
\$11.00 to \$12.99		· . 			s
\$13.00 to \$14.99					s. <u> </u>
\$15.00 and higher	<u></u>	<u> </u>	<u>—</u>	· .—	s <u> </u>
	rly value of any	employer-provided	ber of actual jobs created health insurance for those ion into full- and part-time	jobs. (<u>Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Scasonal/Temp. Job Creation	FTF. (only 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		—·· –			s
\$9.00 to \$10.99	—				s
\$11.00 to \$12.99	7				s_ <u> </u>
\$13.00 to \$14.99	30			 -	s
\$15.00 and higher	13				s
32. Has the recipient achiev (Mark one)	ed <u>all goals</u> (so	ee Questions 29, 30 a √ Yes	nd 31) and fulfilled all obl	igations stipulated	in the agreement?

Section 5 Recipients Failing to Fulfill Obligations
(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.)

 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 (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 i					
* 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 o required to be fulfilled by the tim			
TYes (Com,	plete the remainder of this section	on.) • No (Stop here and sub	bmit form to DTED		
		nt failing to fulfill goals or any ot h additional pages if necessary)	her terms of an agreement that		
35. Information on recipient	t 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 (A.	tark all that apply.):				
recipient ceased operation a recipient was unable to fil		O recipient relocated to a differ other (Specify reason)			
37. To date, has the recipier	nt fulfilled its repayment obligati	ion? (Mark one.)	-		
Tyes TNo, recipient ha	as begun to repay the assistance.	☐ No, recipient has not begu	in to repay the assistance.		
38. Has the agreement been	amended to extend the recipien	it's deadline for fultilling its oblig	gations? (Mark one)		
□ Yes □ No					
39. Describe the steps being	g taken to bring recipient into co	ompliance or recoup the subsidy:			
1					

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01-0675

- 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)		Name of person completing PAL	this form JL A. MOE
3. Street address 500 METRO	et address 500 METRO SQ., 121 7 TH PLACE EAST 4. City SAINT PAU		5. ZIP code 55101
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address <u>paul.a.moe@state.mn.us</u>
10. Please indicate who in your organization should receive the		2002 MBAF if different from the	e 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 awards compliance with Minn. St	
☐ City government		* Yes (Indicate hearing date -	7-27-00 and <u>attach criteria</u>)
☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		 □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing	
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	on 5 on page 4.)

Name of business or organization receiving subsidy or financial assistance	Address where business subsidy or financial assistant will be used		
EUROPEAN ROASTERIE, INC.	250 W. BRADSHAW, Street address	LE CENTER City	MN 56057 ZIP code
16. Does the recipient have a parent corporation? (Mark one)		
 → Yes (Indicate name and address of parent corporation below) No 	ow. If more than one, indicate	ultimate owner.)	

Name of parent corporation	Street address	City	State ZIP code
17. Industry of recipient's facility (Mark one.)			
* Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesa		, Insurance, Real E	state (please specify)
18. Did the recipient relocate as a result of signing this ag	reement? (Mark one)		
 Yes (Indicate city and state of previous address and re No (Go to Question 19.) 	ason recipient did not c	omplete this project	t at that address.)
MONTGOMERY, MN_City/State of previous address Reason project not comp	RURAL AREA_ leted at previous addres	ss	
19. Would the recipient have remained in previous locati financial assistance? (Mark one)	on or relocated elsewher	re if not awarded thi	is business subsidy or
☐ Remained at previous location * Relocated to differ	ent Minnesota location	☐ Relocated ou	tside Minnesota
ection 3 General Information About the Agr	namant	•	
 Total dollar value of business subsidy or financial assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loan 	21. Date agree date, indice	ate any dates the ag	ltion to the agreement reement was amended.)
\$225,000		AUGUST 10), 2000
22. Benefit date (Indicate the date the recipient will benefindicate the date improvements were finished, equipment whichever is carlier.) DECEMBE	nent was placed into ser		
23. Does the agreement provide a business subsidy or one	·	ancial assistance (se	e Question 35) required to
be reported? (Mark one.) * business subs			
24. If the agreement provided a business subsidy, please indicate the type(s).		tance was one of the please indicate the	e four types of financial type(s).
☐ not applicable, agreement provided financial assistance	☐ not applicab	le, agreement provid	ded 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 to code, and preservation ☐ assistance for	assistance provided	ng stock or bringing it up for designated historic or less of total cost or abatement
26. If the assistance included tax increment financing, plo indicate the type of TIF district? (Mark one.)			ing a business subsidy or ne project? (Mark one.)
* not applicable, assistance was not in the form of TIF		each grantor and telow; attach an ada	he value of their litional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space	* No Grantor(s) and	value of the agreen	nent(S
☐ hazardous substance subdistrict	Grantor		alue (\$)
	Grantor		alue (\$)

28. Minn. Stat. §116J.994 r of the following public:	purposes were s	tated in the agreemen	nt? (Mark all that apply.)	is state a public p	urpose. Writen
☐ Enhancing economic diversely Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (ca☐ Other (please specify		oose)
29. Indicate whether the agi 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 w	r retention goals	•	established? dates * Yes 🗆 No DEC	get attainment (month & year) TEMBIER 2002	All goals attained? Tyes MNo 14 No Tyes DNo Tyes DNo Tyes DNo
Please attach descriptions a attainment if not documente					
	age hourly value	of any employer-pre	creation and/or retention go ovided health insurance gos to separate goals by full- a	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					s
\$9.00 to \$10.99	.15				s
\$11.00 to \$12.99	8				s
\$13.00 to \$14.99	3				s
\$15.00 and higher	4_				·
date and the actual hor	urly value of any	employer-provided	ober of actual jobs created health insurance for those tion into full- and part-time FTE (only if unable to	jobs. (<u>Only</u> indica	
Hourly Wage (excluding benefits)	Joh Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
				_	s _
less than \$7 00					
less than \$7.00 \$7.00 to \$8.99					S
	15				\$1.02
\$7.00 to \$8.99	15 5				
\$7.00 to \$8.99 \$9.00 to \$10.99					\$1.02

Section 5 Recipients Failing to Fulfill Obligations (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.99		e any recipients who failed to			
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 January 1, 2000, that were 					
Yes (Complete the remainder of this section)	on.) * No (Stop here and sub-	mit form to DTFD .)			
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Attack		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			
	2				
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	U recipient relocated to a differe				
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)				
☐ Yes ☐ No, recipient has begun to repay the assistance.	☐ No, recipient has not begui	n to repay the assistance.			
38. Has the agreement been amended to extend the recipien	it'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:				
					
					

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01-0689

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- 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 DTED (MINNE	funding entity) 2. Name of person completing this form PAUL A. MOE		-	
3. Street address 500 METR	RO SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL 5. ZIP code 5.		
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 9. E-mail addres 651-296-5287 paul.a.moçiis		<u>.mn.uş</u>
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from t	he person in Question 2.	
Name/Title	Phone number	Street address	City ZIF	P code
created by gov't agency	(Mark one If grantor is entity , please indicate affiliation For odd check "City government.")		eld a public hearing on an ding business subsidies in Stat. §116J.994? (Mark or	n
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		*Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) D No		
		☐ We held a public hearing to criteria (Indicate date of ☐) Other (Please attach explain)	initial hearing	_ ノ
	igned any agreements to award a bi 2000 that is required to be reported			
* Yes (Co	omplete the remainder of the form)	□ No <i>(Stop here, go to sec</i> i	ion 5 on page 4.)	

Name of business or organization receiving subsidy or financial assistance	15. Address where bu will be used	15. Address where business subsidy or financial assistance will be used		
REGAL MACHINE	5103 273 RD ST Street address	WYOMING City	MN 55092 ZIP code	
16. Does the recipient have a parent corporation? (Mark	k one.)			
☐ Yes (Indicate name and address of parent corporation* No	in helow. If more than one, ind	licate ultimate (soner.)		

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one):	
• Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale T	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other tplease specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (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	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	innesota location
ection 3 General Information About the Agreem	
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)
\$120,000	DECEMBER 26, 2000
whichever is earlier.)	vas placed into service, or the recipient occupied the property,
DECEMBER 26,	
 Does the agreement provide a business subsidy or one of the reported? (Mark one.) * business subsidy 	e four types of financial assistance (see Question 25) required to I 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).
山 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 granter and the value of their assistance below, attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition	□ No
economic development	Grantor(s) and value of the agreement(s
☐ mined underground space ☐ hazardous substance subdistrict	CITY OF WYOMING \$450,000 Grantor Value (\$)
	Grantor Value (\$)

Minn. Stat. §116J.994 re of the following public p			ancial assistance agreement? (Mark all that apply.)	its state a public p	urpose. Which
Enhancing economic diver Creating high-quality job g I Job retention I Stabilizing the community	growth		* Increasing tax base (c ☐ Other (please specify)		pose)
 Indicate whether the agn at the time of this report. 				recipient had attai	ned those goals
() Specific wage and job goo () Other job-creation and/or () Other wage goals () Other goals other than wa	retention goals		established? dates Yes \(\square\) No \(\frac{DEC}{} \)	get attainment s (month & year) EMBER 2002	All goals attained? Yes No O. A. Yes No Yes No Yes No
Please attach descriptions o tainment if not documented					
	ige hourly value	of any employer-pro	reation 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		<u> </u>	-		s
less than \$7.00				_	s
\$7.00 to \$8.99					s _
\$9,00 to \$10,00			- —		s
\$11.00 to \$12.99	12				\$4.80
					s
\$13.00 to \$14.99					s_
\$13.00 to \$14.99 \$15.00 and higher					
\$15.00 and higher 1. For each of the following date and the actual hou	irly value of any you are unable	y employer-provided to separate job creat	health insurance for those tron into full- and part-tim	jobs. (Only indicate)	
\$15.00 and higher For each of the following date and the actual hou	irly value of an	y employer-provided	health insurance for those	jobs. (Only indicate)	
S15.00 and higher For each of the following date and the actual hour full-time equivalents if	orly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into fidl- and part-tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic e positions.)	ate joh creation in . Hourly Value of
\$15.00 and higher For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits)	orly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into fidl- and part-tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic e positions.)	ate job creation in Hourly Value of Health Insurance
\$15.00 and higher For each of the following date and the actual hour full-time equivalents if the second of the s	orly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into fidl- and part-tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic e positions.)	ate job creation in Hourly Value of Health Insurance
S15.00 and higher For each of the following date and the actual hour full-time equivalents if the Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	orly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into fidl- and part-tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic e positions.)	ate job creation in Hourly Value of Health Insurance S
\$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	orly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into fidl- and part-tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic e positions.)	Hourly Value of Health Insurance S S

 During the period Janu report as required by M. 	ary 1, 2000 through December 3 inn. Stat. §116J.993 and §116J.99	1, 2000, did your organization has 94? (Mark one.)	ave any recipients who failed to
	of each recipient failing to report additional pages if necessary.)	and the value of subsidy or fina	ncial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or	have any recipients who failed to r after January 1, 2000, that were implete the remainder of this section	recuired to be fulfilled by the tir	ne of this report? (Mark one.)
		- No (stop here and sw	
	wing information for each recipied by the time of reporting. (Attack		
35. Information on recipted	nt and agreement:		
Name of recipient in defaul	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).		
u recipient ceased operation arecipient was unable to t		☐ recipient relocated to a diffe ☐ other (Specify reason.)	rent community
37. To date, has the recipie	ent fulfilled its repayment obligat	ion? (Mark one)	
□ Yes □ No, recipient }	has begun to repay the assistance.	☐ No, recipient has not beg	un to repay the assistance.
38. Has the agreement bee	n amended to extend the recipien	t's deadline for fulfilling its obli	gations? (Mark one)
 ⊔ Yc	es I No		
39. Describe the steps beir	ng taken to bring recipient into co	impliance or recoup the subsidy:	
			
1			

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31- 2787



2001 Minnesota Business Assistance Form

01-0693

- 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	ng this form AUL 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 9. E-mail addit 651-296-5287 paul.a.moest		iddr e ss o <u>લ્હે કાફાલ mn</u> . પૂક્	
10. Please indicate who in yo	ur organization should receive the	2002 MBAF if different from t	he 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 thindicate hearing date No We held a public hearing becriteria thindicate date of Other (Please attach explain)	but have not yet initial hearing -	adopted	
through December 31, 20	med any agreements to award a but 100 that is required to be reported suplete the remainder of the form.)	under Minn, Stat. \$116J.993 and	d §116J.994? ≀A	fark one 1	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where bu will be used	ial assistance	
AAF - MC QUAY, INC.	Street address	OWATONNA City	MN 55060 ZIP code
16. Does the recipient have a parent corporation? (Mark	one.)		
☐ Yes (Indicate name and address of parent corporation * No	n below. If more than one, ind	licate ultimate owner.)	

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 ☐ Construction	ance, Real Estate U Other (plea	
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one.)		
 Yes tIndicate city and state of previous address and reason. No (Go to Question 19. 	recipient did not complete	e this project at	that address.)
SCOTTSBORO, ALABAMA CLOSED PLA	NT		
City/State of previous address Reason project not completed a	t previous address		
 Would the recipient have remained in previous location or r financial assistance? (Mark one.) 	elocated elsewhere if not	awarded this bu	siness subsidy or
☐ Remained at previous location ☐ Relocated to different M	nnesota location 🗀 R	elocated outside	Minnesota
Section 3 General Information About the Agreeme			 _
 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.) 	-	dates the agreen	ient was amended.)
\$500,000		CTOBER 27, 2	
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) DECEMBER 31, 20	as placed into service, or		
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)		ssistance (see Qu	testion 25) required to
* business subsidy	☐ financial assistance		
24. If the agreement provided a business subsidy, please indicate the type(s).	25. If the assistance we assistance, please i		
u not applicable, agreement provided financial assistance	디 not applicable, agree	ment 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 proper ☐ assistance for renovato code, and assistant preservation districts ☐ assistance for polluti ☐ assistance for a TIF	ating building sto ce provided for , when 50% or lo ion control or ab	ock or bringing it up designated historic ess of total cost atement
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one.)	27. Are any other gran financial assistance		business subsidy or oject? (Mark one.)
not applicable, assistance was not in the form of TIF	Yes (Specify each gr		
☐ redevelopment ☐ renewal and renovation ☐ soils condition	* No	iacn an adailloi.	al sheet if necessary.)
☐ economic development ☐ mined underground space	Grantor(s) and value o	f the agreement(s
hazardous substance subdistrict	Grantor	Value	: (S)
	Grantor	Value	15)

 Minn. Stat. §116J.994 re of the following public p 			ancial assistance agreements: (Mark all that upply.)	its state a public p	urpose. Which
D Enhancing economic diversely Creating high-quality job D Job retention D 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
A) Specific wage and Job go 3) Other Job-creation and/or C) Other wage goals D) Other goals other than w	r retention goals	•	established? dates * Yes □ No DEC □ Yes □ No	get attainment s (month & year) CEMBER 2002	All goals arrained? **M Yes U No **L, *\ U Yes U No U Yes U No U Yes U No
Please attach descriptions a attainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention go wided 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) Joh 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		- —	_		s
\$11.00 to \$12.99	125				\$3.00
\$13.00 to \$14.99					s
			_		S
\$15.00 and higher				and/or retained si	nce the benefit
31. For each of the follows date and the actual hor	urly value of any	y employer-provided	health insurance for those tion into full- and part time FTE (only if unable to separate FT/PT) Job Creation	jobs. (<u>Only</u> indic	ate job creation in Hourly Value of Health Insurance
For each of the follows date and the actual hor full-time equivalents if Hourly Wage	urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time! Seasonal/Temp.	health insurance for those tion into full- and part tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic c positions.)	ate job creation in Hourly Value of
For each of the follows date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time! Seasonal/Temp.	health insurance for those tion into full- and part tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic c positions.)	ate job creation in Hourly Value of Health Insurance
1. For each of the follows 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 job creat Part-time! Seasonal/Temp.	health insurance for those tion into full- and part tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic c positions.)	ate job creation in Hourly Value of Health Insurance
1. For each of the follows 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 job creat Part-time! Seasonal/Temp.	health insurance for those tion into full- and part tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic c positions.)	Hourly Value of Health Insurance S S
81. For each of the follows date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.90 \$9.00 to \$10.99	urly value of any you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time! Seasonal/Temp.	health insurance for those tion into full- and part tim FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indic c positions.)	Hourly Value of Health Insurance S S

33. During the period January 1, 2000 through Decem report as required by Minn. Stat. §116J.993 and §1		ave any recipients who failed to				
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 assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance				
agreement signed on or after January 1, 2000, that	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.) 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.) 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.)					
 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 ☐ recipient was unable to fill vacant positions	☐ recipient relocated to a diffe ☐ other (Specify reason.)					
37. To date, has the recipient fulfilled its repayment of	obligation? (Mark one.)					
☐ Yes ☐ No, recipient has begun to repay the assis	stance. 🖸 No, recipient has not beg	un to repay the assistance.				
38. Has the agreement been amended to extend the re	ecipient's deadline for fulfilling its obli	gations? (Mark one)				
□ Yes □ No						
39 Describe the steps being taken to bring recipient	into compliance or recoup the subsidy:					

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



01-0677

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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

Name of grantor (funding DTED (MINNE)	entity) SOTA 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	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul a moe@state.mn.us	
10. Please indicate who in yo	our organization should receive the	e 2002 MBAF if different from th	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For ild check "City government.")		eld a public hearing on and ding business subsidies in 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) ☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) ☐ Other (Please attach explanation.)		
	gned any agreements to award a bi 000 that is required to be reported			

Name of business or organization receiving subsidy or financial assistance	Address where business subsidy or financial assistance will be used					
VOYAGER SUPPLY & FABRICATION	803 CENTRAL AVE N. Street address	BRANDON City	MN 56315 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		nsurance, Real El on 🔲 Other (state please specify)
18. Did the recipient relocate as a result of signing this agreen	nent? (Mark one.)		· · · · · · · · · · · · · · · · · · ·
 Yes (Indicate city and state of previous address and reaso No (Go to Question 19.) 	n recipient did not con	iplete this projec	t at that address.)
City/State of previous address Reason project not completed	d at previous address		
 Would the recipient have remained in previous location of financial assistance? (Mark one.) 	r relocated elsewhere is	f not awarded this	s business subsidy or
* Remained at previous location	1innesota location	☐ Relocated outs	side Minnesota
ection 3 General Information About the Agreem	onf		
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 agreemer		ition to the agreement reement was amended.)
\$90,000		DECEMBEI	R 8, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment whichever is earlier.) JUNE, 2001			
23. Does the agreement provide a business subsidy or one of to be reported? (Mark one.) * business subsidy	he four types of financ		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	u not applicable,	agreement provid	led a business subsidy
loan grant (i.e., forgivable loan) Itax 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.)	to code, and ass	novating buildin istance provided ricts, when 50% ollution control o	g stock or bringing it up for designated historic or less of total cost or abatement
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 ca assistance below		he value of their itional sheet if necessary .
□ redevelopment □ renewal and renovation □ soils condition □ soils development	* No Grantor(s) and val	ue of the aமா ee m	ienų s
☐ mined underground space ☐ hazardous substance subdistrict	Grantor		alue (S)
	Grantor		alue (\$)

			ancial assistance agreements? (Mark all that apply.)	F F-	
Enhancing economic dive Creating high-quality job Job retention Stabilizing the communit	growth		☐ Increasing tax base (c☐ Other <i>(please specify)</i>		pose)
. Indicate whether the ag at the time of this repor			of goals, and whether the alate(s) for each goal.)	recipient had attaii	ned those goals
) Specific wage and job go Other job-creation and/o Other wage goals) Other goals other than w	r retention goals		established? dates * Yes \(\text{\tin}\text{\tex{\tex	get attainment (month & year) E 2003	All goals attained? 'J Yes J No J Yes J No J Yes J No J Yes J No J Yes J No
lease attach descriptions tainment if not documente					
agreement and the avera	age hourly value	of any employer-pro onts if you are unable	reation and/or retention go wided health insurance goz to separate goals by full- a	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	 · -				\$
less than \$7.00		- —		— -	s
\$7.00 to \$8.99			 .		5
\$9.00 to \$10.99	_13				s75
\$11.00 to \$12.99	2				\$.75_
					s _
\$13.00 to \$14.99		<u></u>			s
\$13.00 to \$14.99 \$15.00 and higher					
\$15.00 and higher For each of the follow date and the actual ho	urly value of any Tyou are unable	y employer-provided to separate job creat	bber of actual jobs created health insurance for those tion into full- and part-time	jobs. <u>(Only</u> indice	
\$15.00 and higher For each of the follow date and the actual ho	urly value of an	y employer-provided	health insurance for those	jobs. <u>(Only</u> indice	
\$15.00 and higher For each of the follow date and the actual ho full-time equivalents if	urly value of any fyou are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indice e positions.)	ate job creation in Hourly Value of
\$15.00 and higher For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits)	urly value of any fyou are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indice e positions.)	ate job creation in Hourly Value of Health Insurance
\$15.00 and higher For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ourly value of any fyou are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indice e positions.)	tic job creation in Hourly Value of Health Insurance
\$15.00 and higher For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ourly value of any fyou are unable Full-time Job Creation — —	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indice e positions.)	Hourly Value of Health Insurance
\$15.00 and higher For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ourly value of any fyou are unable Full-time Job Creation — 9	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. <u>(Only</u> indice e positions.)	Hourly Value of Health Insurance \$ \$.75

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 (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 agreement signed on or after January 1, 2000, that were 'A Yes (Complete the remainder of this section)	required to be fulfilled by the tim	e of this report" (Mark one.)			
35 39. Provide the following information for each recipie were to be attained by the time of reporting. (Attac. 35. Information on recipient and agreement:		ner terms of an agreement that			
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 differe ☐ other (Specify reason.)	-			
37. To date, has the recipient fulfilled its repayment obligat	tion? (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 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:				

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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 7 ¹¹¹ 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 moç ästate mu.us	
10. Please indicate who in y	our organization should receive the	2 2002 MBAF if different from the	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government")		eld a public hearing on and ding business subsidies in stat. §116J 994? (Mark one.)	
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate hearing date No We held a public hearing be criteria (Indicate date of it) Other (Please attach explain)	initial hearing)	
	gned any agreements to award a bi 000 that is required to be reported			
* Yes (Ca	mplete the remainder of the form.)	□ No (<u>Stop</u> h <u>ere,</u> go to sect	ion 5 on page 4.1	

Name of business or organization receiving subsidy or financial assistance	15. Address where business su will be used	15. Address where business subsidy or financial assistance will be used			
ALPHAGRAPHICS GROUP, INC.	310 CANNON RIVER AVE Street address	RED WING City	MN 55066 ZIP code		
16. Does the recipient have a parent corporation? (Mark	one)				
☐ Yes (Indicate name and address of parent corporation)	on below. If more than one, indicate ult	imate owner.)			

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 iplease 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	at previous address
19. Would the recipient have remained in previous location or r 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 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.) JUNE 27, 2000
\$285,000	<u> </u>
whichever is earlier.)	us placed into service, or the recipient occupied the property,
DECEMBER 31, 2	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	four types of financial assistance (see Question 25) required to ☐ financial assistance
* business subsidy	
 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)
Unot applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy
Joan LAM-BICHOZ 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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (S) RED WING PORT AUTHORITY \$ 150,000 Grantor Value (S)

Section 4 Goals and Pu 28. Minn. Stat. §116J.994 r	equires that bus	iness subsidy and fin	ancial assistance agreeme	nts state a public p	urpose. Which	
			nt? (Mark all that apply)			
 ☐ Enhancing economic diversity Treating high-quality job ☐ Job retention ☐ Stabilizing the community 	growth		☐ Increasing tax base (cannot be only purpose)☐ Other (please specify)			
29. Indicate whether the agr at the time of this report	reement include (Fill in the bo	d the following types	s of goals, and whether the late(s) 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 w	r retention goals	;	established? date Yes No DE Yes No DE	get attainment s (month & year) CEMBER 2002 CEMBER 2002	All goals attained? Yes MNo (4.4.) Yes No Yes No	. b pu102
(Please attach descriptions attainment if not documente						
	age hourly value	of any employer-pro	reation and/or retention govided 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				<u> </u>	s	
less than \$7.00					s	
\$7.00 to \$8.99			<u> </u>		s	
\$9.00 to \$10.99	4		_		\$2.00	
\$11.00 to \$12.99	3			 -	\$2.45	
\$13.00 to \$14.99	8		-· . <u></u>	42	\$2.96	
\$15.00 and higher					s	
date and the actual hor	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to	jobs. 10nly indica		1
Hourly Wage (excluding benefits)	.lob Creation	Seasonal/Temp. Job Creation	separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	}
less than \$7 (0)		<u> </u>			s	
57 .00 to \$8.99					\$	
\$9.00 to \$10.99	2	-		- —	\$2.00	
\$11.00 to \$12.99	3	<u> </u>		_	\$2.45	
\$13.00 to \$14.99	1	- —		- —	\$	
\$15.00 and higher	7			42	\$2.76	
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (so	ec Questions 29, 30 a	and 31) and fulfilled <u>all ob</u> * No	ligations stipulated	i in the agreement?	

 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 (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.)						
Tyes (Complete the remainder of this section)	on.) * No (Stop here and sub	omit form to DTED .)				
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Attack		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.)	ent community				
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one)					
Tyes U 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	t'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:					
İ						

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01-0697

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- 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 METR	O SQ., 121 7 TH PLACE EAST	4. Cuy SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 651-296-5287	9. E-mail add	distate.mn.us
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from the	he person in Quest	ion 2.
Name/Title	Phone number	Street address	City ·	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government")	12. Has your organization he adopted criteria for awar compliance with Minn. S	ding business subs	idies in
☐ City government ☐ County government ☐ Regional government • State government		* Yes (Indicate hearing date - 9-24-99- and attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted eriteria (Indicate date of initial hearing)		
through December 31, 2	gned any agreements to award a bu 000 that is required to be reported implete the remainder of the form i	under Minn, Stat. §116J.993 and	tance from January I §116J.994? (Ma	

Section 2 Information About Recipient

Name of business or organization receiving subsidy or financial assistance	15. Address where busin will be used	ess subsidy or fina	ncial assistance
ALEXANDRIA EXTRUSION	401 CO. ROAD 22 NW Street address	ALEXANDRIA Cuy	MN 56308 ZIP code
16. Does the recipient have a parent corporation? (Mar.) 2 Yes (Indicate name and address of parent corporation)			

* 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 a	t 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 Mi	nnesota location 🔲 Relocated outside Minnesota
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.)
\$100,000	APRII. 16, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) MAY 1, 2000	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 be reported? (Mark one) * business subsidy	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	inot 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 ☐ redevelopment	☐ 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 ☐ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)

			ancial assistance agreement? (Mark all that apply)		urpose. Which
I Enhancing economic dive Creating high-quality job I Job retention I Stabilizing the communit	growth		☐ Increasing tax base (☐ Other tplease specifi		pose)
Indicate whether the ag at the time of this repor				recipient had atta	ned those goals
A) Specific wage and Job go B) Other Job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals		established? date 'D Yes D No	rget attainment s (month & year) CEMBER 2002	All goals attained? Yes No Yes No Yes No
Please attach descriptions attainment if not documente					
	age hourly value	of any employer-pro	ereation and/or retention govided 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				<u> </u>	s
less than \$7.00	2	- —			\$5.19
\$7 00 to \$8.99	5		_ ·		\$5.19
	16				\$5.19
\$9.00 to \$10 99					\$5.19
\$9.00 to \$10 99 \$11.00 to \$12 99	4				ĺ
	4				\$
\$11.00 to \$12.99	3	- <u>-</u>		— — —	\$ \$5.19
\$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the follow date and the actual ho	3 ing wage categor	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tin FTE (anly if unable to separate FT/PT) Job Creation	e jobs. (<u>Only</u> indic	\$5.19
\$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage	ing wage categor urly value of any you are unable Full-time Job	y employer-provided to separate job erea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (anly if unable to separate FT/PT)	e jobs. (<u>Only</u> indic ic positions i	\$5.19 nce the benefit ate job creation in Hourly Value of
\$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits)	ing wage categor urly value of any you are unable Full-time Job	y employer-provided to separate job erea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (anly if unable to separate FT/PT)	e jobs. (<u>Only</u> indic ic positions i	S5.19 nce the benefit ate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage categor urly value of any (you are unable Full-time Job Creation	y employer-provided to separate job erea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (anly if unable to separate FT/PT)	e jobs. (<u>Only</u> indic ic positions i	S5.19 nce the benefit ate job creation in Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage categor urly value of any (you are unable Full-time Job Creation	y employer-provided to separate job erea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (anly if unable to separate FT/PT)	e jobs. (<u>Only</u> indic ic positions i	S5.19 nce the benefit ate job creation in Hourly Value of Health Insurance \$ \$2.00
\$11.00 to \$12.99 \$13.00 to \$14.90 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ing wage categor urly value of any (you are unable Full-time Job Creation	y employer-provided to separate job erea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (anly if unable to separate FT/PT)	e jobs. (<u>Only</u> indic ic positions i	s5.19 nce the benefit ate job creation in Hourly Value of Health Insurance \$ \$2.00 \$2.00

 During the period January 1, 2000 through December 3, report as required by Minn. Stat. §116J.993 and §116J.99 		ave 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 fina	ncial 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 su	bmit form to DTED .)
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Attack		
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	Directipient relocated to a difference of the control of the contr	rent community
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance.	☐ No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its obli	gations? (Mark one.)
□ Yes □ No		
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

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01-0698

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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

	. Name of grantor (funding entity) DTED (CHALLENGE GRANT)		2. 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>ban bevinsti state maus</u>		
10. Please indicate who in you	ir organization should receive the	2002 MBAF if different from th	e 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. §116J.994? (Mark one.)			
☐ City government		* Yes (Indicate hearing date - 9-24-99- and <u>attach criteria</u>)			
☐ County government ☐ Regional government * State government ☐ Other (Please specify.)	State government		☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing :		
	ned any agreements to award a bu 00 that is required to be reported (
* Yes (Comp	plete the remainder of the form)	□ No (<u>Stop here,</u> go to section	on 5 on page 4 i		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where b will be used	usiness subsidy or fi	nancial assistance
LAREX, INC.	1101 NW 3 RD ST Street address	COHASSET City	MN 55721 ZIP code
16. Does the recipient have a parent corporation? (Mark one)			<u>-</u>
 Yes (Indicate name and address of parent corporation belown) No 	v If more than one, in	dicate ultimate owne	T.)

Name of parent corporation	Street address	City	State ZIP code
17. Industry of recipient's facility (Mark one.).			
 * Manufacturing □ Retail Trade □ Wholesale Tr 		surance, Real Est on	tate please specify)
18. Did the recipient relocate as a result of signing this agreeme	nt? (Mark one)	<u>.</u>	
 Yes (Indicate city and state of previous address and reason) No (Go to Question 19. 	recipient did not comp	olete this project	at thut address.)
City/State of previous address Reason project not completed a	it previous address		
 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 Mis	nnesota location	Relocated outsi	de 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		ion to the agreement coment was amended.)
\$175,000			
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) SEPTEMBER 11, 2	as placed into service.		
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) * business subsidy	four types of financia		Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s).		e was one of the se indicate the ty	four types of financial pe(s).
☐ not applicable, agreement provided financial assistance	not applicable, ag	reement provided	d 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)	to code, and assis	ovating building stance provided f icts, when 50% o lution control or	stock or bringing it up for designated historic ir less of total cost abatement
26. If the assistance included tax increment financing, please indicate the type of TIF district? (Mark one)			g a business subsidy or project? (Mark one.)
not applicable, assistance was not in the form of TIF	☐ Yes (Specify each assistance below		e value of their ional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	* No Grantor(s) and valu Grantor Grantor	Va	nt(s lue (\$) ue (\$)
	[<i>•</i>

 Minn. Stat. §116J.994 re of the following public p 	equires that busi ourposes were s	ness subsidy and fin- tated in the agreemer	ancial assistance agreement? (Mark all that apply.)	nts state a public p	urpose. Which
Enhancing economic diversity Creating high-quality job growth Lob retention		☐ Increasing (ax base (cannot be only purpose)☐ Other (please specify)			
Stabilizing the community	,				
2. Indicate whether the agrant the time of this report				recipient had attai	ned 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? date * Yes 🗆 No DE Yes 🗔 No	rget attainment s (month & year) CEMBER 2002	All goals attained? U Yes 'M No VI U Yes 'M No U Yes 'M No U Yes 'M No U Yes 'M No	
Please attach descriptions o ttainment if not documente					
	ige hourly value	of any employer-pro	reation and/or retention g 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>onty</u> if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal			<u> </u>		s
less than \$7.00					S
\$7.00 to \$8.99					S
\$9.00 to \$10,99			<u> </u>		S
\$11.00 to \$12.99					S
\$13.00 to \$14.99				—	S
\$15.00 and higher	15		<u> </u>		\$2.34
		y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tin	e jobs. (<u>Only</u> indica	
	you are unable	· ·	. ,		
date and the actual hor		Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourly Wage	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	Job Retention	-
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	Job Retention	Health Insurance
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	Job Retention	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 Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	Job Retention	Health Insurance
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.90 \$9.00 to \$10.90	you are unable Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	.Job Retention	S S

 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 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 secti	on.) * No (Stop here and su	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	U recipient relocated to a differ U other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligat	ion? (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	it's deadline for fulfilling its oblig	rations? (Mark one.)
□ Yes □ No		
39. Describe the steps being taken to bring recipient into co	ompliance or recoup the subsidy:	

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01 - 0699

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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

Name of grantor (funding entity) DTED (CHALLENGE GRANT) 3. Street address 500 METRO SQ., 121 7 TH PLACE EAST		Name of person completing this form BART BEVINS		
		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 a	ddress ns <u>æstate.mn.us</u>
10. Please indicate who in y	our organization should receive the	e 2002 MBAF if different from t	he person in Que	estion 2
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency.	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")	12. Has your organization he adopted criteria for awar compliance with Minn. 9	ding business su	bsidies in
☐ City government		* Yes (Indicate hearing date	: - 9.24 99- and	l <u>attach criteria</u>)
☐ County government		□ No		
Regional government		☐ We held a public hearing l		
* State government		criteria (Indicate date of initial hearing)		
☐ Other (Please specify.)		☐ Other (Please attach expla	mation.)	
	igned any agreements to award a bi 000 that is required to be reported			
* Yes (Ca	mplete the remainder of the form.)	□ No (<u>Stop here,</u> go to sec	tion 5 on page 4.	,

 Name of business or organization receiving subsidy or financial assistance 		15. Address where business subsidy or financial assistan will be used		
ACCELERATED PAYMENTS, INC.	RATED PAYMENTS, INC. 320 7 TH AVE TWO HARBORS Street address City			
6. Does the recipient have a parent corporation? (Mark o	one.)			
☐ Yes (Indicate name and address of purent corporation * No	below. If more than on	e, indicate ultimate owne	rr.)	

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 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 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 M	innesota location						
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.) SEPTEMBER 23, 2001						
\$116,000							
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier) FEBRUARY 8, 200	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.) * 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 ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (S)						
	Grantor Value (\$)						

ection 4 Goals and Pu	iblic Purpos	z taentiitea in tr	ie Agreement		 -	
28. Minn. Stat. \$116J.994 r of the following public			nancial assistance agreement? (Mark all that apply.)		arpose. Which	
☐ Enhancing economic diverse. Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (☐ Other (please specif		ouse)	
29. Indicate whether the agr				e recipient had attai	ned those goals	
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	r retention goals	•	established? date * Yes ☐ No <u>Dl</u>	arget attainment es (month & year) ECEMBER 2002	All goals attained? Tyes No & 4.4. Yes No Yes No	0jz1/0
(Please attach descriptions attainment if not documente						
	age hourly value	of any employer-pr	creation and/or retention g ovided health insurance g to separate goals by full-	oals for those jobs.		
Hourly Wage (excluding benefits)	Full-time Joh 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	58				\$.53	
					s	
\$9.00 to \$10.99						
\$9.00 to \$10.99 \$11.00 to \$12.99					S	
					s	
\$11.00 to \$12.99				<u> </u>		
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual horizontal sections.	urly value of any	y employer-provided	nber of actual jobs create health insurance for thos tition into full- and part-tit	e jobs. <i>(Only indice</i>	S S nce the benefit	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hores.	urly value of any	y employer-provided	health insurance for thos	se jobs. (O <u>nly</u> indica me positions)	S S nce the benefit	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if	urly value of any you are unable Full-time Job	y employer-provided to separate joh eren Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (O <u>nly</u> indica me positions)	S S nee the benefit ate job creation in Hourly Value of	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	urly value of any you are unable Full-time Job	y employer-provided to separate joh eren Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (O <u>nly</u> indica me positions)	S S nee the benefit ate job creation in Hourly Value of Health Insurance	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followed ate 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 Creation	y employer-provided to separate job crest Part-time/ Seasonal/Temp. Job Creation	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (O <u>nly</u> indica me positions)	S S nee the benefit ate job creation in Hourly Value of Health Insurance S	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followed 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 Creation	y employer-provided to separate job crest Part-time/ Seasonal/Temp. Job Creation	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (O <u>nly</u> indica me positions)	S S nice the benefit ate job creation in Hourly Value of Health Insurance S S1.43	
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the followed 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 Job Creation 33 6	y employer-provided to separate job crest Part-time/ Seasonal/Temp. Job Creation	health insurance for thos tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (O <u>nly</u> indica me positions)	S S nee the benefit ate job creation in Hourly Value of Health Insurance S S1.43 S1.43	

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
 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	ion.) * No (Stop here and sub	emit form to DTED .)
35 39. Provide the following information for each recipied were to be attained by the time of reporting. (Attack		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 I recipient was unable to fill vacant positions	☐ recipient relocated to a differe ☐ 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 recipien	nt'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:	

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



01-0690

- 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 <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 tax 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 55		
6. County RAMSEY	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us	
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from the	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation For uld check "City government")		eld a public hearing on and ding business subsidies in Stat. §116J.994? (Mark one)	
☐ City government ☐ County government ☐ Regional government • State government ☐ Other (Please specify.)		* Yes (Indicate hearing date ☐ No ☐ We held a public hearing be criteria (Indicate date of the Other (Please attach explain))	initial hearing)	
	gned any agreements to award a bi 000 that is required to be reported		1§116J.994" (Mark one.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assist will be used		al assistance
RESALE WORLD.COM	Street address	MINNEAPOLIS City	MN 55415 ZIP code
16. Does the recipient have a parent corporation? (Mark onc.) J Yes (Indicate name and address of parent corporation below * No	· If more than one, in	dicate ultimate owner.)	

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	t previous address
19. Would the recipient have remained in previous location of r financial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
* Remained at previous location	nnesota location
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 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.)
\$250,000	MAY 1, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) MAY 1, 2000	the husiness 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	four types of financial assistance (see Question 25) required to
be reported? (Mark one) * 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).
u 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
☐ conomic development ☐ mined underground space	Grantor(s) and value of the agreement(s
☐ hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public p 			ancial assistance agreement? (Mark all that apply.)		urpose. Which
I Enhancing economic diver Creating high-quality job p I Job retention I Stabilizing the community	growth		☐ Increasing tax base ☐ Other (pleuse specif		pose)
Indicate whether the agr at the time of this report				e recipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/or D) Other wage goals D) Other goals other than wa	retention goals		established? date • Yes 🖫 No DF	arget attainment es (month & year) ECEMBER 2002	All goals attained? Tyes No LIN Yes No Yes No Yes No
Please attach descriptions of the state of t					
	ige hourly value	of any employer-pro	creation and/or retention povided health insurance g to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Jub 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		-			s
\$13.00 to \$14.99					s
\$15.00 and higher	118				1.49
	you are unable Full-time	to separate job crea	tion into full- and part-u. FTE (only if unable to	me positions)	Hourly Value of
date and the actual hor	you are unable	to separate job crea	tion into full- and part-ti	me positions)	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourly Wage	you are unable Full-time Joh	to separate job creat Part-time/ Seasonal/Temp.	tion into fidl- and part-to FTE (only if unable to separate FT/PT)	me positions)	
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	you are unable Full-time Joh	to separate job creat Part-time/ Seasonal/Temp.	tion into fidl- and part-to FTE (only if unable to separate FT/PT)	me positions)	Health Insurance
date and the actual hou full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Joh	to separate job creat Part-time/ Seasonal/Temp.	tion into fidl- and part-to FTE (only if unable to separate FT/PT)	me positions)	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	to separate job creat Part-time/ Seasonal/Temp.	tion into fidl- and part-to FTE (only if unable to separate FT/PT)	me positions)	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	to separate job creat Part-time/ Seasonal/Temp.	tion into fidl- and part-to FTE (only if unable to separate FT/PT)	me positions)	Health Insurance S S

 During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116J. 		ve any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report recipient. Attach additional pages if necessary.)	rt and the value of subsidy or financ	cial assistance awarded to that
• No		
Name of recipient Type of subsidy or assistance	ce (Sec 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 	re required to be fulfilled by the tim	ne of this report? (Mark one.)
Yes (Complete the remainder of this sec	ction) • No (Stop here and sub	omit form to DTED
35 39. Provide the following information for each recip were to be attained by the time of reporting. (Atta		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	☐ recipient relocated to a difference of the other (Specify reason.)	
37. To date, has the recipient fulfilled its repayment oblig	ation? (Mark one)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance	e. UNo, recipient has not begu	n to repay the assistance.
38. Has the agreement been amended to extend the recipion	ent's deadline for fulfilling its oblig	ations? (Mark one.)
□ Yes □ No		
39 Describe the steps being taken to bring recipient into	compliance or recoup the subsidy:	

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



01-0700

- 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)		2. Name of person completing this form BART BEVINS		
3. Street address 500 METRO SQ., 121 7 ^{1H} PLACE EAST		4 City SAINT PAUL	5. ZIP code	55101
6. County RAMSEY	7. Phone number 651-297-1170	8. Fax number 9. E-ma 651-296-5287 bart.b		iress <u>-ā-state.mn.us</u>
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from t	he person in Quest	ion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government")	Has your organization he adopted criteria for awar compliance with Minn. S	ding business subs	sidies in
☐ City government ☐ County government ☐ Regional government • State government ☐ Other (Please specify.)		• Yes (Indicate hearing date - 9-24-99-) and attach criteria. □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)		
	gned any agreements to award a bu 000 that is required to be reported			
• Yes (Co	mplete the remainder of the form.)	□ No (Stop here, go to sect	tion 5 on page 4.)	

15. Address where busine will be used	business subsidy or financial assistance	
10499 HWY 10 NW Street address	RICE City	MN 56367 ZIP code
ne)		
helow If more than one, indicat	e ultimate owner	.)
	will be used 10499 HWY 10 NW Street address	10499 HWY 10 NW RICE Street address City

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	t 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 Mi	nnesota location
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.)
\$100,000	MARCH 31, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) MARCH 31, 2000	the business subsidy or financial assistance. For example, is 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.) * 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 ☐ coils applicable	* No
☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s Grantor Value (\$) Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public p 			iancial assistance agreeme nt? (Mark all that apply)		irpose. Which
Enhancing economic diver Creating high-quality job to I Job retention I Stabilizing the community	growth		Increasing tax base (c Other (please specify)		ose)
Indicate whether the agr at the time of this report				recipient had attain	ned those goals
A) Specific wage and Job go B) Other Job-creation and/or T) Other wage goals D) Other goals other than wa	retention goals	•	established? date * Yes 🗆 No <u>DE</u>	rget attainment is (month & year) ECEMBER 2002	All goals attained? Yes No 24. Yes No Yes No
Please attach descriptions e ttainment if not documented					
	ige hourly value	e of any employer-pro	creation and/or retention good ovided health insurance go to separate goals by full-	oals 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		 -	 -	<u> </u>	s
less than \$7,00			_		s
\$7.00 to \$8.99			<u>— —</u>		s
\$9.00 to \$10.99	6				s
				22	s
\$11.00 to \$12.99					s
\$11 00 to \$12.99		<u> </u>			s
\$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.	arly value of any you are unable	y employer-provided to separate job crea	health insurance for those tion into full- and part-tin	e jobs. (<u>Only</u> indica	nce the benefit
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.90 and higher 1. For each of the following date and the actual hours.	irly value of any	y employer-provided	health insurance for those	e jobs. (<u>Only</u> indica	nce the benefit
\$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 Hourty Wage	urly value of any you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indica ne positions)	nce the benefit the pub creation in Hourly Value of
\$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 Hourly Wage (excluding benefits)	urly value of any you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indica ne positions)	nce the benefit the 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 hor full-time equivalents if Hourty Wage (excluding benefits) less than \$7.00	urly value of any you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indica ne positions)	Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher I. For each of the following date and the actual hour 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 job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indica ne positions) Job Retention - —	Hourly Value of Health Insurance
\$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hour full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	arly value of any you are unable Full-time Job Creation	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-tin FTE (only if unable to separate FT/PT)	e jobs. (<u>Only</u> indica ne positions) Job Retention - —	Hourly Value of Health Insurance S

	e of each recipient failing to report	and the value of subsidy or finan	cial assistance awarded to that	
recipient. Attach	hadditional pages if necessary.)			
• 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 n or after January 1, 2000, that were			
☐ Yes (0	Complete the remainder of this secti	on.) * No (Stop here and sul	hmut form to DTED)	
	Howing information for each recipie ned by the time of reporting. (Attack		ther terms of an agreement that	
35. Information on recip	pient and agreement:			
Name of recipient in def	Fault	Type of subsidy or assistance	Initial value of subsidy or assistance	
Street address of recipie	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance	
36. Reason(s) for defau	ilt (Mark all that apply.):			
		Trecipient relocated to a differ	ent community	
u recipient ceased opera u recipient was unable t	to fill vacant positions	☐ other (Specify reason)		
urecipient was unable t	to fill vacant positions ipient fulfilled its repayment obligat			
Trecipient was unable to 37. To date, has the rec		tion? (Mark one)	ın to repay the assistance	
☐ recipient was unable to 37. To date, has the recipies ☐ Yes ☐ No, recipies	ipient fulfilled its repayment obligat	tion? (Mark one) U No, recipient has not begu		
☐ recipient was unable and a recipient was unable and a recipient. ☐ Yes ☐ No, recipient as the agreement.	ipient fulfilled its repayment obligatent has begun to repay the assistance	tion? (Mark one) U No, recipient has not begu		
Trecipient was unable and recipient was unable and recipient. 37. To date, has the recipient and recipient.	ipient fulfilled its repayment obligatent has begun to repay the assistance been amended to extend the recipier	tion? (Mark one) No, recipient has not begunt's deadline for fulfilling its oblig		

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



01-0687

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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 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 METE	RO SQ., 121 7 TH PLACE EAST	4. City SAINT PAUL 5. ZIP o		P code 55101	
6 County RAMSEY	County RAMSEY 7. Phone number 651-297-1391		8. Fax number 9. E-mail address 651-296-5287 paul a moe à state i		
10. Please indicate who in y	our organization should receive the	2002 MBAF if different from t	he person in Ques	tion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation For add check "City government")	12. Has your organization he adopted criteria for awar compliance with Minn. S	ding business sub-	sidies in	
☐ City government ☐ County government ☐ Regional government		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>) □ 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)			
	igned any agreements to award a bu 2000 that is required to be reported				
* Yes (Co	omplete the remainder of the form.)	□ No (Stop here, go to seed	tion 5 on page 4.)		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busin will be used	ness subsidy or fina	ncial assistance
SHARK INDUSTRIES	5700 BUCK DRIVE Street address	ROCKFORD City	MN 55373 ZIP code
16. Does the recipient have a parent corporation? (Mark one) 'A Yes (Indicate name and address of parent corporation below) * No	f more than one, indice	ate ultimate owner .	,

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 agreemen	nt? (Mark one.)
* Yes (Indicate city and state of previous address and reason) No (Go to Question 19.	ecipient did not complete this project at that address.)
CHICAGO, IL City/State of previous address Reason project not completed a	t 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 Mir	nnesota location 🔲 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 14, 2000
\$200,000	
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) JULY 31, 2001	the business subsidy or financial assistance. For example, is 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.) * husiness 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	Grantor(s) and value of the agreement(s
☐ mined underground space ☐ hazardous substance subdistrict	TIF
·	Grunter 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 purposes were stated in the agreement? (Mark all that apply.) ☐ Enhancing economic diversity * Increasing tax base (cannot be only purpose) * Creating high-quality job growth ☐ Other (please specify) Job retention 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.) All goals Goals Target attainment established? dates (month & year) 1 Yes X1 No & I 1/1 B12 1/02 attained? *Yes □ No JULY 2003 A) Specific wage and job goals to be attained within 2 years ☐ Yes ☐ No □ Yes □ No B) Other job-creation and/or retention goals □ Yes □ No □Yes □No C) Other wage goals ☐ Yes ☐ No □ Yes □ No D) Other goals other than wage and job goals (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.) Part-time/ FTE (only if goals not Full-time Seasonal/Temp. Hourly Wage stated as FT/PT) Job Retention Hourly Value of Job Job Creation Health Insurance (excluding benefits) Creation Job Creation no hourly wage-level goal. less than \$7.00 \$7.00 to \$8.99 S **S**_.77__ \$9,00 to \$10,99 \$11.00 to \$12.99 S.77 \$13.00 to \$14.99 **S** .77 \$15 (X) and higher **S**_.77__ _ 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 Value of Hourly Wage dol Seasonal/Temp. separate FT/PT) Job Retention Health Insurance (excluding benefits) Job Creation Job Creation Creation less than \$7.00 5 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 S \$13.00 to \$14.99 \$15,00 and higher 5 32. Has the recipient achieved all goals (see Questions 29, 30 and 31) and fulfilled all obligations stipulated in the agreement? * No

Section 5 Recipients Failing to Fulfill Obligations

	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.9		ave any recipients who failed to
	of each recipient failing to report additional pages if necessary)	and the value of subsidy or fina	incial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on	n have any recipients who failed to or after January 1, 2000, that were complete the remainder of this section	required to be fulfilled by the ti	
	owing information for each recipie ed by the time of reporting. (Attac		
35. Information on recipi	ient and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien	1	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
☐ recipient ceased operat		☐ recipient relocated to a difference of the control of the contr	
37. To date, has the recip	pient fulfilled its repayment obligat	ion? (Mark one)	
ப் Yes பி No, recipien	t <u>has begun</u> to repay the assistance	🖾 No, recipient <u>has not be</u>	gun to repay the assistance.
38. Has the agreement be	een amended to extend the recipien	nt's deadline for fulfilling its obl	igations" (Mark one)
<u> </u>	res ⊇No		
39. Describe the steps be	eing taken to bring recipient into ec	ompliance or recoup the subsidy	:
	_		

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



01-0686

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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

Name of grantor (funding conditions) DTED (MINNESCON)	ntity) OTA INVESTMENT FUND)	Name of person completin PA	g this form UL 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/a/state.mn.us	
10. Please indicate who in you	ir organization should receive the	2002 MBAF if different from th	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Mark one If grantor is entity lease indicate affiliation. For d check "City government.")		ld a public hearing on and ding business subsidies in stat. §116J.994? (Mark one.)	
☐ County government ☐ Regional government * State government ☐ We h crite		* Yes ** ** ** * * * Yes ** ** ** ** ** ** ** ** ** ** ** ** **		
	ned any agreements to award a bus 00 that is required to be reported u			
* Yes (Com	plete the remainder of the form.)	□ No (Swp here, go to sect	ion 5 on page 4.)	

Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used		ncial assistance
HILL WOOD PRODUCTS, INC.	PO BOX 398 Street address	COOK City	MN 55723 ZIP code
16. Does the recipient have a parent corporation? (Mark one) Yes (Indicate name and address of parent corporation below No	v. If more than one, in	dicate ultimate owπer	,

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one.):	
* Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale Trace	☐ Finance, Insurance, Real Estate ade ☐ Construction ☐ Other (please specify)
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 No (Go to Question 19.	recipient did not complete this project at that address.)
City/State of previous address Reason project not completed a	t previous address
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	elocated elsewhere if not awarded this business subsidy or
* Remained at previous location	nesota location
Cardian 2 Camanal Information Alamada Amana	
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.)
\$96,000	JANUARY 7, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.) FEBRUARY, 2001	the business subsidy or financial assistance. For example, is 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.) * business subsidy	four types of financial assistance (see Question 25) required to ☐ 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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	Grantor(s) and value of the agreement(s IRRRB
	NORTHLAND FOUNDATION_ \$100,00 Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public p 			ancial assistance agreement? (Murk all that apply.)		urpose. Which
Enhancing economic dive Creating high-quality job I Job retention I Stabilizing the community	growth		☐ Increasing tax base ☐ Other (pleuse specify		rpose)
Indicate whether the agr at the time of this report				e recipient had attai	ned those goals
) Specific wage and job go) Other job-creation and/or) Other wage goals) Other goals other than wa	retention goals		established? date * Yes □ No FI	rget attainment es (month & year) EBRUARY 2003	All goals attained? I Yes No 2.4. Ves I No I Yes I No I Yes I No I Yes I No
Please attach descriptions o ttainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention govided health insurance goto separate goals by full-	oals 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				_4	\$2.25_
\$9.(x) to \$10.99	_	_		4	s_2.78
\$11.00 to \$12.99		_		6	\$3.27_
\$13.00 to \$14.99				ł	\$_3.93
CIC COLL A Links	· <u></u>			1	\$_4.40
\$15.00 and higher		ries, indicate the num			
For each of the following date and the actual hourself.	arly value of any		health insurance for those tion into full- and part-tin FTE (only if unable to		are pro Oreanina in
For each of the following date and the actual hours	arly value of any you are unable	to separate job creat	tion into full- and part-tin		Hourly Value of Health Insurance
For each of the following date and the actual hou full-time equivalents if	urly value of any you are unable Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and part-tin FTE (<u>only</u> if unable to separate FT/PT)	ne positions)	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	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and part-tin FTE (<u>only</u> if unable to separate FT/PT)	ne positions)	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	urly value of any you are unable Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and part-tin FTE (<u>only</u> if unable to separate FT/PT)	ne positions)	Hourly Value of Health Insurance
1. For each of the following date and the actual hour 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	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and part-tin FTE (<u>only</u> if unable to separate FT/PT)	ne positions)	Hourly Value of Health Insurance 5 \$
1. For each of the following date and the actual hour 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	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and part-tin FTE (<u>only</u> if unable to separate FT/PT)	ne positions)	Hourly Value of Health Insurance 5 S 5

	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.		ave any recipients who failed to		
🗓 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	e (See Questions 24 and 25)	Value of subsidy or assistance		
agreement signed on	on have any recipients who failed to or after January 1, 2000, that were	e required to be fulfilled by the til	me of this report? (Mark one.)		
□ Yes (C	Complete the remainder of this sect	tion) * No (Stop here and su	ibmit form to DTED .)		
	lowing information for each recipined by the time of reporting. (Atta				
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 t		I recipient relocated to a differal other (Specify reason)			
37. To date, has the reci	pient fulfilled its repayment obliga	ation? (Mark one)			
☐ Yes ☐ No, recipier	nt has begun to repay the assistance	e. 🖸 No, recipient <u>has not beg</u>	un to repay the assistance.		
38. Has the agreement b	peen amended to extend the recipie	nt's deadline for fulfilling its obli	gations? (Mark one.)		
u ·	Yes DNo				
39. Describe the steps b	eing taken to bring recipient into c	compliance or recoup the subsidy:	:		

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01-0695

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Section 1 Information About Grantor

I. 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 7 ¹¹¹ 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.moea/state.mn.us
10. Please indicate who in y	our organization should receive the	e 2002 MBAF if different from the	ne person in Question 2.
Name/Title	Phone number	Street address	City ZIP code
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government")		eld a public hearing on and ding business subsidies in 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) ⊇ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)	
through December 31, 2	igned any agreements to award a bi 000 that is required to be reported	under Minn, Stat, §116J.993 and	
• Yes (Ca	mplete the remainder of the form i	□ No \(\textit{1\)\(\text{Stop here,}\) go to sect	ion 5 on page 4 i

14. Name of business or organization receiving subsidy or financial assistance	15 Address where busi will be used	ness subsidy or financial a	assistance		
LACROSSE MCCORMICK	1116 SO. OAK Street address	LA CRESCENT City	MN 55947 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 rade ☐ Construction ☐ Other (please specify)					
18. Did the recipient relocate as a result of signing this agreement	ent? (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 i financial assistance? (Mark one.)	relocated elsewhere if not awarded this business subsidy or					
☐ Remained at previous location ☐ Relocated to different M	innesota 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.) \$142,000	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) DECEMBER 12, 2000					
whichever is earlier.) MACRH, 2001	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.)* 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).					
Inot applicable, agreement provided financial assistance	☐ not applicable, agreement provided a business subsidy					
Joan L.J.H. BILLIOL grant (i.e., forgivable loan) lax 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 i					
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground coorse	Grantor(s) and value of the agreement(s					
☐ mined underground space ☐ hazardous substance subdistrict	Grantor Value (\$) Grantor Value (\$)					

i. Minn. Stat. §116J.994 re- of the following public p					ourpose. Which
Enhancing economic diver Creating high-quality job g Job retention Stabilizing the community	rowth		☐ Other (please specif		pose)
9. Indicate whether the agree at the time of this report.				e recipient had atta	ined those goals
a) Specific wage and job goa b) Other job-creation and/or b) Other wage goals b) Other goals other than wa	retention goals		established" dat *Yes 🗀 No <u>M</u>	arget attainment es (month & year) ACRH 2003	All goals attained? Yes Xi No Lil. II { Yes U No Yes U No Yes U No Yes U No
Please attach descriptions o ttainment if not documented					
For each of the following agreement and the average job creation goals in full	ge hourly value	of any employer-pro	wided health insurance g	oals 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
less than \$7.00 \$7.00 to \$8.99			_	·	s S
-	21		_ 	·	-
\$7.00 to \$8.99	21		_ 	·	s
\$7.00 to \$8.99 \$9.00 to \$10.99	21	——————————————————————————————————————	 		\$ \$2.00
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.90	21	——————————————————————————————————————			\$ \$2.00 \$
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followindate and the actual hou	ng wage catego	y employer-provided	nber of actual jobs create health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT) Job Creation	se jobs. (<u>Only</u> indic me positions)	S S2.00 S S S S ince the benefit
\$7.00 to \$8.99 \$9.60 to \$10.99 \$11.00 to \$12.90 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the followindate and the actual hour full-time equivalents if the source of the following the source of the sourc	ng wage category value of any vou are unable Full-time Job	y employer-provided to separate job crea: Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indic me positions)	\$ \$2.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.90 \$13.00 to \$14.99 \$15.00 and higher For each of the followindate and the actual hour full-time equivalents if y Hourly Wage (excluding benefits)	ng wage category value of any vou are unable Full-time Job	y employer-provided to separate job crea: Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indic me positions)	S S2.00 S S S S ince the benefit vate job creation in Hourly Value of Health Insurance
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.90 \$13.00 to \$14.99 \$15.00 and higher For each of the followindate and the actual hour full-time equivalents if your feet of the following the second of	ng wage category value of any vou are unable Full-time Job	y employer-provided to separate job crea: Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indic me positions)	\$ \$2.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ ince the benefit vate job creation in Hourly Value of Health Insurance \$5.
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.90 \$13.00 to \$14.99 \$15.00 and higher For each of the followindate and the actual hour full-time equivalents if 3 Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ng wage category value of any vou are unable Full-time Job Creation	y employer-provided to separate job crea: Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indic me positions)	S S2.00 S S S S ince the benefit rate job creation in Hourty Value of Health Insurance S. S S1.08
\$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.90 \$13.00 to \$14.99 \$15.00 and higher For each of the followindate and the actual hour full-time equivalents if yourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ng wage category value of any vou are unable Full-time Job Creation	y employer-provided to separate job crea: Part-time/ Seasonal/Temp.	health insurance for thos tion into full- and part-ti FTE (only if unable to separate FT/PT)	se Jobs. (<u>Only</u> indic me positions)	\$ \$2.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ ince the benefit rate job creation in Hourty Value of Health Insurance \$ \$ \$ \$

	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.99		ave any recipients who failed to		
	of each recipient failing to report additional pages if necessary.)	and the value of subsidy or fina	ncial assistance awarded to that		
* No					
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance		
	n have any recipients who failed to or after January 1, 2000, that were				
□ Yes (C	omplete the remainder of this section	on.) * No (Stop here and st	abmit form to DTED .)		
	owing information for each recipied by the time of reporting. (Attackient and agreement:				
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance		
Street address of recipier	ut .	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		☐ recipient relocated to a differing other (Specify reason)			
37. To date, has the recip	pient fulfilled its repayment obligat	ion? (Mark one)			
U Yes U No, recipien	t has begun to repay the assistance.	☐ No, recipient has not hes	gun to repay the assistance.		
38. Has the agreement b	een amended to extend the recipien	t's deadline for fulfilling its obl	igations? (Mark one.)		
יב	ries 🗆 No				
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:					
	_				

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



01-0684

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- 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 I, 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)		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@state.mn.us	
10. Please indicate who in y	our organization should receive the	e 2002 MBAF if different from the	he person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
created by gov't agency,	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government.")		eld a public hearing on and ding business subsidies in Stat. §116J.994? (Mark one.)	
☐ City government ☐ County government		* Yes (Indicate hearing date - 7-27-00) and <u>attach criteria</u>)		
□ 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)		
	gned any agreements to award a bi 000 that is required to be reported			
* Yes (Complete the remainder of the form.)		.) DNo (Stop here, go to section 5 on page 4.)		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used					
SCHWANS SALES ENTERPRISES	115 W COLLEGE DRIVE Street address	MARSHALL City	MN 56258 ZIP code			
16. Does the recipient have a parent corporation? (Mark one.)	16. Does the recipient have a parent corporation? (Mark one.)					
☐ Yes (Indicate name and address of parent corporation belo * No	w. If more than one, indicate w	ltimate owner.)				

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one.)	
Manufacturing ☐ Service Retail Trade ☐ Wholesale To	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)
8. Did the recipient relocate as a result of signing this agreement	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	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	nnesota location
2 C 17 C 2 C 10 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	A
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.)
\$233,300	OCTOBER 26, 2000
 Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment w whichever is earlier) JUNE 2001 	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
	four types of financial assistance (see Question 25) required to
be reported? (Mark one) * business subsidy	☐ 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	☐ 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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s
	Grantor Value (S)
	Grantor Value (\$)

ction 4 Goals and Pu 8. Minn. Stat. §116J.994 re				ts state a public pu	arpose. Which
			it? (Mark all that apply.)		
I Enhancing economic dive Creating high-quality job I Job retention I Stabilizing the community	growth		☐ Increasing tax base (can) Other (please specify)		xose)
9. Indicate whether the agr at the time of this report			of goals, and whether the tate(s) for each goal.)	recipient had attair	ned those goals
(1) Specific wage and job go (3) Other job-creation and/or (3) Other wage goals (3) Other goals other than wa	r retention goals	•	established? dates * Yes □ No <u>Jl</u>	get attainment (month & year) JNE 2003	All goals attained? U Yes W No U Yes U No U Yes U No U Yes U No
Please attach descriptions of tainment if not documented					
	age hourly value	of any employer-pro	reation and/or retention go ovided health insurance gos to separate goals by full- a FTE (only If goals not	als for those jobs.	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Joh 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			<u> </u>		\$_
\$9,00 to \$10,99	10			_	s
014.55 613.60	41				S _
\$11.00 to \$12.99					s
\$11.00 to \$12.99 \$13.00 to \$14.99		· 			
			. 	<u> </u>	s
\$13.00 to \$14.99 \$15.00 and higher 1. For each of the follows date and the actual hor	urly value of any you are unable	y employer-provided to separate job creat	nber of actual jobs created health insurance for those tion into full- and part-time	jobs. (<u>Only</u> indica	nce the benefit
\$13.00 to \$14.99 \$15.00 and higher 1. For each of the follows date and the actual hor	urly value of any	y employer-provided	health insurance for those	jobs. (<u>Only</u> indica	nce the benefit tte job creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher For each of the follows date and the actual hot full-time equivalents if Hourly Wage	urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica e positions.)	nce the benefit tte job creation in Hourly Value of
\$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 (excluding benefits)	urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica e positions.)	Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher For each of the follows date and the actual hot 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 job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica e positions.)	Hourly Value of Health Insurance
\$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 (excluding benefits) less than \$7.00 \$7.00 to \$8.99	urly value of any you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica e positions.)	Hourly Value of Health Insurance S
\$13.00 to \$14.99 \$15.00 and higher 1. For each of the follows 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 \$10.90	urly value of any you are unable Full-time Job Creation 11	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indica e positions.)	Hourly Value of Health Insurance \$ \$ \$2.00

	nuary 1, 2000 through December 3 Minn. Stat. §116J.993 and §116J.9		ave any recipients who failed to
	of each recipient failing to report additional pages if necessary)	and the value of subsidy or fina	ncial assistance awarded to that
* No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25)	Value of subsidy or assistance
agreement signed on	n have any recipients who failed to or after January 1, 2000, that were complete the remainder of this section.	required to be fulfilled by the tir	ne of this report? (Mark one.)
	owing information for each recipied and by the time of reporting. (Attack		
35. Information on recip	ient 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.):		
Trecipient ceased opera		☐ recipient relocated to a diffe ☐ other (Specify reason.)	
37. To date, has the reci	pient fulfilled its repayment obligat	ion? (Mark one)	
🗆 Yes 🔝 🗅 No. recipien	it has begun to repay the assistance.	□ No, recipient has not beg	un to repay the assistance.
38. Has the agreement b	een amended to extend the recipien	u's deadline for fulfilling its obli	gations? (Mark one)
ů,	Yes □ No		
39. Describe the steps b	eing taken to bring recipient into co	ompliance or recoup the subsidy:	
	<u> </u>		

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



01-0680

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- 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.
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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

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 7. Phone number 651-297-1391		8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us	
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. §116J.994? (Mark one.)		
☐ City government ☐ County government		* Yes (Indicate hearing date - 7-27-00 and attach criteria) □ No		
☐ Regional government * State government ☐ Other (Please specify.)		☐ We held a public hearing be criteria (Indicate date of i ☐ Other (Please attach explu	nitial hearing)	
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 (Com	plete the remainder of the form.)	□ No (Stop here, go to sect	ion 5 on page 4.)	

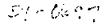
Name of business or organization receiving subsidy or financial assistance			r financial assistance
SCHERPING SYSTEMS	801 KINGSLEY Street address	WINSTED City	MN 55395 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)	• •		
☐ Yes (Indicate name and address of parent corporation below * No	v. If more than one, inc	dicate ultimate owi	ner.)

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one)	
* Manufacturing □ Service □ Retail Trade □ Wholesale T	☐ Finance, Insurance, Real Estate Tade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreement	ent? (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	at 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	innesota location
Service 2 Committee and the American	- .
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.)
\$150,000	APRIL 6, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) OCTOBER 12, 20	as placed into service, or the recipient occupied the property,
	e four types of financial assistance (see Question 25) required to
be reported? (Mark one.) * business subsidy business subsidy	☐ financial assistance
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).
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	Tyes (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 (\$)
	Grantor Value (\$)

 Minn. Stat. §116J.994 r of the following public 	equires that bus purposes were s	iness subsidy and fin tated in the agreemer	iancial assistance agreeme nt? (Mark all that apply:)	nts state a public p	urpose. Which
☐ Enhancing economic diversely Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (☐ Other (please specif		rpose)
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/o C) Other wage goals D) Other goals other than w	r retention goals	ls	established? date * Yes □ No OC □ Yes □ No □ Yes □ No	rget attainment s (month & year) TOBER 2002	All goals attained? Yes No-2-1 Yes No Yes No
Please attach descriptions utainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention goodided 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	FTF. (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				——	s
\$9.00 to \$10.99				-· - <u>-</u>	s
\$11.00 to \$12.99					s _
\$13.00 to \$14.99	_30	·	—		s_32_
\$15.00 and higher			 -		s_
	urly value of any you are unable Full-time Job	y employer-provided	nber of actual jobs created health insurance for those tion into jull- and part-tin FTE (only if unable to separate FT/PT) Job Creation	jobs. (<u>Only</u> indica	
Hourly Wage	[Fegfion				
(excluding benefits)	Creation		JOB C.TERION		}
	Creation —				s
(excluding benefits) less than \$7.00		·		· —·	}
(excluding benefits) less than \$7.00 \$7.00 to \$8.99	- — — — — — — — — — — — — — — — — — — —	·			s s
(excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99				 	s s

 During the period January 1, 2000 report as required by Minn. Stat. §1 			ave any recipients who failed to
Ses (Indicate the name of each reciprocal Attach additional page)		d the value of subsidy or fina	ncial assistance awarded to that
* No			
Name of recipient Type of	subsidy or assistance (Se	e Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any rec agreement signed on or after Janua			
☐ Yes (Complete the re	emainder of this section.	No (Stop here and st	ubmit form to DTED .)
35 39. Provide the following inform were to be attained by the time			
35. Information on recipient and agree	ment:		ļ
Name of recipient in default	T;	ype of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipient	C	ity/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default (Mark all tha	it apply.).		
☐ recipient ceased operation ☐ recipient was unable to fill vacant po		recipient relocated to a diffe other (Specify reason.)	erent community
37. To date, has the recipient fulfilled	its repayment obligation	? (Mark one.)	
☐ Yes ☐ No, recipient has begun to	repay the assistance.	□ No, recipient has not beg	un to repay the assistance.
38. Has the agreement been amended	to extend the recipient's	deadline for fulfilling its obli	gations? (Mark one.)
□ Yes □ No			
39. Describe the steps being taken to b	oring recipient into comp	cliance or recoup the subsidy	:
			
			

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01-0681

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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	7. Phone number 651-297-1391	8. Fax number 651-296-5287	9. E-mail address paul.a.moe@state.mn.us	
10. Please indicate who in you	ir organization should receive the	2002 MBAF if different from the	ne person in Question 2.	
Name/Title	Phone number	Street address	City ZIP code	
	Mark one If grantor is entity lease indicate affiliation. For d check "City government.")		eld a public hearing on and ding business subsidies in 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*) □ No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation)		
through December 31, 200	ned any agreements to award a bu Of that is required to be reported to plete the remainder of the form.)		1§116J.994? (Mark one.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where busing will be used	ness subsidy or financi	al assistance
IMPACT PLASTICS	223 SE FIRST AVE Street address	CLARA CITY City	MN 56222 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	e ultimate owner.)	
BLYTH INDUTRIES	100 FIELD POINT ROAD	GREENWICH	CT 06830

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one):	
Manufacturing ☐ Service ☐ Retail Trade ☐ Wholesale T	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreem	ent? (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	at 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 Agreeme	om#
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.) June 2, 2000
\$198,000	<u> </u>
 Benefit date (Indicate the date the recipient will benefit fro indicate the date improvements were finished, equipment whichever is earlier.) SEPTEMBER 27 	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.) * business subsidy	te 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	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, 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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	* No Grantor(s) and value of the agreement(s
	Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public j 			it? (Mark all that apply.)		
1 Enhancing economic dive Creating high-quality job 1 Job retention 1 Stabilizing the community	growth		* Increasing tax base (c: Other (please specif		ose)
Indicate whether the agr at the time of this report				recipient had attail	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 ① No <u>SE</u>	rget attainment s (month & year) PTEMBER 2002	All goals attained? Tes Not 111
Please attach descriptions of ttainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention g 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. Jub Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal		<u> </u>			s
less than \$7.00				-· _	s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	_22			- —	s_1.66
\$11.00 to \$12.99	9				\$1.66
\$i3.00 to \$14.99	2		<u> </u>	_	s_1.66
\$15.00 and higher		_		- —	s_1.66_
	urly value of any	employer-provided	ther of actual jobs created health insurance for those tion into full- and part-tin	jobs. <u>(Only</u> indica	
date and the actual hor	you are unable	-			
date and the actual hor	you are unable Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTF. (<u>only</u> if unable to veparate FT/PT) Jub Creation	Joh Retention	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourly Wage	Full-time Job	Seasonal/Temp.	separate FT/PT)	Job Retention	-
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	Full-time Job	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	Full-time Job Creation	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance
date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	Full-time Job Creation5	Seasonal/Temp.	separate FT/PT)	Job Retention	Health Insurance 5 \$1.66
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	Full-time Job Creation	Seasonal/Temp.	separate FT/PT)	Job Retention	### Health Insurance \$

Street address of recipient City/ZIP code of recipient Outstanding value	varded to that	cial assistance awai	and the value of subsidy or fine	of each recipiont failing to report additional pages if necessary.)	
34. Did your organization have any recipients who failed to achieve any goals or fulfill any other obligations une agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (M □ 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 agreewere 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 subsidy or assistance □ recipient relocated to a different community □ recipient was unable to fill vacant positions □ recipient relocated to a different community □ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) □ Yes □ No, recipient has begun to repay the assistance. □ No, recipient has not begun to repay the assistance. □ No, recipient has not begun to repay the assistance. □ No, recipient fulfilling its obligations? (Mark one.)					' No
agreement signed on or after January 1, 2000, that were required to be fulfilled by the time of this report? (Mark one.) 1 Yes (Complete the remainder of this section.) 1 No (Stop here and submit form to DTED) 1 No (Stop here and submit form to DTED) 1 No (Stop here and submit form to DTED) 1 No (Stop here and submit form to DTED) 1 No (Stop here and submit form to DTED) 2 No (Stop here and submit form to DTED) 1 No (Stop here and submit form to DTED) 2 No (Stop here and submit form to DTED) 2 No (Stop here and submit form to DTED) 2 No (Stop here and submit form to DTED) 3 No (Stop here and submit form to DTED) 3 No (Stop here and submit form to DTED) 3 No (Stop here and submit form to DTED) 3 No (Stop here and submit form to DTED) 3 No (Stop here and submit form to DTED)	or assistance	Value of subsidy or	(See Questions 24 and 25.)	Type of subsidy or assistance	Name of recipient
35 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreewere 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 subsidy or assistance recipient ceased operation recipient was unable to fill vacant positions Type of subsidy or assistance Initial value of subsidy or assistance recipient relocated to a different community recipient was unable to fill vacant positions Type of subsidy or assistance No, recipient telecated to a different community other (Specify reason.) No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No recipient has not begun to repay the assistance. No recipient has not begun to repay the assistance.					
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 subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient ceased operation recipient was unable to fill vacant positions Trecipient was unable to fill vacant positions To date, has the recipient fulfilled its repayment obligation? (Mark one.) Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	D.J	omit form to DTED .	on.) * No (Stop here and s	omplete the remainder of this secti	🗀 Yes (Co
Name of recipient in default Street address of recipient City/ZIP code of recipient Outstanding value subsidy or assistance Type of subsidy or assistance Outstanding value subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient ceased operation recipient was unable to fill vacant positions Type of subsidy or assistance Outstanding value subsidy or assistance recipient relocated to a different community other (Specify reason.) Type of subsidy or assistance Outstanding value subsidy or assistance or recipient relocated to a different community other (Specify reason.) No, recipient has the recipient fulfilled its repayment obligation? (Mark one.) No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance.	reement that	her terms of an agre			
Name of recipient in default Type of subsidy or assistance Street address of recipient City/ZIP code of recipient Outstanding value subsidy or assistance 36. Reason(s) for default (Mark all that apply.): recipient ceased operation recipient was unable to fill vacant positions Trecipient was unable to fill vacant positions Trecipient relocated to a different community other (Specify reason.) Type of subsidy or assistance Outstanding value subsidy or assistance recipient relocated to a different community other (Specify reason.) No, recipient has the recipient fulfilled its repayment obligation? (Mark one.) No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No are cipient has not begun to repay the assistance.			i additional pages if necessary.	· -	
Street address of recipient City/ZIP code of recipient Outstanding value subsidy or assistance. The recipient ceased operation recipient was unable to fill vacant positions To date, has the recipient fulfilled its repayment obligation? (Mark one.) Yes No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance.				iem and agreement.	55. Information on recipi
subsidy or assistance. 36. Reason(s) for default (Mark all that apply.): □ recipient ceased operation □ recipient relocated to a different community □ other (Specify reason.) □ Yes □ No, recipient has begun to repay the assistance. □ No, recipient has not begun to repay the assistance. □ No, recipient has not begun to repay the assistance. □ Yes □ No		Initial value of subsidy or assista	Type of subsidy or assistance	ault	Name of recipient in defai
subsidy or assistance. 36. Reason(s) for default (Mark all that apply.): 1 recipient ceased operation 1 recipient relocated to a different community 1 other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) 2 Yes 2 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.) 2 Yes 3 No	lue of	Outstanding value	City/7ID code of reginiers	· · · · · · · · · · · · · · · · · · ·	Street address of equipient
☐ recipient ceased operation ☐ recipient relocated to a different community ☐ other (Specify reason.) ☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance. ☐ No recipient has not begun to repay the assista		subsidy or assista	- Chy/217 code of recipient		
☐ recipient was unable to fill vacant positions ☐ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) ☐ Yes ☐ No, recipient has begun to repay the assistance. ☐ No, recipient has not begun to repay the assistance. ☐ No recipient been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) ☐ Yes ☐ No				t (Mark all that apply.):	36. Reason(s) for default
☐ 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		ent community			
38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? tMark one i			on? (Mark onc.)	pient fulfilled its repayment obligat	37. To date, has the recip
□ Yes □ No	istance.	n to repay the assist	☐ No, recipient has not be	t has begun to repay the assistance.	□ Yes □ No, recipient
	e)	ations? (Mark one)	s deadline for fulfilling its obl	een amended to extend the recipien	38. Has the agreement be
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:				r'es □ No	ΟY
·			mpliance or recoup the subsidy	eing taken to bring recipient into ec	39. Describe the steps be

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

Page 5 of 7



2001 Minnesota Business Assistance Form

01-0678

11-1677

- 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 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 DTED (MINNE	entity) SOTA INVESTMENT FUND)	2. Name of person completing this form PAUL A. MOE		
3. Street address 500 METRO SQ., 121 7 ¹¹¹ 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 ad	ldress e <u>rä state mn us</u>
10 Please indicate who in y	our organization should receive the	e 2002 MBAF if different from t	he person in Ques	stion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency.	(Mark one. If grantor is entity please indicate affiliation. For uld check "City government")	12. Has your organization hadopted criteria for awar compliance with Minn	ding business sub	sidies in
☐ City government ☐ County government		* Yes (Indicate hearing date - 7-27-00 and <u>attach criteria</u>)		
→ Regional government * State government		☐ We held a public hearing but have not yet adopted criteria tIndicate date of initial hearing -		
Other (Please specify.)		Other (Please attach expla	ination.)	
	igned any agreements to award a bu 000 that is required to be reported			
* Yes (Co	mplete the remainder of the form)	□ No (Stop here, go to sec	tion 5 on page 4.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistan will be used		
GENMAR HOLDING/LUND BOATS	P.O. BOX 248 NEW YO Street address	ORK MILLS City	MN 56567 ZIP code
16. Does the recipient have a parent corporation? (Mark o	ne)		
☐ Yes (Indicate name and address of parent corporation to No)	below. If more than one, indicate ul	timate owner.)	
GENMAR HOLDINGS, INC.	100 SO, 5 TH ST. MINNEA	POLIS M	N55402

Name of parent corporation	Street address City State ZIP code
17. Industry of recipient's facility (Mark one.):	
* Manufacturing 🖰 Service 🗅 Retail Trade 🖰 Wholesale T	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other (please specify)
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 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
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	nnesota location
Section 3 General Information About the Agreemo	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.)
\$500,000	NOVEMBER, 2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment with whichever is earlier.) JUNE, 2001	n the husiness 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 be reported? (Mark one.) * business subsidy	e four types of financial assistance (see Question 25) required to
	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).	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 ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict	• No Grantor(s) and value of the agreement(s
	Grantor Value (\$)
	Grantor Value (\$)

 Minn. Stat. §116J.994 re of the following public p 			ancial assistance agreements? (Mark all that apply.)	ts state a public pu	irpose. Which
Enhancing economic dive Creating high-quality job I Job retention I Stabilizing the community	growth		Other (please specify)		pose)
 Indicate whether the agr at the time of this report 				recipient had attair	ned those goals
Specific wage and job go Other job-creation and/or Other wage goals Other goals other than wage	retention goals	-	established? dates • Yes □ No <u>JUN</u> □ Yes □ No	get attainment (month & year) E 2003	All goals attained? 14 11 Yes Xi No Ci Yes Ci No Ci Yes Ci No Ci Yes Ci No
Please attach descriptions of ttainment if not documented					
	age hourly value	of any employer-pro	reation and/or retention go wided health insurance goa to separate goals by full- a	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
				. —	s
less (han \$7.00)					
less than \$7.00 \$7.00 to \$8.99					s
	 	 -			\$ \$_3.86
\$7.00 to \$8.99	 - 62 14	 · ·			<u>—</u>
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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 1. For each of the following date and the actual hot full-time equivalents if	ing wage catego urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (Only indice	\$_3.86_ \$_3.86_ \$
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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 For each of the following date and the actual hot full-time equivalents if	ing wage catego urly value of any you are unable Full-time Job	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice e positions.)	\$_3.86_ \$
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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 I. 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	ing wage catego urly value of any you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation 1	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice e positions.)	\$_3.86 \$_3.86 \$

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

 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 (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 agreement signed on or after January 1, 2000, that were 'S Yes (Complete the remainder of this section)	required to be fulfilled by the time	e of this report? (Mark one.)				
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	☐ recipient relocated to a difference of the di	ent community				
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 begun 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



2001 Minnesota Business Assistance Form

01-0692

- 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)		Name of person completing PAU	this form JL 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@state.mn.us			
10. Please indicate who in your organization should receive the		2002 MBAF if different from the	e 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. §116J.994? (Mark one.)				
☐ City government ☐ County government ☐ Regional government * State government ☐ Other (Please specify.)		* Yes (Indicate hearing date - □ No □ We held a public hearing bu criteria (Indicate date of in □ Other (Please attach explan	at have not yet adopted			
	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 (Comp	lete the remainder of the form.)	☐ No (Stop here, go to section	on 5 on page 4.)			

 Address where business sub- will be used 	sidy of finalic	iai assistance				
21966 STATE HIGHWAY 56 Street address	AUSTIN City	MN 55912 ZIP code				
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						
5	1966 STATE HIGHWAY 56 street address	1966 STATE HIGHWAY 56 AUSTIN Street address City				

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	t 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 URelocated to different Mit	nnesota location
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.) OCTOBER 2, 2000
\$150,000	
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment we whichever is earlier.)	the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
DECEMBER 31, 2	002
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) * business subsidy	four types of financial assistance (see Question 25) required to I 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).
☐ 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	Grantor(s) and value of the agreement(s
☐ mined underground space ☐ hazardous substance subdistrict	Grantor

			ancial assistance agreement? (Mark all that apply i	its state a public pu	arpose. Which
Enhancing economic diversiting high-quality job job retention Stabilizing the community	growth		☐ Increasing tax base (c ☐ Other (please specify		pose)
Indicate whether the agr at the time of this report			of goals, and whether the late(s) for each goal 1	recipient had attain	ned those goals
) Specific wage and job go) Other job-creation and/or) Other wage goals) Other goals other than wa	retention goals		established? date: * Yes □ No □EC □ Yes □ No □	get attainment s (month & year) SEMBER 2003	All goals attained? Yes No Ltw Yes No Yes No
lease attach descriptions of tainment if not documented					
agreement and the avera	ige hourly value	of any employer-pro	reation 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. Joh 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	- —	 -		· <u> </u>	s
less than \$7.00				- —	·
\$7.00 to \$8.99	17				\$1.25
\$9.00 to \$10.99	_				s
	5	. —			\$1.81
511.00 to \$12.99					s
\$11.00 to \$12.99 \$13.00 to \$14.99					
	3	_		- —	\$2.67
\$13.00 to \$14.99 \$15.00 and higher 1. For each of the following date and the actual hor full-time equivalents if	ing wage catego urly value of an you are unable Full-time	y employer-provided to separate job cread Part-time/	nber of actual jobs created health insurance for those tion into full- and part-tim FTE (only if unable to	jobs. (<u>Only</u> indice c positions)	nce the benefit ate job creation in
\$13.00 to \$14.99 \$15.00 and higher For each of the following date and the actual hores.	ing wage catego 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. (Only indice	nce the benefit
\$13.00 to \$14.90 \$15.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job cread Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice c positions)	nce the benefit ate job ereation in Hourly Value of
\$13.00 to \$14.90 \$15.00 and higher For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job cread Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice c positions)	nce the benefit ute job ereation in Hourly Value of Health Insurance
\$13.00 to \$14.90 \$15.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job cread Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice c positions)	nce the benefit ate job ereation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 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	ing wage catego urly value of any you are unable Full-time Job Creation	y employer-provided to separate job cread Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice c positions)	Hourly Value of Health Insurance
\$13.00 to \$14.90 \$15.00 and higher For each of the following date and the actual hor field-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.90 \$9.00 to \$10.99	ing wage catego urly value of any you are unable Full-time Job Creation 5	y employer-provided to separate job cread Part-time/ Seasonal/Temp.	health insurance for those tion into full- and part-time FTE (only if unable to separate FT/PT)	jobs. (<u>Only</u> indice c positions)	Hourly Value of Health Insurance \$ \$ \$ \$1.38

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

 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) 						
Ses (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			
agreement signed on or a	after January 1, 2000, that were	achieve any goals or fulfill any o	ie of this report? (Mark one.)			
Yes (Comp	plete the remainder of this section	on.) • No (Stop here and sub	mut form to DTED .)			
		nt failing to fulfill goals or any ot h udditional pages if necessary.)	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 (A)	fark all that apply.).					
☐ recipient ceased operation ☐ recipient was unable to fil		U recipient relocated to a differ U other (Specify reason.)	ent community			
37. To dute, has the recipier	at fulfilled its repayment obligat	ion? (Mark one)				
☐ Yes ☐ No, recipient ha	is begun to repay the assistance.	☐ No, recipient has not begu	n 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	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



original form seed 3/29/02 & 4.H. 2001 Minnesota Business Assistance Form

- 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 §1161.995. 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 About Grantor Name of grantor (funding entity) Agency 2. Name of person completing this form Minneapolis Community Development Kent Robbins 4 City 5. 21P code 3 Street adoress 55401-2534 105 5th Avenue South, Minneapolis 9 E-mail address Phone number S. Fax number ti Counti (612)673-5111 kentlrobbins@mcda.org Hennepin (612)673-5187 10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2 Terrell Towers, Director 673-5134 105 5th Ave. S., Mpls., MN 55401-2534 Name Title Street address Phone number 11. Classification of granter (Mark one. It granter is entity 12. Has your organization held a public heating on and created by gov-rayency, please indicate attiliation. For adopted criteria for awarding business subsidies in compliance with Minn. Stat. \$1163,994.1 (Mark one.) example, a city E1/14 would eneck. 'City government.'') January 22, 2001 Yes that an hearing data? _____ and attach erneria. City government ☐ County governmen: ☐ Regional governmen: 2) We held a public nearing but have not yet adopted. □ State government eriteria, ilndicate aute oi viittal hearing. ☐ Other (Please specif) → Other (Picase altaen 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. #1161 993 and £116) 994. (Mars one) Yes (Complete the remainder of the form): → No. (Stop) In the greatering from Some pages 4.3. Section 2 Information About Recipient 14. Name of business or organization 15. Aggress where business subsidy or financial assistance receiving subsidy or financial assistance will be used GRACO, Inc. 88 11th Avenue NE, Mpls., MN 55440

Name of parent comoration

XXNo

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

2 Yes tindicate name and address of parent corporation pelow. It more than one undicate adjunctive corporation.

Street address

Street address

Circ

City

State

State

ZIP code

ZIP gode

17. Industry of recipient's facility (Mark on	ie.):		
★ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance. Insurance. Real Estate ☐ Construction ☐ Other ipleuse spe	ctfyr
18. Did the recipient relocate as a result of	signing this agreement?	(Mark one.)	
■ Yes (Indicate city and state of previous at □ No (Go to Question 19.)	ddress and reason recip	ient did not complete this project at that add	tress i
		to Mpls. plant.	
City/State of previous address Reason pro	oject not completed at pr	evious address	
19 Would the recipient have remained in p financial assistance? (Mark one)	revious location or reloc	cated elsewhere if not awarded this business	s ubsidy of
☐ Remained at previous location 🗶	D Relocated to different	Minnesota location	Minnesota
Section 3 General Information Ab	out the Agreement		. <u>-</u>
20. Total dollar value of business subsidy of assistance (Please separate value by ty and 25.)		 Date agreement signed the addition to the date, indicate any dates the agreement was 	
\$1.175 million		August 18, 2000	
	ushed equipment was p	e business subsidy or financial assistance. F laced into service, or the recipient occupied	
be reported? (Mark one)		ur types of financial assistance (see Question) Tinancial assistance	25) required to
24. If the agreement provided a business sut indicate the type(s) and total dollar salt		15 If the assistance was one of the four types assistance, please indicate the type(s)	s of financial
Inot applicable, agreement provided finan-	cial assistance 2	I not applicable, agreement provided a busin	ess subsids
□ loan (only principal) □ grant (i.e., forgivable (ear) □ tax abatement ★TF or other tax reduction or deterral □ guarantee of payment □ contribution of property or infrastructure □ preferential use of governmental facilities □ land contribution □ other (Specify subside type)	\$	I assistance for property political by contaminants. I dissistance for renovating building stock or bringing it up to code, and assistance provided for designated historic preservation districts, when \$100 or less of total cost. I assistance for pollution control or abatement. I assistance for a TII soils condition district.	\$ \$ \$
26 If the assistance included tax increment indicate the type of TIF district? Mark 2 not applicable, assistance was not in the f 2 redevelopment 2 renewal and renovation 3 soils condition 3 economic development 4 mined underground space	om of TIE	Are any other grantors providing a busing financial assistance to the same project? J Yes (Specify cac) grantor and the came of a systemic below, attach an additional such TNO financials and value of the agreements.	Mare one e toev
Dinazardous substance subdistrict	-	Grantor Value (S)	

			nancial assistance agreemen nt? (Mark all that apply.)	ts state a public p	ourpose. Which
Enhancing economic div Creating high-quality job Job retention Stabilizing the communi	b growth	·	Increasing tax base (ca Other (please specify)		pose)
9 Indicate whether the ag			s of goals, and whether the t	ecipient had aπai	ined those goals
() Specific wage and job g			Goals Targestablished! dates	et anainment (month & year)	All goals attained? D Yes & No
Other job-creation and i	or retention goals			2002	□ Yes 🔊 No
) Other wage goals) Other goals other than v	wave and tob goals		Tres The		1765 11No
Pleuse attach descriptions ttainment (f not documen:					
agreement and the aver	rage hourly value of	any employer-pro	creation and/or retention gov ovided health insurance goa to separate goals by Jull- a	is for those jobs	(<u>Only</u> indicate tions)
Hourly Wage (excluding benefits)	Full-time Job S Creation	Part-time. Seasonal Temp. Job Creation	FTE (<u>only</u> if goals not stated as FT/PT) Job Creation	Jah Retention	Hourly Value of Health Insurance
no hourly wage-level goal					٠
less than \$7.00					۶
\$7.00 to \$8.99			·		<u> </u>
\$9 00 to \$10 4~	47_/	 ,. ,	- A : =		`
\$11.00:0512.94	(36) KU	R-JOHN	us in 2001		`_
\$15.00 to \$14 95	/	:.		_	5
	/				1
\$15 00 and higher	<u> </u>				
For each of the followed the and the actual for	surfy value of any en	oployer-provided separate job creat	ther of actual jobs created a nealth insurance for those point into talls and part-time. FTE tools if unable to	observences	ice the benefic na not creation in
For each of the followed the and the actual for	serly value of any en- t von are unable to v Full-time	aplayer-provided	health insurance for those j	observences	ne note, realismen. Hourly Value o
For each of the followed ate and the actual control full-time equivalent; Hourly Wage	surly value of any en tyric are imable to s Full-time Job S	onloyer-provided separate job creat Part-time seasonal-Temp	nealth insurance for those point into tails and part-time. FIE tonty if unable to separate FIPI)	obs <u>(en v</u> inais) Prisitions (Jub	ne note, realismen. Hourly Value o
For each of the followed ate and the actual of full-time equivalent: Hourly Wage (excluding benefits)	surly value of any en tyric are imable to s Full-time Job S	onloyer-provided separate job creat Part-time seasonal-Temp	nealth insurance for those point into tails and part-time. FIE tonty if unable to separate FIPI)	obs <u>(en v</u> inais) Prisitions (Jub	ine ante, reation in Hourly Value o Health Insurance
For each of the followed ate and the actual of full-time equivalent; Hourly Wage (excluding benefits) less than \$7 (8)	surly value of any en tyric are imable to s Full-time Job S	onloyer-provided separate job creat Part-time seasonal-Temp	nealth insurance for those point into tails and part-time. FIE tonty if unable to separate FIPI)	obs <u>(en v</u> inais) Prisitions (Jub	ne art vreation in Hourly Value o Health Insurance
For each of the followed ate and the actual following tull-time equivalent: Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.90	surly value of any en tyric are imable to s Full-time Job S	onloyer-provided separate job creat Part-time seasonal-Temp	nealth insurance for those point into tails and part-time. FIE tonty if unable to separate FIPI)	obs <u>(en v</u> inais) Prisitions (Jub	Hourly Value of Hourly Value of Health Insurance
For each of the followed ate and the actual of full-time equivalents: Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$9.90 \$9.00 to \$10.99	surly value of any en tyric are imable to s Full-time Job S	onloyer-provided separate job creat Part-time seasonal-Temp	nealth insurance for those point into tails and part-time. FIE tonty if unable to separate FIPI)	obs <u>(en v</u> inais) Prisitions (Jub	Hourly Value of Hourly Value of Health Insurance

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

33. During the period Janu report as required by M	iary 1, 2000 through December Inn. Stat. §116J.993 and §116J	31, 2000, did your organization h	ave any recipients who failed to
	of each recipient failing to repo ditional pages if necessary)	rs and the value of subsidy or fina	ncial assistance awarded to that
X No			,
Name of recipient	Type of subsidy or assistant	ce (See Questions 24 and 25)	Value of subsidy or assistance
		to achieve any goals or fulfill any re required to be fulfilled by the til	
☐ Yes (Cor	mpleie the remainder of this sec	ction ! XNo (Stop here and si	thmit form to DTED .)
		nent failing to fulfill goals or any cach additional pages if necessary.	
35. Information on recipie	nt and agreement:		
Name of recipient in detau	lt	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien:		City ZIP code of recipient	Outstanging value of subsidy or assistance
36 Reason(s) for default (Mark all that apply i		-
Trecipient ceased operation of recipient was unable to f		☐ recipient relocated to a difference of the control of the contr	rent community
37. To date, has the recipio	ent fulfilled its repayment oblig	ation? (Mark one)	· · · · · · · · · · · · · · · · · · ·
D Yes D No. recipient:	nas hegging to repay the assistance	ce 2 No. recipient <u>has not beg</u>	un to repay the assistance
38 Has the agreement bee	n amended to extend the recipio	ent's deadline for fulfilling its obli	gations" (Mark one)
		□ Yes □ No	
39. Describe the steps being	ng taken to bring recipient into	compliance or recoup the subsidy	:
	_ 		
			
L			

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



ougined goenneed 3/29/62 & 4 H. 2001 Minnesota Business Assistance Form

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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) 296-0580 Information on where to mail or fax your completed MBAF(s) is on page 4

		2. Name of person completing this form Kent Robbins			
3. Street address 105 5th Ave. S.	4 City Minneapolis	5 ZIP code 55401-2			
6 County Hennepin (612)673-5187	(612)673-5111 ke	9 E-maila ent.robbi	9. E-mail address t.robbinsemcda.org		
10. Please indicate who in your organization should receive Terrell Towers, Director 673-5134					
Name Title Pnone number	Street address	Спу	ZIP code		
11. Classification of grantor (Mark one. It grantor is entity created by gov't agent) - picase indicate attiliation. For example, a city ELIA would check "City government"; 2 City government 3 County government 3 State government 3 Other (Please specific)		ing business surest elloy, 94 22, 200 and escolution of have not yet initial neuring -	bsidies in (Mark one) 1 (attach criteria) Attached adopted		

14. Name of business or organization receiving subsidy or financial assistance Ryan GB 2000, LLC	15 Address where business subsidy or financial assistance will be used 1220 Marshall, Mpls., MN 55413			
	Street address	Cny	State	ZIP code
16. Does the recipient have a parent corporation? (Mark one)	-		<u>-</u>	
Nes findicate name and address of parent corporation below I No Ryan Companies U.S., Inc. Name of parent corporation	If more than one may 700 Internate 900 Second A	tional Ce	nter	MN_{. 5}540 2-338

		-		
17. Industry of reco	pient's facility (Mark or	ie j		
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insuran Construction	ice, Real Estate Other (please specify)
18. Did the recipie	nt relocate as a result of	signing this agreemen	t? (Mark one)	
☐ Yes (Indicate cir M No (Go to Questi		ddress and reason red	apient did not complete th	nis project at that address.)
City State of previo	ous address Reason pro	oject not completed at	previous address	
		revious location or re	located elsewhere if not a	warded this business subsidy or
financial assistan		Tenant 150 +	=	
☐ Remained	l at previous location 2	*Relocated to differe	nt Minnesota location	Relocated outside Minnesora
Section 3 Gener	al Information Ab	out the Agreeme	nt	
E .	ilue of business subsidy o ase separate value by ny			ned (In addition to the agreement ates the agreement was amended)
\$1	1.5 million		October 26,	2000
	te improvements were tir irlier)	nshed equipment was		nancial assistance. For example, in recipient occupied the property
	October 2	6, 2000		
23 Does the agree be reported? 7.		subsidy or one of the LTM 418102 I business subsidy	four types of financial ass	istance (see Question 25) required to
	t provided a business sub e(s) and total dollar val		25 If the assistance was assistance, please in	s one of the four types of financial dicate the type(s)
U not applicable, as	greement provided financ	cial assistance	☐ not applicable, agreen	nent provided a business subsidy
☐ loan (only princ) ☐ grant (i.e., forgiv	abie Lymu	<u> </u>	assistance for property by contaminants	· · · · · · · · · · · · · · · · · · ·
🗓 tax abatemen:		Pay (🛎 assistance for renoval	
TIF or other tax is guarantee of pays	reduction or deferral (G ' men:	111 \$ 965,000	 stock or bringing it up assistance provided to 	
★ contribution of p	roperty of infrastructure	S	historic preservation	districts when
☐ preferential use of ☐ iand contribution	of governmental tacilities i	<u> </u>	50% or less of total co A assistance for pollution	
other (Specify sur			abatement	
			☐ assistance for a TIF so	ous condition district S
26 If the assistance indicate the typ	e included tax increment ne of TIF district? (Mark	financing, please one i	27 Are any other grante financial assistance t	ors providing a business subsitiy or o the same project." (Mark one)
U not applicable, as	ssistance was not in the f	orm of TIF		intor and the value of their ich an additional sheet if necessary i
∡ redevelopment			assistance remove and	A o an udamanai MiCCLII IICCOMIN) -
☐ renewal and reno ☐ soils condition	ovation		□ No	
Deconomic develo	pnien:		Grantor(s) and value of	the agreement(s)
☐ mined undergrou ☐ hazardous substa			Met Council	\$1 6#6 007 00
- 11020101003 300510	mee supursulei		DIED COMIC I	\$1,646,097,00 \$\frac{150}{444,000.00}
			Grantor	\$ 444,000.00 Value (S)

Section 4 Goals and P	ablic Purpo	se Identified in t	he Agr c ement		
28. Minn. Stat. §1163 994 r of the following public	equires that bu	siness subsidy and fit	nancial assistance agr		purpose. Which
☐ Enhancing economic dive			☐ Increasing tax b. ② Other (please sp	ase (campot be only put	rpose)
☐ Job retention ☐ Stabilizing the community	_			Preservat	ion
29. Indicate whether the agn at the time of this report					nned those goals
A) Specific wage and job go B) Other job-creation and of C) Other wage goals D) Other goals other than w	retention goal	5	Goals established? Yes No Yes No Yes No Yes No	Target attainment dates (month & year)	Ali goals attained? Des Des No Des Des Nes Des Nes Des
(Please attach descriptions of attainment if not documente	of goals and pr d in Questions	ogress toward 30 and 31 i		flu	P. Complete
30. For each of the following agreement and the averagion creation goals in the	ige hourly valu	e of any employer-pr	ovided health insuran	ce goals for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals stated as FT/PT Job Creation		Houris Value of Health Insurance
no nourly wage-level goal			— <i>/</i>	·	`
less than \$7.00			_		s
\$7.00 to \$8.99			A		• .
\$9,60 to \$10 99					3
\$11.00 to \$12.90			\V		`-
\$13.00 to \$14.99				· 	•
\$15,00 and higher		<u> </u>	· <u> </u>		
31 For each of the follows date and the actual not full-time equivalents it	aly value of an	y employer-provided	health insurance for	those jobs (1 <u>000)</u> mail	
Hourly Wage (excluding benefits)	Full-time Joh Creation	Parr-time Seasonal Temp. Job Creation	FTE (<u>only</u> if unab) separate FT-PT Job Creation		Hourty Value of Health Insurance
iess than \$7.00			 ·		,
\$7.00 to \$8.99			~~^^		\ _
\$9.00 to \$10 4~			\- - 4\	-	3
\$11.00 to \$12.99		/	$\langle \rangle$		s
513 00 to \$14 vq		_/	↓ ∨		· _

32. Has the recipient achieved <u>all youls</u> (see Questions 29, 30 and 31) and fulfilled <u>all obligations</u> stipulated in the agreement? *(Mark one)*:

XYes □ No

\$15,00 and higher

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

33. During the period Janua report as required by Mir	ry 1, 2000 through December 3 nn. Stat. §116J.993 and §116J.9	1, 2000, did your organization has 1, 2004? (Mark one.)	ave any recipients who failed to
☐ Yes (Indicate the name of recipient. Attach udd)	each recipient failing to report tional pages if necessary.)	and the value of subsidy or final	ncial assistance uwarded to that
X No			
Name of recipient	Type of subsidy or assistance	(Sec Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or	ave any recipients who failed to after January 1, 2000, that were plote the remainder of this section	e achieve any goals or fulfill any of required to be fulfilled by the tire of the fulfilled by the tire of the fulfilled by the tire of the fulfilled by the tire of the fulfilled by the fulfill	me of this report? (Mark one.)
	by the time of reporting. (Allace	ent failing to fulfill goals or any o in additional pages if necessary.	
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 (V	fark all that apply.)		•
Directpient ceased operation Directpient was unable to fil		☐ recipient relocated to a diffe ☐ other (Specify reason)	rent community
37. To date, has the recipier	r tulfilled its repayment obliga	non" (Mark one)	
□ Yes □ No, recipient ha	is begun to repay the assistance	D No, recipient has not beg	un to repay the assistance
38. Has the agreement been	amended to extend the recipier	nt's deadline for fulfilling its obli	gations" (Mark one)
		11es 380	
39. Describe the steps being	taken to bring recipient into c	ontnuance or recoup the subsidy:	
			

Return your completed MBAF(s) by April 1, 2001, 10:

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

01-0746



2001 Minnesota Business Assistance Form

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- 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

Name of grantor (funding entity) City of Marshall				
3 Street address 4. City 5. ZIP code Marshall 56258		5. ZIP code 56258		
6. County 7. Phone number 507-537-6771		9 E-mail address cbarnett@marshallmn.com		
entt 507-537.6	TII 3440) M			
mor (Mark one. If grantor is entity ency, please indicate affiliation. For would check "City government")	adopted criteria for av	n held a public hearing on and warding business subsidies in n. Stat. §116J.994? (Mark one.)		
City government (A) . QUAN County government Regional government State government Other (Please specify)		■ Yes (Indicate hearing date - 1-3-00 and attach criteria) □ No Amerided 10-16-00 □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)		
· · · · ·	l under Minn. Stat. §116J.993	and §116J.994? (Mark one.)		
	7. Phone number 507-537-6771 Syour organization should receive the phone number Phon	A. City Marshall 7. Phone number 507-537-6771 Phone rumber 507-537-6830 All Phone rumber 507-537-6830 All Phone rumber 507-537-6830 All Phone rumber 507-537-6830 Inter (Mark one. If grantor is entity ency, please indicate affiliation. For would check "City government") 12. Has your organization adopted criteria for an compliance with Min 2 Yes (Indicate hearing In No Amended 10) We held a public hearing criteria (Indicate date) Other (Please attach ex In 2000) on signed any agreements to award a business subsidy or financial as 11, 2000 that is required to be reponed under Minn. Stat. §116J.993		

14. Name of business or organization receiving subsidy or financial assistance	15. Address when will be used	5. Address where business subsidy or financial assistance will be used			
Schwan's Sales Enterprises, Inc.	1604 Superio	r Road,	Marshall State	MN 56258 ZIP code	
16. Does the recipient have a parent corporation? (Mark one a Yes (Indicate name and address of parent corporation be a No		ndicate ultim	nate owner)		
Name of parent corporation	Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholest	• • • • • • • • • • • • • • • • • • • •
8 Did the recipient relocate as a result of signing this a	greement? (Murk one.)
MYes (Indicate city and state of previous address and re No (Go to Question 19.)	eason recipient did not complete this project at that address)
	arshall, MN. Some Schwan's R & D employees
City/State of previous address Reason project not com	picico ai picvious andiess
	non or relocated elsewhere if not awarded this business subsidy or helped decision to centralize R & R to Minn
20 Remained at previous location	o different Minnesota location Relocated outside Minnesota
ection 3 General Information About the Ag	reement
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Question	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
and 25.)	October 25, 2000
\$1,198,450	June 3, 2002 amended
	efit from the business subsidy or financial assistance. For example, ment was placed into service, or the recipient occupied the property.
•	November 12, 2001
- •	ne of the four types of financial assistance (see Question 25) required to
be reported? (Mark one.) **EX*business sul	bsidy
24. If the agreement provided a husiness subsidy, please indicate the type(s) and total dollar value for each	
O not applicable, agreement provided financial assistanc	e Inot applicable, agreement provided a business subsidy
© loan (only principal) S 10 28 grunt (i.e., forgivable loan) S 13	0.000 assistance for property polluted by contaminants
☐ tax abatement S	assistance for renovating building
	5,150 stock or bringing it up to code, and assistance provided for designated
☐ guarantee of payment \$ ☐ contribution of property or infrastructure \$	historic preservation districts, when
preferential use of governmental facilities S	50% or less of total cost
☐ land contribution \$	□ assistance for pollution control or s
Onther (Specify subsidy type.) \$	El assistance for a TIF soils condition district \$965,150
26. If the assistance included tax increment financing, p	olease 27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
indicate the type of TIF district? (Mark one.)	
a not applicable, assistance was not in the form of TIF	Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
☐ redevelopment ☐ renewal and renovation	CI No
☐ soils condition	
conomic development	Grantor(s) and value of the agreement(s):
☐ nuned underground space ☐ hazardous substance subdistrict	(133,300 forgiveable) DTED - 233,300 (100,000 retained by Grantor Value (S)
	Genetar Value (n)
	Grantor Value (S)

Section 4	Goals and	Public Pur	pose Identified	in the A	Agreement
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28. Minn. Stat. §116J.994 re of the following public p	quires that bus urposes were s	iness subsidy and fin tated in the agreemer	ancial assistance agreen nt? (Mark all that appl)	nents state a public pu	irpose. Which
© Enhancing economic diver ♥ Creating high-quality job a № Job retention ™ Stabilizing the community	growth		☑ Increasing tax base ☐ Other (please speci		osc)
29. Indicate whether the agre at the time of this report.	ement include (Fill in the bo	d the following types exes and attainment of	of goals, and whether the following of goals, and whether the following of	the recipient had attai	ned those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals	S	established? da	Furget attainment ates (month & year) 9-24-03	All goals attained? Yes ANo Yes No Yes No Yes No
(Please awach descriptions of attainment if not documented					
30. For each of the followin agreement and the avera job creation goals in ful	ge hourly value	e of any employer-pr	ovided health insurance	goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Purt-time/ Seasonal/Temp. Job Creation	FTE (nnly If gnals no stated as FT/PT) Joh (Treation	d Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	••				5 <u>**</u>
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99	3 _				1 <u>-93</u>
\$11.00 to \$12.99	36			 -	<u>. • 93</u>
\$13.00 to \$14.99					s
\$15.00 and higher	12	**Single cov	verage <u>- m</u> td be	nefit <u>progr</u> am	1 <u>, 93</u>
31. For each of the following date and the actual hour full-time equivalents if AS of 4-3-02 Hourly Wage (excluding benefits)	irly value of an	y employer-provided	l health insurance for th	ose jobs. (<u>Only</u> indic time positions.)	
less than \$7,00					s
\$7,00 to \$8.99					s
\$9.60 to \$10.99	_9			···-	1-93
\$11.00 to \$12.99	19				<u>. 93</u>
\$13.00 to \$14.99					s
\$15.00 and higher	.1.2				۶ <u>۰93</u>
32. Has the recipient achie (Mark one.)	ved <u>all goals</u> (s		and 31) and fulfilled <u>all</u> ② No	obligations stipulated	d in the agreement?

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

	iary 1, 2000 through Decemi Ainn: Stat. §116J.993 and §1	ber 31, 2000, did your organization ha 16J.994? (Murk one.)	ive any recipients who failed to
	of each recipient failing to re ditional pages if necessary.)	port and the value of subsidy or finan	ocial assistance awarded to that
X No			
Name of recipient	Type of subsidy or assis	tance (See Questions 24 and 25.)	Value of subsidy or assistance
		led to achieve any goals or fulfill any e were required to be fulfilled by the tir	
Tayes (Co.	mplete the remainder of this	section) 2 No (Stop here and su	bmit form to DTED .)
		ecipient failing to fulfill goals or any o (Attach additional pages if necessary.)	
35. Information on recipie	ent and agreement:		
Name of recipient in defau	ile	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		☐ recipient relocated to a differ ☐ other (Specify reason.)	rent community
37. To date, has the recipi	ent fulfilled its repayment of	bligation? (Mark one)	
🗅 Yes 🕒 No, recipient	has begun to repay the assist	tance. 🚨 No, recipient has not beg	un to repay the assistance.
38. Has the agreement bec	en amended to extend the rec	ipient's deadline for fulfilling its obli	gations? (Mark one.)
		□ Ycs □ No	
39. Describe the steps bei	ng taken to bring recipient is	nto 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

01-0747



2001 Minnesota Business Assistance Form

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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) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information About Grantor

-	Name of grantor (funding entity) City of Marshall Street address		leting this form	
3 Street address 344 West Main Street		4. City Marshall	5. ZIP code 56258	
6. County Lyon	7. Phone number 507-537-6771		9. E-mail address cbarnett@marshallmn.com.he persor Question 2.	
Classification of g	suit 377-337-6	12. Has your organization adopted criteria for a	City ZIP code on held a public hearing on and owarding business subsidies in an. Stat. §116J.994? (Mark one.)	
City government County government Regional government State government Other (Please specif		 ⇒ Yes (Indicate hearing date - 1-3-00 and attack criteria) □ No Amended 10-16-00 □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.) 		
through December	tion signed any agreements to award a big 31, 2000 that is required to be reported as (Complete the remainder of the form.	l under Minn. Stat. §1 16J.993	and §1161.994? (Mark one.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used			
Iceberg Acquisitions, Inc.	1601 Halbur R	oad, Mars	shall, MN	56258
	Street address	City	State	ZIP code
16. Does the recipient have a purent corporation? (Mark on	•	:	1	
₹0 Yes (Indicate nume and address of parent corporation be □ No	ciow. Ij mare inan one, ina	icaie uilimale	OWNET.)	
Artic Ice International	625 Henry Ave	Winnipe	eq, Manit	oba R3AOV
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of rec	cipient's facility (Mark o	ne.):			
	₩ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura ☐ Construction	nce, Real Estate Other (please speci	ih)
18. Did the recipio	ent relocate as a result of	signing this agreemen	1? (Mark one.)		
□ Yes (Indicate cl ❷ No (Go to Ques	ly and state of previous o tion 19.)	address and reason rec	ipient did not complete t	his project at that addre	css.j
City/State of previ	ious address Reason pr	roject not completed at	previous address		
	cipient have remained in the ince? (Mark one.)	previous location or re	located elsewhere if not	awarded this business st	ubsidy or
☐ Remaine	d at previous location	Relocated to differe	nt Minnesota location	Relocated outside N	Minnesotu
ection 3 Gene	eral Information Al	out the Agreeme	nt		<u> </u>
assistance (Pl and 25.)	value of business subsidy lease separate value by fo		date, indicate any Approved: 5-1	med (In addition to the dates the agreement wa -00 16-00	
23. Does the agre be reported?		s subsidy or one of the	four types of financial a	esistance (see Question	25) required to
	ent provided a business surpe(s) and total dollar vi			as one of the four types ndicate the type(s).	of financial
🗅 not applicable,	agreement provided final	ncial assistance	🖰 not applicable, agree	ment provided a busine	ss subsidy
☐ guarantee of pa ☐ contribution of	ivable loan) x reduction or deferral syment property or infrastructure of governmental facilitie		☐ assistance for proper by contaminants ☐ assistance for renovations stock or bringing it assistance provided historic preservation 50% or less of total ☐ assistance for pollur abatement ☐ assistance for a TIF	ating building up to code, and for designated in districts, when cost ion control or	ss s
indicate the t	nce included tax increment ype of TIF district? (Manage assistance was not in the	k one.)	financial assistance	ntors providing a busine of to the same project? (2)02- Yantor and the value of that an additional sheet	(Mark one.) their
☐ redevelopment ☐ renewal and ren ☐ soils condition ☐ economic development ☐ heartfown ribe	novation clopment ound space		Grantor(s) and value of	f the agreement(s):	ь y несомигу.)
☐ hazardous subs	PERIOR PROGRAMME		Grantor	Value (\$)	
			Grantor	Value (\$)	

#27 - Grantor's

Southwest Regional Development (SRDC Revolving Loan Fund \$100,000

Southwest Minnesota Foundation (SMF) \$150,000

Prairieland Economic Development Corporation (PEDC) \$250,000

Norwest Bank, Southwest

(Now Wells Fargo) \$300,000

Total: \$800,000

Section 4 Goa	ls and Pu	ablic Purt	ose Identifie	d ip the /	Agreement
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28. Minn. Stat. §116J.994 re of the following public s	equires that bus ourposes were s	iness subsidy and fina tated in the agreemen	ancial assistance agreemer at? (Mark all that apply.)	its state a public pi	irpose. Which	
© Enhancing economic dive □ Creating high-quality job □ Job retention □ Stabilizing the community	growth		39 Increasing tax base (cannot be only purpose) 12 Other (please specify)			
		daha Gallannia a sugaa	of scale and whether the	reminished attai	ned those goals	
29. Indicate whether the agr at the time of this report				recipieni nad anai	ned mose goars	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than we	als to be attaine retention goals	ed within 2 years	Goals Tar established? date	get attainment () (month & year)	LHAll goals attained? Yes INO Yes INO Yes INO Yes INO	
(Pleuse attach descriptions e attainment if not documente						
	age hourly valu	e of any employer-pro	reation and/or retention govided health insurance go to separate goals by full-	als for those jobs.		
Hourly Wage	Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if goals not stated as FT/PT)	Job Retention	Hourly Value of	
(excluding benefits)	Creation	Job Creation	Job Creation	Job Nettinion	Health Insurance	
no hourly wage-level goal	·			٠.	\$	
less than \$7.00	 - ··· ·				3.	
\$7.00 to \$8.99	2			-	· • 70	
\$9.00 to \$10.99	3				, <u>70</u>	
\$11.00 to \$12.99	1				. 70	
\$13.00 to \$14.99					s	
\$15.00 and higher	1		·	-	70	
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 FY/PT) Job Retention Hourly Value of						
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance	
less than \$7.00	2				\$	
\$7.00 to \$8.99					<u>. 70</u>	
\$9.00 to \$10.99	3				, -70	
\$11.00 to \$12.99	1				s <u>. 70</u>	
\$13.00 to \$14.99					3	
\$15.00 and higher	1	· ·			<u>s • 70</u>	
32 Has the recipient achie (Mark one.)	wed all goals (s		and 31) and fulfilled <u>all ob</u> I No	ligations stipulated	in the agreement?	

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

	ary 1, 2000 through December 3 inn. Stat. §116J.993 and §116J.	1, 2000, did your org#nization ha 994? <i>(Mark one)</i>	ve any recipients who failed to
	f each recipiont failing to report utional pages if necessary.)	and the value of subsidy or finan	cial assistance awarded to that
Ø No			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25)	Value of subsidy or assistance
		o achieve any goals or fulfill any c required to be fulfilled by the tin	
☐ Yes (Com	plete the remainder of this secti	ion.) SPNo (Stop here and sul	bmit form to DTED .)
		ent failing to fulfill gouls or uny of sich additional pages if necessary.)	
35. Information on recipien	nt and agreement:		;
Name of recipient in default	ī	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 of recipient was unable to fi		O recipient relocated to a differ O other (Specify reason.)	cnt community
37. To date, has the recipie	ent fulfilled its repayment obliga	ation? (Mark one.)	
🗅 Yes 🕒 No, recipient <u>h</u>	as begun to repay the assistance	No, recipient has not begu	in to repay the assistance.
38. Has the agreement been	n amended to extend the recipie	nt's deadline for fulfilling its obliq	gations? (Mark one.)
		Yes ÜNo	
39. Describe the steps bein	g taken to bring recipient into c	ompliance 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

2. Name of person completing this form

01-0748



2001 Minnesota Business Assistance Form

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- 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 grantor (funding entity)

	111	Calvin D. Daine	calvin D. Barnett		
3. Street address		4. City	5. ZIP code	ĺ	
344 West Main	Street	Marshall	56258		
6. County	7. Phone number 507-537-6771	8. Fax number 507-537-6830	9. E-mail address cbarnett@marshal	lmn.c	
Mury Cas	in your organization should receive		om the person in Question 2.	ee of	
11. Classification of grace created by gov't ag	antot (Mark one. If grantor is entity ency, please indicate affiliation. Fo A would check "City government.")	or adopted criteria for a	n held a public hearing on and warding business subsidies in in. Stat. §116J.994? (Mark one.)		
© City government ☐ County government ☐ Regional government ☐ State government		□ No amended 10- □ We held a public heari criteria (Indicate date	bi Yes (Indicate hearing date - 1-3-00nd attach criteria) □ No amended 10-16-00 □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing)		
Other (Please specify	リ <u></u>	Other (Please attach e	cplanation.)		
	ion signed any agreements to award 31, 2000 that is required to be repo	a business subsidy or financial:	ssistance from January 1, 2000		
13. Has your organizati through December	ion signed any agreements to award	l a business subsidy or financial a rred under Minn. Stat. §116J.993	ussistance from January 1, 2000 and §116J.994? (Mark one.)		
13. Has your organizati through December	ion signed any agreements to award 31, 2000 that is required to be repo	l a business subsidy or financial a rred under Minn. Stat. §116J.993	ussistance from January 1, 2000 and §116J.994? (Mark one.)		
13. Has your organizate through December 23 Yes Section 2 Informat 14. Name of business of	ion signed any agreements to award 31, 2000 that is required to be repo (Complete the remainder of the fo ion About Recipient	a business subsidy or financial and under Minn. Stat. §116J.993 rm.)	ussistance from January 1, 2000 and §116J.994? (Mark one.)	e	
13. Has your organizate through December 23 Yes Section 2 Informat 14. Name of business of	ion signed any agreements to award 31, 2000 that is required to be reported to be reported to be reported to be reported to a security of the form of	I a business subsidy or financial and under Minn. Stat. §116J.993 rm.)	ussistance from January 1, 2000 and §116J.994? (Mark one.) section 5 on page 4.)	258	
13. Has your organizate through December 23 Yes Section 2 Informat 14. Name of business or receiving subsidy of McS.T. Proper	ion signed any agreements to award 31, 2000 that is required to be reported to be reported to be reported to be reported to a security of the form of	1a business subsidy or financial attend under Minn. Stat. §116J.993 rm.)	ussistance from January 1, 2000 and §116J.994? (Mark one.) section 5 on page 4.) css subsidy or financial assistance	258	
13. Has your organizate through December Da Yes Section 2 Informat 14. Name of business or receiving subsidy of McS.T. Proper 16. Does the recipient in the section of	ion signed any agreements to award 31, 2000 that is required to be reposite (Complete the remainder of the folion About Recipient or organization or financial assistance	1a business subsidy or financial arred under Minn. Stat. §116J.993 rm.)	ussistance from January 1, 2000 and §116J.994? (Mark one.) section 5 on page 4.) css subsidy or financial assistance eet Marshall MN 56 City State ZIP coc	258	

	Manufacturing	C) Services	☐ Finance, Insura	ance, Real Estate	
	Retail Trade	₩holesale Trade	Construction	☐ Other (please specif	5)
18. Did the recipie	int relocate as a result of	signing this agreemen	t? (Mark one.)		
¾ Yes (Indicate vit ☐ No (Go to Quest		ddress and reason rec	cipient did not complete	this project at that addre	ss)
Marshall, I City/State of previo	MN Lost ous address Reason pr	lease on facilioject not completed at	previous address	th Highway 59,	Marshall,
	ipient have remained in p nce? (Mark one.)	previous location of re	located elsewhere if not	awarded this business su	bsidy or
🔾 Remained	at previous location	ARelocated to differe	nt Minnesota location	☐ Relocated outside M	linnesota
Section 3 Gene	ral Information Ab	out the Agreeme	nt		
	aluc of business subsidy case separate value by ()			gned (In addition to the a dates the agreement was	_
\$50,000			August 7, 2	2000	
indicate the de whichever is e 7-15-00.	ale improvements were fi varlier.) Start da First partial	nished, equipment wa te of project TIF payment u	s placed into service, or : 11-1-99. Pr was 8-1-01	financial assistance For the recipient occupied the oject completion	n was
be reported?	(Mark one.)	s substay or one of the	O financial assistance	assistance (see Question 2	(5) required to
	nt provided a business se pe(s) and total dollar v	ibsidy, please		vas one of the four types of indicate the type(s).	of financial
O not applicable, s	agreement provided finar	ncial assistance	🗖 not applicable, agre	ennent provided a busines	ss subsidy
☐ loan (only princ ☐ grant (i.e., forgi ☐ tax abatement		s	☐ assistance for proper by contaminants ☐ assistance for renove	•	\$
☐ guarantee of pay ☐ contribution of	reduction or deferral yment property or infrastructure of governmental facilitie		stock or bringing it assistance provided historic preservation 50% or less of total	for designated on districts, when	
 land contribution other (Specify st 	n.	\$	assistance for pollu	tion control or	s
	, ,,, = , <u> </u>		(A) assistance for a TIF	soils condition district	s <u>50,000</u>
	ce included tax incremer pe of TIF district? (Mar.			intors providing a busines ce to the same project? (I	
	assistance was not in the	form of TIF		grantor and the value of t uttach an additional sheet	
Seredevelopment Corenewal and ren Soils condition	novation		Ø No		
conomic devel	ound space		Grantor(s) and value	of the agreement(s):	
hazardous subsi	tance subdistrict		Grantor	Value (\$)	
			Grantor	Value (\$')	

FAX NO. 5075376830

Minn Stat. §116J.994 re of the following public ;	equires that bus purposes were s	iness subsidy and fina tuted in the agreemen	ancial assistance agreemen it? (Mark all that apply.)	its state a public pu	irpose. Which
Enhancing economic divel I Creating high-quality job : I Job retention I Stabili∠ing the community	growth		☐ Increasing tax base (ca☐ Other (please specify)		
29. Indicate whether the age at the time of this report	eement include. (Fill in the bo	d the following types oxes and attainment d	of goals, and whether the late(s) for each goal.)	recipient had attui	ned those goals
A) Specific wage and job go B) Other job-creation and/or			established? dates Mayes O No Yes O No Yes O No Yes O No	get attainment (month & year)	□ Yes □ No □ Yes □ No
C) Other wage goals D) Other goals other than wa Please attach descriptions of attainment if not documente	of goals and pro	ögress loward 2	full time positi part time positi full time positi	ons were re	tained
D) Other goals other than water (Please attach descriptions of attainment if not documented). For each of the following agreement and the average	of goals and prod in Questions and goals wage categorage hourly valuations of the control of the	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable	full time positing part time positifull time position and/or retention govided health insurance go to separate goals by full-	ons were re on to be cr pals stated in the pals for those jobs.	tained tained eated (Qnly indicate
D) Other goals other than water (Please attach descriptions of attainment if not documented). For each of the following agreement and the average	of goals and prod in Questions and goals wage categorage hourly value	ogress toward 2 30 and 31.) ries, indicate the job of any employer-pro	full time positi part time positi full time positi creation and/or retention go ovided health insurance go	ons were re on to be cr pals stated in the pals for those jobs.	tained tained eated (Qnly indicate
D) Other goals other than we Please attach descriptions of attainment if not documented. 30. For each of the following agreement and the averaged presenting goals in further than the following the present of the following that the averaged for the following following that the following following that the following following following that the following that the following following the following that the following following following the following following the following	of goals and prod in Questions age wage categorage hourly valuations full-time equivaled Job	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable Part-time/ Seasonal/Teinp.	full time positi part time positi full time positi creation and/or retention go ovided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT)	ons were re on to be cr pals stated in the pals for those jobs. and part-time positi	tained tained eated (Only indicate tions)
O) Other goals other than we Please attach descriptions of attainment if not documented. 30. For each of the following agreement and the averaged creation goals in full Hourly Wage (excluding benefits)	of goals and prod in Questions age wage categorage hourly valuations full-time equivaled Job	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable Part-time/ Seasonal/Teinp.	full time positi part time positi full time positi creation and/or retention go ovided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT)	ons were re on to be cr pals stated in the pals for those jobs. and part-time positi	tained tained eated (Qaly indicate tions) Hourly Value o Health Insurance
O) Other goals other than we Please attach descriptions of the intainment if not documented. O) For each of the following agreement and the averaged creation goals in full Hourly Wage (excluding benefits) no hourly wage-level goal	of goals and prod in Questions age wage categorage hourly valuations full-time equivaled Job	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable Part-time/ Seasonal/Teinp.	full time positi part time positi full time positi creation and/or retention go ovided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT)	ons were re on to be cr pals stated in the pals for those jobs. and part-time positi	tained tained eated (Quly indicate tions) Hourly Value o Health Insurance
O) Other goals other than we Please attach descriptions of attainment if not documented. 30. For each of the following agreement and the average creation goals in further than the second control of the following benefits) 10. Hourly Wage (excluding benefits) 11. Hourly wage-level goal less than \$7.00	of goals and prod in Questions age wage categorage hourly valuations full-time equivaled Job	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable Part-time/ Seasonal/Teinp.	full time positi part time positi full time positi creation and/or retention go ovided health insurance go to separate goals by full- fTE (only if goals not stated as FT/PT) Job Creation	ons were re on to be cr pals stated in the pals for those jobs. and part-time positi	tained tained eated (Only indicate tions) Hourly Value of Health lasurance 5
O) Other goals other than we Please attach descriptions of attainment if not documented. 30. For each of the following agreement and the average product in full the second of the following agreement and the average product in full the second of the following described was attached to the following wage (excluding benefits) no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	of goals and prod in Questions age wage categorage hourly valuations. Full-time equivaled Job Creation	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable Part-time/ Seasonal/Teinp.	full time positi part time positi full time positi creation and/or retention go ovided health insurance go to separate goals by full- fTE (only if goals not stated as FT/PT) Job Creation	ons were re on to be cr oals stated in the sals for those jobs. and part-time posit	tained tained eated (Quly indicate tions) Hourly Value o Health Insurance 5 5
O) Other goals other than we Please attach descriptions of attainment if not documented. 30. For each of the following agreement and the average product in full the following of the following wage (excluding benefits) 10. Hourly Wage (excluding benefits) 10. hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	of goals and prod in Questions age wage categorage hourly valuations. Full-time equivaled full-time Job Creation	ogress toward 2 30 and 31.) ries, indicate the job of any employer-products if you are unable Part-time/ Seasonal/Teinp.	full time positi part time positi full time positi creation and/or retention go ovided health insurance go to separate goals by full- fTE (only if goals not stated as FT/PT) Job Creation	ons were re on to be cr oals stated in the sals for those jobs. and part-time posit	tained tained eated (Quly indicate tions) Hourly Value o Health Insurance 5 5 5

Full-time Part-time/ FTE (only if unable to Seasonal/Temp. Hourly Wage separate FT/PT) Job Retention Hourly Value of Job (excluding benefits) Creation Job Creation Job Creation Health Insurance less than \$7.00 \$7.00 to \$8 99 \$9.00 to \$10.99 ...l.... 1-2-53

\$11.00 to \$12.99 s_2,53 _6 \$13.00 to \$14.99 ì

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

. ----

\$15.00 and higher

<u>, 2,5</u>3

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

	uary 1, 2000 through Decemb Minn, Stat. §116J.993 and §1	er 31, 2000, did your organization h [6],994? <i>(Mark one.)</i>	ave any recipients who failed to
	of each recipient failing to red dditional pages if necessary.)	port and the value of subsidy or finar	ncial assistance awarded to that
Q\$ No			
Name of recipions	Type of subsidy or assist	arice (See Questions 24 and 25.)	Value of subsidy or assistance
		ed to achieve any goals or fulfill any were required to be fulfilled by the til	
☐ Yes (C	omplete the remainder of this	section.) 😘 No (Stop here and su	bmit form to DTED .)
		cipient failing to fulfill goals or any c Attach additional pages if necessary.	
35. Information on recipi	ient and agreement:		
Name of recipient in defa	ult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipien	1	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for default	(Mark all that apply.):		
C) recipient ceased operate C) recipient was unable to		☐ recipient relocated to a diffe ☐ other (Specify reason.)	rent community
37. To date, has the recip	pient fulfilled its repayment of	oligation? (Mark one.)	
☐ Yes ☐ No, recipion	t has begun to repay the assist	ance. CI No, recipient has not bee	un to repay the assistance.
38. Has the agreement be	en amended to extend the rec	ipient's deadline for fulfilling its obli	igations? (Mark one.)
		C) Yes C) No	
39. Describe the steps be	sing taken to bring recipient in	to compliance or recoup the subsidy:	3
 			
<u> </u>			

Return your completed MBAF(s) by April I, 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



2001 Minnesota Business Assistance Form

- 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. 81161.993 to \$1161,995. Please use a separate form to report each agreement, for agreements signed from August 1, 1900. 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 filled.
- ÷ Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4

Section	1	Inform	ation	About	Grantor
Section	1	111110111	IMUUN	ADDU	Grantor

Section 1 Information Al	out Grantor				
1. Name of grantor (funding entity) CITU OF MAPPIE PLAIM		2. Name of person completing this form **DON LOEBRICK**			
3. Street address /670 N/AP/E HVE - BOX 97 6. County 7. Phone number		4. City APAPLE PLAIN	5 /IP code 55/5/35	9	
6. County 7. Phone number 7.43 479 5515		8. Fax number 74-3 479 0514	9. E-mail add	lress € <u>A la v</u> 1€)	U/1111. COI
	r organization should receive the				
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": ∠City government □ County government □ Regional government □ State government □ Other (Please specifi)		12. Has your organization held a public hearing on and adopted criteria for awarding business satisfiches in compliance with Minn. Stat. £14e1.991 (Mark om) 5/25/00 Yes chalcate nearing date————————————————————————————————————			
through December 31, 200	ted any agreements to award a bi 0 that is required to be reported office the remainder of the form i	under Minn. Stat. \$116J 993 an	त हो। (तम् १५४४)		
Section 2 Information A	bout Recipient				•
14. Name of business or organization receiving subsidy or financial assistance		15. Address where business will be used	subsidy of thanci	al assistance	
DAVID & LISE POTTER		MARSHUIEW MA Street address City	Note Play N. A.	<i>VIN <u>55</u> 35</i> 7 ZIP code	
16. Does the recipient have a p	parent corporation? (Mark one)				
☐ Yes (Indicate name and add ■No	ress of parent corporation below	If more than one, indicate all	imate inviter,)		
Name of parent corporation		Street address City	State	ZIP code	

17. Industry of recipient's facility (Mark one i				
☑ Manufacturing □ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insurance, ☐ Construction ☐	Real Estate Other options specific	
18. Did the recipient relocate as a result of s	igning this agreement	" (Mark one.)		
Ses (Indicate city and state of previous ad No (Go to Question 19.)	dress and reason reci	prent did not complete thes p	rojezi ai mar add cir i	
City/State of previous address Reason pro	ject not completed at	previous address		
19. Would the recipient have remained in pr financial assistance? (Mark one)	revious location or rel	located elsewhere if not aw.	irded this business subvidy or	
☐ Remained at previous location □	Relocated to differen	nt Minnesota location 💎 🔾	Reforated outside Minnesota	
Section 3 General Information Abo	out the Agreemer	10		
20 Total dollar value of business subsidy o assistance (Please separate value by type and 25.)			the addition to the agreement of the agreement was emercial i	
d 288, 677.00		JUNE 01,	2000	
22. Benefit date (Indicate the date the recipi indicate the date improvements were find whichever is earlier.) 8-01-6	ished, equipment was			
23. Does the agreement provide a business to reported? (Mark one)		four types of financial assis	tance (see Question 25) respiired to	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type		25. If the assistance was massistance, please indicase	ne of the four types of financial rate the type(s).	
☐ not applicable, agreement provided finance	rial assistance	🗓 not applicable, agreeme:	n provided a business subsidy	
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abutement ☐ 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)	\$ \$ \$2\$\$,677 \$ \$ \$ \$	□ assistance for property p by contaminants □ assistance for renovating stock or bringing it up to assistance provided for o historic preservation du 50% or less of total cost □ assistance for polinitor o abutement □ assistance for a Til' soils	r building S	
26. If the assistance included tax increment indicate the type of TIF district?//Mink.			providing a business subsidy or the same protect" (Mark mir.)	
anot applicable, assistance was not in the f	orm of TH	2) Yes (Specify each grants assistance below) attach	or and the value of their (an additional sheet (fine, essary.)	
☐ redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development		ZNo Grantorts) and value of the	, , , , , , , , , , , , , , , , , , ,	
☐ :nined underground space ☐ hazardous substance subdistrict		Grantor	Value (\$)	
L		Grantor	Value (\$)	

			iancial assistance agreement nt? (Mark all that opply)	ts state a public j	nurpose Which
Enhancing economic dive I Creating high-quality job I Job retention I Stabilizing the community	growth		Increasing tax hase rear Di Other <i>oplease specify</i>	mot be only pur	pose)
10. Indicate whether the agi			s of goals, and whether the laters) for each goals.	recipient had att	amed 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 (established! dates (month & year) 2 Yes 1 No 1 Yes 1 No 1 Yes 1 No		
Please attach descriptions (attainment if not documente					
agreement and the over	age hourly valu il-time equivale	ie of any employer-pr ints if you are unable	creation and/or retention go royided health insurancgos/ to separate coals by full- in	ls for those job?	
Hourly Wage (evoluding 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	12				·
\$7 (2) to \$8.99					٠
\$9,00 to \$10 98					·
\$11 (%) to \$12 (#)	-				·
					s
\$15.00 to \$14,49		<u> </u>			
\$15,00 to \$14,49 \$15,00 and higher					s
\$15.00 and higher 81 For each of the following date and the actual hor full-time equivalents if	urly value of an vou are unable Full-time	iy employer-provide. (16) separate fob creat Part-time!	nber of actual jobs created it health insurance for those thou into full- and part-time	1003 <u>it bi</u> lindie 1908itions (rince the benefit are fob creation in
\$15.00 and higher 11 For each of the following date and the actual horizontal horizontal h	urly value of an 'vou are unable	ty employer-provided to separate fob creat	à health insurance for those flor into full- and part-time	robs <u>itDilauli</u> e	rince the benefit
\$15.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage	urly value of an You are unable Full-time Job	iy employer-provides (to separate fob creat Part-time/ Seasonal/Temp.	i health insurance for those tion into fiell- and part-time FTE (only if unable to separate FT (PT)	job <u>s (Chil</u> malie position) : Jub	fince the benefit are fob creation in Hourly Value of
515.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	urly value of an You are unable Full-time Job	iy employer-provides (to separate fob creat Part-time/ Seasonal/Temp.	i health insurance for those tion into fiell- and part-time FTE (only if unable to separate FT (PT)	job <u>s (Chil</u> malie position) : Jub	fince the benefit are job creation in Hourly Value o
\$15.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7 (6)	urly value of an You are unable Full-time Job	iy employer-provides (to separate fob creat Part-time/ Seasonal/Temp.	i health insurance for those tion into fiell- and part-time FTE (only if unable to separate FT (PT)	job <u>s (Chil</u> malie position) : Jub	fince the benefit are fob creation in Hourly Value of
\$15.00 and higher 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 \$2.09	urly value of an You are unable Full-time Job	iy employer-provides (to separate fob creat Part-time/ Seasonal/Temp.	i health insurance for those tion into fiell- and part-time FTE (only if unable to separate FT (PT)	job <u>s (Chil</u> malie position) : Jub	fince the benefit are fob creation in Hourly Value of
\$15.00 and higher For each of the following date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7 (0) \$7.00 to \$8.09 \$9.00 to \$10.99	urly value of an You are unable Full-time Job	iy employer-provides (to separate fob creat Part-time/ Seasonal/Temp.	i health insurance for those tion into fiell- and part-time FTE (only if unable to separate FT (PT)	job <u>s (Chil</u> malie position) : Jub	fince the benefit are job creation in Hourly Value o

(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. 	(1,2000) did your organization for $(47/3 Link)$ one, r	ve any recipients who failed to			
☐ 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 (V	nine 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.) No (Stop here and stability form to DTEL).)					
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 of necessary)					
35. Information on recipient and agreement					
Name of recipient in detault	Type of subsidy or assistance	Initial value of subsidy or assistance			
Street address of recipiont	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 differe ☐ other (Specify reason)	ent community			
37. To date, has the recipient fulfilled its repayment oblig:	ajou?(Merk one)				
Tyes In No. recipiem has begun to repay the assistance	e. U No, recipient has not begin	n 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					
24. Describe the steps being taken to rring recipient into c	omit année of récoup me substity				

Return your completed MBAF(s) by April 1, 2601, 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



2001 Minnesota Business Assistance Form

- 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 <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 grantor (funding entity) City of Maple Grove		2. Name of person completing this form Shelly Peterson		·
				_
3. Street address		4. City	5. ZIP code	
12800 Arbor Lal	tes Pkwy	Maple Grove	55369	_
6. County	7. Phone number	8. Fax number	9. E-mail address	}
Hennepin	(763) 494-6320	(763) 494-6419	speterson@ci.maple-s	rove mn.us
10. Please indicate who	m your organization should receive th	e 2002 MBAF if different from		-
Fredric Christ	Lansen (763) 494-6	320 Same as abov	76	
Name/Title Finance	Director Phone number	Street address	City ZIP code	
created by gov't age	nton (Mark one. If grantor is entity mcy, please indicate affiliation. For would check "City government.")	adopted criteria for awa	held a public hearing on and arding business subsidies in . Stat. §116J.994? (Mark one.)	
City government		Yes (Indicate hearing de	ate -9/20/9 And attach criteria)	
County government		O No		1
☐ 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.)		1
13. Has your organization	on signed any agreements to award a b 1, 2000 that is required to be reported	usiness subsidy or (inancial ass	sistance from January 1, 2000	
Yes (Complete the remainder of the form.)		□ No (Stop here, go to se	ction 5 on page 4.)	

14. Name of business or organization receiving subsidy or financial assistance	15. Address wher will be used	e business subs	idy or financi	al assistance
Data Recognition Corp	13490 Bass Street address	Lk Rd Map City	le Grove State	MN 55311 ZIP code
16. Does the recipient have a parent corporation? (Mark one)			•
☐ Yes (Indicate name and address of parent corporation bel ② No	ow. If more than one, i	ndicate ultimati	e owner.)	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):				
☐ Manufacturing ☐ Services ☐ Retail Trude ☐ Wholesal	☐ Finance, Insurance, Real Estate e Trade ☐ Construction ☐ Other (please specify)			
18. Did the recipient relocate as a result of signing this ag	rcement? (Mark one.)			
Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) No (Go to Quastion 19.)				
Minnetonka, MN Major Expansion City/State of previous address Reason project not comp	/Consolidation forom 6 to 1 Bldg leted 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 Minnesota location ☐ Relocated outside Minnesota				
Section 3 General Information About the Agr	eement			
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Question, and 25.)	21. Date agreement signed (In addition to the agreement			
466,000	11/01/2000			
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.) 12/27/2000				
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.) Description of the four types of financial assistance (see Question 25) required to be reported?				
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each ty	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).			
O not applicable, agreement provided financial assistance	O not applicable, agreement provided a business subsidy			
☐ loan (only principal) ☐ grant (i.e., forgivable loan) S	O assistance for property polluted by contaminants			
C) tax abatement S	assistance for renovating building			
© TIF or other tax reduction or deferral \$466.	000 stock or bringing it up to code, and assistance provided for designated			
Contribution of property or infrastructure \$	historic preservation districts, when			
O preferential use of governmental facilities S Salar contribution S	50% or less of total cost Classistance for pollution control or \$			
Other (Specify subsidy type.) \$	abatement			
	assistance for a TIF soils condition district S			
26. If the assistance included tax increment financing, ple indicate the type of TIF district? (Mark one.)	ase 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	Ot No			
C) soils condition	- Section			
Meconomic development	Grantor(s) and value of the agreement(s):			
initial inderground space in hazardous substance subdistrict				
	Grantor Value (\$)			
	Grantor Value (\$)			

Section 4 Goals and Pul	olic Purpos	se Identified in th	ne Agreement		
28. Minn. Stat. §116J.994 rec of the following public pr					ourpose. Which
D Enhancing economic divers Creating high-quality job g		•		se (cannot be only pur	
☐ Job retention☐ Stabilizing the community					
29. Indicate whether the agree at the time of this report.					ined those goals
			Goals	Target attainment	All goals
A) Specific wage and job goa	le to be ettains	d within 2 years		dates (month & year) 01/01/2002	attained? XXX Yes No
B) Other job-creation and/or r			Yes No	<u> </u>	O Yes ONo
C) Other wage goals	•		QYes QNo		O Yes O No
D) Other goals other than wag	e and job gos	ils	□Yes □No		OYCS ONO
(Please attach descriptions of attainment if not documented	-				
30. For each of the following agreement and the average job creation goals in full-	e hourly valu	e of any employer-pro	ovided health insurance	ce goals for those jobs	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only If goals r stated as FT/PT) Job Crestion		Hourly Value of Health Insurance
no hourly wage-level goal	·			— -	5
less than \$7.00					\$
\$7,00 to \$8.99					3
\$9.00 to \$10.99					S
\$11.00 to \$12,99				-	s
\$13.00 to \$14.99	_3_	·			2
\$15,00 and higher	_22_				3
31. For each of the following date and the actual hour full-time equivalents if N	ly value of an	y employer-provided	health insurance for t	hose jobs. <u>(Only</u> india	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable separate FT/PT) Job Creation		. Hourly Value of Health Insurance
Jese shan \$7.00					\$
\$7.00 to \$8.99					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					\$
513.00 to \$14.99	_10_				5
\$15.00 and higher	718				5

(Mark one.)

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

ÄKYes □ No

EXHIBIT A

(Estimated Job Creation)

Data Recognition Corporation Maple Grove, Minnesota

As of October 31, 2002

Job Classification	Salary Range	Number of Jobs
Office - Administration	Less than \$40,000	20 to 23
Office - Management	\$40,000 - \$50,000	2
Office - Executive	Greater than \$50,000	0
Warehouse - Production	Less than \$30,000	3 to 5
Warehouse - Management	Greater than \$30,000	0
	Total Number of Jobs	25 to 30

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

report as required by	Minn. Stat. §116J.993 and §	-	
	e of each recipient failing to indicate of a control of the contro	report and the value of subsidy or finan .)	cial assistance awarded to that
X No			
Name of recipient	Type of subsidy or assi	stance (Sec Questions 24 and 25.)	Value of subsidy or assistance
		uiled to achieve any goals or fulfill any out were required to be fulfilled by the time	
<u>□</u> Yes (C	omplete the remainder of this	is section.) No (Stop here and sub	mit form to DTED.)
		recipient failing to fulfill goals or any of (Attach additional pages if necessary.)	
5. Information on recip	ient and agreement:		
Name of recipient in defa	nult	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipies	ıt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
66. Reason(s) for default	t (Mark all that apply.):		
Trecipient ceased operated recipient was unable to		crecipient relocated to a difference of the country	ent community
37. To date, has the recip	pient fulfilled its repayment o	obligation? (Mark one.)	
Yes O No, recipien	t <u>has begun</u> to repay the assis	stance. • No, recipient has not begu	m to repay the assistance.
38. Has the agreement be	een amended to extend the re	cipient's deadline for fulfilling its oblig	etions? (Mark one.)
		□Ycs □No	
39. Describe the steps be	ing taken to bring recipient i	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



2002 Minnesota Business Assistance Form RECEIVED MAR 2 5 2082

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001;</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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 Grantor Info	rmation				
1. Name of granter (funding LOTIQ KAKE EDA	•	2. Name of person completing this form MICHELLE MOLIS C			
3. Street address	Street address 1964-PAPK 140 ENVE		5 ZIP code 当らうらと		
" Canal HEMME PIND	7. Phone number 452 4736961	5 Fax number 752 474-96-22	11 h-mail address 111111019 See Co. 10129 -		
(iii) Please adrente who in co	om arganizzioni shrond (ecerve the	2002 MBAF if infferent from tr	no hatston in Guestian E		
Peame Tale	Phone number	Street address	City ZIP code		
A Classification of gravity (Mark one II granow a count count of mark Tageney please indicate affiliation. For example, a trace LDA could eneck. City government.		1	rid a public hearing on and using business subsidies in sec. \$1001,7947 (Mark me)		
A de poveniment a County government		D Yes, in 2002 variach criteria) D Yes, in 2002 but have not ver adopted criteria New prior to 2002			
⊒ Fegional government		11 Yes. Hearing Opto <u>IA/OO</u> Year Centern Sammated <u>ISOO</u>			
☐ State government ☐ Other (Please sneedy). ☐		□ No □ 1 □ Other (Please attach explanation)			
`	igned any agreements to award a bit (00) that is required to be reported:		·		
A cos , Co	mplete the temanides of the form .	2 No (<u>Stop have,</u> go to seet	uon 5 on page 4.7		
Section 2 Recipient Inf	ormation				
12 Name of Samuescar org Convincious de des VB Properties,	nmiration offense to Assistant is LAC ASSISTANT	well be used	missily or maneral artistance St. Long Lake MNSSSSE Anne Missioner		
1 to 160 the ownsen have	<u>116: Glico Glille Is y</u> Lement Chromina ^{(*} 11.00 mil s				
$\left\{ \begin{array}{ll} 2 & i. i. a. a. i. i. a. a. a. a. a. a. a. a. a. a. a. a. a.$	adia - egine i sem entre e sua	e Francis distribute na care de 189	im de essene e		
Name of parent corporation		Street address City	State Zir coce		

.7 Immate of ogneties a facility (Mid-19)	
≭itandracturing ≠ervices ⊅rutari Frade — U Whole die Frade	☐ Finance Institution Real festure ☐ Construction State (State (Section))
13 District received teroduce as a result of femine that agreement	CMarkone.
2 (e) Candicate Ate and state of prefitant angles of and Asis more Constructed the state of the	spicut dal m teomplete uns prese teat that aldress (
City/State of previous address - Reason project not completed at	previous address
19 Would the recipient have remained in previous location or relationerial assistance? (Mark one).	located elsewhere 3 out awarded this nusiness subsidy of
Remained at previous acution —2 Relocated to differe	nt Minnesota location — 2 Reformed outside Minnesota
Section 3 Agreement Information	
2) Total dollar value of business subsidy or immedial assistance (Please separate value by type in Questions 2) and 25.; TIFRELETIC (N. 10)	2) Date agreement signed the addition to the development date, indicate any dates the agreement was amended.
# 455,000 Payas you go	9-29-00
22. Becaute that chalicate the date the recipient will benefit from addicate the date unjoy occurrents were thin-held, controven was whichever is earlier.) 1 - \(\lambda - 0 \) \]	eplacen into service, or the recipion occupied the property.
23 Does the agreement provide a business subsidy or one of the be reported? (Mark one.) Shariness subsidy	u rinancial assistance
24. If the agreement providen a business subsitive please induction the typets) and total dollar value for each type.	25 if the assistance was one of the four types of financial assistance, please indicate the type(3).
If not applicable, agreement provided financial assistance	Anor applicable, agreement provided a business subady
Description Section Dissistance for property polluted S	
26. If the assistance included max increment financing, please indicate the type of TIF district? (Mark into).	27. Are any other grantors previaing a business subsidy of financial assistance to the same project? (Mars. on.)
almost approcable, assistance was not in the form or Till	2 Yes (Specify) each strainter and the value of their assistance below; attach un adamonal sheet if no egisars)
X core eloping ii 4 renewal and renovation 2 consciondition	ANO
2 constraints 2 constraints 2 constraints 2 constraints 2 allogous contains a measured	summers and value of the agreements (
]	Counter Value (S)
İ	Grantor Value (5)

 Minn, Stat. §116J.994 r of the following public 					urpose. Which	
Enhancing economic dive			☐ Increasing (ax base (cannot be only purpose)			
Creating high-quality job. Mobinetention	grow:h		☐ Other (please specify)			
Stabilizing the communit	<u>y</u>					
9. Indicate whether the ag at the time of this repor				ne recipient had attai	ned those goals	
see an	eache	K)		arget attainment les (month & year)	All goals anained?	
) Specific wage and job go			r'es 🗅 No 🔃		□ Yes □ No	
Other job-creation and/or retention goals				□ Yes □ No □ Yes □ No		
) Other wage goals) Other goals other than w	age and job goa	ls	~ ~ ~ ~ ~		O Yes O No	
Please attach descriptions ttainment if not documente						
	age hourly valu	e of any employer-pro	reation and/or retention ovided health insurance to separate goals by full	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	Job Retention	Hourly Value of Health Insurance	
no bourly wage-level goal					\$	
less than \$7.00					s	
			attonice	200	s	
\$7 00 to \$8.99			<u> </u>		·~	
\$7.00 to \$8.99 \$9.00 to \$10.99					3	
\$9.00 to \$10.99					3	
\$9.00 to \$10.99 \$11.00 to \$12.99					s	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the follow date and the actual ho full-time equivalents is	ourly value of an fyou are unable Full-time	ories, indicate the num by employer-provided to separate job creat	nber of actual jobs creat health insurance for the tion into full- and part-to FTE (only if unable to	ed and/or retained si use jobs. (Only indic time positions.)	ssnce the benefit rate job creation in	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the follow date and the actual ho	outly value of an Tyou are unable	ones, indicate the num by employer-provided to separate job creat	nber of actual jobs creat health insurance for the tion into full- and part-fi	ed and/or retained si use jobs. (<u>Only</u> indic ume positions.)	\$ \$ \$ nce the benefit	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if	ourly value of an fyou are unable Full-time Job	ories, indicate the num by employer-provided to separate job creat Part-time/ Seasonal/Temp.	nber of actual jobs creat health insurance for the tion into full- and part-to FTE (only if unable to separate FT/PT)	ed and/or retained si use jobs. (Only indic time positions.)	ssnce the benefit are job creation in	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$(5.00 and higher) 1. For each of the follow date and the actual hor full-time equivalents if the following benefits)	ourly value of an fyou are unable Full-time Job	Part-time/ Seasonal/Temp. Job Creation	nber of actual jobs creat health insurance for the tion into full- and part-to FTE (only if unable to separate FT/PT) Job Creation	ed and/or retained si use jobs. (Only indic time positions.) Job Retention	ssnce the benefit ate job creation in Hourly Value of Health Insurance	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ourly value of an fyou are unable Full-time Job	Part-time/ Seasonal/Temp. Job Creation	nber of actual jobs creat health insurance for the tion into full- and part-to FTE (only if unable to separate FT/PT)	ed and/or retained si use jobs. (Only indic time positions.) Job Retention	ssnce the benefit ate job creation in Hourly Value of Health Insurance	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ourly value of an fyou are unable Full-time Job	Part-time/ Seasonal/Temp. Job Creation	nber of actual jobs creat health insurance for the tion into full- and part-to FTE (only if unable to separate FT/PT) Job Creation	ed and/or retained si use jobs. (Only indic time positions.) Job Retention	ssnce the benefit ate job creation in Hourly Value of Health Insurance ssss	
\$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$(5.00) and higher 1. For each of the follow date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	ourly value of an fyou are unable Full-time Job	Part-time/ Seasonal/Temp. Job Creation	nber of actual jobs creat health insurance for the tion into full- and part-to FTE (only if unable to separate FT/PT) Job Creation	ed and/or retained si use jobs. (Only indic time positions.) Job Retention	sssnce the benefit ate job creation in Hourly Value of Health Insurance sssss	

tEo not complete this section if you completed it on another 2002 MBAF submitted to DTED). 33. During the period January 1, 2001 through December 21, 2001, did your organization have any recipients who failed to report as required by Minn. Stat. §116J.993 and §116J.994" (Mark one.) 2 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) \square No Type of a paidy of assistance that Christians 24 and 25.) Name of recipient Value of subsidy or assistance 34. Did your organization have any recipients who failed to achieve any goals or fulfill any other objigations under an agreement signed on or after January 1, 2001; that were required to be fulfilled by the time of this report? (Mark one.) XYes (Complete the remainder of this section → No (Stop here and submit turns to DTED) 1 33 - 39. Provide the following information for each recipient failing to fulfill goals or any other terms of an agreement that were to be uttained by the time of reporting. Attach additional pages if necessary I 35 Information on recipient and agreement Collegey and June Show gives you was VB Properties

Name of recipient in default

Type of subsidy or assistance subsidy or assistance 2160 Dewills St Street address of recipient Outstanding value of subsidy or assistance 36 Reason(s) for default (Mark all that apply) Directprent relocated to a different community A recipient ceased operation Hother Specific reason . Classe acceptance Directpient was unable to fill vacuus positions. To date has the recipient fulfilled its repayment obligation? (Mark one i (4) No, recipiont has been not report the assistance 2 No, recipient has not began to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for tulfilling its obligations? (Mark one) or green 2002 - Control or all the control of the control would be read I repaid I Yes I No 39 Describe the steps being taken to oring recipient into compliance or recoup the subsidiy:

> Return your completed MBAF(s) by April 1, 2002, to: 2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place

St. Paul, MN 55101-2146



2002 Minnesota Business Assistance Form RECEIVED MAN 2 5 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from *January 1, 2001 through December 31, 2001* per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section	1	Grantor	Inform	ation
Section		u-rantor	INIOPH	iamon

1. Name of grantor (funding entity) Long Lake EDA		2. Name of person of MIC/16/16			
3. Street address 1964 Park Al	!e.nve	4 City LONG LIKE 8 Fax number	9,	5. ZIP code 55354)
Hennepin	HENNEDIN 9524136961			9. E-mail add	ci. 1009-
10 Please indicate who in your	organization should receive the	2002 MBAF if differe	ent from the	person in Ques	tion 2.
Name/Title	Phone number	Street addre	SSS	City	ZIP code
!1. 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.")			for awardir	a public hearing business substact \$1161.99477.	idi e s in
☐ County government ☐ Regional government		☐ Yes, in 2002 (and ☐ Yes, in 2002 but ☐ Yes, prior to 200	have not yet		a (
		If Yes. Hearing Date <u>5/4/6</u> 0 Year Criteria Submitted <u>2001</u>			
☐ State government ☐ Other (Please specify)		□ No □ Other (Please att	•		
through December 31, 200	ed any agreements to award a bu I that is required to be reported to plete the remainder of the form I		5J.993 and §	116J.994? (Ma	
Section 2 Recipient Infor	mation				
14. Name of business or organization receiving subsidy or financial assistance Junes H. and Arlene V. Leosen		15. Address where will be used E Tamarack Street address	じんらひれる	1545	
16 Does the recipient have a p					
☐ Yes (Indicate name and add. > Yes (Indicate name and add.)	ress of parent corporation below	If more than one, in	dicate ultim	ale owner)	
Name of parent corporation		Street address	City	State	ZIP code

17. Industry of recipient's	facility (Mark on	c. J.			
	nufacturing tail Trade	Services U Wholesale Trade	•	surance, Real Estate on Dother (please specif	ńо <u></u>
18. Did the recipient reloca	ate as a result of s	igning this agreemen	t? (Mark one.)		
☐ Yes (Indicate city and st ★No (Go to Question 19.)		ldress and reason rec	cipient did noi compl	lete this project at that addre	·55 /
City/State of previous addr	ess Reason pro	ject not completed at	previous address		
19. Would the recipient ha financial assistance? (Me		revious location or re	located elsewhere if	not awarded this business su	hsidy or
Remained at prev	ious location =	Relocated to differe	nt Minnesota locatio	n 🖸 Relocated outside M	linnesota
Section 3 Agreement	Information				
20. Total dollar value of b assistance (Please sept and 25.)	arate value by typ	e in Questions 24		it signed (In addition to the a any dates the agreement was	
# 150,000	pay-as-	ment	JUM	20,2000	<u></u> -
indicate the date impro whichever is earlier.)		iished, equipment wa		or financial assistance. For or the recipient occupied the	
23. Does the agreement pr be reported? (Mark or	ne i	subsidy or one of the	four types of financial assistan	ial assistance (see Question 2	(5) required to
24. If the agreement provide indicate the type(s) an				ce was one of the four types of ase indicate the type(s).	of financial
🗅 not applicable, agreeme	nt provided financ	cial assistance	not applicable, a	greement provided a busines	ss subsidy
loan (only principal) I grant (i.e., forgivable lo	an)	\$ \$	assistance for pr by contaminants	•	\$
☐ tax abatement ☐ TIF or other tax reduction ☐ guarantee of payment ☐ contribution of property ☐ preferential use of gove	or infrastructure	\$ \$ <u>/50,000</u> \$ \$	assistance provid	g it up to code, and ded for designated ation districts, when	S
☐ land contribution☐ other (Specify subsidy ty	урс.)	S	assistance for po abatement	ollution control or	\$
	_ _		assistance for a	TIF soils condition district	\$
20. If the assistance include indicate the type of TI				grantors providing a husines tance to the same project? (
☐ not applicable, assistance	ce was not in the f	form of T1F		ch grantor and the value of the cuttach an additional sheet	
☐ renewal and renovation			هَابِهِ ا		
☐ soils condition ☐ economic development ☐ mined underground spa	ice		Grantor(s) and val	ue of the agreement(s):	
la hazardous substance sul	bdistrict		Grantor	Value (S)	 ,
			Grantor —	Value (S)	

			ancial assistance agreement nt? (Mark all that apply 1	s state a public pi	urpose. Which
DEnhancing economic dive Creating high-quality job Job retention Description Stabilizing the community	growth		Increasing tax base (car I Other (please specify)_		
9 Indicate whether the agr at the time of this report			of goals, and whether the r late(s) for each goal.)	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 wage (Please attach descriptions	r retention goals	ls	established? dates (et attainment month & year) 31/0.3	All goals attained" U Yes SCNo U Yes D No U Yes D No D Yes D No
ttainment if not documente					
agreement and the avera	age hourly value	e of any employer-pr	reation and/or retention goa ovided health insurance goa to separate goals by full- ar FTE (only if goals not stated as FT/PT) Job Creation	is for those jobs	
no hourly wage-level goal	 .	-			5
less than \$7 00					s
					s
\$7.00 to \$8.99	<u> </u>	_	· 		
\$7.00 to \$8.99 \$9.00 to \$10.99	·	_	. 		s
	8	_ 	 -	·	
\$9 (#0 to \$10.99	 		 		s
\$9 (\tilde{0} to \$10.99 \$11.00 to \$12.99	 			·	s s
\$9 00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follows date and the actual hos	ing wage catego	y employer-provided	nber of actual jobs created a l health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT) Job Creation	obs. (Only indic	s s s nce the benefit
\$9 (00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15 (0) and higher 31. For each of the follows date and the actual hor full-time equivalents if Hourly Wage	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions) Job	sssnce the benefit ate job creation in
\$9 (0) to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15 (0) and higher 31. For each of the follows date and the actual hor full-time equivalents if Hourly Wage (excluding benefits)	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions) Job	sssnce the benefit ate job creation in
\$9 (00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the follows date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions) Job	ssnce the benefit ate job creation in Hourly Value o Health Insurance
\$9 (00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 11. For each of the follows date and the actual hor full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions) Job	S S S nce the benefit ate job creation in Hourly Value of Health Insurance S S
\$9 00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher 31. For each of the follows 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	ing wage catego urly value of an you are unable Full-time Job	y employer-provided to separate job crea Part-time/ Seasonal/Temp.	health insurance for those j tion into full- and part-time FTE (only if unable to separate FT/PT)	obs. (<u>Only</u> indic positions) Job	S S S nce the benefit ate job creation in Hourly Value of Health Insurance S S

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

 During the period January 1, 2001 through December 31 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 financ	cial assistance awarded to that
×~~		
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, 2001, that were 		
☐ Yes (Complete the remainder of this section	on i No (Stop here and sub	mu form to DTED ;
35 39. Provide the following information for each recipied were to be attained by the time of reporting (Attack		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	☐ recipient relocated to a differe ☐ 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	t's deadline for fulfilling its oblig Yes — 🗀 No	ations? (Mark one)
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, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

NO.637

01-0250



2001 Minnesota Business Assistance Form

- # 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.

1. Name of grantor (funding entity) City of Little Falls		Name of person completing this form Lori Kasella/Finance Officer			
3. Street address 100 NE 7th Ave., P.O. Box 244		4. City Little Falls	5. ZIP code 56345		
6. County 7. Phone number 320-616-5500		8. Fax number 9. E-mail address — 9. E-mail address —		ddress	
10. Please indicate who in your	r organization should receive the	2002 MBAF if different from the	he person in Qu	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
	Aark one. If grantor is entity lease indicate affiliation. For I check "City griverament.")	12. Has your organization he adopted enteria for awar compliance with Minn. S	ding butiness st	ibsidies in	
© City government ☐ County government ☐ Regional government	·	Yes (Indicate hearing dat O No O We held a public hearing to	out have not yet	adopted	
C) State government C) Other (Please specify.)		criteria (Indicate date of D) Other (Please attach expla	_		
	ted any agreements to award a bu O that is required to be reported				
		O No (Stop here, go to sec			

14 Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used		
DJ Hölding LLC	1009 NW 4th St., Little Falls, Street address City State ZIP c		
16. Does the recipient have a parent corporation? (Mark on	a.)		
☐ Yes (Indicase name and address of parens corporation b No	low. If more than one, indicate ultimate owner.)		
Name of parent corporation	Street address City State ZIP co		

DUE

	NO.	. 637
		i
Estate er (please specify)		<u> </u>
oci at that address.)		
		ļ
this business subsidy	y or	
ocated outside Minne	80 <u>m</u>	İ
		7
adduton to the agree t agreement was ame		
assistance. For examinent occupied the pro-		
(see Question 25) re	equired to	
f the four types of fir the type(s).	ancial	
ovided a business su	bsidy	
ted \$		}
lding \$_ de, and gnated ts, when		
rol or \$		
ndition district S		
		┪

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholcsate T	G Finance, Insurance, Real Estate ande G Construction G Other (please specify)
18. Did the recipient relocate as a result of signing this agree	nont? (Mark ane.)
O Yes (Indicate city and state of previous address and reason BNo (Go to Question 19.)	reciplent did not complete this project at that address.)
City/State of previous address Reason project not complete	d as previous address
 Would the recipient have remained in previous location of financial assistance? (Mark one) 	r retocated elsewhere if not awarded this business subsidy or
O Remained at previous location O Relocated to dif	ferent Minnesota location
lection 3 General Information About the Agree	ment
20. Total dollar value of business subsidy or financial assistance (Please separate voice by type in Questions 2 and 25.)	21. Date agreement signed (In addition to the agreement date, indicute any dates the agreement was amended.)
\$37,500.00	Jan 10, 2000
	yom the business subsidy or financial assistance. For example, was placed into service, or the reciplent occupied the property,
23. Does the agreement provide a business subsidy or one of be reported? (Mark one.) 5 business subsidy	the four types of financial assistance (see Question 25) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type	25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
O not applicable, agreement provided financial assistance	O not applicable, agreement provided a business subsidy
□ loan (only principal) \$ □ grant (i.e., forgivable loan) \$	□ assistance for property polluted \$ by contaminants
Ci cax abatement STIF or other tax reduction or deform Grantibution of property or infrastructure S	assistance provided for designated historic preservation districts, when
preferential use of governmental facilities D land contribution other (Specify subsidy type.)	50% or less of total cost assistance for pollution control or abatement
Godd (specy) success (spec)	assistance for a TIF soils condition district
26. If the assistance included tax increment financing, pleas indicate the typs of TIF district? (Mark one.)	e 27 Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.)
C not applicable, assistance was not in the form of TIP	See (Specify each grantor and the value of their assistance below; attach un additional sheet if necessary.)
C) redevelopment O renewal and renovation	Ø No
O soils condition Seconomic development O mined underground space	Grantor(a) and value of the agreement(s):
nazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

*C*04

28. Minn. Stat. §116J.994 re of the following public p	equires that busi purposes were s	ness subsidy and find sited in the agreemen	ancial assistance agreements 1? (Mark all that upply.)	etate a public pi	irpose. Which
DEnhancing economic diver Creating high-quality job (Jub retention Stabilizing the community	grouth		3 Increasing tax base (can C) Other (please specify)		
29. Indicate whether the agr at the time of this report				eipient had astai	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than we	retention goals		established? dates (0.00 - 0.0	et attainment month year) 11-02	All goals attained? Si Yes O No O Yes O No O Yes O No O Yes O No
(Please anach descriptions of attainment (f not documente					
	ige hourly value Il-time equivale	e of any employer-pro nts if you are unable	ovided health insurance goal to superate goals by full- an	a for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Tomp. Job Creation	FTE (only if goals not stated as FT/PT) Job Crenties	Job Retention	Rourly Value of Health Insurance
no howly wage-lovel goal					s
less than \$7.00		1_		<u> </u>	\$
\$7.00 to \$8.99					5
\$9.00 to \$10.99					S
\$11,00 to \$12.99	_2_				\$
. \$13.00 to \$14.99					5
				1	s
\$15.00 and higher					
31. For each of the following date and the actual hor	urly value of an	y employer-provided to separate job crea	nber of actual jobs crosted a health insurance for those ju- tion into full- and part-time	obs. <i>(Only</i> indic	
31. For each of the following date and the actual hor	urly value of an	y employer-provided	health insurance for those ju	obs. <i>(Only</i> indic	
31. For each of the following date and the actual hot full-time equivalents if	urly value of an <i>Lyou are unable</i> Full-time Job	y employet-provided to separate job creo Part-time/ Seasaga//Temp.	health insurance for those jution into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic positions.) Jab	cate job creation in Hourly Value of
31. For each of the following date and the actual hos full-time equivalents if Hourly Wage (orcluding benefits)	urly value of an Lyou are unable Full-time Job Creation	y employet-provided to separate job creo Part-time/ Seasaga//Temp.	health insurance for those jution into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic positions.) Jab	cate job creation in Hourly Value of
31. For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an (you are unable Full-time Job Creation	y employer-provided to separate job creo Part-time/ Sessaga/Icmp. Job Crastian	health insurance for those jution into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic positions.) Jab	cate job creation in Hourly Value of
31. 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	urly value of an fyou are unable Full-time Job Creation 1 2	y employer-provided to separate job creo Part-time/ Sessaga/Icmp. Job Crastian	health insurance for those jution into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic positions.) Jab	cate job creation in Hourly Value of
31. For each of the follows date and the actual hos full-time equivalents if Hourly Wage (oscinding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	urty value of an	y employer-provided to separate job creo Part-time/ Sessaga/Icmp. Job Crastian	health insurance for those jution into full- and part-time FTE (only if unable to separate FT/PT)	obs. <u>(Only</u> indic positions.) Jab	cate job creation in Hourly Value of

Diyes ONo

P05

Section 5 Recipients Failing to Fulfill Obligations

	section if you completed musry 1, 2000 through Decem Minu. Smt. §116J.993 and §1	nber 31, 2000, did your organization ha	ve any recipients who failed to
	e of each recipient fuiling to r additional pages if necessary,	report and the value of subsidy or finan)	cial assistance awarded to that
3 No			
Name of recipient	Type of subsidy or assis	sance (See Questions 24 und 25.)	Value of subsidy or assistance
-		t were required to be fulfilled by the tim	
35 39. Provide the followers to be analy	ned by the time of reporting.	recipient failing to fulfill goals or any or (Attach additional pages if necessary.)	
35 39. Provide the fol were to be attain 35. Information on recit	lowing information for each red by the time of reporting.	recipient failing to fulfill goals or any or	
35 39. Provide the fol	lowing information for each reach to the time of reporting. Sient and agreement:	recipient failing to fulfill goals or any or (Attach additional pages if necessary.)	ther terms of an agreement that
35 39. Provide the folwere to be attain 35. Information on recip	lowing information for each red by the time of reporting. Sient and agreement: built	recipient failing to fulfill goals or any or (Attack additional pages if necessary.) Type of subsidy or assistance	her terms of an agreement that Initial value of subsidy or assistance Outstanding value of

Return your completed MBAF(s) by darif 1, 2001, to: 2001 Minnesota Business Assistance Form

TYes DNo

🔾 Yes 💢 No, recipient has began to repay the assistance. 💢 No, recipient has not began to repay the assistance. 38. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)

39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:

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



1 8.4.11. 1/2/03 per plane 2002 Minnesota Business Assistance Form

RECEIVED MAR - ZINE

The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.

- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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.

ection 1 Grantor Inform	nation			
1. Name of grantor (funding entity) Loro Lakes EVA		2. Name of person completing this form		
6. County 7. Phone number 6.41/982.2423		8. Fax number 651/982.2499	9. E-mai	l address
10. Please indicate who in your	organization should receive the 2	002 MBAF if different from the	person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't agency, pl	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.")		eld a public he ding business Stat. §116J.994	subsidies in
City government		☐ Yes, in 2002 (attach crite)☐ Yes, in 2002 but have not		iteria
☐ County government		Yes, prior to 2002 If Yes: Hearing Date: 1/8/97 Year Criteria Submitted: 200 [
☐ Regional government				
☐ State government		J No		- ,
Other (Please specify.)		☐ Other (Please attach explanation.)		
	ed any agreements to award a bus I that is required to be reported ur			
Yes (Co	mplete the remainder of the form.	No (Stop here, go to sec	tion 5 on page	4.)
Section 2 Recipient Infor	rmation			<u></u>
14. Name of business or organization receiving subsidy or financial assistance		15. Address where business will be used	subsidy or fin	71
North American (Composites Company	Street address City	<u>Y ,≠.:40 f</u> ∕ Sta	te ZIP code
16. Does the recipient have a p	parent corporation?(Mark one.)			
Yes (Indicate name and add	ress of parent corporation below.	If more than one, indicate ultim	iate owner.)	
Interplastic Manu		1225 Willow Lake Boul	_	t- Paul, MN 55111
Name of parent corporation	1	Street address City	State	ZIP code

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ■Other (please specify) Distribution
18. Did the recipient relocate as a result of signing this agreement?	(Mark one.)
Yes (Indicate city and state of previous address and reason recip	ient did not complete this project at that address.)
The Minnerpolis for Minnerpolis for Minnerpolis for Minnerpolis, MN 55421 NAC's business. City/State of previous address Reason project not completed at property of the Minnerpolis for MAC's business.	cility was insufficient to handle all of <u>Needed to obtain a better Thin Cities</u> facility.
19. Would the recipient have remained in previous location or relocingnical assistance? (Mark one.)	
☐ Remained at previous location ☐ Relocated to differe	nt Minnesota location
Section 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
132,250	11/15/00
22. Benefit date (Indicate the date the recipient will benefit from the indicate the date improvements were finished, equipment was place whichever is earlier.) 23. Does the agreement provide a business subsidy or one of the forbe reported? (Mark one.)	d into service, or the recipient occupied the property,
business subsidy	☐ financial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	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 (only principal) S S S S S S S S S	□ 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.) ☐ not applicable, assistance was not in the form of TIF ☐ redevelopment ☐ renewal and renovation	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.) ☑ No Grantor(s) and value of the agreement(s):
☐ soils condition ☐ economic development	Grandella ma raina di dia agraditati(a).
☐ mined underground space ☐ hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

28. Minn. Stat. §116J.994 req of the following public purpos				state a public purpo	se. Which
Enhancing economic divers Creating high-quality job g I bb retention Stabilizing the community	sity		Increasing tax base (can Dother (please specify)		
 Indicate whether the agree at the time of this report. 				cipient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or: C) Other wage goals D) Other goals other than wage	retention goals		established? dates Yes No	get attainment s (month & year)	All goals attained? XYes \(\text{No} \) Yes \(\text{No} \) Yes \(\text{No} \) Yes \(\text{No} \) Yes \(\text{No} \)
(Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the average creation goals in full-time equation. Hourly Wage (excluding benefits)	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. (Or	nly indicate job Hourly Value of Health Insurance
no hourly wage-level goal					\$
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					s
\$11.00 to \$12.99	_3_				s
\$13.00 to \$14.99					2
\$15.00 and higher					\$
full-time equivalents if y Hourly Wage	rly value of any you are unable t Full-time Job	employer-provided he o separate job creatio Part-time/ SeasonaVTemp.	ealth insurance for those jo in into full- and part-time p FTE (only if unable to separate FT/PT)	bs. (<u>Only</u> indicate j	inb creation in Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation		Health Insurance
less than \$7.00					•——
\$7.00 to \$8.99					s
\$9.00 to \$10.99				1	. <u></u>
\$11.00 to \$12.99 \$13.00 to \$14.99	9			8	, <u>3.</u> 50
\$15.00 to \$14.99	_ 		-	9	,3.50
\$15.00 and higher	. 그				\$ <u></u> 0

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, report as required by Minn. Stat. §116J.993 and §116J.994? (A		any recipients who failed to
☐ Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	nd the value of subsidy or financia	al assistance awarded to that
¥ No		
Name of recipient Type of subsidy or assistance (S	ee Questions 24 and 25.) Va	lue of subsidy or assistance
34. Did your organization have any recipients who failed to a agreement signed on or after January 1, 2001, that were really Yes (Complete the remainder of this section)	quired to be fulfilled by the time	of this report?(Mark one.)
 35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional description). 35. Information on recipient and agreement: 		r terms of an agreement that
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.)	ent community
37. To date, has the recipient fulfilled its repayment obligation	m?(Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> 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 obliga	tions?(Mark one.)
39. Describe the steps being taken to bring recipient into con		
		

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

Q.t.H. 113102 pephone

01-0210

2002 Minnesota Business Assistance Form RECEIVED MAR 2 2002

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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.

Name of grantor (funding entity) Line Lakes Exp	2. Name of person completing this form Macy alice kowing
Street address Loon Catee Pkwi	4. City Lakes 5. ZIP code 55014
7. Phone number 7. Phone number	8. Fax number 9. E-mail address 651/982-2499 Indivine Oct. line-lah.
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'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 Minn. Stat. §116J.994? (Mark one.)
City government	☐ Yes, in 2002 (attach criteria) ☐ Yes, in 2002 but have not yet adopted criteria
☐ County government	XYes, prior to 2002
☐ Regional government	If Yes: Hearing Date: 11/8/97 Year Criteria Submitted: 200
☐ State government	1
Other (Please specify.)	☐ No ☐ Other (Please attach explanation.)
a outer (1 tease specify.)	
Has your organization signed any agreements to award a bit through December 31, 2001 that is required to be reported	

14. Name of business or organization 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used 265 City ZIP code Street address State

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.)

Name of parent corporation

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing ☐ Services ☐ Retail Trade Wholesale 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 and reason recip No (Go to Question 19.) Little Landa, MN	
City/State of previous address Reason project not completed at pr	
 Would the recipient have remained in previous location or reloc financial assistance? (Mark one.) 	cated elsewhere if not awarded this business subsidy or
Remained at previous location Relocated to differe	nt Minnesota location
Section 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
322,242	8/17/00
22. Benefit date (Indicate the date the recipient will benefit from the indicate the date improvements were finished, equipment was place whichever is earlier.)	d into service, or the recipient occupied the property,
23. Does the agreement provide a business subsidy or one of the for be reported? (Mark one.) business subsidy	•
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	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 (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.)	□ 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.) ☐ not applicable, assistance was not in the form of TIF ☐ redevelopment	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.) No
☐ renewal and renovation	Grantor(s) and value of the agreement(s):
☐ soils condition	}
☐ mined underground space ☐ hazardous substance subdistrict	Grantor Value (\$)
C 1422Millions Substance subdistrict	Grantor Value (\$)

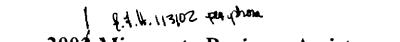
 Minn. Stat. §116J.994 rec f the following public purpos 				tate a public purpos	se. Which
Enhancing economic diverse Creating high-quality job go Job retention Stabilizing the community			Increasing tax base (car I Other (please specify)		
29. Indicate whether the agre at the time of this report.		~ - 1	_	ipient had attained	those goals
A) Specific wage and job goa B) Other job-creation and/or: C) Other wage goals D) Other goals other than wage	retention goals ge and job goals	·	established? dates (XYes □ No □ Yes □ No		All goals attained? Tyes MNo Yes No Yes No
attainment if not documented 30. For each of the following			ation and/or retention goals	stated in the	
	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. (<u>On</u>	<u>ly</u> indicate 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
less than \$7.00					s
\$7.00 to \$8.99					s
\$9.00 to \$10.99					\$
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher	4				\$
		employer-provided h	er of actual jobs created and ealth insurance for those job	os. (<u>Only</u> indicate j	
	you are unable t			A.I	
date and the actual hou		o separate job creation Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Cr e ation	Job Retention	Hourly Value of Health Insurance
date and the actual hou full-time equivalents if y Hourty Wage	you are unable to Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	·	•
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits)	you are unable to Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	·	•
date and the actual hou full-time equivalents if y Hourty Wage (excluding benefits) less than \$7.00	you are unable to Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	·	•
date and the actual hou full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	you are unable to Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	·	•
date and the actual hou full-time equivalents if y Hourty Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	you are unable to Full-time Job	Part-time/ Seasonal/Temp.	FTE (only if unable to separate FT/PT)	·	Health Insurance \$ \$ \$

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2 report as required by Minn. Stat. §116J.993 and §116J.994? (M		any recipients who failed to
Tyes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or financia	assisiance awarded to that
ŊNo .		
Name of recipient Type of subsidy or assistance (Se	ee Questions 24 and 25.) Val	ue of subsidy or assistance
34. Did your organization have any recipients who failed to ac agreement signed on or after January 1, 2001, that were recommended in the second of this section.	quired to be fulfilled by the time of	of this report?(Mark one.)
35 39. Provide the following information for each recipient were to be attained by the time of reporting. (Attach additional additional actions are actions as a second action and actions are actions as a second action actions are actions as a second action actions are actions as a second action action.		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	Trecipient relocated to a difference other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligatio	n? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	No, recipient has not begun to	o repay the assistance.
38. Has the agreement been amended to extend the recipient's	s deadline for fulfilling its obligat	ions?(Mark one.)
	Yes □ No	
39. Describe the steps being taken to bring recipient into com	pliance or recoup the subsidy	
		

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146





2002 Minnesota Business Assistance Form



- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. \$116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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.

1. Name of grantor (funding entity) Linia Lates EDA		2. Name of person completing this form			
3. Street address 1000 Town Cen	tee Ptwa	4. Cipi Lakes	5. ZIP c <i>5</i> S	, /	
6. County 7. avoka 6	Phone number 57/982-2423	8. Fax number 451/982-249	9. E-ma	il address Oci. Irae-lake	
10. Please indicate who in your orga	inization should receive the	2002 MBAF if different from t	he person in Qu	estion 2.	
Name/Title	Phone number	Street address	City	ZIP code	
 Classification of grantor /Mark of created by gov't agency, please example, a city EDA would check "C 	indicate affiliation. For	12. Has your organization adopted criteria for aw compliance with Minn	arding business	subsidies in	
City government		D Yes, in 2002 tattach eri		iteria	
☐ County government		Yes, prior to 2002	, ,		
☐ Regional government		If Yes: Hearing Dute: 11/8/99	Year Criteria Su	bmuted. 200 /	
☐ State government		~ ~ ~ ~ / ~ /			
☐ Other (Please specify.)		1 Other (Please attach exp	olanation)		
 Has your organization signed ar through December 31, 2001 that Yes (Comple 		inder Minn, Stat. \$116J 993 and	l §116J.99427.44	lark one.)	
•	tion				
ection 2 Recipient Informa					
14. Name of business or organization receiving subsidy or financial at	ssistance	15. Address where busine will be used 295 (Lpo//o Street address Co	ss subsidy or fin Device La ity Sta	us Laker MN	
14. Name of business or organization	ents up	will be used 295 Cepollo	Deire La	us Laker MN	
14. Name of business or organization receiving subsidy or financial as CTN YUWEST n.	ento UP t corporation? (Mark one)	will be used 295 (epollo Street address Ci	Deire La	us Raber MN	

17. Industry of recipient's facility (Mark one.)	1
Manufacturing	☐ Finance, Insurance, Real Estate rade ☐ Construction ☐ Other oplease specify)
18. Did the recipient relocate as a result of signing this agreer	ment? (Mark one)
No (Go to Question 19)	recipient did noi complete this project at that address.)
City/State of previous address Reason project not complete	lable site. c at previous address
19. 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 .	lifferent Minnesota location
Section 3 Agreement Information	
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 2- and 25.)	
and 25.) \$ 77, 185	8/24/00
indicate the date improvements were finished, equipment was whichever is earlier.) 11/22/00	the four types of financial assistance (see Question 25) required to
Dusiness subsi	dy Officancial assistance
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type.	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 (only principal) S ☐ grant (i.e., forgivable loan) S	☐ assistance for property polluted S by contaminants
☐ tax abutement S ▼TIF or other tax reduction or deferral S ☐ guarantee of payment S ☐ contribution of property or infrastructure S ☐ preferential use of governmental facilities S	
☐ land contribution S S S S S	□ assistance for pollution control or S abutement □ assistance for a TIF soils condition district S
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.) 2 Yes (Specify each grantor and the value of their
not applicable, assistance was not in the form of TIF	assistance helow; attach an additional sheet if necessary.)
☐ redevelopment	(*
☐ renewal and renovation ☐ soils condition	Grantor(s) and value of the agreement(s):
Seconomic development	
☐ mined underground space ☐ hazardous substance subdistrict	Grantor Value (\$)
1	Grantor Value (\$)

28. Minn, Stat. §116J.994 recoff the following public purpor				state a public purpo	ose. Which
Enhancing economic divers (Creating high-quality job g (1) Job retention (2) Stabilizing the community			Ancreasing tax hase (ca Other (please specify)	nnot be only purpo	se)
29. Indicate whether the agre at the time of this report.				pient had attained	those goals
A) Specific wage and job goa B) Other job-creation and/or a C) Other wage goals D) Other goals other than wag	retention goals ge and job goals		established" dates		All goals attained? Yes No Yes No Yes No Yes No
attainment if not documented	in Questions 30) and 31.)			
creation goals in full-time cui	ge hourly value in water if you in Full-time	of any employer-provi are unable to separate Part-time/	ded health insurancegoals goals by full- and part-tim FTE (only if goals not	for those jobs. 1 <u>On</u> re positions.)	
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				-	5
\$7.00 to \$8.99				<u> </u>	ı— —
\$9.00 to \$10.99		 ·	— –	— –	\$
	5		——	·	s L85
\$11.00 to \$12.99	<u> </u>				-
\$11.00 to \$12.99 \$13.00 to \$14.99					,— —
			- <u>-</u>		,
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour	rly value of any	employer-provided he	er of actual jobs created and alth insurance for those job in into full- and part-time po	s (<u>Only</u> indicate ji	
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour	rly value of any ou are unable to	employer-provided he a separate job creation	alth insurance for those job n into full- and part-time po	s (<u>Only</u> indicate ji	
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage	rly value of any rou are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Seasonal/Temp.	alth insurance for those job n into full- and part-time po FTE (only if unable to separate FT/PT)	es (<u>Only</u> indicate) isitions.)	ob creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits)	rly value of any rou are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Seasonal/Temp.	alth insurance for those job n into full- and part-time po FTE (only if unable to separate FT/PT)	es (<u>Only</u> indicate) isitions.)	ob creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00	rly value of any rou are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Seasonal/Temp.	alth insurance for those job n into full- and part-time po FTE (only if unable to separate FT/PT)	es (<u>Only</u> indicate) isitions.)	ob creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$57.00 to \$8.99	rly value of any rou are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Seasonal/Temp.	alth insurance for those job n into full- and part-time po FTE (only if unable to separate FT/PT)	es (<u>Only</u> indicate) isitions.)	ob creation in Hourly Value of
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the followin date and the actual hour full-time equivalents if y Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	rly value of any rou are unable to Full-time Job	employer-provided he o separate job creation Part-time/ Seasonal/Temp.	alth insurance for those job n into full- and part-time po FTE (only if unable to separate FT/PT)	es (<u>Only</u> indicate) isitions.)	ob creation in Hourly Value of

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

		
33. During the period January 1, 2001 throug report as required by Minn. Stat. §116J.993 a	gh December 31, 2001, did your organization have nd §116J.994? (Mark one.)	any recipients who failed to
☐ Yes (Indicate the name of each recipient for recipient. Attach additional pages if new	ailing to report and the value of subsidy or financia cessary.)	al assistance awarded to that
No No		
Name of recipient Type of subsic	ly or assistance (See Questions 24 and 25.) Ve	due of subsidy or assistance
	ts who failed to achieve any goals or fulfill any oth 2001, that were required to be fulfilled by the time	
☐ Yes (Complete the rema	uinder of this section.) 📕 No (Stop here and sui	bmit form to DTED .)
	for each recipient failing to fulfill goals or any othering. (Attach additional pages if necessary.)	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 app	ıly.):	
☐ recipient ceased operation☐ recipient was unable to fill vacant position	recipient relocated to a differ ons Other (Specify reason.)	rent community
37. To date, has the recipient fulfilled its re	payment obligation? (Mark one.)	
Yes No, recipient has begun to repa	y the assistance.	to repay the assistance.
38. Has the agreement been amended to ext	tend the recipient's deadline for fulfilling its obliga	ations?(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, 2002, to:

2002 Minnesota Business Assistance Form
Minnesota Department of Trade and Economic Development - AEO
500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146

01-0361



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 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 Ab	out Grantor			
1. Name of grantor (funding en City Of Lakeville		2. Name of person complete Ann Flad, Econo	•	ment Coord.
3. Street address 20195 Holyoke Ave	nue	4. City Lakeville	5. ZÎP code 55044	titt plante opt to
6. County Dakota	7. Phone number (952) 985-4400	8. Fax number (952) 985-4429	9. E-mail ad áfilad@	dress čillak e v ille . mr
10. Please indicate who in your	r organization should receive the	: 2002 MBAF if different from	the person in Que	stion 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 adopted criteria for aw compliance with Minn	arding business sub	bsidies in
City government County government Regional government State government Other (Please specify.)		 		
through December 31, 200	ed any agreements to award a bit that is required to be reported	under Minn. Stat. §116J.993 a	und §116J.994? <i>(M</i>	(ark one.)
Yes (Com)	plete the remainder of the form.)	□ No (Stop here, go to se	ection 5 on page 4))
Section 2 Information A	bout Recipient			· 5 · 113 · 114 · 41 · **
14. Name of business or organ receiving subsidy or finance DR Horton, Inc	cial assistance	15. Address where busines will be used 20860 Kenbridge Contract address	ŕ	
16. Does the recipient have a p	parent corporation? (Mark one.)			
디 Yes (Indicate name and add 沪 No	ress of parent corporation below	v. If more than one, indicate i	illimate owner.)	
Name of parent corporation		Street address Cit	tv State	ZIP code

17. Industry of recipient's facility (Ma	rk one.):		
☐ Manufacturing ☐ Retail Trade	□ Services □ Wholesale Trade	Finance, Insurance, Real Estate Construction Other (please specify)	
18. Did the recipient relocate as a resu	It of signing this agreemen	nt? (Mark one.)	
□ Yes (Indicate city and state of previous No.)	ous address and reason rea	cipient did not complete this project at that address.)	İ
Eagan, MN No City/State of previous address Reaso	room for expansi	on, and wanted to own rather than less previous address	ase.
19. Would the recipient have remained financial assistance? (Mark one.)	f in previous location or re	elocated elsewhere if not awarded this business subsidy or	
☐ Remained at previous location	n A Relocated to differe	ent Minnesota location OTE Relocated outside Minnesota	P
Section 3 General Information	About the Agreeme	ent	
20. Total dollar value of business sub- assistance (Please separate value and 25.)	•	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)	ļ
\$336,288.00		9/18/00	
		n the business subsidy or financial assistance. For example, is placed into service, or the recipient occupied the property,	
23. Does the agreement provide a busine be reported? (Mark one.)	iness subsidy or one of the	four types of financial assistance (see Question 25) required a financial assistance	d to
24. If the agreement provided a busine indicate the type(s) and total dollars		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).	l
anot applicable, agreement provided	financial assistance	not applicable, agreement provided a business subsidy	
O loan (only principal)	<u>s</u>	☐ assistance for property polluted S	
☐ grant (i.e., forgivable loan) ☐ tax abatement	\$	by contaminants	*
TIF or other tax reduction or deferre		stock or bringing it up to code, and	
☐ guarantee of payment ☐ contribution of property or infrastru	S cture	assistance provided for designated historic preservation districts, when	
preferential use of governmental fac		50% or less of total cost	
☐ land contribution	<u>s</u>	□ assistance for pollution control or S	
other (Specify subsidy type.)		abatement abatement assistance for a TIF soils condition district \$	
26. If the assistance included tax increindicate the type of TIF district? (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	See (Specify each grantor and the value of their assistance below; attach an additional sheet if necessar)
₫ redevelopment			.7.7
☐ renewal and renovation		X No	
soils condition conomic development		Grantor(s) and value of the agreement(s):	
mined underground space			
hazardous substance subdistrict		Grantor Value (S)	
		Grantor Value (\$)	

Section 4 Goals and Public Purpose Identified in the Agreement

D Enhancing economic diversity of Creating high-quality job D Job retention D Stabilizing the community	growth			e (cannot be only purp	
 Indicate whether the ag at the time of this report 	reement include t. (Fill in the bo	d the following type oxes and attainment	s of goals, and whether date(s) for each goal.)	the recipient had attai	ned those goals
A) Specific wage and job go	pals to be attained	ed within 2 years		Target attainment ates (month & year)	All goals attained? • Yes • No
3) Other job-creation and/or retention goals (2) Other wage goals (3) Other goals other than wage and job goals				OYes ONo OYes ONo OYes ONo	
Please attach descriptions titainment if not documente	of goals and pro	ogress toward			
30. For each of the following agreement and the aver job creation goals in fu	age hourly valu ll-time equivale	e of any employer-pr nts if you are unable	rovided health insurance to separate goals by fi	e goals for those jobs. ill- and part-time posit	
Hourly Wage (excluding benefits)	Full-time Jab Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals no stated as FT/PT) Job Creation		Hourly Value of Health Language
no hourly wage-level goal	N/A				\$
less than \$7.00					5
\$7.00 to \$8.99				~	s
59.00 to \$10.99					5
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15.00 and higher					\$
full-time equivalents ij	urly value of an <i>you are unable</i> Full-time	iy employet-provide to separate job cret Part-time/	d health insurance for the state of the stat	nose jobs. (<u>Only</u> indic -time positions.) to	ate job creation in
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	<u>N/A</u>				2
\$7.00 to \$8.99					3
\$9.00 to \$10.99				~ · · · ·	\$
\$11.00 to \$12.99					\$
\$13.00 to \$14.99					\$
\$15.00 and higher					S
32. Has the recipient achie	eved all goals (s	see Questions 29, 30		loblications stipulated is not yet co	

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

	nuary 1, 2000 through Decem Minn. Stat. §1161.993 and §	iber 31, 2000, did your organization hi 1161.994? (Mark one.)	ave any recipients who failed to
	e of each recipient failing to r additional pages if necessary.)	eport and the value of subsidy or finat	ncial assistance awarded to that
Ø № Ž			
Name of recipient	Type of subsidy or assis	stance (See Questions 24 and 25.)	Value of subsidy or assistance
		iled to achieve any goals or fulfill any were required to be fulfilled by the time.	
⊃ Yes (0	Complete the remainder of this	section.) \(\textbf{X}\text{No (Stop here and su}\)	hmit form to DTED.)
		ecipient failing to fulfill goals or any of (Attach additional pages if necessary)	
35. Information on recip	pient and agreement:		
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipies	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defaul	It (Mark all that apply.):		
☐ recipient ceased opera ☐ recipient was unable t		orecipient relocated to a differ the control of the	rent community
37. To date, has the reci	pient fulfilled its repayment o	bligation? (Mark one.)	
☐ Yes ☐ No, recipier	nt has begun to repay the assis	tance. O No, recipient has not beg	un to repay the assistance
38. Has the agreement b	peen amended to extend the re	cipient's deadline for fulfilling its obli	gations? (Mark one.)
	· · · · · · · · · · · · · · · · · · ·	□ Yes □ No	
39. Describe the steps b	eing taken to bring recipient i	nto 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

2001 Minnesota Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development





2001 Minnesota Business Assistance Form RECEIVED MAR 2 7 2002

- 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.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information A	bout Grantor				
1. Name of grantor (funding er	ntity)	2. Name of person completing this form			
Iron Range Resource	rs - Rehabilitation Age	ky Lori	Sp. elman		
3. Street address		4. City Eveleta	5. ZIP code 55734		
6. County St. Lauis	7. Phone number 218.744.7400	8. Fax number 218.744.7402	9. E-mail address	crib.	
10. Please indicate who in you	2 13 - 744 - 740 © Phone number			- 1	
, 0	Mark one. If grantor is entity olease indicate affiliation. For ld check "City government.")	Has your organization hel adopted criteria for award compliance with Minn. St.			
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		☐ Yes (Indicate hearing date and attach criteria) ☐ No ☐ We held a public hearing but have not yet adopted criteria (Indicate dute of initial hearing) X Other (Please attach explanation.)			
through December 31, 200	ned any agreements to award a bus 00 that is required to be reported u		§116J.994? (Mark one.)		
ou yes (Com	volete ine remainaer of the form.)		ON 3 ON DAPE 4.1	- 1	
	aplete the remainder of the form.) About Recipient	THE ISSUE OF THE PARTY OF THE P	on 3 on page 4.)		
	About Recipient	15. Address where business s will be used		 ;	
Section 2 Information A 14. Name of business or organ	About Recipient nization cial assistance	15. Address where business s will be used		elb	
Section 2 Information A 14. Name of business or organ receiving subsidy or finan Accelerated Pays	About Recipient nization cial assistance	15. Address where business s will be used 320 7 ^{thy} Avi., Tu	ubsidy or financial assistance	elb	
Section 2 Information A 14. Name of business or organ receiving subsidy or finan Accelerated Payl 16. Does the recipient have a	nization icial assistance ments, Truc.	15. Address where business s will be used 320 7 ^{thy} Avi. Tu Street address City	ubsidy or financial assistance State ZIP cod	elb	

2001 Minnesota Business Assistance Form

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

The IRRRB's board meetings are public meetings. The business subsidy for each individual project is established during the public meeting at which the individual projects are being considered.

17. Industry of reci	pient's facility (Mark one	e.):			
 	☐ Manufacturing ☐ Retail Trade	XServices U Wholesale Trade		surance, Real Estate on Other (please speci,	fv)
18. Did the recipier	nt relocate as a result of s	igning this ag reemen	17 (Mark one.)		
☐ Yes (Indicate cit) No (Go to Questi		ldress and reason rea	cipient did not compl	ete this project at that addre	:ss.)
City/State of previo	us address Reason pro	ject not completed at	previous address		
	pient have remained in place? (Mark one.) N/K	revious location or re	located elsewhere if	not awarded this business su	bsidy or
☐ Remained	at previous location	Relocated to differe	nt Minnesota locatio	n	finnesota
Section 3 Gener	al Information Ab	out the Agreemo	ent		
assistance (Plea	lue of business subsidy of ase separate value by typ		date, indicate o	it signed (In addition to the a any dates the agreement was	
indicate the da	to improvements some fix	ished equipment wa	s placed into semica	or financial assistance. For or the recipient occupied the occupied the control of the control o	a bearinged
	ment provide a business : Mark one.)			al assistance (see Question 2	
	t provided a business sub e(s) and total dollar val			e was one of the four types of ase indicate the type(s).	of financial
	greement provided financ		👸 not applicable, a	greement provided a busines	ss subsidy
☐ tax abatement ☐ TIF or other tax: ☐ guarantee of pay: ☐ contribution of p	reduction or deferral ment property or infrastructure of governmental facilities	\$	assistance provide historic preserve 50% or less of to assistance for postabatement	novating building g it up to code, and ded for designated ation districts, when otal cost	s s s
	e included tax increment oe of TIF district? (Mark			grantors providing a busines ance to the same project? (A	
1	ssistance was not in the f	orm of TIF		ch grantor and the value of t v; attach an additional sheet	
☐ redevelopment ☐ renewal and rene ☐ soils condition ☐ economic develo ☐ mined undergrou ☐ hazardous substa	opment und space		A No Grantor(s) and value	ue of the agreement(s):	
- incutaons suosu	WILL SMOUTHING		Grantor	Value (\$)	
			Grantor	Value (\$)	

Section 4 Goals and P	ublic Purpos	e Identified in t	he Agreement		
28. Minn. Stat. §116J.994 r of the following public					urpose. Which
Enhancing economic divergence Creating high-quality job Dob retention Constabilizing the community	growth		☐ Increasing tax ba☐ Other (please sp	ase (cannot be only purpecify)	pose)
29. Indicate whether the ag					ined those goals
			Goals	Target attainment	All goals
			established? Xi Yes 🖸 No	dates (month & year)	attained?
	A) Specific wage and job goals to be attained within 2 years			3/0:/05	2 Yes 2 No
B) Other job-creation and/o C) Other wage goals	r retention goals		☐ Yes ☐ No ☐ Yes ☐ No		O Yes O No
D) Other goals other than w	age and job goal	ls	Q Yes Q No		O Yes O No
2) Outo 8000	-5 ,				_ 115 _ 110
(Please attach descriptions attainment if not documente					
30. For each of the following agreement and the average job creation goals in fu	age hourly value	of any employer-pr	ovided health insuran	ce goals for those jobs.	
	Full-time	Part-time/	FTE (<u>only</u> if goals		
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	stated as FT/PT Job Creation) Job Refention	Hourly Value of Health Insurance
no hourly wage-level goal			· 		s
less than \$7.00	40 bu	3/01/62		——	\$
\$7.00 to \$8.99	180 03	3/01/05			5 <u>ics</u> +
\$9.00 to \$10.99					3
\$11,00 to \$12.99					s
\$13.00 to \$14.99					s
\$15.00 and higher					3
31. For each of the following date and the actual hor full-time equivalents if	urly value of any	employer-provided	health insurance for	those jobs. <u>(Only</u> indic	nce the benefit ate job creation in
Hourly Wage	Full-time Job	Part-time/ Seasonal/Temp.	FTE (<u>only</u> if unabl separate FT/PT) Job	Hourly Value of
(excluding benefits)	Creation	Job Creation	Job Creation	Retention	Health lasurance
less than \$7.00				——	s
\$7.00 to \$8.99	<u>35</u>	18			<u>, 1 4</u> 3
\$9.00 to \$10.99	<u></u>				<u>.1.4</u> 3
\$11.00 to \$12.99	<u> </u>	 -		 -	<u>. 143</u>
\$13.00 to \$14.99					<u></u> -
\$15.00 and higher	3				<u> 1.43</u>
32. Has the recipient achie (Mark one.)	eved <u>all goals</u> (se	_	and 31) and fulfilled a	ul obligations stipulated	in the agreement?
<u></u>		<u> </u>			

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

	nuary 1, 2000 through Decen Minn, Stat. §116J.993 and §1	nber 31, 2000, did your organization ha 116J.994? (Mark one.)	ave any recipients who failed to
	e of each recipient failing to i additional pages if necessary.	report and the value of subsidy or final)	ncial assistunce awarded to that
ОИ С			
Name of recipient	Type of subsidy or assistance (See Questions 24 and 25.)		Value of subsidy or assistance
		iled to achieve any goals or fulfill any twere required to be fulfilled by the tire.	
□ Yes (C	Complete the remainder of thi	s section.) No (Stop here and su	abmit form to DTED .)
	ned by the time of reporting.	ecipient failing to fulfill goals or any o (Attach additional pages if necessary.)	
Name of recipient in default		Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipies	nt	City/ZIP code of recipient	Outstanding value of subsidy or assistance
36. Reason(s) for defau	t (Mark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fill vacant positions		☐ recipient relocated to a different community ☐ other (Specify reason.)	
37. To date, has the rec	ipient fulfilled its repayment o	obligation? (Mark one.)	
☐ Yes ☐ No, recipier	nt has begun to repay the assis	stance. O No, recipient has not beg	un to repay the assistance.
38. Has the agreement l	ocen amended to extend the re	cipient's deadline for fulfilling its obli	gations? (Mark onc.)
		☐ Yes ☐ No	
39. Describe the steps b	eing 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



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Section 1 Information About Grantor		······································	
1. Name of grantor (funding entity) Iron Range Resources + Robab I. Jestion Agence	2. Name of person completing	this form	
3. Street address 1006 Highway 53 South	4. City Eveleth	5. ZIP code 55734	
6. County 7. Phone number 318 744 7400	8. Fax number 218. フリリ・フリレン	9. E-mail address lori. Spielman & 188	rb
10. Please indicate who in your organization should receive the Ph. Bakker 218.744.7400 Name/Title Phone number			34
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 awardir compliance with Minn. Sta	ng business subsidies in	
☐ City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)	☐ Yes (Indicate hearing date - ☐ No ☐ We held a public hearing but criteria (Indicate date of ini ☐ Other (Please attach explana	have not yet adopted tial hearing)	
13. Has your organization signed any agreements to award a bus through December 31, 2000 that is required to be reported u	nder Minn. Stat. §116J.993 and §	116J.9947 (Mark one.)	
Yes (Complete the remainder of the form.) Section 2 Information About Recipient	□ No (Stop here, go to section	n 3 on page 4.)	J
14. Name of business or organization receiving subsidy or financial assistance	15. Address where business su will be used	bsidy or financial assistance	
Larex , Inc.	1101 NW 31 % St Co	State ZIP code	
16. Does the recipient have a parent corporation? (Mark one.)			1
☐ Yes (Indicate name and address of parent corporation below. No	If more than one, indicate ultim	ale owner.)	
Name of parent corporation	Street address City	State ZIP code	}

2001 Minnesota Business Assistance Form

12. The Commissioner of Iron Range Resources and Rehabilitation is empowered by Minnesota Statutes, Section 298.22 and 298.292 and 298.293 to participate with private sources in providing financing for various economic development projects in the form of loans and or/grants for the purpose of job creation and economic development within the Taconite Tax Relief Area.

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17. Industry of recipient's facility (Mark one.)	2			
<u></u>	Services Wholesale Trade	☐ Finance, Insura ☐ Construction	nce, Real Estate Other (please speci)	f.)
18. Did the recipient relocate as a result of sig			- Calci (product speet)	<u>"———</u>
18. Did the recipient relocate as a result of sig	Ding mis agreement	i (murk one.)		
☐ Yes (Indicate city and state of previous add ☑ No (Go to Question 19.)	ress and reason reci	ipient did not complete	this project at that addre	ss.)
City/State of previous address Reason project	ct not completed at p	previous address		
19. Would the recipient have remained in pre- financial assistance? (Mark one.) N/A	vious location or rele	ocated elsewhere if not	awarded this business su	bsidy or
☐ Remained at previous location ☐ I	Relocated to differen	nt Minnesota location	Relocated outside M	linnesota
Section 3 General Information Abou	it the Agreeme	nt		
20. Total dollar value of business subsidy or assistance (Please separate value by type	financial	21. Date agreement sig date, indicute any	med (In addition to the a dates the agreement was	
350,000·	_	March	23,2000	
22. Benefit date (Indicase the date the recipies indicate the date improvements were finis whichever is earlier.) until Dec. 31, 2000. Lean f	hed, equipment was	placed into service, or	the recipient occupied the	e property.
23. Does the agreement provide a business sube reported? (Mark one.)	-	four types of financial as	ssistance (see Question 2	5) required to
24. If the agreement provided a business subsi indicate the type(s) and total dollar value			as one of the four types of indicate the type(s).	of financial
not applicable, agreement provided financia	assistance	🛱 not applicable, agree	ement provided a busines	ss subsidy
Ø loan (only principal) □ grant (i.e., forgivable Ioan) □ tax abatement	\$350,000	☐ assistance for proper by contaminants ☐ assistance for renove	• •	\$
☐ TIF or other tax reduction or deferral	š	stock or bringing it t	up to code, and	
guarantee of payment contribution of property or infrastructure	{	assistance provided historic preservation	_	
preferential use of governmental facilities	š	50% or less of total	cost	
land contribution Other (Specify subsidy type.)	s	assistance for pollut abatement	ion control or	s
Gount (openly suising type)			soils condition district	s
26. If the assistance included tax increment findicate the type of TIF district? (Mark or	O		ntors providing a busines to the same project? (A	
not applicable, assistance was not in the for	m of TIF		rantor and the value of t ttach an additional sheet	
redevelopment renewal and renovation		≱ No		
soils condition				
☐ economic development ☐ mined underground space	}	Grantor(s) and value of	of the agreement(s):	
hazardous substance subdistrict	ļ			
		Grantor	Value (\$)	
		Grantor	Value (\$)	

 Minn. Stat. §116J.994 re of the following public p 	equires that bus purposes were s	iness subsidy and finated in the agreemen	ancial assistance agre at? (Mark all that app	ements state a public p oly.)	urpose. Which
Enhancing economic diver Creating high-quality job (I Job retention Stabilizing the community	growth			se (cannot be only purp	
9. Indicate whether the agr at the time of this report					ned those goals
			Goals	Target attainment	All goals
				dates (month & year)	attained?
A) Specific wage and job go	als to be attaine	d within 2 years	∑a Yes □ No	March 2002	Yes No
Other job-creation and/or Other pro-cools	retention goals	;	☐ Yes ☐ No ☐ Yes ☐ No		□Yes □No □Yes □No
') Other wage goals)) Other goals other than wa	age and iob gos	ls	□ Yes □ No		Q Yes Q No
,,	5 5				
Please attach descriptions (ttainment if not documente					_
 For each of the followin agreement and the avera job creation goals in ful 	age hourly value	e of any employer-pro	ovided health insuran	e goals for those jobs.	
Hourty Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals stated as FT/FT) Job Creation		Hourly Value of Health Insurance
no hourly wage-level goal			· — <u>—</u>		s
less than \$7.00					s
\$7.00 to \$8.99				 -	\$
\$9.00 to \$10.99			 -		s
\$11,00 to \$12.99					5 - Not +
\$13.00 to \$14.99	10				s 10 5 8 +
\$15.00 and higher				<u> </u>	\$
 For each of the following date and the actual hot full-time equivalents if 	you are unahle	to separate job creat	tion into full- and par	t-time positions.)	ине 300 стешном т
date and the actual hou	urly value of an you are unable Full-time Job Creation	y employer-provided to separate job creat Part-time/ Seasonal/Temp. Job Creation	freatty insurance for the control of	1-time positions.) e to	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourly Wage	you are unahle Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and par FTE (<u>only</u> if unabl separate FT/PI	t-time positions.) e to Job	Hourly Value of
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits)	you are unahle Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and par FTE (<u>only</u> if unabl separate FT/PI	t-time positions.) e to Job	Hourly Value of Health Insuranc
date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unahle Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and par FTE (<u>only</u> if unabl separate FT/PI	t-time positions.) e to Job	Hourly Value of Health Insurance
date and the actual hot full-time equivalents if Hourty Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	you are unahle Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and par FTE (<u>only</u> if unabl separate FT/PI	t-time positions.) e to Job	Honrly Value of Health Insurance 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 unahle Full-time Job	to separate job creat Part-time/ Seasonal/Temp.	tion into full- and par FTE (<u>only</u> if unabl separate FT/PI	t-time positions.) e to Job	Honrly Value of Health Insurance S S S

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

 During the period January 1, 2000 through December 31 report as required by Minn. Stat. §116J.993 and §116J.99 	1, 2000, did your organization hav 94? (Mark one.)	e any recipients who failed to
☐ Yes (Indicate the name of each recipient fuiling to report recipient. Attach additional pages if necessary.)	and the value of subsidy or financ	cial assistance awarded to that
Ž 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.) 13 No (Stop here and sub	mit form to DTED .)
35 39. Provide the following information for each recipies were to be attained by the time of reporting. (Attack		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	U recipient relocated to a differe	ent community
37. To date, has the recipient fulfilled its repayment obligat	ion? (Mark one.)	
Yes No, recipient has begun to repay the assistance.	☐ No, recipient has not begun	n to repay the assistance.
38. Has the agreement been amended to extend the recipien	t's deadline for fulfilling its oblig	ations? (Mark one.)
<u> </u>	Yes O 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:

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Section 1 Information About Grantor

1. Name of grantor (funding entity) CITY OF HOWARD LAKE		2. Name of person completing this form MICHELE HARTMAN, MEDN			
3. Street address 741 6th St.		4. City HOWARD LAKE	5. ZIP code 55349		
6. County WRIGHT	7. Phone number 320-543-3670	8. Fax number 320-543-3206	9. E-mail address		
	r organization should receive the CIN CLERK 320- Phone number	2002 MBAF if different from the 543-3670 741 644 Street address	person in Question 2. HOWARD LAKE City ZIP code		
11. Classification of grantor (Mark one. If grantor is entity created by gov't agency, please indirate 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.9947 (Mark one.)					
City government County					
		siness subsidy or financial assistander Minn, Stat. §116J.993 and §			
	Nete the remainder of the form.)	□ No (Stop here, go to section	n 5 (in page 4.)		
Section 2 Information Al	oont Kecipient		•.		

14.	Name of business or organization	
	receiving subsidy or financial assistance	

STELLAR HEALTH CARE, INC.

15. Address where business subsidy or financial assistance will be used

Street address ZIP code

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

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

Name of parent corporation

Street address

City

State

ZIP code

	☐ Manufacturing ☐ Retail Trade	Services Wholesale Trade	☐ Finance, Insuran ☐ Construction	nce, Real Estate Other (please specified)	(y)
R. Did the recipie	ent relocate as a result o	f signing this agreement	? (Mark one.)		
Yes (Indicate cit (No (Go to Quest		address and reason rec	ipient did not complete t	this project at that addre	:35.)
ity/State of previo	ous address Reason p	roject not completed at	previous address		
	ipient have remained in nee? (Mark one.)	•	ocated elsewhere if not	awarded this business su	ıbsidy or
☐ Remained	at previous location	Relocated to differen	nt Minnesota location	☐ Relocated outside N	1innesota
ction 3 Gener	ral Information A	bout the Agreemer	at		
	alue of business subsidy ase separate value by t	•		ined (In addition to the t dates the agreement was	-
P.A.Y.G.	TIF vero 499	1,000	7-13-20	∞	
indicate the da	ite improvements were j			financial assistance. Fo the recipient occupied th	
whichever is e		8-18-00			
3. Does the agree be reported? (Mark one)	/	four types of financial as	ssistance (see Question 2	25) required to
	nt provided a business s pe(s) and total dollar v			as one of the four types indicate the type(s).	of financial
) not applicable, a	greement provided fina	incial assistance	not applicable, agree	ement provided a busines	sa subaidy
l loan (only princi) grant (i.e., forgiv		S	assistance for proper by contaminants	ty polluted	2
guarantee of pay contribution of p	reduction or deferral ment property or infrastructure of governmental faciliti		assistance for renova stock or bringing it u assistance provided historic preservation 50% or less of total of	up to code, and for designated a districts, when	\$
I land contribution other (Specify su	ก	\$ \$	assistance for pollutionabatement assistance for a TIF	ion cantrol or	s
	re included tax increme pe of TIF district? (Man			ntors providing a busines e to the same project? (
,	ssistance was not in the	form of TIF		rantor and the value of t Nach an additional shee	
redevelopment renewal and ren soils condition			X (No	Educate and	
] economic develor] mined undergro] hazardous subst	und space		Grantor(s) and value 0	i the agreement(s):	
a marandona aditai	milet markett Hel		Grantor	Value (\$)	
		Ţ	Grantor	Value (\$)	

Section 4	Goals and	Public P	urbose	Identified:	in the	Agreement
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28. Minn. Stat. §116J.994 r of the following public			ancial assistance agreement? (Mark all that apply.)	nts state a public pu	irpose. Which
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		Increasing tax base (conditions)	REHAB OF BUILDING	ose) BLIGHTED
29. Indicate whether the ago at the time of this report				recipient had attai	ned those goals
A) Specific wage and job go B) Other joh-creation and/or C) Other wage goals D) Other goals other than w (Please attach descriptions attainment if not documente	r retention goals age and job gos of goals and pro	ila Ogress Ioward	established? date XYes I No Yes XNo Q Yes XNo	rgct attainment s (month & year) 3-18-02 B-18-05 RATOL	All goals attained? O Yes M No O Yes O No O Yes O No
	age hourly valu	e of any employer-pr	creation and/or retention govided health insurance go to separate goals by full-	oals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ ScasenaVTemp, 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					1
less than \$7.00	2			****	s
\$7.00 to \$8.99	,				s
9.002 at 00.92					1
\$11.00 to \$12.99					s
\$13.00 to \$14.99					3
\$15 00 and higher	1				s
	urly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim	e jobs. <i>(Only Indic</i>	
Hourly Wage (excluding benefits)	Full-time Jeb Creation	Part-time/ Seasonal/Temp, Job Creation	FIE (only if unable to separate FI/PI) Job Creation	Job Retention	Hoprly Value of Health laxurance
fess than \$7.00			-		\$
\$7,00 to \$8,99		<u>3</u>			5
\$9.00 to \$10.99					S
\$11.00 to \$12.99	1_				5
\$13.00 to \$14.99		AB BEUY			s
\$15.00 and higher		Wherthed Wi	<u>ω</u>		3
32. [las the recipient schie (Mark one.)	eved all goals (s		and 31) and fulfilled <u>all ol</u> No	oligations stipulated	in the agreement?

		it on another 2001 MBAF sub	
 During the period Januare report as required by M 	ary 1, 2000 through Decemb linn. Stat. §116J.993 and §1	er 31, 2000, did your organization ha 16J.994? (Mark one.)	ive any recipients who failed to
	feach recipient failing to re iltional pages if necessary.)	part and the value of subsidy or finan	icial assisiance awarded to that
Name of recipient	Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
agreement signed on or		ed to achieve any goals or fulfill any ewere required to be fulfilled by the tiresection.) No (Stop here and su	ne of this report? (Mark one.)
were to be attained	d by the time of reporting. (cipicat failing to fulfill goals or any o	ther terms of an agreement that
35. Information on recipier	nt and agreement:		
Name of recipient in defaul	it	Type of subsidy or assistance	Initial value of subsidy of magnetance
Street address of recipient		City/ZIP code of recipient	Outstanding value of subsidy or assistance
	Mark all that apply.):		
36. Reason(s) for default (/			
Trecipient ceased operation	en.	O recipient relocated to a differ O other (Specify reason.)	ent community
O recipient ceased operation of recipient was unable to fi	en.	O other (Specify reason.)	ent community
37. To date, has the recipie	in Ill vacant positions	O other (Specify reason.)	
Trecipient ceased operation recipient was unable to find the second recipient. To date, has the recipient has the recip	on Ill vacant positions ent fulfilled its repayment ob as begun to repay the assista	O other (Specify reason.)	un to repay the assistance.
Trecipient ceased operation recipient was unable to find the state of	on Ill vacant positions ent fulfilled its repayment ob as begun to repay the assista	other (Specify reason.) ligation? (Mark one.) unce.	un to repay the assistance.

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

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Section 1 Information About Grantor

- The 2001 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and image in a state of the 2001 Minnesota Business Assistance form (MBAF) is used to report each business subsidy and image in assistance agreement signed from January 1, 2000 through December 31, 2000 per Minn. Stat. §1161.993 to §1161.995. 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.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

CITY OF	JOHN	2-12C	SS MA.	\sim	
3. Street address 101 E 47	H ST	4. Ciry HASTIA	JG-5	5. ZIP code	55033
6. County ORKOW	7. Phone mumber 431-4/27	8. Fax aumber 651/437-	7082	9. E-mail add	iess
10. Please indicare who in you	r organization should receive the			penson in Quest	ion 2.
Name/Title	Phone mmber	Street add	reas	City	ZIP code
	dark one. If grantor is entity lease indicate affiliation. For I check "City zovernment.")	· ·	a for awardi	a public hearing ng business subs nr. §116J.994? (A	idies in
If City government ☐ County government ☐ Regional government		Tyes (Indicate h No We held a public	-		
☐ State government ☐ Other (Please specify.)		criteria (Indica	te date of ini	tial hearing	
Other (Please specify.) Has your organization sign through December 31, 200	ned my agreements to award a bus to that is required to be reported to plete the remainder of the form.)	Other (Please as	te date of this tach explanation assistant 61.993 and §	tial hearing ntion.) nce from January 1161.994? (Mar	
Other (Please specify.) Has your organization sign through December 31, 200	to that is required to be reported up that is remainder of the form.)	Other (Please as iness subsidy or fina nder Minn, Stat. §11	te date of this tach explanation assistant 61.993 and §	tial hearing ntion.) nce from January 1161.994? (Mar	
13. Has your organization sign through December 31, 200 Yes (Comp. Section 2 Information A) 14. Name of business or organization receiving subsidy or flustress.	0 that is required to be reported uplete the remainder of the form.) bout Recipient fizzion tial assistance	Other (Please at iness subsidy or final other Minn. Stat. §11 O No Stap here. 15. Address where will be used	te date of but tach explana naisl assistan 6J.993 and § go to section	tital hearing	ck one.)
13. Has your organization sign through December 31, 200 Yes (Comp. Section 2 Information A) 14. Name of business or organization receiving subsidy or flustress.	to that is required to be reported uplete the remainder of the form.) bout Recipient description fial assistance UNDERGYCOUND	Other (Please at iness subsidy or final other Minn. Stat. §11 O No Stap here. 15. Address where	te date of but tach explana naisl assistan 6J.993 and § go to section	tital hearing	ck one.)
13. Has your organization sign through December 31, 200 Yes (Comp. Section 2 Information A) 14. Name of business or organization and receiving subsidy or faunce of the control of the	to that is required to be reported uplete the remainder of the form.) bout Recipient description fial assistance UNDERGYCOUND	Other (Please at incss subsidy or final oder Minn. Stat. §11 No Stop here. 15. Address where will be used	the date of but tach expland notal assistant 61.993 and § go to section the business su LALD:	tital hearing ution.) nce from January 1161.994? (Man in 5 on page 4.) heidy or financia HAS T (NG	I auditunce MN 5503
13. Has your organization sign through December 31, 200 Yes (Comp. Section 2 Information A) 14. Name of business or organization and receiving subsidy or fluoric CREDIAWN SPRINGERS 16. Does the recipient nave a figure	to that is required to be reported t	Other (Please at iness subsidy or final ader Minn. Stat. §11 O No Stap here. 15. Address where will be used 2550 MIL Street address	the date of but tach explana 61.993 and § go to section business su LACD: City	tital hearing ution.) nce from January 1161.994? (Man in 5 on page 4.) beidy or financia HAS T [NG Stage	I auditunce MN 5503

	☐ Manufacturing	Services	C Finance, Insura	mce Real Fetate	
	Retail Trade	Wholesale Trade		Other (please speci	fs)
18. Did the recipi	ient relocate as a resuit of	signing this agreemen	d) (Mark one.)		
□ Yes (Indicate c ■ No (Go to Que.		address and rouson rec	apient did not complete	this project at that addre	<u>:F.F. /</u>
Ciry/State of prev	ious address Reason p	roject not completed at	previous address		
	cipient have remained in moc? (Mark one.)	previous location or re	located elecuhere if not	awarded this business su	bsidy or
🗅 Remains	ed at previous location	Relocated to differe	nt Minnesota location	Rejocated outside M	linnesota
ection 3 Gene	eral Information Al	bout the Agreeme	nt		
assistance (Pi	value of business subsidy lease separate value by t		_	gned (In addition to the d dates the agreement was	•
and 25.)	51,999.0	0	Decem	ber 1, 200	Ċ
	late improvements were f		s placed into service, or	financial assistance. Fo the recipiens occupied th	
23. Does the agree be reported?	(Mark one.)	s subsidy or one of the business subsidy	four types of financial a	asistance (see Question 2	5) required to
	ent provided a business su vpe(s) and total dollar v		1	eas one of the four types of indicate the type(s).	of financial
🗆 not applicable,	agreement provided fina	ncial assistance	Taot applicable, agre	ement provided a busines	ıs subsidy
☐ loss (only prin ☐ grant (i.e., forg		\$	Sy contaminants	- '	s
Community of pa		\$ \$	assistance for renov stock or bringing it assistance provided	up to code, and for designated	\$
Contribution of preferential use Criand contribution	property or infrastructure of governmental facilities	s 5 s 5999	historic preservation 50% or less of total assistance for pollut	cost	•
O other (Specify s		\$	abatement	soils condition district	ss
· · · · · · · · · · · · · · · · · · ·					
	nce included the increme ype of TIF district? (Mar			ntors providing a busines e to the same project? (A	
	assistance was not in the	form of TIF		rantor and the value of t ttach an additional sheet	
 redevelopment renewal and re soils condition 	novatios		#No		
O economic deve O mined undergra	lopment ound space		Grantor(s) and value of	of the agreement(s):	
☐ p=zətdəna enpa	atence subdistrict		Grantor	Value (\$)	
			Grantor	Value (5)	

Section 4 Goals and Public Purpose Identified in the Agreement

Section 4	Goals and	Public Pur	pose Identifie	d in the a	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.)						
DENtancing economic dive			Increasing tax base (cannot be only purpose) Dother (please specify) FACILITYTE LOCAL EXPANSION			
O Job retention O Stabilizing the community	,		FACILITATE	E LOCOL E	ZDANSION	
29. Indicate whether the agr at the time of this report				recipient had atta	ined those goals	
				rget attainment s (month & year)	All goals attained?	
A) Specific wage and job go	als to be attaine	ed within 2 years		2/1/02	Yes O No	
	B) Other job-creation and/or retention goals				□ Yes □ No	
C) Other wage goals D) Other goals other than wa	ge and Joh gos	ls	☐ Yes ☐ No	1/1/02	□ Xes □ No □ Yes □ No	
D) Onici gozia odici znaj wi	An min lon 900	19	<u> </u>	1/20/	- 10, -110	
(Please attach descriptions of attainment if not documented						
30. For each of the followin	g wage categor	ies, indicate the job	creation and/or retention g	oals stated in the		
agreement and the avera	ge hourly value	e of any employer-pr	ovided health insurance go to separate goals by full-	oals for those jobs.		
	Full-time	Part-time/	FTE (only if goals not			
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			 .		5	
less than \$7.00					\$	
\$7.00 to \$8.99					5	
\$9.00 to \$10.99			4		\$	
\$11.00 to \$12.99			 -		<u>. </u>	
\$13.00 to \$14.99					3	
\$15.00 and higher					5	
31. For each of the following date and the actual hour full-time equivalents if	rly value of an	y employer-provided	nber of actual jobs created health insurance for those tion into full- and part-tim	jobs. (Only indic	nce the benefit ate job creation in	
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					5	
\$9.00 to \$10.99					5	
\$11.00 to \$12.99			3		\$	
\$13.00 to \$14,99			2		3	
\$15.00 and higher					s	
32. Has the recipient achieve (Mark one.)	ved <u>all goals</u> (se			ligations stipulated	d in the agreement?	
Inuix ons.)	(Mark one.)					

2001 MBAF report - Greenlawn

Q. 29

D. Other goals: complete \$200,000 building and site improvements by July 1, 2002.



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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 filled.
- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1 None of our of Continues					
1. Name of grantor (funding on CITY OF 5	hin) HASTINGS	2. Name of person completing this form JOHN GROSSMAN			
3. Street address 101 E 47	4. City 5. ZIP code HASTINGS MA			55033	
6. County ONKOW	8. Fax number 65: /437-	7082	9. E-mail add	ress	
10. Please indicate who in your	r organization should receive the	2002 MBAF if differ	at from the	person in Quest	tion 2.
Name/Tide	Phone number	Street addr	ess	City	ZIP code
11. Classification of grants (A created by gov't agency, pleample, a city EDA would	12. Has your organization held a public hearing on and adopted crueria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)				
☐ City government ☐ County government ☐ Regional government ☐ State government	© Yes (Indicate hearing dute - 12/20/97 and attach criteria) No □ We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) □ Other (Please attach explanation.)				
Other Please specify.)		Other (Please as			
13. Has your organization sign through December 31, 200	ed my agreements to award a bus 0 that is required to be reported to plate the remainder of the form.	iness subsidy or final	ach explana acial assista 51,993 and (ce from Januar, 116J.994? (Ma	y 1, 2000
13. Has your organization sign through December 31, 200	0 that is required to be reported to letter the remainder of the form.	iness subsidy or fines ader Minn, Star. §110	ach explana acial assista 51,993 and (ce from Januar, 116J.994? (Ma	y 1, 2000
13. Has your organization sign through December 31, 2000 Yes (Comp	o that is required to be reported to lette the remainder of the form., pout Recipient	iness subsidy or fines ader Minn, Star. §110	ach expland acial assista 51.993 and §	ntion.) ccc from Januar, 116J.994? (Ma n 5 on page 4.)	y 1, 2000 rk one.)
13. Has your organization signature of December 31, 2000 Yes (Complete of March 14. Name of business or organization subsidy or finance	o that is required to be reported to lette the remainder of the form., pout Recipient	iness subsidy or final pider Minn, Star. §110 No Stop here.	ocial assista 57,993 and § go to section business nu	nce from Januar, [116J.994? (Man 5 on page 4.)	y 1, 2000 rk one.)
13. Has your organization signature of December 31, 2000 Yes (Complete of March 14. Name of business or organization subsidy or finance	other is required to be reported to	iness subsidy or final order Minn. Star. §110 O No Stop here. 15. Address where will be used	ocial assista 57,993 and § go to section business nu	nce from Januar, [116J.994? (Man 5 on page 4.)	y 1, 2000 rk one.)
13. Has your organization signature of through December 31, 2000 Yes (Complete Complete her is required to be reported to	iness subsidy or final order Minn, Star §110 O No Stop here. 15. Address where will be used 2020 In Street address	coch explana coch explana coch explana coch explana coch explana go to section business no City	being or financial State	y 1, 2000 rk one.)	

17. Industry of recipient's facility (Mark one	u):			
☐ Manufacturing ○ Rerail Trade	De Services Di Wholesaie Trade	Construction	nce, Real Estate Other (please speci	6)
18. Did the recipient relocate as a result of s	igning this agreement	il (Markone.)		
DY s (Indicate city and state of previous ad WNo (Go to Question 19.)	dress and reason rec	ripient did not complete i	this project at that addre	35.)
City/State of previous address Reason pro-	jett not completed at	previous address		
19. Would the recipient have remained in profimmeist assistance? (Mark one.)	evious location or rel	located elsewhere if not	swarded this business su	bsidy or
Remained at previous location (9)	Rejocated to differen	nt Minneson location	☐ Reiocuted outside M	linnesota
Section 3 General Information Abo	ut the Agreeme	nt	<u> </u>	
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		•	pred (In addition to the d dates the agreement was	•
29,899.00) 	8-17	-2000	
22. Benefit date (Indicate the date the recipi indicate the date improvements were fine whichever is earlier.)		s placed into service, or s		
23. Does the agreement provide a business s be reported? (Mark one.)	/	four types of financial as	sistance (see Question 2	5) required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar value		l .	es one of the four types of ndicate the type(s).	f financial
I not applicable, agreement provided finance	raj amintatice	Tot applicable, agree	ment provided a busines	হ হয়-চহান্ট্য
□ loan (only principal) □ grant (i.e., forgivable loan) □ tax abatement	\$ \$	assistance for proper by contaminants assistance for renova	•	s
TIF or other tax reduction or deferral guarantee of payment contribution of property or infrastructure	\$	stock or bringing it u assistance provided thintoric preservation	p to code, and for designated	
preferential use of governmental facilities	s <u>29, 899</u>	50% or less of total of	cost	
Oother (Specify subsidy type.)	- 2	abatement 2 assistance for a TIF:		\$
26. If the assistance included tax increment indicate the type of TIF district? (Mark a			tors providing a busines to the same project? (M	•
Office applicable, assessance was not in the fo	of IIF		unior and the value of ti tach an additional sheet	
☐ redevelopment ☐ renewal and renovation ☐ soils condition		@ No	٠	-
O economic development O mined underground space		Grantor(s) and value of	f the agreement(s):	
☐ hazardous substance subdistrict		Grantor	Value (5)	
		Grantor	Value (\$)	

Section 4	Goals and	Public Pur	pose Identified	in the	Agreement
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28. Minn. Stat. §116J.994 re of the following public p			ancial assistance agreeme it? (Mark all that apply.)		Irpose. Which
☐ Enhancing economic diver ☐ Creating high-quality job g ☐ Job recention ☐ Stabilizing the community	trowth		Increasing tax base (cannot be only purpose) 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			established? date EYes ONo Yes ONo Oyes ONo	get attainment s (month & year) 8/17/02	All goals attained? Yes ONo Yes ONo Yes ONo OYes ONo
(Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the averaging job creation goals in full	ge hourly value	of any employer-pro	ovided health insurance g	vals 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 nourly wage-level goal			*****		s
less than \$7.00					5
\$7,00 to \$8.99					5
\$9.00 to \$10.99	2				5
\$11.00 to \$12.99	<u> </u>				ş
\$13.00 to \$14.99					3
\$15.00 and higher					\$
	rly value of an	y employer-provided	ber of actual jobs created health insurance for those ion into full- and part-tim	jobs. <u>(Only</u> indica	
Hourly Wage (excluding benefits)	Full-time Job Cr eati on	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					\$
\$9.00 to \$10.99					\$
\$11.00 to \$12.99	2				\$
\$13.00 to \$14.99				***********	s
\$15.00 and higher					5
32. Has the recipient achiev (Mark one.)	ed <u>all goals</u> (se	ee Questions 29, 30 a	nd 31) and fulfilled all ob	ligations stipulated	in the agreement?
	Taryes O No				

2001 MBAF report -Miller Electric Q. 29

D. Other goals: complete \$240,000 building and site improvements on the property provided by the City by December 31, 2001.



2001 Minnesota Business Assistance Form

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- 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

Name of granter (funding ex CITY OF FR	REEPORT	2. Name of person completing MICHELE HART/	MAN (MEDN)		
3. Street address P.O.BOX 30		4. City FREEPORT	5. ZIP code 56331-0301		
6. County STEARHS	7. Phone number 320 - 836 - 2112	8. Fax number 320-836-2116	9. E-mail address		
10. Please indicate who in your organization should receive the 2002 MBAF if different from the person in Question 2. FREEPORT CITY CLERK 320-836-2112 P.O. BOX 301 FREEPORT, MN 5632 Name/Title Phone number Street address City ZIP code					
11. Classification of gruntor (Mark one. If grantor is entity created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") City government County govern					
through December 31, 200		tiness subsidy or financial assistant inder Minn. Stat. §116J.993 and § © No (Stop hers, go to section	116J.994? (Mark one.)		

Section 2 Information About Recipient

14. Name of business or organization receiving subsidy or financial assistance	15. Address where b	Address where business subsidy or financial assistance will be used				
QUALITY TRAILER PRODUCTS CORPORATION	Street address	TREEPO City	KT, AM State			
16. Does the recipient have a parent corporation? (Mari	t one.)					
Yes (Indicate name and address of parent corporatio	n below. If more than one, indi	icate ultimate	owner.)			

POLAR CORPORATION 1015 W St. GERMAIN, SUITE \$420, St. CLOOD, MM 56301

Name of parent corporation

17. Industry of recipient's facility (Mark one	J:		
Manufacturing	☐ Services ☐ Wholesale Trad	☐ Finance, Insurance ☐ Construction ☐	. Real Estate 2 Other (please specify)
18. Did the recipient relocate as a result of si	gning this agreemer	tt? (Mark one.)	
Yes (Indicate city and state of previous add in No (Go to Question 19.)	dress and reason re	cipient did not complete this	project at that address.)
HOLDINGFORD, AN THS City/State of previous address Reason proj	WAS A TEM	PORARY LOCATION Previous address From	WHEN THEY CAME So. DAKOTA AYRS AS
 Would the recipient have remained in pre- financial assistance? (Mark one.) 	evious location or re	located elsewhere if not awa	urded this business subsidy or
☐ Remained at previous location	Relocated to differe	nt Minnesota location	Relocated outside Minnesota
Section 3 General Information Abo	ut the Agreeme	nt	
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)		-	i (In addition to the agreement es the agreement was umended.)
#90,000 (payg)		2 . 00	
22. Benefit date (Indicate the date the recipio indicate the date improvements were finitivities) Whichever is earlier.) BULDING	shed, equipment wa		recipient occupied the property,
	business subsidy	C financial assistance	one of the four types of financial
24. If the agreement provided a business subs indicate the type(s) and total dollar valu	e for each type.	assistance, please indi	cate the type(s).
O not applicable, agreement provided financi	al assistance		nt provided a business subsidy
loan (only principal) I grant (i.e., forgivable loan)	\$ \$	 assistance for property plants 	poliuted S
🗅 tax abatement	s <u>90.000</u>	assistance for renovating stock or bringing it up to	
TIF or other tax reduction or deferral Diguarantee of payment	2	assistance provided for	
Contribution of property or infrastructure	\$	historic preservation di	
preferential use of governmental facilities land contribution	\$	50% or less of total cos assistance for pollution	_
U other (Specify subsidy type.)	_ S	abatement assistance for a TIF soi	
1		SSSISLEICE TOTAL TIT BOT	S CONCERNO S CONCERNO S CONCERNO S CONCERNO S CONCERNO S CONCERNO S CONCERNO S CONCERNO S CONCERNO S CONCERNO S
26. If the assistance included tax increment indicate the type of TIF district? (Mark of			rs providing a business subsidy or the same project? (Mark one.)
C) not applicable, assistance was not in the fu	om of TIF	☐ Y⇔ (Specify each gran assistance below; attac	tor and the value of their th an additional sheet if necessary.
© redevelopment		No	
in renewal and renovation in soils condition		~ 100	
**Conomic development		Grantor(s) and value of the	ie agrecinent(s):
nined underground space hazardous substance subdistrict			
Paramatican Strandition and an inci-		Grantor	Value (\$)
		Grantor	Value (S)

Section 4	Goals and Public	Purpose	Identified	in the A	greement
		P	************		ET MATHER

28. Minn. Stat. §116J.994 re of the following public p	equires that bus purposes were s	siness subsidy and fin stated in the agreemen	uncial assistance agreements? (Mark all that apply.)	nts state a public p	urpose. 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 agree at the time of this report.	eement include (Fill in the ba	d the following types exes and attainment a	s of goals, and whether the late(s) for each gral.)	recipient had attai	ned 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 attainment if not documented in Questions 30 and 31.)			egtablished? dates	get attainment s (month & year) & 2002	All goals attained? Yes ONo OYes ONo OYes ONo
30. For each of the followin agreement and the avera job creation goals in full	ge hourly value I-time equivaler	e of any employer-pro nts if you are unable	ovided health insurance go to separate goals by full-	als for those jobs.	(<u>Only</u> indicate tions.)
Hourty Wage (excluding benefits)	Full-time Job Crestion	Part-time/ Seasonal/Temp. Job Creation	FTE (only if goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Hankh Issurance
no hourly wage-level goal					s
less than \$7.00					
\$7.00 to \$8.99					ا
59.00 to \$10.9 9	1			4	5
\$11.00 to \$12.99					5
\$13.00 to \$14.99					s
\$15.00 and higher		~			3
	irly value of an	y employer-pr avided	nber of actual jobs created health insurance for those tion into full- and part-time	jobs. (Only indica	
Hourly Wage (excluding benefits)	Full-time Job Creaties	Fart-time/ Seasonal/Temp. Job Creation	FTE (anly if unable to separate FT/PT) Job Creation	Job Recention	Heurly Value of Health Insurance
less than \$7.00					1
\$7.00 to \$8.99				-	3
\$9,00 to \$10.99	2			<u>5</u>	s
\$11.00 to \$12.99					s
\$13.00 to \$14.99					\$
\$15,00 and higher					S
32. Has the recipient achiev (Mark one.)	ved <u>all goals</u> (s	\ /	and 31) and fulfilled <u>all ob</u> D No	ligations stipulated	in the agreement?

Do not complete this section if you completed it	on another 2001 MBAF sub	mitted to DTED.)
 During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §116 	31, 2000, did your organization had J.994? (Mark one.)	eve any recipients who failed to
Tyes (Indicate the name of each recipient failing to repo recipient. Attach additional pages if necessary.)	er and the value of subsidy or finan	icial assistance awarded to that
\$\ No 7-7 21. 9/29/2		
Name of recipient Type of subsidy or assistan	cc (See Questions 24 and 25)	Value of subsidy or assistance
34. Did your organization have any recipients who failed agreement signed on or after January 1, 2000, that we Yes (Complete the remainder of this see	re required to be fulfilled by the tin	nc of this report? (Mark one.)
35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Attained in the content of the c		
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 racant positions	recipient relocated to a differ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment oblig	ration? (Mark one.)	
Yes UNo, recipient has begun to repay the assistant	ce. O No, recipient has not begu	in to repay the assistance.
38. Has the agreement been amended to extend the recipi	ent's deadline for fulfilling its obliq	gations? (Mark one.)
	□ Yes □ No	
39. Describe the steps being taken to bring recipient into		
		
7		

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

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- # 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 I Information Ab	out Gramor			- ·
1. Name of grantor (funding entity) Edina Housing & Redevelopment Authori		Name of person completing this form Gordon L. Hughes		
3. Street address 4801 W. 50th Street		4. City Ed i na	5. ZIF code 55424	
6. County Hennepin	7. Phone number 952-826-0401	8. Fax number 952-826-0390	9. E-mail ad	dress ci_edina.mi
10. Please indicate who in your	organization should receive the	2002 MBAF if different from	the person in Que	stion 2.
Name/Title	ame/Title Phone number		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 enteria for awarding business subsidies in compliance with Minn. Stat. §116J.994? (Mark one.)		
XX City government ☐ County government ☐ No ☐ Regional government ☐ State government ☐ Other (Please specify.) ☐ Other (Please attach explanation.) XX Yes (Indicate hearing date / 1500 and attach criteria date of initial hearing			dopted	
13. Has your organization signs through December 31, 2000	ed any agreements to award a bu 0 that is required to be reported			
***	lete the remainder of the form.)	□ No (Stop here, go to se		

14. Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used	
Grandview Square, L.L.C.	5201 Eden Avenue, Edina, MN 55436 Street address City State ZIP code	
16. Does the recipient have a parent corporation? (Ma	rk one.)	
X'es (Indicate name and address of parent corporat	on helow. If more than one, indicate ultimate owner.)	
OPUS Northwest L.L.C.	10350 Bren Road W, Minnetonka, MN _ 5	5343
Name of parent corporation	Street address City State ZIP code	

17. Industry of reci	pient's facility (Mark on	e.)·			
	☐ Manufacturing☐ Retail Trade	☐ Services ☐ Wholesale Trade		Insurance, Real Estate tion Other (pleuse specia	w <u>offic</u> e
18. Did the recipies	nt relocate as a result of	signing this agreemen	t? (Mark one.)		
☐ Yes (Indicate city)(X) No (Go to Questi		ddress and reuson red	cipient did not com	iplete this project at that uddre	·ss.)
City/State of previo	ous address Reason pro	oject not completed at	previous address		
19. Would the reci		revious location or re	located elsewhere	if not awarded this business su	bsidy or
XXRemained	at previous location	☐ Relocated to differe	nt Minnesota loca	tion	linnesota
Section 3 Gener	al Information Ab	out the Agreeme	nt		
1	llue of business subsidy of ase separate value by ty			ent signed (In addition to the control of the control of the agreement was	
3,950,	,000			8/15/00	
	te improvements were fu			uly or financial assistance. Fo ce, or the recipient occupied th	
			four types of finar	ncial assistance (see Question 2	5) required to
be reported? (a		I business subsidy	☐ financial assist	ance	
	t provided a business su e(s) and total dollar va			nce was one of the four types of the four types of the type(s).	of financial
not applicable, a	greement provided finan	cial assistance	XX not applicable	agreement provided a busines	ss subsidy
☐ guarantee of pay ☐ contribution of p ☐ preferential use o ☐ land contribution	able loan) reduction or deferral ment property or infrastructure of governmental facilitie		by contaminal assistance for stock or bring assistance pro historic prese 50% or less o assistance for abatement	renovating building ing it up to code, and ovided for designated ervation districts, when	s s s
indicate the ty	te included tax incremen pe of TIF district? (Mark essistance was not in the	(one.)	financial ass XXYes (Specify eassistance be-	er grantors providing a busines istance to the same project? (heach grantor and the value of the same project).	fark one.) heir
☐ renewal and renewal soils condition☐ soils condition☐ economic develor☐ mined underground hazardous substantials.	opment und space		ÙNo	on CLEAN-UP ralue of the agreement(s): (A \$500,00 Value (S)	0
<u> </u>			Grantor	Value (\$)	

28. Minn. Stat. §116J.994: of the following public			ancial assistance agreement nt? (Mark all that apply.)	s state a public p	urpose. Which
☐ Enhancing economic div ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the communit	growth		☐ Increasing tax base (cat XX Other (please specify)]		
 Indicate whether the ag at the time of this report 			s of goals, and whether the national for each goal.)	ecipient had attai	ned those goals
A) Specific wage and job go B) Other job-creation and/o C) Other wage goals D) Other goals other than w	or retention goals age and job goa	ls	established? dates I Yes XXXXX I Yes XXXX U Yes XXXX	et attainment (month & year)	All goals attained? U Yes U No U Yes O No U Yes O No U Yes O No
(Please attach descriptions attainment if not document				<u>-</u>	
agreement and the aver	age hourly value all-time equivale	of any employer-pro nts if you are unable	creation and/or retention gos ovided health insurance gos to separate goals by full- a	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	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>		s
\$9.00 to \$10.99				·	s
\$11.00 to \$12.99					s
\$13.00 to \$14 99			_		s
\$15.00 and higher			 -		s
date and the actual he	ourly value of any	y employer-provided	nber of actual jobs created a health insurance for those j tion into full- and part-time	obs. <u>(Only</u> indic	
Hourly Wage (excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	FTE (<u>only</u> if unable to separate FT/PT) Job Creation	Joh Retention	Hourly Value of Health Insurance
less than \$7.00		———	 -		s
\$7,00 to \$8,99		— -	—		s
\$9.00 to \$10.99			-		s _
\$11.00 to \$12.99		··		- —	s
\$13 00 to \$14.99					s
\$15.00 and higher				 .	s
32. Has the recipient achi (Mark one.)	eved <u>all goals</u> (se	·	and 31) and fulfilled <u>all obli</u>	gations stipulated	I in the agreement?

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

nd pages if necessary.)		ncial assistance awarded to that
	(Sew Questions 24 and 25)	
	(See Ougstions 24 and 25)	
nu recipiente usbo failed to	ner gaesinens 14 and 15:7	Value of subsidy or assistance
the remainder of this section	on.) XX No (Stop here and st	ubmit form to DTED .)
agreement;		
	Type of subsidy or assistance	Initial value of subsidy or assistance
	City/ZIP code of recipient	Outstanding value of subsidy or assistance
all that apply.):		
ant positions	☐ recipient relocated to a diffe ☐ other (Specify reason.)	rent community
filled its repayment obligati	ion? (Mark onc.)	
gun to repay the assistance.	□ No, recipient has not beg	un to repay the assistance.
·	_	igations? (Mark one.)
en to bring recipient into co	mpliance or recoup the subsidy	
		
 -		
	January 1, 2000, that were the remainder of this section of the remainder of this section of the recipier at time of reporting. (Attack agreement: all that apply.): cant positions Ifilled its repayment obligation of the recipier and the recipier of th	Type of subsidy or assistance City/ZIP code of recipient City/ZIP code of recipient all that apply.): U recipient relocated to a different positions O other (Specify reason.) Gun to repay the assistance. U No, recipient has not beganded to extend the recipient's deadline for fulfilling its oble

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



□i	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.					KEC BIVED
□i	the period <u>January 1</u> , business subsidy agree state government agen	ment agencies must submit a 2000 through December 31 ment since January 1, 1996, icies. If the local/state government questions 1 through 13 and	<u>2000:</u> 1) any local gover or represents a population nment agency does not hav	nment/agency of more than 2	that signed a ,500; 2) all	자 다
□i		rnment agency that is require report by June 1, it may not a				
□i	4.) 297-2335. Information on	where to mail or fax your c	ompleted MB.	AF(s) in on page	
	on 1 Information Al					
1. 1	lame of grantor (funding en CITY of Eden Pra	tity) irie	2. Name of person completing David Lindahl	g this form		
3. S	meteddress 8080 Mitchell Ro	- 1	4. City	5. ZIP code		
			Eden Prairie	35344		
6. 0	County Hennepin	7. Phone number 952-949-8484	8. Fax number 952-949-8392	9. E-mail ad dlindahl	dress Ged <u>enorair</u> ie.o	re
10.	Please indicate who in you	r organization should receive the	2002 MBAF if different from the			
Nan	ne/Title	Phone number	Street address	City	ZIP code	
	created by gov's agency, pl	fark one. If grantor is entity lease indicate affiliation. For l check "City government.")	12. Has your organization he adopted criteria for awar compliance with Minn. S	ding business sub	sidies in	
	City government		Yes (Indicate hearing dat	te 2 <u>/1/00</u> and	attach criteria)	
	County government Regional government		☐ No☐ We held a public hearing 1	but have not set a	donted	
	tate government		criteria (Indicate data of			
	Other (Please specify.)		Other (Please attach expla			
13.	Has your organization sign	ed any agreements to award a but	siness subsidy or financial assis	tance from Janua	ry 1, 2000	
1	through December 31, 200	O that is required to be reported u	nder Minn. Stat. §1163.993 and	i §116J.994? <i>(Mi</i>	ark one.)	
1	XYes (Come	olete the remainder of the form.)	☐ No (Stop here, go to sec	tion 5 on page 4.	,	
			(3,2,11,14,6,14,14,14,14,14,14,14,14,14,14,14,14,14,		· ·	
Sect	ion 2 Information A	bout Recipient				
[14.	Name of business or organ		15. Address where business	subsidy or financ	ial assistance	
1	receiving subsidy or finan	cial assistance	will be used		55344	
	Elim Homes,	Inc.	7485 Office Ridge	Circle, Ede	n Prairie,M	
-			Street address	City	ZIP code	
16.	Does the recipient have a	parent corporation? (Mark one.)				
XX	Yes (Indicase name and add	dress of parent corporation belov	v. If more than one, indicate ul	ltimate owner.) Circle		
(-	No. Elim Care, Inc.		Eden Prairie, MN	55344	ì	
1 🚃	me of parent corporation		Street address City	Sti	ate ZIP code	

17. Industry of recipient's facility (Mark one.):	
☐ Manufacturing Services ☐ Retail Trade ☐ Wholesale Tra	☐ Finance, Insurance, Real Estate G Construction ☐ Other (please specify)
18. Did the recipient relocate as a result of signing this agreeme	
☐ Yes (Indicate city and state of previous address and reason r No (Go to Question 19.)	eciplent did not complete this project at that address.)
City/State of previous address Reason project not completed	
19. Would the recipient have remained in previous location or sinancial assistance? (Mark one.)	relocated elsewhere if not awarded this business subaidy of
☐ Remained at previous location ☐ Relocated to d	ifferent Minnesota location
Section 3 General Information About the Agreemed 20. Total dollar value of business subsidy or financial	ent 21. Date agreement signed (In addition to the agreement
assistance (Please separate by type - see Questions 24 and 25 - and indicate only principal amount for loans.)	date, indicate any dates the agreement was amended.)
\$1,000,000	1/1/2000
22. Benefit date (Indicate the date the recipient will benefit from indicate the date improvements were finished, equipment was pl whichever is earlier.) 10/1/2000	
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.) \time \text{\text{\text{M}}} 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 XXI 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.)
XX 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	XO No
economic development mined underground space	Grantor(s) and value of the agreement(s):
hazardous substance subdistrict	Grantor Value (\$)
	Grantor Value (\$)

	requires that but	siness subsidy and fit	he Agreement ancial assistance agreemen	its state a public p	urpose. Which
of the following public purp	ooses were state	d in the agreement?	Mark all that apply.)	•	-
Enhancing economic div			Increasing tax base (c	annot be only pur	pose)
Creating high-quality job	growth		Other (please specify)		
Job retention					
Stabilizing the communic					
29. Indicate whether the ag				recipient had atta	ned those goals
at the time of this repor	t. (Fill in the be	oxes and attainment i	late(s) for each goal.)		
				get attainment	All goals
			established? dates	(month & year)	attained?
A) Specific wage and job go	oals to be attaine	ed within 2 years	XXYes D No 10.	/1/2000	XXI Yes 🚨 No
B) Other job-creation and/o	r retention goal	8			🖸 Yes 📮 No
C) Other wage goals			☐ Yes ☐ No		🗆 Yes 🚨 No
D) Other goals other than w	rage and job gos	ગોડ	☐ Yes ☐ No		□ Yes □ No
		_			
Please attach descriptions					
ultainment if not document					
0. For each of the following					
agreement and the aver	age hourly valu	e of any employer-pr	ovided health insurance go:	als for those jobs.	(<u>Only</u> indicate
Job creation goals in fu			to separate goals by full-	ind part-time posi	ltions.)
Hanela Wa	Pull-time Job	Part-time/	FTE (only if goals not	FTE'S	ww
Hourly Wage (excluding benefits)	Creation	Seasoual/Temp. Job Creation	stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no hourly wage-level goal	Clearon	200 CLEBIION	Ann CLEADAIL	Versellon	teanu insuranc
less than \$7.00					s
\$7.00 to \$8.99					3
\$9.00 to \$10.99					3
511.00 to \$12.99					5
\$13.00 to \$14.99	2	<u> </u>	<u></u>	4.5	1 N/A
\$15.00 and higher	2		<u></u>	<u>17.5</u>	s N/A
I. For each of the follow.	ing wage catego	ries, indicate the nun	ber of actual jobs created	and/or retained si	nce the benefit
			health insurance for those		
	THE TO CHEEK AND THE				-
date and the actual ho			tion into full- and part-time	positions.)	
date and the actual ho			tion into full- and part-time FTE (only if unable to	positions.) FTE'S	
date and the actual ho full-time equivalents if Hourly Wage	you are unable	to separate job crea Part-time/ Seasona/Temp.	PTE (only if unable to separate PT/PT)	FTE'S Job	
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits)	you are unable Full-time	to separate job crea Part-time/	FTE (only if unable to	FTE'S	Health Insurance
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	you are unable Full-time Job	to separate job crea Part-time/ Seasona/Temp.	PTE (only if unable to separate PT/PT)	FTE'S Job	Health Insurance
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99	you are unable Full-time Job	to separate job crea Part-time/ Seasona/Temp.	PTE (only if unable to separate PT/PT)	FTE'S Job	Health Insurance 3 1
date and the actual ho 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 Job	to separate job crea Part-time/ Seasona/Temp.	PTE (only if unable to separate PT/PT)	FTE'S Job	Health Insurance \$ \$ \$ \$
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	you are unable Full-time Job Creation	to separate job crea Part-time/ Seasona/Temp.	PTE (only if unable to separate PT/PT)	FTE'S Job	Health Insurance \$ \$ \$ \$
date and the actual ho full-time equivalents if Honrly Wage (excluding benefits) leas than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99	you are unable Full-time Job Creation	to separate job crea Part-time/ Seasona/Temp.	PTE (only if unable to separate PT/PT)	FTE'S Job	Health Insurance
date and the actual ho full-time equivalents if Honrly Wage (excluding benefits) 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 and higher	you are unable Full-time Job Creation 3 3,5	e to separate job crea Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	FTE'S Job Recention	Health Insurance 3 3 5 5 5 3 3 4
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) 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 and higher Has the recipient achie	you are unable Full-time Job Creation 3 3,5	e to separate job crea Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	FTE'S Job Recention	Health Insurance 3 3 5 5 5 3 3 4
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) 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 and higher Has the recipient achie	you are unable Full-time Job Creation 3 3,5	e to separate job crea Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	FTE'S Job Recention	Hegith Insurance 3 3 5 5 _N / A 3 _N / A
date and the actual ho full-time equivalents if Honry Wage (excluding benefits) 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 and higher Has the recipient achie	you are unable Full-time Job Creation 3 3,5	e to separate job crea Part-time/ Seasonal/Temp. Job Creation	FTE (only if unable to separate FT/PT) Job Creation	FTE'S Job Recention	Health Insurance 3 3 5 5 5 3 3 4
date and the actual ho full-time equivalents if Hourly Wage (excluding benefits) 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 and higher 32. Has the recipient achie (Mark one.)	Full-time Job Creation 3 3,5 eved all goals (s	e to separate job creat Part-time/ Seasonal/Temp. Job Creation ee Questions 29, 30 a	FTE (only if unable to separate FT/PT) Job Creation	FTE'S Job Recention	Hegith Insurance 3 3 5 5 _N / A 3 _N / A
date and the actual ho full-time equivalents if Honrly Wage (excluding benefits) 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 and higher 32. Has the recipient achie (Mark one.)	you are unable Full-time Job Creation 3 3.5 eved all goals (s	e to separate job creat Part-time/ Seasonal/Temp. Job Creation ee Questions 29, 30 a Yes Ufill Obligations	FTE (only if unable to separate FT/PT) Job Creation Job Creation and 31) and fulfilled all obj	FTE'S Job Retention 3 17.5	Health Insurance S S S S N/A S S N/A I in the agreement?
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date and the actual ho full-time equivalents if Honrly Wage (excluding benefits) 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 and higher 32. Has the recipient achie (Mark one.) ection 5 Recipients F Do not complete this se 33. During the period Januareport as required by Minn. U Yes (Indicate the name of	you are unable Full-time Job Creation 3 3,5 eved all goals (seection if you ection if you extra § 116J.99; of each recipien	e to separate job crea Part-time/ Seasonal/Temp. Job Creation El Yes Ifill Obligations completed it on a ough December 31, 2 3 and §116J.994? (ke at failing to report an	FTE (only if unable to separate FT/PT) Job Creation and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined and 31) and fulfilled all oblined all oblined all oblined all oblined and 31) and fulfilled all oblined	FTE'S Job Retention 3 17.5 izations stipulated	Health Insurance Sample Sample
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☐ Yes (Complete the remainder of t		
 35 39. Provide the following information for each were to be attained by the time of reporting. (Attack 35. Information on recipient and agreement: 	n recipient failing to fulfill goals or any of additional pages if necessary.)	ther terms of an agreement that
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 relocated to a differ	rent community
recipient was unable to fill vacant positions	other (Specify reason.)	
7. To date, has the recipient fulfilled its repaymen	t obligation? (Mark one.)	
Yes No, recipient has begun to repay the as	sistance. No, recipient has not beg	um to repay the assistance.
8. Has the agreement been amended to extend the	recipient's deadline for fulfilling its oblig	gations? (Mark one.)
	□ Yes □ No	
39. Describe the steps being taken to bring recipier	t into compliance 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

WHESOY Economic Development

n1-0239

- 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 sward any business subsidies until 2 report has been filed.

Questions? Call (65	1) 296-0580. Information o	ռա∜≀	tere to mail or fax your com	pleted MBAF(s) is on page 4.
Section 1 Information	About Grantor		<u> </u>		
1. Name of grantor (fundin Duluth Economic	genuty) (DEDA) Development Authori	ty	2. Name of person complete Michael Conlan	ng this form	
3. Street address 402 411 West First	City Hall Street		4. City Duluth	5. ZIP code 55802	•
6. County St. Louis	7. Phone number 218-723~3556		8. Fax number 218-723-3540	9. E-mail a nconlan@	ddress ci.duluth.mn
10. Please indicate who in	your organization should receive	: tlæ	2002 MBAF if different from	the person in Qu	estion 2.
Name/Title	Phone number	Ť	Street address	City	ZIP code
created by gov't agency	of (Mark one If grantor is entity of please indicate affiliation. Fa ould check "City government.")		12. Has your organization h sdopted criteria for awa compliance with Minn.	rding business si	ubsidies in
D City government County government Regional government State government Other (Please specify.)			XX Yes (Indicate hearing da	but have not yet	adopted
through December 31,	nigned any agreements to award 2000 that is required to be report	ted 1	isiness subsidy or financial assimater Minn. Stat. §1161.993 and	d §116J.994? <i>(1</i>	Mark one.)
Section 2 Information		╗	1	7 6	<u>′</u>
14. Name of business or organization receiving subsidy or financial assistance Duke Construction Limited Partnership (for United HealthCare			15. Address where business will be used 4316 Rice Lake R Street address City	Duluth d. MN 5	55811
		inc ic.j	<u> </u>		Zii tode
☐ Yes (Indicate name and ፟ No	address of parent corporation b	elov	If more than one, indicate ul	timate owner.)	

17. Industry of recipient's facility (Mar	k one.):	·
☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trac	MI Finance, Insurance, Real Estate le
18. Did the recipient relocate as a resul	t of signing this agreeing	nt? (Mark one.)
☐ Yes (Indicate city and state of previous No (Go to Question 19.)	us address and reason re	cipient did not complete this project at that address.)
City/State of previous address Reaso	project not completed	t previous address
		clocated elsewhere if not awarded this business subsidy or
financial assistance? (Mark one.)		
☐ Remained at previous location	☐ Relocated to diffe	ent Minnesota-location D Relocated outside Minnesota
Section 3 General Information	About the Agreem	ent
20. Total dollar value of business subs assistance (Please separate value b and 25.)	· ·	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
\$1,650,000		6-30-00
indicate the date improvements we whichever is earlier.)		the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property,
	ess subsidy or one of it	four types of financial assistance (ace Question 25) required to
be reported? (Mark one.)	🗴 business subsidy	☐ financial assistance
24. If the agreement provided a busines indicate the type(s) and total dollar		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
not applicable, agreement provided f	inancial assistance	not applicable, agreement provided a business subsidy
loan (only principal) grant (i.e., forgivable loan)	\$	assistance for property polluted by contaminants
☐ tax abatement In the properties of the prope	\$ \$500.00	assistance for renovating building stock or bringing it up to code, and
guarantee of payment contribution of property or infrastruction.	<u></u>	assistance provided for designated historic preservation districts, when
preferential use of governmental faci		50% or less of total cost
land contribution Onther (Specify subsidy type.) grant	\$ 150.00g	assistance for pollution control or s
for environmental remed	;	assistance for a TTF soils condition district S
26. If the assistance included tax incre- indicate the type of TIF district? (A		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	X Yes (Specify each grantor and the value of their assistance below; attach an additional sheet if necessary.)
Tredevelopment or renewal and renovation	į į	QNo to UHS, Inc.
a soils condition		
☐ economic development ☐ mined underground space	Į ķ	Grantor(s) and value of the agreement(s):
☐ hazardous substance subdistrict	[. þj	City of Duluth * \$500,000 Grantor Value (\$)
	ł li	Grantor Value (\$)
——————————————————————————————————————	i Ü	

	Section 4	Goals and Public P	rpose Identified	in the Agreement
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28. Minn. Stat. §116J.994 r of the following public	equires that bu purposes were	siness subsidy and i stated in the agreen	iinz pen	incial assistance agreem t? (Mark all that appl)	nenta state a public p v.)	ourpose. Which
DEnhancing economic diversity in Creating high-quality job Dob retention Stabilizing the community	growth			☐ Increasing tax base ☐ Other (please speel)		pose)
29. Indicate whether the ag					he recipient had atta	ined those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than w	pals to be attain retention goal age and job go	ed within 2 years		Goals I established? da [] Yes I No I No I No I No I No I No I No I N	arget attainment tes (month & year) 6-30-08	All goals attained? Yes XX No Yes O No Yes O No Yes O No No XX Yes O No
(Please attach descriptions attainment if not documente				Article I of	the develop	ment agreement
agreement and the aven	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.)					
Hourly Wagz (excluding bunefits)	Pati-timé Job Crestien	Part-time/ Seasonal/Temp. Job Creation		FTE (only if goals not stated as FT/PT) Job Creation	Jab Recention	Hourly Value of Health Insurance
no hourly wage-level goal						\$
less than \$7.00						3
57-00 to \$8.99				. ——		£
\$9.00 to \$10.99	204		ŀij			<u> </u>
\$11.00 to \$12.99	<u> 148</u> ¦					<u> 2.70</u> -3.05
\$13.00 to \$14.99	11					<u> 3.3₉ </u>
\$15.00 and higher	7					<u> 5.65</u>
31. For each of the following date and the actual hor full-time equivalents if	urly value of an	y employer-provide	φij	realth insurance for tho	se jobs. (Qnly indica	
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Crestion		FTR (only if unable to ceparate FT/PT) Job Creation	Job Retention	Hourly Value of Realth Insurance
less than \$7.00			Hi			5
\$7.00 to \$8.99	8_	_2			employment	<u>1.82</u> -1.93
\$9.00 to \$10.99	64	_4			<u> </u>	<u> 2.10</u> -2.43
\$11.00 to \$12.99	38			<u> </u>	- 	<u> 2.54</u> -2.99
\$13.00 to \$14.99	<u>46</u>			<u> </u>	Base of 65	<u>,3.21</u> -3.37
\$15.00 and higher	6			<u> </u>	<u>~~~</u>	<u>3.76</u> -8.85
32. Has the recipient schle	ved <u>all goals (</u> s			d 31) and fulfilled all o	bligations stipulated	in the agreement?
			T			

(Do not complete this section if you complete	ed it on another 2001 MBAF submitted to DTED.)
33. During the period January 1, 2000 through Decen report as required by Minn. Stat. §1 6J.993 and §	mber 31, 1000, did your organization have any recipients who failed to \$1161.9947 (Mark one.)
Yes (Indicate the name of each recipient failing to a recipient. Attach additional pages if necessary.	report and the value of subsidy or financial assistance awarded to that
121 No	
Name of recipient Type of subsidy or assi	sistance (See Questions 24 and 25.) Value of subsidy or assistance
34. Did your organization have any recipients who fa agreement signed on or after January 1, 2000, tha	ailed to achieve any goals or fulfill any other obligations under an at were required to be fulfilled by the time of this report? (Mark one.)
Yes (Complete the remainder of this	is section. DNo (Stop here and submit form to DTED.)
35 39. Provide the following information for each tweete to be attained by the time of reporting.	recipient failing to fulfill goals or any other terms of an agreement that (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 ocased operation ☐ recipient was unable to fill vacant positions	recipient relocated to a different community other (Specify reason.)
37. To date, has the recipient fulfilled its repayment	obligation? (Mark one.)
1 Yes No, recipient has begun to repay the assi.	istance. No, recipient has not begun to repay the assistance.
38. Has the agreement been amended to extend the re	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 con	
· 2001 Minn	nesota Business Assistance Form
	t of Trade and Economic Development - AEO etro Square, 121 East 7th Place
	etto Square, 121 East /- Place t. Paul, MN 55101-2146
Or	r fax to: (651) 215-3841

2001 Minnesola Business Assistance Form

Page 4 of 4

Department of Trade and Economic Development

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- 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 14, 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.

1. Name of grantor (funding entity) City of Cottonwood 3. Street address 86 West Main Street		Name of person completing this form Greg Isaackson			
		4. City Cottonwood	5. ZIP code 56229		
6. County Lyon	7. Phone number (507) 423-6488	8. Fax number (507) 423-5368	9 E-mail address cotmngi@mvtvwirele		
10 Please indicate who Name/Title	in your organization should receive the Phone number	2002 MBAU if different from t	he person in Question 2 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) No We held a public hearing criteria (Indicate date of) Other (Please attach explains)	initial hearing)		
13. Has your organization through December 3	on signed any agreements to award a but 1, 2000 that is required to be reported (Complete the remainder of the form)	under Minn. Štat. §116J.993 an	d §116J.994? (Mark one)		
Section 2 Informati		The thing here go to see	ton 5 in page 4.)		
14. Name of business or receiving subsidy or	organization	15 Address where business will be used	subsidy or financial assistance		

14. Name of business or organization receiving subsidy or financial assistance	15 Address whe will be used 400 East	re business subsid	y or financia	al assistance
Cottonwood Welding and Manufacturing	Fourth_St_1 Street address	North, Cott City	onwood State	MN 56229 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) M No				
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one	.):			
Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura	mce, Real Estate Other (please specify)	νι
18. Did the recipient relocate as a result of si	gning this agreement	t? (Mark one.)		
¥Yes (Indicate city and state of previous ad ☐ No (Go to Question 19.)	dress and reason rec	ipient did not complete	this project at that addre	ss.)
Cottonwood MIN Relocat	move to ano ted to new f	acility withir	City of Cotto	nwood.
19. Would the recipient have remained in prifinancial assistance? (Mark one.)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	awarded this business sul	bsidy or
☐ Remained at previous location ■	Relocated to differe	nt Minnesota location	☐ Relocated outside M	linnesota
Section 3 General Information Abo	ut the Agreeme			
20. Total dollar value of business subsidy of assistance (Please separate value by typ and 25.)	r financial	21. Date agreement si	gned (In addition to the a dates the agreement was	
\$108,000		June 22,	2000	
22. Benefit date (Indicate the date the recipi indicate the date improvements were fin whichever is earlier.) Septem				
23. Does the agreement provide a business s	subsidy or one of the	four types of financial a	issistance (see Question 2	5) required to
be reported? (Mark one.)	business subsidy	☐ financial assistance		
24. If the agreement provided a business sub indicate the type(s) and total dollar value			as one of the four types of indicate the type(s)	t financial
a not applicable, agreement provided finance	ial assistance	💢 not applicable, agre	ement provided a busines	s subsidy
(only principal) (principal) (principal)	\$ 72,000 \$	assistance for proper by contaminants	rity polluted	s
tax abatement **ITIF or other tax reduction or deferral**	s 36,000	assistance for renover stock or bringing it		s
guarantee of payment contribution of property or infrastructure	\$ \$	assistance provided historic preservation	for designated on districts, when	
preferential use of governmental facilities	\$	50% or less of total		s
other (Specify subsidy type.)	_ 3	abatement assistance for a TIF	soils condition district	s
26. If the assistance included tax increment indicate the type of TIF district? (Mark)			ntors providing a busines to the same project? (3.	
☐ not applicable, assistance was not in the fe	orm of TIF		grantor and the value of ti stach an additional sheet	
☐ redevelopment ☐ renewal and renovation		⊠ No		
soils condition		• •	- F4h	
★economic development □ mined underground space		Grantor(s) and value	or the agreement(s).	
☐ hazardous substance subdistrict		Grantor	Value (\$)	
		Grantor	Value (\$)	

 Minn. Stat. §116J.994 re of the following public p 			ancial assistance agreement? (Mark all that apply.)	its state a public p	urpose Which
Enhancing economic divel Creating high-quality job (Job retention Stabilizing the community	growth		Mincreasing tax base (ca ☐ Other (please specify)		
9. Indicate whether the agr at the time of this report	eement include			recipient had atta	ned those goals
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals	als to be attaine	ed within 2 years	Goals Targestablished? dates Yes \cap No	get attainment s (month & year)	All goals attained? Yes 🗆 No Yes 🗀 No U Yes 🗀 No
D) Other goals other than wa	age and job goa	ls	□ Yes XNo		☐ Yes ☐ No
Please attach descriptions of attainment if not documente					
	ige hourly value	of any employer-pro	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			.		\$
\$7.00 to \$8.99	3			4	s_0
\$9.00 to \$10 99				3	s <u>0</u>
				1	<u>, 0</u>
\$11 00 to \$12 99					
\$11 00 to \$12 99 \$13.00 to \$14 99		·			s
				2	<u>s</u>
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hot full-time equivalents if	rly value of an	y employer-provided	health insurance for those ition into full- and part-tim FTE (only if unable to	and/or retained si jobs. (Only indic	ince the benefit
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hores.	rly value of an vou are unable Full-time	y employer-provided to separate job crea Part-time/	health insurance for those attion into full- and part-time	and/or retained si jobs. (Only indic ie positions)	ince the benefit rate job creation in Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual how full-time equivalents if	urly value of an vou are unable Full-time Job Creation	y employer-provided to separate job crea Part-time! Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. (Ont) indic ic positions)	Hourly Value of Health Insurance
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual host full-time equivalents if Hourly Wage (excluding benefits)	urly value of an vou are unable Full-time Job Creation 12	y employer-provided to separate job crea Part-time! Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. (Ont: indic e positions) Job Retention	Hourly Value of Health Insurance s _0_ s _0_
\$13.00 to \$14.99 \$15.00 and higher 31. For each of the following date and the actual hot full-time equivalents if Hourly Wage (excluding benefits) less than \$7.00	urly value of an vou are unable Full-time Job Creation 1	y employer-provided to separate job crea Part-time! Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. (Onto indic te positions) Job Retention	Hourly Value of Health Insurance s 0 s 0 s 0
\$13.00 to \$14.99 \$15.00 and higher 31. 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 vou are unable Full-time Job Creation 12	y employer-provided to separate job crea Part-time! Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. (Ont: indic ie positions) Job Retention 5	Hourly Value of Health Insurance s _0_ s _0_
\$13.00 to \$14.99 \$15.00 and higher 31. 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 \$9.00 to \$10.99	urly value of an vou are unable Full-time Job Creation 12	y employer-provided to separate job crea Part-time! Seasonal/Temp.	health insurance for those tion into full- and part-tim FTE (only if unable to separate FT/PT)	and/or retained si jobs. (Onto indic te positions) Job Retention	Hourly Value of Health Insurance s 0 s 0 s 0

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

	y 1, 2000 through December 31 in. \$tat. §116J.993 and §116J.99	, 2000, did your organization had? (Mark one.)	ave any recipients who failed to
=	each recipient failing to report tional pages if necessary.)	and the value of subsidy or fina	ncial assistance awarded to that
XNo			
Name of recipient	Type of subsidy or assistance	(See Questions 24 and 25.)	Value of subsidy or assistance
		achieve any goals or fulfill any e required to be fulfilled by the tir	
☐ Yes (Comp	plete the remainder of this section	on.) 💢 No (Stop here and su	ibmit form to DTED.)
		nt failing to fulfill goals or any of additional pages if necessary.)	
35. Information on recipient	and agreement:	NA	
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 a system of
36. Reason(s) for default (M	fark all that apply:): NA		
☐ recipient ceased operation ☐ recipient was unable to fil	1	O recipient relocated to a difference of the O other (Specify reason)	rent community
37. To date, has the recipien	nt fulfilled its repayment obligat	ion? (Mark one)	
Yes DNo, recipient ha	as begun to repay the assistance	☐ No, recipient has not beg	un to repay the assistance.
38. Has the agreement been	amended to extend the recipien	t's deadline for fulfilling its obli	igations? (Mark one.)
		Yes No	
39. Describe the steps being	taken to bring recipient into co	mpliance or recoup the subsidy:	NA
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		·	······································

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



2001 Minnesota Business Assistance Form

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

Section 1 Information	n About Grantor		_	
•	Name of grantor (funding entity) Chisago County HRA-EDA		Name of person completing this form Mark Vahlsing	
3. Street address 6448 Main St	reet, PO Box 410	4. City North Branch	5. ZIP code 55	056
6 County Chisago	7. Phone number 651 - 674 - 5664	8. Fax number 651-674-2996	9 E-mail ac mvahl@	^{idress} growchisago
10. Please indicate who	n your organization should receive the	2002 MBAF if different from the	he person in Que	estion 2.
Name/Title	Phone number	Street address	City	ZIP code
created by gov't age	Not (Mark one. If grantor is entity ncy, pleuse indicate difiliation. For would check "City government."	For adopted enteria for awarding business subsidies in		bsidies in (Mark one.) attach criteria) adopted
through December 3	n signed any agreements to award a but 1, 2000 that is required to be reported (Complete the remainder of the form.)	under Minn, Stat. §116J.993 and	1 § 1 161,9942 (A)	tark one.)
Section 2 I				
14. Name of business or receiving subsidy or	organization	15. Address where business will be used	•	

14. Name of business or organization receiving subsidy or financial assistance 15. Address where business subsidy or financial will be used 26553 Forest Blvd, Box 3 Wyoming, MN 55092				
betvig idmiliy and	Street address	City	State	ZIP code
16. Does use recipient have a parent corporation? (Mark one.) ☐ Yes (Indicate name and address of parent corporation below.) ☐ No	If more than one, in	dicate ultimate	owner.j	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of re	cipient's facility (Mark o	ne.):			
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insura ☐ Construction	nce, Real Estate Other (please spec	ify)
18. Did the recip	ient relocate as a result of	f signing this agreemen	1? (Mark one.)		
☐ Yes (Indicate o No (Go to Que	ity and state of previous stron 19.)	address and reason red	apient did not complete .	this project at that addr	ess.)
City/State of prev	rious address Reason p	roject not completed at	previous address		
	copient have remained in ance? (Mark one.)	previous location or re	locatec elsewhere (f not	awarded this business st	ubsidy or
XXRemain	ed at previous location	☐ Relocated to differe	nt Minnesota location	☐ Relocated outside ?	Minnesota
Section 3 Jen	eral Information Al	bout the Agreeme	nt		
	value of business subsidy lease separate value by t			gned (In addition to the dates the agreement wa	
	0,808		October :	27, 2000	
	dicate the date the rec dute improvements were j earlier.) Octobe	ilnished, equipment wa			
	eement provide a busines (Mark one.)	is substay or one of the 'A' business subsidy	Tour types of financial assistance	ssistance (see Question	25) required to
•	ent provided a business s ype(s) and total dollar v	, i		as one of the four types indicate the (ypers).	of financial
☐ not applicable,	, agreement provided fina	ncial assistance	A not applicable, agree	ement provided a busine	ss subsidy
☐ guarantee of pa	givable loan) Ex reduction or deferral Syment Foroperty or infrastructur e of governmental faciliti ion	s	□ assistance for proper by contaminants □ assistance for renoving a stock or bringing it is assistance provided thistoric preservation 50% or less of total □ assistance for pollutionabatement □ assistance for a TIF	ating building up to code, and for designated n districts, when cost	s s
	nce included tax increme type of TIF district? (Mar			ntors providing a busine to the same project? //	
	, assistance was not in the	e form of TIF		rantor and the value of ttach an additional shee	
☐ redevelop ☐ renewal and re ☐ soils condition ☐ economic deve	enovation 1		☐ No Granton(s) and value o	of the gureement(c)	
🔾 mined undergr			City of Wy	_	,000
			Grantor	Value (\$)	
			Grantor	Value (S)	

Section 4 Goals and Pu	ıblic Purpos	e Identified in t	he Agreement			
28. Minn. Stat. §116J.994 n of the following public p			nancial assistance agreement nt? (Mark all that apply.)	ts state a public p	ourpose. Which	
☐ Enhancing economic dive ☐ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		3 Increasing tax base (ca 3 Other (please specify)	nnolbe only pun site red	pose) evelopment	
29. Indicate whether the agr at the time of this report				recipient had atta	ined those goals	
A) Specific wage and job go B) Other job-creation and/or C) Other wage goals D) Other goals other than we (Please attach descriptions attainment if not documente	als to be attained retention goals age and job goals of goals and pro	ed within 2 years is	Goals Tary established dates Salves INO I yes INO	get attainment (month & year)) / 2002	All goals attained? The Yes I No Yes I No Yes I No Yes I No Yes I No	
30. For each of the followir			reation and/or retention go	als stated in the		
agreement and the avera	ige hourly value	e of any employer-pr	ovided health insurance gos to separate goals by full- a	ds for those jobs.		
Hourty Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> (f goals not stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance	
no hourly watvel goal					s	
less than \$7.00		 -			s	
\$7.00 to \$8.99	.7	<u>7</u> .			s	
\$2.00 to \$10,99	10_				s _	
\$11.00 to \$12.99	_1_		·-		s	
\$13.00 to \$14.99	. <u>5</u>	<u> </u>			s	
\$15.00 and higher	. 3 .				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 mivalents if you are unable to separate job creation into full- and part-time positions.) Full-time Part-time/ FFE (only if unable to						
Hourly Wage (excluding banefits)	Joh Crestion	Seasonal/Temp. Job Creation	separate FT/PT) Joh Creation	Job Retention	Hourly Value of Health Insurance	
: _ than \$7.00	0_	_2 .			s	
\$7.00 to \$8.99	8	_6			s	
\$9.00 to \$10.99					s	
\$11.00 to \$12.99	_1_	_1.			s _	
\$13.00 to \$14.99	2_				s	
\$15.00 and higher	8				, 3.00	
32. Has the Int achie (Mark one.)	ved <u>all goals</u> (s	ee Questions 29, 30		igations stipulate	d in the agreement?	

. .

(Do not complete this section if you completed it on another 2001 MBAF submitted to DTED.) 33. During the seriod 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.) Q 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.) 22 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.) Tes (Complete the remainder of this section.) M 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: Name of recipient in default Type of subsidy or assistance Initial value of 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.): ☐ recipient ceaud operation Trecipient relocated to a different community I 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. 2 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



Section 1 Information About Grantor

2001 Minnesota Business Assistance Form

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- # Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding er Chacka Econ	1 1	2. Name of person of Auth.	ompleting this form	Llvcellky	
3. Street address	l Plaza	4. City Chaska	5. ZIP c	ode 318	
6. County	7. Phone number 953 ~ 448-385 1	8. Fax number 953~4%~		il address Echaska.net	<u> </u>
10. Please indicate who in you	r organization should receive the	2002 MBAF if differen	nt from the person in	Question 2.	
Name/Title	Phone number	Street addre	ss City	ZIP code	
	Mark one. If grunior is entity lease indicate affiliation. For I check "City government.")	adopted criteria	zation held a public l for awarding busines Minn, Stat, §116J.9	s subsidies in	
☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)		Ses (Indicate hed No We held a public criteria (Indicate Other (Please atta			
through December 31, 200	ned any agreements to award a bu 10 that is required to be reported to plete the remainder of the form.)	inder Minn, Stat. §116		? (Mark one.)	
Section 2 Information A	bout Recipient				
14. Name of business or organ receiving subsidy or finan		15. Address where will be used	ousiness subsidy or fi		
West Subject	son Housing	5407 Excel Street address	City S	tate ZIP code	5 Perk, MN
16. Does the recipient have a	parent corporation? (Laurk one.)				
☐ Yes (Indicate name and add	lress of parent corporation below	. If more than one, ind	licate ultimate owner	J	
Name of parent corporation		Street address	City St	ate ZIP code	1

17. Industry of reci	ipient's facility (Mark or	ne.):			
	☐ Manufacturing ☐ Retail Trade	☐ Services ☐ Wholesale Trade		rance, Real Estate Other (please specifi	Housings
18. Did the recipier	nt relocate as a result of	signing this agreemen	t? (Mark one.)		
Yes (Indicate city No (Go to Questi		iddress and reasυπ rec	cipient did not complet	ie this project at that addres	55.)
City/State of previo	us address Reason pro	oject not completed at	previous address		
19. Would the reci	ce? (Mark one.) Nia	thollism).	hove locati	ot awarded this business sub acl on this sit	esidy or
☐ Remained	at previous location	Relocated to differe	ht Minnesota location	☐ Relocated outside M	innesota
Section 3 Gener	ral Information Ab	out the Agreeme	nt		
	lue of business subsidy ase separate value by ty			signed (In addition to the a ny dates the agreement was	_
? te	398,266		Aug. 1	7, 2000	
	ite improvements were fi	nished, equipmen! wa		or financial assistance. For or the recipient occupied the	
23. Does the agree be reported? (Mark one.)	subsidy or one of the	four types of financial	assistance (see Question 2	5) required to
_	nt provided a business su pe(s) and total dollar va			was one of the four types of se indicate the type(s).	f financial
☐ not applicable, a	greement provided finar	ncial assistance	not applicable, agr	reement provided a busines	s subsidy
☐ toan (only princ) ☐ grant (i.e., forgiv ☐ tax abatement	•	\$ \$	☐ assistance for prop by contaminants ☐ assistance for reno	•	\$
TIF or other tax guarantee of pay contribution of p	reduction or deferral ment property or infrastructure of governmental facilitie		stock or bringing i assistance provide historic preservat 50% or less of tou	it up to code, and d for designated tion districts, when al cost	3——
land contribution of the land contribution of		S	assistance for poll abatement	lution control or	s
			assistance for a 11	Tr sons condition district	*
	re included tax increment pe of TIF district? (Mari			rantors providing a business nee to the same project? (M	
1.	assistance was not in the	form of TIF		n grantor and the value of the attach an additional sheet	
redevelopment renewal and ren soils condition economic devel			Grantor(s) and value	e of the agreement(s):	
mined undergro	und space		Zi-mor(s) and value	or sie agroomendoj.	
hazardous subst	ance subdistrict		Grantor	Value (\$)	
			Grantor	Value (\$)	

DEnhancing economic diversit Creating high-quality job gro Lob retention Stabilizing the community 29. Indicate whether the agreed at the time of this report. (A) Specific wage and job goals B) Other job-creation and/or re C) Other wage goals D) Other goals other than wage (Please attach descriptions of gattainment if not documented in 30. For each of the following the second of the second of the following the second of the following the second of the seco	ment included Fill in the box to be attained tention goals and job goal goals and pro n Questions 3	I the following types xes and attainment at distribution 2 years s gress toward	date(s) for each goal.) Goals established? d	100 LHITZING	not hove doveloped	
at the time of this report. (A) Specific wage and job goals B) Other job-creation and/or re C) Other wage goals D) Other goals other than wage (Please attach descriptions of gattainment if not documented in	Fill in the book to be attained tention goals and job goal goals and pro n Questions 3	es and attainment of within 2 years s gress toward	Goals Goals established? d Goals established? d Goals established? d Goals Offices	Target attainment	All goals attained? Yes No Yes No Yes No	
B) Other job-creation and/or re C) Other wage goals D) Other goals other than wage (Please attach descriptions of gattainment if not documented in	e and job goals and job goal goals and pro in Questions 3	s gress toward	established? d Tes INo 1 Yes INo Yes INo Yes INo	ates (month & year)	attained? I Yes I No I Yes I No I Yes I No	
attainment if not documented is	n Questions 3					
30. For each of the following a		J 1./				
agreement and the average job creation goals in full-t	hourly value	of any employer-pro	ovided health insurance	e goals for those jobs. ull- and part-time posi		
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	<u>3</u>				\$	
\$7.00 to \$8.99					s .	
\$9.00 to \$10.99					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.) Full-time Part-time/ FTE (only if unable to						
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					s	
\$9.00 to \$10.99		<u></u>		· 	<u>O</u>	
\$11.00 to \$12.99	 -				\$	
\$13.00 to \$14.99					\$	
\$15.00 and higher	<u> </u>			<u>×</u>	<u>, 2.75</u>	

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

	e of each recipient failing to a additional pages if necessary.	report and the value of subsidy or finan)	cial assistunce awarded to that
No			
Name of recipient	Type of subsidy or assi	stance (See Questions 24 and 25.)	Value of subsidy or assistance
		iled to achieve any goals or fulfill any o t were required to be fulfilled by the tim	
C) Yes (0	Complete the remainder of thi	s section.) No (Stop here and sub	omit form to DTED .)
		recipient failing to fulfill goals or any out	her terms of an agreement that
35. Information on reci			
Name of recipient in def	ault	Type of subsidy or assistance	Initial value of subsidy or assistance
Street address of recipie	nt	City/ZIP code of recipient	Outstanding value of
26 Puncon(s) for defau	It (Mark all that apply.):		subsidy or assistance
recipient ceased open recipient was unable	ation	☐ recipient relocated to a difference of the control of the contr	ent community
37. To date, has the rec	ipient fulfilled its repayment	obligation? (Mark one.)	
□ Yes □ No, recipie	nt <u>has begun</u> to repay the assi	stance. 2 No, recipient has not begy	nn to repay the assistance.
38. Has the agreement	been amended to extend the re	ecipient's deadline for fulfilling its oblig	gations? (Mark one.)
		□ Yes □ No	
39. Describe the steps t	oeing taken to bring recipient	into compliance or recoup the subsidy:	

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500 Metro Square, 121 East 7th Place
St. Paul, MN 55101-2146



- Revised -

01-0407

2001 Minnesota Business Assistance Form

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Section 1 Information About Granto	r					
1. Name of grantor (funding entity) Chaska Economic D	zvelopment	2. Name of person co	ompleting this	form UNVärl	ردلام	
3. Street address 1 Cofy Hall Pla	<u> </u>	4. City Classea	5.	ZIP code	<u> </u>	
6. County 7, Phone nu (95) - 44	mber そ-982(8. Fax number 95.) - 448 - 4		E-mail addr	ess Luska net	
10. Please indicate who in your organization	should receive the 2	2002 MBAF if differen	t from the per	son in Questi	on 2.	
Name/Title P.	ione number	Street addres	s	City	ZIP code	
11. Classification of grantor (Mark one. If granter created by gov't agency, please indicate of example, a city EDA would check "City g	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 (Pleuse specify.)		Yes (Indicate hea UNO We held a public h criteria (Indicate Unther (Please atta)	earing but hav	e not yet add	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.) Yes (Complete the remainder of the form.) UNO (Stop here, go to section 5 on page 4.)					
Section 2 Information About Recipi						
14. Name of business or organization receiving subsidy or financial assistance		15. Address where b will be used	usiness subsid	ly or financia	l assistance	
Undale Roperties	ULC	130 Peoco Street address	City	State	Ske SS 18	
16. Does the recipient have a parent corporat	ion? (Mark one.)					
☐ Yes (Indicate name and address of parent	Tes (Indicate name and address of parent corporation below. If more than one, indicate ultimate owner.)					
Name of parent corporation		Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one.):				
Manufacturing U Service U Retail Trade U Wholes	es sale Trade	☐ Finance, Insurance	, Real Estate l Other (please specify	9 <u></u>
18. Did the recipient relocate as a result of signing this	agreement? (Mark one.)		
Yes (Indicate city and state of previous address and to No (Go to Question 19.)	_			·s.)
9969 Valle View Pl Edon City/State of previous address Reason project not cor	npleted at pre	e_ woute	d to Rake	معاو ا
19. Would the recipient have remained in previous loca financial assistance? (Mark one.)	ation or reloca	ated elsewhere if not awa	rded this business sub	sidy or
☐ Remained at previous location Relocated	to different N	Minnesota location	Relocated outside Mi	nnesota
Section 3 General Information About the A	greement	_		
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questi and 25.)		Date agreement signed date, indicate any date		
\$147,963		- March	7 35 80_	
22. Benefit date (Indicate the date the recipient will be indicate the date improvements were finished, equipowhichever is earlier.) Sept. 1, 3000		business subsidy or Jina	incial assistance. For	
23. Does the agreement provide a business subsidy or obe reported? (Mark one.)		r types of financial assist	tance (see Question 25	5) required to
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each		5. If the assistance was cassistance, please indi		f financial
anot applicable, agreement provided financial assistan	nce 🔀	knot applicable, agreeme	nt provided a business	s subsidy
☐ loan (only principal) S ☐ grant (i.e., forgivable loan) S		assistance for property proper	polluted	s
.□.tax abatement S	u	assistance for renovatin		s
TIF or other tax reduction or deferral guarantee of payment S	7.7cs	stock or bringing it up t assistance provided for		
☐ contribution of property or infrastructure \$		historic preservation di 50% or less of total cos	stricts, when	
🗀 land contribution S	-	assistance for pollution		s
other (Specify subsidy type.)\$	a	abatement assistance for a TIF soi	ls condition district	s
26. If the assistance included tax increment financing, indicate the type of TIF district? (Mark one.)	please 2	7. Are any other grantor financial assistance to		
not applicable, assistance was not in the form of TIF	1	Yes (Specify each gran assistance below; attac		
redevelopment renewal and renovation	>	(No		
□ soils condition	1 '	Grantor(s) and value of th	w sarwementich	
☐ economic development ☐ mined underground space		namon(s) and value of in	e agreement(s):	
☐ hazardous substance subdistrict	-	Grantor	Value (\$)	
}	\ ā	Grantor	Value (\$)	

Section 4 Goals and Pi	ublic Purpos	<u>e Identified in t</u>	he Agreement		
28. Minn. Stat. §116J.994 r of the following public	equires that bus purposes were s	iness subsidy and fir tated in the agreemen	nancial assistance agreements nt? (Mark all that apply.)	s state a public p	urpose. Which
☐ Enhancing economic dive ★ Creating high-quality job ☐ Job retention ☐ Stabilizing the community	growth		Increasing tax base (car Other (please specify)	not be only purp bed usas Not usas	t to class
		d the following time	r of goals, and whather the re		
29. Indicate whether the against the time of this report				естрісті насі аста.	med mose goals
				et attainment	All goals attained?
A) Specific wage and job go	als to be attaine	d within 2 years	Yes No	month & year)	Yes □ No
B) Other job-creation and/o			'□Yes □ No	1/2000	⊒Yes ⊒No
C) Other wage goals	d :-b	1_	□ Yes □ No		□ Yes □ No
D) Other goals other than w	age and Job goa	15	G 162 G 100		□ Yes □ No
(Please attach descriptions attainment if not documente					
agreement and the aver	age hourly value	of any employer-pr	creation and/or retention gos ovided health insurance gos to separate goals by full- ur	ls 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			-		s
				<u></u>	- <u>-</u> -
\$9.00 to \$10.99	<u> </u>				.
\$11,00 to \$12.99	<u>\(\(\) \) \</u>				s
\$13.00 to \$14.99	 -				\$
\$15.00 and higher					s
date and the actual ho	urly value of an fyou are unable	y employer-provid ed to sepurate job cred	mber of actual jobs created a health insurance for those j attion into full- and part-time	obs. (<u>Qnly</u> indic	
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					s
\$9.00 to \$10.99		 ··			²
\$11.00 to \$12.99		·			5
\$13.00 to \$14.99	<u>\</u>				s. <u>J.</u>
\$15.00 and higher	<u> </u>				٠٠٠٠
32. Has the recipient achi (Mark one.)	eved <u>all goals</u> (s	· · ·	and 31) and fulfilled <u>all obli</u>	gations stipulate	ed in the agreement?

(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 (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.)				
X (1)0				
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	required to be fulfilled by the tim	e of this report? (Mark one.)		
☐ Yes (Complete the remainder of this secti	on.) 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	U recipient relocated to a different 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	in to repay the assistance.		
38. Has the agreement been amended to extend the recipien	it's deadline for fulfilling its oblig Yes □ No	gations? (Mark one.)		
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:

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



2001 Minnesota Business Assistance Form RECEIVED ATR 1 2082

- 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 200! 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 Inform	mation	About	Grantor

Section 1 totol matten At					
1. Name of grantor (funding en Burnsuille EDA	ntity)	2. Name of person completing this form Chaid Wahlers			
3. Street address 100 Ciuc Center	Parking	4. City Burnsuille	5. ZIP code 55378		
6. County DaKota	7. Phone number 952-895-4451	3 Fax number 952-895-4453) E-mail add:	ess Suicinswille imnii	
10. Please indicate who in you	r organization should receive the	: 2002 MBAF if different from the	e person in Quest	ion 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)				dies in	
▼ City government ▼ Yes (Indicate hearing date - 2 22 d) and attach criteria. □ County government □ No □ Regional government □ We held a public hearing but have not yet adopted criteria. Indicate date of initial hearing ·					
		isiness subsidy or financial assista under Minn. Stat. § 1:63,993 and j			
Yes (Complete the remainder of the form.) \(\sigma\) 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			
Southeress Commerce Center II, LLC	3≥10 Corpor	ute Center City	Drive,	Burnsuille, Mu ZiP code
16 Does the recipient have a parent corporation? (Mark one)	<u> </u>			
2 Yes Andicate name and address of purent corporation below 2 No.	If more than one, ii	ndicate ultimate	e outer i	
Name of parent corporation	Street address	City	State	ZIP code

17. Industry of recipient's facility (Mark one.):				
☐ Manufacturing ☐ Retail Trade	Services Wholesale Trade	© Finance, Insurance © Construction	, Real Estate D Other (please specify)	
18 Did the recipient relocate as a result of si	igning this agreemer	nt? (Mark one.)		
Tyes (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 proj	ect not completed at	previous address		
19. Would the recipient have remained in profinancial assistance? (Mark one.)	evious location or re	located elsewhere if not awa	urded this business subsidy or	
	Relocated to differe	nt Minnesota location 🔾	Relocated outside Minnesota	
Section 3 General Information Abo	ut the Agreeme	пt		
20 Total dollar value of business subsidy of assistance (Please separate value by type and 25.)			d (In addition to the agreement es the agreement was amended)	
\$1,177,797 December 18, 2000			18, 2000	
22. Benefit date (Indicate the date the recipion indicate the date improvements were finitivinchever is earlier) Adapt 1, 2003 (Cov.	shed, equipment wa.	s placed into service, or the	recipient occupied the property.	
23. Does the agreement provide a business s				
be reported? (Mark one)	business subsidy	☐ financial assistance		
24 If the agreement provided a business subsindicate the type(s) and total dollar value		25 If the assistance was o assistance, please indicate	ne of the four types of financial cate the type(s).	
anot applicable, agreement provided financial	al assistance	not applicable, agreemer	nt provided a business subsidy	
□ loan (only principal)	s	assistance for property p	2 bestulloo	
☐ grant (i.e., forgivable loan) ☐ tax abatement	\$S	by contaminants assistance for renovating	e building S	
ATIF or other tax reduction or deferral	\$ <u>77777</u> 7	stock or bringing it up to	o code, and	
☐ guarantee of payment	S	assistance provided for o		
contribution of property or infrastructure preferential use of governmental facilities	ş	historic preservation dis 50% or less of total cost		
☐ land contribution	\$	assistance for pollution		
other (Specify subsidy type.)	- s	abatement assistance for a TIF soils	s condition district S	
	· · · · · · · · · · · · · · · · · · ·			
26. If the assistance included tax increment findicate the type of TIF district? (Mark o			s providing a business subsidy or the same project? (Mark one)	
Inot applicable, assistance was not in the fo	rm of TIF	☐ Yes (Specify each grants assistance below attack	or and the value of their h an additional sheet if necessary.)	
X redevelopment		,	y	
☐ renewal and renovation		X No		
☐ soils condition ☐ economic development		Grantor(s) and value of the	· agreement(s)	
D mined underground space		Similarly and raide of the	, agreements).	
☐ hazardous substance subdistrict		Grantor	Value (S)	
\		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 purposes were stated in the agreement? (Mark all that apply)					
정 Enhancing economic dive 정 Creating high-quality job 이 Job retention 이 Stabilizing the community	growth		☑ Increasing tax base (ca ☐ 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.)					
Goals Target attainment All goals established? dates (month & year) attained? A) Specific wage and job goals to be attained within 2 years Pyes QNo Avaus+ - 2cc 3 Qyes QNo					attained? "Yes Ø-No "Yes "No "Yes "No "Yes "No
(Please attach descriptions of 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.)					
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				 -	\$
less than \$7.00					s
\$7.00 to \$8.99	<u>-5`</u>				5
\$9.00 to \$10.99					5
\$11.00 to \$12.99	<u> 11</u>				s
\$13.00 to \$14.99	<u>15</u>				\$
\$15 00 and higher					s
date and the actual hou	rly value of any	y employer-provided	ber of actual jobs created health insurance for those ion into full- and part-time	jobs. (<u>Only</u> indice	
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					·
\$7 00 to \$3.99					3
\$9 00 to \$10 99					s
\$11 GO to \$12 99				 -	s
\$13.00 to \$14.99					s
\$15 00 and higher					s
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 2 report as required by Minn. Stat. §116J.993 and §116J.		and any reaspignes who failed to			
Tes (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.)					
X 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	e required to be fulfilled by the tim	ne of this report? (Mark one)			
Yes (Complete the remainder of this section)	ion.) No (Stop here and sui	bmit form to DTED)			
35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Atta					
35 Information on recipient and agreement:					
Name of recipient in default	Type of substay or assistance	Imitial 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 ceased operation Trecipient was unable to fill vacant positions	a recipient relocated to a differ a other (Specify reason)	ent community			
37. To date, has the recipient fulfilled its repayment obligation? (Mark one.)					
The No, recipient has begun to repay the assistance. The 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



2001 Minnesota Business Assistance Form RECEIVED APR 1

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- 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

Section 1 Information Af	Jour Grantor			
1. Name of grantor (funding en Bounsville EDA	•	2. Name of person completing this form Chad Wonley S		
3. Street address 100 Civic Center		4 City 5 ZIP code 55376		
6. County DaKota	7. Phone number 952-875-4451	3. Fax number 9. E-mail addre		dress on bonsodan
10. Please indicate who in you	r organization should receive the	2002 MBAF if different from t	he person in Que	estion 2.
Name/Title	Phone number	Street address	City	Z!P 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.")			ding business sul	bsidies in
		Yes indicate hearing date - 2122 and anach criteria: No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other i Please attach explanation.)		
		usiness subsidy or financial assis under Minn, Stat. \$1161,993 and		

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance	15 Address wher will be used	e business subs	dy or financi.	al assistance 55337
Southcross Drive-42, LLP	Street address	<u>ک. ۲۵ س</u> City	Burnsull State	ZIP code
16. Does the recipient have a parent corporation? (Mark one.)				<u> </u>
☐ Yes Andicase name and address of parent corporation below ☐ No	If more than one, is	ndicate ultimati	ran neer	
Name of parent corporation	Street address	City	State	ZIP code

17 Industry of recipient	s facility (Mark on	ie.)	17 Industry of recipient's facility (Mark one.)				
1	fanufacturing etail Trade	Services Wholesale Trad		irance, Real Estate Other (please spec	ifi) office		
18 Did the recipient relo	cate as a result of	signing this agreemer	nt? (Mark one)				
☐ Yes (Indicate city and . X No (Go to Question 19		ddress and reason re	cipient did not complet	te this project at that addr	ess)		
City/State of previous add	ress Reason pro	oject not completed a	previous address				
19 Would the recipient h		revious location or re	located elsewhere if no	or awarded this business si	ubsidy or		
■ Remained at pre	vious location C	Relocated to differe	nt Minnesota location	☐ Relocated outside M	Minnesota		
Section 3 General In	formation Ab	out the Agreeme	nt				
20 Total dollar value of assistance (Please sep and 25.)	_			signed (In addition to the ly dates the agreement wa			
\$1,175,672 November 20, 2000			ს 				
indicate the date imp	rovements were fin	ushed, equipment wa		or financial assistance. For the recipient occupied to			
23 Does the agreement p be reported? (Mark o	one)	subsidy or one of the business subsidy	four types of financial	assistance (see Question	25) required to		
24. If the agreement provindicate the type(s) as				was one of the four types e indicate the type(s).	of financial		
🗆 not applicable, agreeme	ent provided financ	cial assistance	Anot applicable, agr	eement provided a busine	ss subsidy		
☐ !oan (only principal) ☐ grant (i.e., forgivable id ☐ tax abatement ☐ TIF or other tax reduct ☐ guarantee of payment ☐ contribution of propert ☐ preferential use of gove ☐ land contribution ☐ other (Specify subsidy i	ion or deferral y or infrastructure ernmental facilities	SSSSSSSSS	assistance provide historic preservations 50% or less of tota assistance for poll abatement	ovating building it up to code, and differenced for designated conditions, when all cost	s s		
26 If the assistance inclu- indicate the type of T				rantors providing a busine nee to the same project? 7			
☐ not applicable, assistan Zi redevelopment	ice was not in the f	om of TiF		grantor and the value of t attach an additional shee			
☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground spi ☐ hazardous substance su	1 2C e		X(No Grantor(s) and value	of the agreement(s):			
			Grantor	Value (S)			
			Grantor	Value (S)			

Section 4 Goals and Pu					
28. Minn. Stat. §116J.994 re of the following public p					arpose. Which
Si Enhancing economic dive Si Creating high-quality job Diob retention			☑ Increasing tax base ☐ Other (please specif		
☐ Stabilizing the community	<u>, </u>				
29. Indicate whether the agree at the time of this report				he recipient had attai	ned those goals
				arget attainment tes (month & year)	All goals
A) Specific wage and job go	als to be attain	ed within 2 years		405+- 20=3	☐ Yes 25No
B) Other job-creation and/or	retention goals	ł	☐ Yes 29 No		☐ Yes ☐ No
C) Other wage goals D) Other goals other than wa	ree and ich rea	le.	☐ Yes ᡚ No ☐ Yes ❷ No		☐ Yes ☐ No ☐ Yes ☐ No
D) Other goals other than wa	ike mid lon koa	113	216 21.10		1 165 1.10
(Please attach descriptions of attainment if not documented					
30. For each of the followin agreement and the avera job creation goals in ful	ge hourly yalu	e of any employer-pro	ovided health insurance	goals for those jobs.	
Hourly Wage (excluding benefits)	Full-time Job Crestion	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					\$
less than \$7.00					1
\$7.00 to \$8.99					s
\$9.00 to \$10.99					1
\$11.00 to \$12.99					s
\$13.00 to \$14.99	<u>.:5</u>				\$
\$15 00 and higher				_ 	s
31. For each of the following date and the actual hour full-time equivalents if	rly value of an	v employer-provided	health insurance for tho	se jobs. (<u>Onlv</u> indic:	
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					\$
57 cO to 58 99					·
99.012 or 00 92					s
\$11.00 to \$12.99					5
\$13.00 to \$14.99					2
\$15.00 and higher				·	\$
32. Has the recipient achiev (Mark one)	red <u>all goals</u> (se	ee Questions 29, 30 a	,	bligations stipulated	in the agreement?

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

 During the period January 1, 2000 through December 2 report as required by Minn. Stat. §116J.993 and §116J. 		ive any recipients who failed to				
See (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 January 1, 2000, that were 						
☐ Yes (Complete the remainder of this sect	ion.) 🗏 No (Stop here and sui	omit form to DTED)				
35 39. Provide the following information for each recipion were to be attained by the time of reporting. (Attained by the time of reporting).						
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 ceased operation Trecipient was unable to fill vacant positions	content relocated to a difference of the content of	ent community				
37. To date, has the recipient fulfilled its repayment obliga	tion? (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, 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



2001 Minnesota Business Assistance Form RECEIVED APR

- 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.
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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(s) is on page 4.

1. Name of grantor (funding entity) 2. Name of person completing this form Chad workers				
3. Street address 100 Civic Center Parkway		4. City Burnsville	5 ZIP code 55378	3
6. County Daketu	7 Phone number 3. Fax number 9. E-mail address 952-895-4451 952-395-4453 コートリー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー			
10 Please indicate who	in your organization should receive the	e 2002 MBAF if different from	the person in Ques	ition 1.
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, 2 city EDA would check "City government.")		12. Has your organization hadopted criteria for awar compilance with Minn.	rding business sub	sidies in
⊈ City government		✓ Yes (Indicate hearing date - 2 m m) and attach criteria. No We held a public hearing but have not yet adopted criteria. (Indicate date of initial hearing.) Other (Please attach explanation.)		
☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify		criteria. I Indicate date of	initial hearing	

Section 2 Information About Recipient

14 Name of business or organization receiving subsidy or financial assistance	15. Address when will be used	e business subsici	v or Enunci	ai assistance		5535?
Gila, LLC	14265 BU	ensu'lle Pave. Cit	State	, Burnguille, ZIP sodo	MO,	Market
16 Does the recipient have a parent corporation? (Mark one)						
2 Yes Andicate name and address of parent corporation below.	If more than one a	ndicate ultimate».	wner i			
Name of parent corporation	Street address	City	State	ZIP code	}	

17. Industry of recipient's facility (Mark on	ie)·		
Manufacturing Remit Trade	☐ Services ☐ Wholerale Tend	D Finance, Insurance, Real Estate D Construction D Other (places specified)	-:61
18. Did the recipient relocate as a result of	signing this agreemer	n? (Mark one)	
Yes (Indicate city and state of previous at No (Go to Question 19.)	ddress and reason re	cipient did not complete this project at that add	fress.)
City/State of previous address Reason pro	oject not completed a	previous address	
19. Would the recipient have remained in p financial assistance? (Mark one)	revious location or re	located elsewhere if not awarded this business	subsidy or
☐ Remained at previous location 🔀	Relocated to differe	nt Minnesota location	Minnesota
Section 3 General Information Ab	out the Agreeme	nt	
20. Total dollar value of business subsidy (assistance (Please separate value by typ and 25.)		21. Date agreement signed (In addition to the date, indicate any dates the agreement w	-
\$149,037		July 17, 2000	
	nished, equipment wa	the business subsidy or financial assistance—is placed into service, or the recipient occupied	
be reported? (Mark one.)	subsidy or one of the Lousiness subsidy	four types of financial assistance (see Question financial assistance	1 25) required to
24. If the agreement provided a business sub- indicate the type(s) and total dollar val		 If the assistance was one of the four type assistance, please indicate the type(s). 	s of financial
🗆 no: applicable, agreement provided financ	cial assistance	not applicable, agreement provided a busin	iess subsidy
□ loan (only principal) □ grant (i.e., forgivable loan) □ tax abatement ☑ TIF or other tax reduction or deferral □ guarantee of payment □ contribution of property or infrastructure	\$ \$ \$ <u></u> \$ \$ \$	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	S
☐ preferential use of governmental facilities		50% or less of total cost	•
Dland contribution Dother (Specify subsidy type.)	_ \$	assistance for pollution control or abatement assistance for a TIF soils condition district	s
26 If the assistance included tax increment indicate the type of TIF district? (Mark		27 Are any other grantors providing a busin financial assistance to the same project?	
net applicable, assistance was not in the f	orm of TIF	☐ Yes (Specify each grantor and the value of assistance below, attach an additional she	
		প্র No Grantor(s) and value of the agreement(s):	
hazardous substance subdistrict		Grantor Value (S)	
		Grantor Value (\$)	

Section 4 Goals and P	ublic Purpos	se Identified in t	he Agreement				
28. Minn. Stat. §116J.994 r of the following public			nancial assistance agreemer nt? (Mark all that apply.)	its state a public p	urpose. Which		
☐ Enhancing economic diversity of Creating high-quality job ☑ Job retention ☐ Stabilizing the community	growth		☐ Increasing tax base (c: ☐ Other (please specify)				
29. Indicate whether the ag	reement include			recipient had attai	ined those goals		
Goals Target attainment All goals established? dates (month & year) attained? 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 C) Other goals other than wage and job goals C) Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.)							
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. 10nly indicate job creation goals in full-time equivalents if you are unable to separate goals by full- and part-time positions:							
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					\$		
less than \$7 00					\$		
\$7.00 to \$8.99					s		
59 00 to 510 99					5		
\$11.00 to \$12.99	<u> </u>				s		
\$13.00 to \$14.99					\$		
\$15.00 and higher					<u> </u>		
	irly value of an you are unable	y employer-provided to separate job creat	health insurance for those ton into full- and part-time	jobs. (<u>Only</u> indic			
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					s		
\$7.00 to \$8.99					s		
96 012 o: 00 6 2					s		
\$11.00 to \$12.99					5		
\$13.00 to \$14.99					s		
\$15 00 and higher					s		
32 Has the recipient achie	ved all goals (se	e Questions 29, 30 a	nd 31) and fulfilled <u>all obl</u>	igations stipulated	In the agreement?		

☐ Yes 🕱 No

(Mark one)

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

 During the period January 1, 2000 through December report as required by Minn. Stat. §116J.993 and §1 		we any recipients who failed to
Yes (Indicate the name of each recipient failing to recipient. Attach additional pages if necessary.) No	port and the value of subsidy or finan	cial assistance awarded to that
Name of recipient Type of subsidy or assist	ance (See Questions 24 and 25.)	Value of subsidy or assistance
34. Did your organization have any recipients who fail agreement signed on or after January 1, 2000, that		
☐ Yes (Complete the remainder of this .	section.) ANO (Stop here and sub	bmit form to DTED)
35 39. Provide the following information for each rewere to be attained by the time of reporting.		
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 control of the contr	ent community
37. To date, has the recipient fulfilled its repayment ob	ligation? (Mark one)	
☐ Yes ☐ No. recipient has begun to repay the assista	nce. 🗆 No, recipient has not begu	n to repay the assistance
38 Has the agreement been amended to extend the reci	pient's deadline for fulfilling its oblig	gations? (Mark one)
	Q Yes Q No	
39 Describe the steps being taken to bring recipient in	to compliance or recoup the subsidy:	
- 		•

Return your completed MBAF(s) by <u>April 1, 2001</u>, 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



2001 Minnesota Business Assistance Form

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Questions? Call (651) 296-0580. Information on wi	nere to mail or fax your compl	leted MBAF(s) is on page 4.		
Section 1 Information About Grantor 1. Name of grantor (funding entity) Burnsville EDA	2. Name of person completing this formCircle we here 5			
3. Street address 100 Civic Cevitor Parkway	4. City 130. nov. 112	5. ZIP code 55378		
6. County 7. Phone number D. Katu 952-895-4451	8. Fax number 952 895 - 4453	9 E-mail address Wenter SC & C. hvenswille m.		
10. Please indicate who in your organization should receive the		I		
Name-Title Phone number	Street address	City ZIP code		
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. §1:63.994? (Mark one).			
City government County government Regional government State government Other (Please specify.)	Yes (Indicate hearing date - 3/122/10 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 bu through December 31, 2000 that is required to be reported u				
Yes (Complete the remainder of the form)	□ No (<u>Stop here</u> go to section	on S on page 4 ,		
Section 2 Information About Recipient				
14. Name of business or organization receiving subsidy or financial assistance	15 Address where business su will be used	ibsidy or financial assistance		
US Federal Credit Union	1400 Highwere, 13 Street address City	State ZIP unde		
16 Does the recipient have a parent corporation? (Mark one.)	<u> </u>	55337		
☐ Yes (indicate name and address of parent corporation below № №	If more than one, indicate ultim	iate owner j		
Name of purent corporation	Street address City	State ZIP code		

17. Industry of rect	pient's facility (Mark on	e.)			
	Manufacturing Retail Trade	Services Wholesale Trad		Insurance, Real Estate	(n <u>. p.(.); c</u> e
18. Did the recipier	nt relocate as a result of s	igning this agreemen	t? (Mark one)		
X Yes (Indicate city ☐ No (Gc to Questi		ldress and reason re	apient did not com	plete this project at that addre	ess j
Bloomington / City/State of previo	mol No r∞ us address Reason pro	ject not completed a	previous address		
19. Would the recip		revious location or re	located elsewhere	if not awarded this business su	bsidy or
□ Remained	at previous location	Relocated to differe	nt Minnesota local	tion	Innesota
Section 3 Gener	al Information Abo	out the Agreeme	nt		
assistance (Plea and 25.)	lue of business subsidy o ase separate value by typ			ent signed (In addition to the c e any dates the agreement was	- 1
\$;	394,000		May	15, 2000	·
indicate the dat whichever is ca	te improvements were fin			dy or financial assistance. Fo se, or the recipient occupied th	
s –	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.) 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 -	t provided a business sub e(s) and total dollar val			nce was one of the four types of lease indicate the type(s).	of financial
🗖 not applicable, ag	greement provided financ	ial assistance	not applicable.	agreement provided a busines	s subsidy
☐ loan (only princi)☐ grant (i.e., forgiv☐ tax abatement		s	assistance for p		S
ATIF or other tax in a guarantee of pays		S ≥(4,000 S	stock or bringi assistance prov	ng it up to code, and vided for designated	3
Dipreferential use o	roperty or infrastructure of governmental facilities		50% or less of		
☐ land contribution☐ other (Specify sur	bsidv type.)	. S	abatement	pollution control or	S
			assistance for .	a TIF soils condition district	S
	e included tax increment be of TIF district? (Mark)			er grantors providing a busines istance to the same project? (A	
🖸 not applicable, as	ssistance was not in the fo	orm of TIF		ach grantor and the value of to ow, attach an additional sheet	
⊠ redevelopment				y, wilden an aggillonus sitter	, necessur)./
☐ renewal and reno ☐ soils condition			X No		i
economic develo	end space		Grantor(s) and va	alue of the agreement(s)	i
☐ hazardous substa	nce subdistrict		Grantor	Value (S)	
			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 purposes were stated in the agreement? (Mark all that apply.) Increasing tax base (cannot be only purpose) S Enhancing economic diversity Other (please specify)_ A Creating high-quality job growth ☐ Job retention ☐ 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.) Target attainment All goals established? dates (month & year) anained? A) Specific wage and job goals to be attained within 2 years 2 Yes O No Muy 1, 2003 □ Yes 및 No ☐ Yes ☐ No □ Yes □ No B) Other job-creation and/or retention goals O Yes A No □ Yes □ No C) Other wage goals D) Other goals other than wage and job goals Q Yes 3 No ☐ Yes ☐ No. (Please attach descriptions of goals and progress toward attainment if not documented in Questions 30 and 31.) 30 For each of the following wage categories, indicate the job creation and/or retention goals stated in the agreement and the average hously 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 stated as FT/PT) Seasonal/Temp. Hourly Wage doL Job Retention Hourly Value of Job Creation Job Creation Health Insurance (excluding benefits) Creation no hourly wage-level goal less than 57 00 \$7.00 to \$8.99 59 00 to \$10 99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$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 Joh Seasonal/Temp. separate FT/PT) Job Retention Houriv Value of Hourly Wage Creation Job Creation Job Creation Health Insurance (excluding benefits) less than \$7.00 \$7.00 to \$8.99 59 00 to 5:0 99 \$11 00 to \$12 99 \$13.00 to \$14.99

32.	Has the recipient achieved all goals (see Questions 29,)	30 and 31) and fulfilled <u>all obligations</u> stipulated in the agreement?
	(Mark one.)	
	J Yes	₩ No

\$15.00 and higher

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

	ary 1, 2000 through December inn. Stat. §116J.993 and §116J	31, 2000, did your organization h .994? (Mark one.)	lave any recipients who failed to
	feach recipient failing to repor litional pages if necessary.)	t and the value of subsidy or fina	incial assistance awarded to that
Name of recipient	Type of subsidy or assistance	e (See Questions 24 and 25.)	Value of subsidy or assistance
		to achieve any goals or fulfill any re required to be fulfilled by the ti	
☐ Yes (Com	plete the remainder of this sect	tion.) XNo (Stop here and st	ubmit form to DTED)
		ient failing to fulfill goals or any ach additional pages of necessary	
35. Information on recipien	it 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	Ourstanding value of subsidy or assistance
36. Reason(s) for default (3	Aark all that apply.):		
☐ recipient ceased operation ☐ recipient was unable to fi		other (Specify reason)	erent community
37. To date, has the recipies	nt fulfilled its repayment obliga	mon? (Mark one)	
☐ Yes ☐ No, recipient <u>h</u>	as begun to repay the assistance	e.	un to repay the assistance
38. Has the agreement been	amended to extend the recipie	ent's deadline for fulfilling its obl	igations? (Mark one)
		Yes INo	
39. Describe the steps being	g taken to bring recipient into c	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



きんなでの野です。 他の人はないないのからいっと

2001 Minnesota Business Assistance Form

01-0348

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- Questions? Call (651) 296-0580. Information on where to mail or fax your completed MBAF(4) is on page 4.

Section 1 Information About Grantor Name of grantor (funding agency) 2. Name of person completing this form Brooklyn Park Economic Development Authority Theresa Freund 3. Street address 4. City 5. Zip Code 5200 - 85th Avenue North Brooklyn Park 5:443 6. County 7. Phone number 8. Fax number 9. E-mail address Неплеріл 763-493-8059 763-493-8171 Theresa@ci.brooklyn-park.mn.us Please indicate who in your organization should receive the 2003 MBAF if different from the person in Question 3. Name/Title ZIP code Phone number Street address City 12. Has your organization held a public hearing on and adopted 11. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. criteria for awarding business subsidies in compliance with For example, a city EDA would check "City Minn. Stat. § 116J994? (Mark one.) government.") Yes (11/4/99 & 3/1/01 criteria attached.) □ No. J State government D County government Other We held a public hearing but have not yet adopted criteria. □ Regional government □ 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.)

14.	Name of business or organization receiving subsidy or financial assistance	15. Address where business subsidy or financial assistance will be used.			
	Brooklyn Boulevard Investors	7624 Boone Ave. N. Street address	Rrooklyn Park, MN	55428-1002 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, indic	care ultimate owner.)		

Name of parent corporation Street uddress City State ZIP code

Section 2 Information About Recipient

17.	Industry of recipient's	s facility (Mark one.):		
	□ Manufacturing □ Retail Trade	D Services D Wholesale Trade		urance, Real Estate Construction ufacturing, Distribution, Office
18.	Did the recipient rolo	cate as a result of signing	this agreement?	(Mark one.)
	☐ Yes (Indicate city a No (Go to Question		ess and reason re	cipient did not complete this project at that address.)
	City / State of previou	16 address	Reason project	not completed at previous address
19.	Would the recipient huseistance? (Mark on		location or reloc	cated clsewhere if not awarded this business subsidy or financial
	□ Remained at previo	ous location.	Relocated to	different Minnesota location - Relocated outside Minnesota
S	lan 3 Carral Info			
		mation About the Ag business subsidy or finan-		21. Date agreement signed (In addition to the agreement date,
20.		by type in Questions 24		indicate any dates the agreement was amended.)
	\$334,000		<u>-</u>	May 22, 2000
22.	Benefit date (Indicate date improvements w	the date the recipiont wi	ll benefit from th was placed into so	e business subsidy or financial assistance. For example, indicate the ervice, or the recipient occupied the property, whichever is earlier.)
	Certificate of Compl	letion issued 9/6/01 & T	ax Increment Fi	nancing Note issued 9/1/01.
23	Does the agreement preported? (Mark one		y or one of the fo	ur types of financial assistance (see Question 25) required to be
	Business subsidy		□ Financial assi	istance
24.		rided a business subsidy, dollar value for each type		25. If the assistance was one of the four types of financial assistance, please indicate the type(s).
	☐ Loan (only princip. ☐ Grant (i.e., forgival. ☐ Tax abatement ☐ TIF or other tax re ☐ Guarantee of paym. ☐ Contribution of pre	ble loan) duction or deferral ent operty or infrastructure governmental facilities	\$136,000.00	Not applicable, agreement provided a business subsidy. Assistance for the 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.	indicate the type of T	ment d space	- ,	27. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark one.) O 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):
ı 	- Frazingous Subsim	oc attorianist		Grantor Value (S)
 	•			Center Value (\$1

ection 4 Goals and Pr 28. Minn. Stat. §116J.9 following public pur	94 requires that but	siness subsidy and f	inancial ass		nents state a public pur	pose. Which	of the
□ Creating high-qual □ Job retention	□ Stabilizing the community				e (cannot be only purpout impetus for comme oroductive and/or und ment District.	rcial & indu	strial roperty
 Indicate whether the time of this report. 					he recipient had attaine	d those goals	s at the
			_	ioals plished?	Target attainment dates (month & year)		goals ined?
A) Specific wage & job	b goals to be attained	ed within 2 years	■ Yes	□ No) 1/7/01	Yes	D No
B) Other job creation :			□ Yes	□ No		O Yes	□ No
C) Other wage goals			□ Yes	P No		□ Yes	a No
 Other goals other the (Please attach description attainment if not do 	iptions of goals and	progress toward	□ Yes	D No		D Yes	□ No
At least 56 employees n (9/1/03).		•					
Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	not state	nly if goals d as FT/PT) Creation	Job Retention		Value of Insurance
no hourly wage level go	al					<u>\$</u>	
less than \$7.00						<u> </u>	
\$7.00 to \$8.99	_56		_			3	
\$9.00 to \$10.99				_		سق	
\$11.00 to \$12.99 \$13.00 to \$14.99						<u>+</u>	
\$15.00 and higher	-		~			<u>\$</u>	
31. For each of the foll actual hourly value you are unable to so Hourly Wage	of any employer pro	ovided health insura	ince for thos time position	e jobs, (Only	d and/or retained since indicate job creation to Job		uivalents ij
(excluding benefits)	Job Creation	Seasonal/Temp. Job Creation	to separ	rate FT/PT Creation	Relention	Health Ins	
less than \$7.00						\$	
\$7.00 to \$8.99			_			<u>\$</u>	
\$9.00 to \$10.99						\$	
\$11.00 to \$12,99						<u>\$</u>	
\$13.00 to \$14.99	~~~					<u>\$</u>	
\$15.00 and higher	<u> 56</u>		_			<u>\$3.</u>	70°
* Documentation has b has not provided insura		ing 54 employees b	ave insuran	ice benefits of	\$3.70 an hour. Tena	ent with 2 en	nployees
32. Has the recipient act	nieved all goals (see	Questions 29, 30 m	nd 31) and i	fulfilled <u>all ob</u>	ligations stipulated in t	he agreemen	r? (Mark

DNo has two years to achieve goals after the issuance of the Tax Increment Financing Note.

۹Yes

Section 5 Recipients Falling to Fulfill Obligations (Do not complete this section if you completed it on another 2000 MBAF submitted to DTED.) 33. During the period January 1 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. (Indicate the name of each recipiont 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 (Sec Questions 24 & 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 \2000, that were required to be fulfilled by the time of this report? (Mark one.) □ Yes (Complete the remainder of this section.) W 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 uttained 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.): a recipient relocated to a different community recipient ceased operation recipient was unable to fill vacant positions □ other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) O Yes. No, recipient has begun to repay the assistance. a No, recipient has not begun to repay the assistance. Has the agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) a 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, 2002 to:

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



2001 Minnesota Business Assistance Form

01-0350

- The 2000 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; for agreements signed from August 1, 1999 through 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

Name of grantor (funding agency) Brooklyn Park Economic Development Authority		2. Name of person completing this form Theresa Freund					
3. Street address 5200 - 85th Avenue North		4. Ciry Brooklyn Park	5. Zip Code 55443	1 -			
6. County Недперіп	7. Phone number 612-493-8059	8. Fax number 9 E-mail address 763-493-8171 Theresa@ci.brooklyn-park.		-			
10. Please indicate who in your organization should receive the 2003 MBAF if different from the person in Question 3. S/A/A							
Name/Title	Phone number	Street uddress	City	ZIP code			
11. Classification of grantor (Mark one. If grantor is entity created by government 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. § 1161994? (Mark one.)					
- 11,	State government Other	 B Yes (11/4/99 & 3/1/01 criteria attached.) □ 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 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 remains)	ainder of the form.)	□ No (Stop here, g	o to section 5 on page	4.)			

Section :	2 Int	ormation	About	Recipient

14. Name of business or organization receiving subsidy or financial assistance	 Address where business subsidy or financial assistance will be used. 						
Duke Realty Investments, Inc. Crossroads North Business Center 4	9201 West Brog Street address		rooklyn Park ity	55445 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.) B No.							
Name of parent corporation	Street address	City	State	ZIP code			

								
J 7 .	Industry of recipient's fac-	ility (Mark one.):	- "					
	☐ Manufacturing ☐ Retail Trade	☐ Scrvices ☐ Wholesale Trade		ce, Insurance, Real Estate r: Manufacturing, Office & Wareb	□ Construction louse			
18.	Did the recipient relocate as a result of signing this agreement? (Mark one.) P Yes (Indicate city and state of previous address and reason recipient did not complete this project at that address.) P No (Go to Question 19.)							
Ciry	y / 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 la	ocation. Relo	cated to di	ifferent Minnesota location 🗆 Re	clocated outside Minnesota			
Sect	on 3 General Informa	tion About the Agreem	ient					
20.	Total dollar value of business subsidy or financial assistance. (Please separate value by type in Questions 24 and 25.			21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.) 2/1/90 Original Agreement				
20	\$286,000			9/1/00 Amended				
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.) 4/90 Certificate of Occupancy issued.							
23.	3. 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	□ Financial assistance	c					
24.	. If the agreement provided a business subsidy, please indicate type(s) and total dollar value for each type.			25. If the assistance was or e of the assistance, please indicate the				
	☐ Not applicable, agreemed Loan (only principal) ☐ Grant (i.e., forgivable to Tax abatement ☐ TIF or other tax reduct ☐ Guarantee of payment ☐ Contribution of propert ☐ Preferential use of gove ☐ Land contribution ☐ Other (Specify subsidy	y or infrastructure	286,000	☐ Assistance for the propert	building stock or bringing it up s of total cost. ontrol or abstement.			
26.	indicate the type of TIF di Not applicable, assistant Redevelopment	ice was not in the form of T		27. Are any other grantors providing financial assistance to the same provided as (Specify each grantor and the below; attach an additional sheet in	oject? (Mark one.) he value of their assistance			
	☐ Renewal and renovation ☐ Soils condition ☐ Economic developmen ☐ Mined underground spe	t		Grantor(s) and value of the agreen	nent(s):			
	☐ Hazardous substance su			Grantor	Value (S)			
				Grantor	Value (\$)			
					· · (+/			

Section 4	4 Goals and Public	Purpose Ide	ntified in the As	reement						
	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)									
B (inhancing economic di Creating high-quality i ob retention Subilizing the commun	ob growth		 Increasing tax base (cannot be only purpose) Other: providing an impetus for commercial & industrial development of underutilized property within the Developm District. 						
	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.)									
					oals lished?	Target attainment dates (month & year)	ag IfA			
	ocific wage & job goals			≝ Ya	□ No	5/1/02	□ Yes	B No		
B) Or	her job creation and/or	retention goa	ls	□ Yes	□ No		□ Yes	□ No		
	her wage goals			D Yes	□ No		□ Yes	□ No		
D) Ot	her goals other than wa	ige and job go	als	□ Yes	П No		O Yes	O No		
(Please	attach descriptions of a	roals and proc	ress toward attainm	ent if not do	scumented in	Question 30 & 311				
hou	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.)									
At least	t 48 employees must b	e employed w	ithin two years fo	lowing the	date that the	Authority issues the ac	te (5/1/02).			
ŀ	lourly Wage	Full time	Part time/	FTE (or	ly if gouls	Job	Hourly Va	alue of		
(exc	luding benefits)	dol	Seasonal/Temp.	not stated	as FT/PT)	Retention	Health Ins	urance		
1		Creation	Job Creation	Job C	reution					
no hour	ly wage level goal			_			<u>S</u>	_		
less that	n \$7.00			_			<u>s</u>	-		
\$7.00 to	s \$ 8.99	48*				·	<u>\$</u>			
1	s10.99					<u> </u>	<u>\$</u>	~_		
	to \$12.99						\$			
1	to \$14.99					·	C			
\$15.00	and higher					<u> </u>		_		
*160%	above Federally man	dated minim	um wage.							
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.)										
Note: 5	Note: See Question #30 above.									
Hourly (exclud	Wage ing benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	to separ	ly if unable are FT/PT Prestion	Job Retention	Hourly Value Health Insu			
less tha	n \$7.00						2			
\$7.00 to				-			<u>\$</u>			
\$9.00 to	o \$10.99						\$			
1	to \$12.99			_			\$			
\$13.00	to \$14.99						\$			
\$15.00	and higher				 -		\$			
32. Has	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.					<u> </u>				

Section 5 Recipients Failing to Fulfill Obliq (Do not complete this section if you complete	gations ed it on another 2000 MBAF submitted to	DTED.)
33. During the period January 1 through D by Minn. Stat. §116J.993 and §116J.99		save any recipients who failed to report as required
Xes. (Indicate the name of each rec recipient. Attach additional pages		osidy or financial assistance awarded to that
□ No		
Name of recipient Type of	subsidy or assistance (See Questions 24 &	25) Value of subsidy or assistance
	ents who failed to achieve any goals or fulfi t were required to be fulfilled by the time o	ill any other obligations under an agreement of this report? (Mark onc.)
☐ Yes (Complete the remainder of this	section.) No. (Stop here a	and submit form to DTED.)
	for each recipient failing to fulfill goals or Attach additional pages if necessary.)	any other terms of an agreement that were to be
35. Information on recipient and agreemen	u:	
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 ap	ply.):	
☐ recipient coased operation ☐ recipient was unable to fill vacant po	ositions other (Specify reason)	different community
37. To date, has the recipient fulfilled its n	epayment obligation? (Mark one.)	
□ Yes. □ No, recipient <u>has begun</u> to repay the	assistance. No, recipient has not be	egun to repay the assistance.
38. Has the agreement been amended to ex	stend 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 su	ubsidy:

Return your completed MBAF(s) by April 1, 2002 to:

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



01-0353

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- 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 is 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 I Information About Grantor 1. Name of grantor (funding agency) 2. Name of person completing this form Brooklyn Park Economic Development Authority Theresa Freund 4. City 5. Zip Code Street address 5200 - 85th Avenue North 55443 Brookly a Park 9 E-mail address 6. County Phone number 8. Fax number 612-493-8059 Theresa@ci.brooklyn-park.mn.us Hennepin 763-493-8171 10. Please indicate who in your organization should receive the 2003 MBAF if different from the person in Question 3. ZIP code Name/Title Phone number Street address City 11. Classification of granter (Mark one. If granter is entity 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in compliance with created by government agency, please indicate affiliation. Minn. Stat. § 11619947 (Mark one.) For example, a city EDA would check "City government") # Yes (11/4/99 & 3/1/01 criteria attached.) B City government State government No. □ County government Other We held a public hearing but have not yet adopted criteria. Regional government (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.)

 Name of business or organization receiving subsidy of financial assistance 	be used.		
Gildon, LLC	8617 Xylon Court North Street address	L <u>Brooklyn Park</u> City	<u>55445-1899</u> 21P code
6. Does the recipient have a parent corporation? (Mark	one.)		

	□ Manufacturing	s facility (Mark one.):		O Ringer Income	an Basi Catara
	□ Retail Trade □ Wholesale Trade □ Construction		 Finance, Insurance, Keal Estate Other: manufacturing, warehouse & office 		
8.	Did the recipient relo	cate as a result of signing	this agreement?	(Mark one.)	
	☐ Yes (Indicate city a No (Go to Question		ess and reason re	cipient did not comple	te this project at that address.)
лу	/ State of previous ad	dress)	leason project no	t completed at previou	s address
9.	Would the recipient lassistance? (Mark or		s location or reloc	cated elsewhere if not a	awarded this business subsidy or financial
	□ Remained at previo	ous location.	Relocated to dif	ferent Minnesota local	ion D Relocated outside Minnesota
ecti	on 3 General Info	mation About the Ag	reement		
	Total dollar value of	business subsidy or finance by type in Questions 24	cial assistance.		signed (In addition to the agreement date, es the agreement was amended.)
2.		ere finished, equipment v			inancial assistance. For example, indicate the occupied the property, whichever is earlier.)
3.	Does the agreement preported? (Mark one		y or one of the fo	ur types of financial as	sistance (see Question 25) required to be
	B Business subsidy	□ Financial ass	istance	·	·
4,		ided a business subsidy, dollar value for each type			was one of the four types of financial se indicate the type(s).
	□ Loan (only princip □ Grant (i.e., forgiva □ Tax abatement ■ TIF or other tax re □ Guarantee of paym □ Contribution of pre	ble loan) duction or deferral cent eperty or infrastructure governmental facilities	\$255,000	☐ Assistance f ☐ Assistance f to code, who ☐ Assistance f	ble, agreement provided a business subsidy. or the property polluted by contaminants or renovating building stock or bringing it up in 50% or less of total cost. or pollution control or abatement. or a TIF soils condition district.
26.	indicate the type of T Not applicable, ass Redevelopment Renewal and renov Soils condition Economic develop Mined undergroun	oment d space		financial assistance to Yes (Specify each below; attach an add	antors providing a business subsidy or o the same project? (Mark one.) grantor and the value of their assistance itional sheet if necessary.) of the agreement(s):
	Hazardous substan	ee zaparzurat		Grantor	Value (\$)
				Grantor	Value (\$)

following public purpos		siness subsidy and fin the agreement? (M			nents state a public purp	oose. Which	of the
 □ Enhancing economic diversity ■ Creating high-quality job growth □ Job retention □ Stabilizing the community 		 Increasing tax base (cannot be only purpose) Other: providing an impetus for commercial & industrial development of underutilized property within the Developmen District 					
19. Indicate whether the ag time of this report. (Fill					the recipient had attaine	d those goals	at the
			_	oals lished?	Target attainment dates (month & Yr)	आक्रा	goals ned?
 Specific wage & job go 			# Yes	□ No	11/1/02	□ Yes	■ No
Other job creation and/	or retention gos	als	# Yes	□ No	11/1/02	□ Yes	■ No
C) Other wage goals			⊐ Yes	□ No		□ Y¢s	□ No
O) Other goals other than	wage and job go	oals	□ Yes	□ No		□ Yes	Q No
Please attach descriptions of trainment if not documented	f goals and pro d in Question 3	gress toward 0 & 31)					
Note: Has until November covenant of 60 employees [he Federally mandated mi	20 newly creat						
hourly value of any cmp equivalents if you are us	nable to separat	c goals by full and p	art time pos	itions.)	ederally mandated mi		
' Institution							
Hourly Wage	Full time	Part time/		nly if goals	Job Katention		Value of
1	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	not stated	nly if goals d as FT/PT) Creation	Job Ketention		Value of nsurance
Hourly Wage (excluding benefits) to hourly wage level goal	Job	Seasonal/Terror.	not stated	as FT/PT)		Health I	пұпқалсе
Hourly Wage (excluding benefits) to hourly wage level goal	Job	Seasonal/Terror.	not stated	as FT/PT)		Health I	nsurance
Hourly Wage (excluding benefits) o hourly wage level goal ess than \$7.00	Job Creation	Seasonal/Temp. Job Creation	not states	d as FT/PT) Creation	Ketention	Health I	UZ HLØJI CE
Hourly Wage	Job Creation	Seasonal/Temp. Job Creation	not states	as FT/PT)		Health I	пұпқалсе
Hourly Wage (excluding benefits) to hourly wage level goal css than \$7.00 57.00 to \$8.99 59.00 to \$10.99	Job Creation	Seasonal/Temp. Job Creation	not stated Job C	d as FT/PT) Creation	Ketention	Health I	пұпқалсе
Hourly Wage (excluding benefits) to hourly wage level goal css than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	Job Creation	Seasonal/Temp. Job Creation	not stated Job C	d as FT/PT) Creation	Ketention	Health I	пұпқалсе
Hourly Wage (excluding benefits) to hourly wage level goal ess than \$7.00 17.00 to \$8.99 19.00 to \$10.99 11.00 to \$12.99 13.00 to \$14.99	Job Creation	Seasonal/Temp. Job Creation	not stated Job C	d as FT/PT) Creation	Ketention	Health I	
Hourly Wage (excluding benefits) to hourly wage level goal ess than \$7.00 67.00 to \$8.99 69.00 to \$10.99 \$11.00 to \$12.99 \$13.00 to \$14.99 \$15.00 and higher	Job Creation 20 ng wage catego ny employer pro	Seasonal/Temp. Job Creation rics, indicate the numovided health insuran	not stated Job C	d as FT/PT) Creation al jobs create to jobs, (Only)	40dand/or retained since	Health I	nsurance
Hourly Wage (excluding benefits) to hourly wage level goal ess 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 and higher	Job Creation 20 ng wage catego ny employer protect job creation	Seasonal/Temp. Job Creation rics, indicate the num ovided health insuran into full and part to	not stated Job (d as FT/PT) Creation al jobs create to jobs, (Only)	40dand/or retained since	Health I	nsurance
Hourly Wage (excluding benefits) to hourly wage level goal css than \$7.00 67.00 to \$8.99 69.00 to \$10.99 611.00 to \$12.99 613.00 to \$14.99 615.00 and higher 11. For each of the following actual hourly value of anyon are unable to separ. Note: Has until November	Job Creation 20 ng wage catego ny employer protect job creation	Seasonal/Temp. Job Creation rics, indicate the num ovided health insuran into full and part to	not stated Job C	al jobs create jobs. (Only	40dand/or retained since	Health I	ate and the
Hourly Wage (excluding benefits) o hourly wage level goal ess 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 and higher 1. For each of the following actual hourly value of anyon are unable to separatory.	Job Creation 20 ng wage catego ny employer protect job creation 1, 2002 to ach Full time	Seasonal/Temp. Job Creation rics, indicate the num ovided health insuran into full and part to leve employment co Part time/	not stated Job C Job C nher of pertunct for those me position venant. FTE (on	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equi	ate and the
Hourly Wage (excluding benefits) no hourly wage level goal ess 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 and higher 31. For each of the following actual hourly value of anyou are unable to separ Note: Han until November Hourly Wage (excluding benefits)	Job Creation 20 ng wage catego ny employer produce job creation 1, 2002 to ach	Seasonal/Temp. Job Creation rics, indicate the num ovided health insuran in into full and part to	not stated Job C Job C Inher of perture for those position venant. FTE (on to separ	al jobs create jobs. (Only	d and/or retained since indicate job creation in	Health Is S S S S S S S S S S S S S S S S S S	ate and the
Hourly Wage (excluding benefits) o hourly wage level goal css than \$7.00 17.00 to \$8.99 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 actual hourly value of anyour are unable to separ lote: Has until November lourly Wage excluding benefits)	Job Creation 20 ang wage catego ny employer properties job creation 1, 2002 to ach Full time Job	Seasonal/Temp. Job Creation Trics, indicate the num ovided health insuran into full and part to leve employment co Part time/ Seasonal/Temp.	not stated Job C Job C Inher of perture for those position venant. FTE (on to separ	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equi	ate and the
Hourly Wage (excluding benefits) o hourly wage level goal css 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 and higher 1. For each of the following actual hourly value of anyou are unable to separationally Wage excluding benefits) css than \$7.00 7.00 to \$8.99	Job Creation 20 ang wage catego ny employer properties job creation 1, 2002 to ach Full time Job	Seasonal/Temp. Job Creation Trics, indicate the num ovided health insuran into full and part to leve employment co Part time/ Seasonal/Temp.	not stated Job C Job C Inher of perturne for those me position venant. FTE (on to separ	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equi	ate and the
Hourly Wage (excluding benefits) to hourly wage level goal ess 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 and higher The each of the following actual hourly value of anyou are unable to separ Note: Han until November Hourly Wage excluding benefits) ess than \$7.00 \$7.00 to \$8.99	Job Creation 20 ang wage catego ny employer properties job creation 1, 2002 to ach Full time Job	Seasonal/Temp. Job Creation Trics, indicate the num ovided health insuran into full and part to leve employment co Part time/ Seasonal/Temp.	not stated Job C Job C Inher of perturne for those me position venant. FTE (on to separ	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equ	ate and the
Hourly Wage (excluding benefits) to hourly wage level goal cast than \$7.00 17.00 to \$8.99 19.00 to \$10.99 11.00 to \$12.99 13.00 to \$14.99 15.00 and higher 11. For each of the following actual hourly value of anyou are unable to separ Note: Has until November Hourly Wage excluding benefits) 12. Stan \$7.00 17.00 to \$8.99 19.00 to \$10.99	Job Creation 20 ang wage catego ny employer properties job creation 1, 2002 to ach Full time Job	Seasonal/Temp. Job Creation Trics, indicate the num ovided health insuran into full and part to leve employment co Part time/ Seasonal/Temp.	not stated Job C Job C Inher of perturne for those me position venant. FTE (on to separ	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equ	ate and the
Hourly Wage (excluding benefits) no hourly wage level goal ess 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 and higher 31. For each of the following actual hourly value of anyou are unable to separ Note: Han until November Hourly Wage	Job Creation 20 ang wage catego ny employer properties job creation 1, 2002 to ach Full time Job	Seasonal/Temp. Job Creation Trics, indicate the num ovided health insuran into full and part to leve employment co Part time/ Seasonal/Temp.	not stated Job C Job C Inher of perturne for those me position venant. FTE (on to separ	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equ	ate and the
Hourly Wage (excluding benefits) to hourly wage level goal ess 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 and higher For each of the following actual hourly value of anyou are unable to separ Note: Has until November Hourly Wage excluding benefits) ess than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99 \$11.00 to \$12.99	Job Creation 20 ang wage catego ny employer properties job creation 1, 2002 to ach Full time Job	Seasonal/Temp. Job Creation Trics, indicate the num ovided health insuran into full and part to leve employment co Part time/ Seasonal/Temp.	not stated Job C Job C Inher of perturne for those me position venant. FTE (on to separ	al jobs create jobs. (Only is.)	d and/or retained since indicate job creation in	Health Is S S S S S S S S The benefit die full time equ	ate and the vivalents

During the period January 1 through December 31, 2000, did your organization have any recipients who failed to report as required by Minn. Stat. \$1163.993 and \$1163.994? (Mark one.) Type of subsidy or assistance 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 & 25) Value of subsidy or assistance Name of recipient and 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 (Complete the remainder of this section.) M.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: 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 City/ZIP code of recipient City/ZIP code of recipient coased operation Precipient ceased operation Precipient was unable to fill vacuart positions Other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) Yes. No, recipient has legun to repay the assistance. No, recipient has agreement been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.) Yes No No Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		n 5 Recipients Failing to Function of you		2000 MBAF submitted to	o DTED.)		_
recipient. Attach additional pages if necessary.) Name of recipient Type of subsidy or assistance (Sec Questions 24 & 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.) Ves (Complete the remainder of this section.) Recognition of this report? (Mark one.) 35 - 39 Provide the following information for each recipient failing to fulfill yoals 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.): Precipient ceased operation Precipient ceased operation Precipient 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 has not begun to repay the assistance. No recipient has not begun to repay the assistance.					have any recipie	ents who failed to rep	oort as required
Name of recipient Type of subsidy or assistance (See Questions 24 & 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 (Complete the remainder of this section.) B 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. (Attack 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 Tecipient ceased operation Precipient 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.) Yes. No, recipient has not begun to repay the assistance. No, recipient has not begun to repay the assistance.				report and the value of st	ubsidy or financ	ia) assistance awarde	d to that
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 h. 2000, 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. (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		C No					
signed on or after January 1,2000, that were required to be fulfilled by the time of this report? (Mark one.) Yes (Complete the remainder of this section.) R 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: Name of recipient in default Type of substay or assistance Initial value of substay or assistance	Nam	e of recipient	Type of subsidy or assu	stance (See Questions 24	& 25)	√aluc of subsidy or a	ssistance
35 - 39 Provide the following information for each recipient failing to fulfill yoals or any other terms of an agreement that were to be attained by the time of reporting. (Attack additional pages if necessary.) 35. Information on recipient and agreement: Name of recipient in default Type of substdy 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 obligation? (Mark one.) Yes. No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance. No No recipient substding its obligations? (Mark one.)							groement
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 recipient was unable to fill vacant positions other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) Yes. No, recipient has begun to repay the assistance. No, recipient has not begun to repay the assistance. No recipient been amended to extend the recipient's deadline for fulfilling its obligations? (Mark one.)	 	□ Yes (Complete the remains	der of this section.)	M No. (Stop here	and submit for	n to DTED.)	
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	35 -	39 Provide the following inf attained by the time of re	ormution for each recipies porting. (Attack addition	nt failing to fulfill yoals o al pages if necessary.)	r any other term	s of an agreement the	at were to be
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	35.	Information on recipient and	agreement:				
36. Reason(s) for default (Mark all that apply.): recipient ceased operation	Nam	e of recipient in default	Type of s	substay or assistance	Initial valu	e of subsidy or assis	tance
□ recipient ceased operation □ 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.) □ Yes. □ No, recipient has bexun 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	Stree	et address of recipient	Ciry/ZIP	code of recipient	Outstandir	ng value of subsidy o	r assistance
□ recipient was unable to fill vacant positions □ other (Specify reason) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) □ Yes. □ No, recipient has bexun 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	36.	Reason(s) for default (Mark t	ull (hat apply.):				<u></u>
□ 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						unity	
□ 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	37.	To date, has the recipient full	filled its repayment obliga	ation? (Mark one.)			
D Yes D No		-	repay the assistance.	□ No, recipient <u>has nor l</u>	begun to repay it	ne assistance.	
	38.	Plus the agreement been amor	nded to extend the recipie	ent's deadline for fulfilling	g its obligations?	(Mack one.)	
39. Describe the steps being taken to bring recipient into compliance or recoup the subsidy:		O Yes		D No			
	39.	Describe the steps being take	n to bring recipient into c	compliance or recoup the	subsidy:		
						<u> </u>	
						·	

Return your completed MBAF(s) by April 1, 2002 to:

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

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2001 Minnesota Business Assistance Form

01-0355

- The 2000 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; for agreements signed from August 1, 1999 through December 31, 1999, use the 2000 MBAF; and for agreements signed from July 1, 1995 through July 31, 1999 use the 1999 MBAF. 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 Li 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.

Name of grantor (funding agency) Brooklyn Park Economic Development Authority Street address S200 - 85th Avenue North		2. Name of person co Theresa Freund	Name of person completing this form Theresa Freund		
		4. City Brooklyn Park	5. Zip Code 55443		
6. County Hennepin				9 E-mail address Theresa@ct.brooklyn-park.mn.us	
10. Please indicate who in	your organization should rec	cive the 2003 MBAF if different	from the person in Qu	estion 3.	
Name/Title	Phone number	Street address	City	ZIP code	
11. Classification of grantor (Mark one. If grantor is entity created by government agency, please indicate affiliation. For example, a city EDA would check "City government.")		ation. criteria for award	ation held a public hearing business subsidies (1994? (Mark one.)		
City government County government Regional government	 State government Other 	□ No. □ We held a publicate date of	 Yes (11/4/99 & 3/1/01 criteria attached.) No. We held a public hearing but have not yet adopted criteris (Indicate date of initial hearing.) Other. (Please attach explanation.) 		
13. Has your organization		ard a business subsidy or financia			
December 31, 2000 th	at is required to be reported u	nder Willing Date: § 1103.993 Eiki	ATTORINA CHEN	,	

Section 2 Information About Recipient

CHIDOME OF THE THE THE C	15. Address where business be used. 9001 Wyoming Ave. N. Street address	subsidy or financia Brooklyn Park City	assistance will 55445-1935 ZIP code
16. Does the recipient have a parent corporation? (Mark one.)			

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

Georgia Pacific	1333 Peachtree Street	Atlanta, GA	30303
Name of purent corporation	Street address	City/State	ZIP code

17.	Industry of recipient's facility (Mark onc.):			
	☐ Manufacturing ☐ Services		□ Finance, Insurance, Real Estate	
	□ Retail Trade □ Wholesale Trade □ Construction		■ Other: distribution, warehouse & office	е.
18.	Did the recipient relocate as a result of sign	ing this agreement?	(Mark one.)	
	☐ Yes (Indicate city and state of previous a	idress and reason re	ecipient did not complete this project at that add	ress.)
	■No (Go to Question 19.)			
City	/ State of previous address	Reason project no	ot completed at previous address	
19.	Would the recipient have remained in previous assistance? (Mark one.)	ous location or relo	cated elsewhere if not awarded this business sub	osidy or financial
	☐ Remained at previous location.	B Relocated to di	lifferent Minnesota location 💎 🗆 Relocated ou	teide Minnesora
	ion 3 General Information About the Total dollar value of business subsidy or fit (Please separate value by type in Questions	пилсіа) ussistance.	21. Date agreement signed (In addition to the indicate any dates the agreement was am	•
	\$629,000		November 30, 2000	
22.		nt was placed into s	ne business subsidy or financial assistance. For energies, or the recipient occupied the property, w	
23.	Does the agreement provide a business sub- reported? (Mark one.) Business subsidy Financial		our types of financial assistance (see Question 25	i) required to be
24.	If the agreement provided a business subsiding the type(s) and total dollar value for each type		25. If the assistance was one of the four type assistance, please indicate the type(s).	s of financial
No	□ Not applicable, agreement provided finat □ Loan (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 facilitie □ Land contribution □ Other (Specify subsidy type.) te: TIF Note has not been issued yet.	\$629,000	 Not applicable, agreement provided □ Assistance for the property polluted □ Assistance for renovating building st to code, when 50% or less of total co □ Assistance for pollution control or ab □ Assistance for a TIF soils condition of 	by contaminants ock or bringing it up est. oatement.
26.	If the assistance included tax increment fin- indicate the type of TIF district? (Mark on		27. Are any other grantors providing a busine financial assistance to the same project? (Ma	
	□ Not applicable, assistance was not in the □ Redevelopment □ Renewal and renovation □ Soils condition ■ Economic development	form of TIF	No. Grant had been awarded to City. G Notice Received from DTED stating grant per Unisource's request. Grantor(s) and value of the agreement(s):	
	□ Mined underground space			
	Hazardous substance subdistrict		MN DFED - MIF \$500,000 Grantor Value (\$)	
1 .			(Alminot Auro (5)	•

28. Minn. Stat. §116J.994 following public purpo:					nents state a public purp	oose. Which	of the
Creating high-quality Job retention	© Enhancing economic diversity © Creating high-quality job growth © Job retention © Stabilizing the community			sing tax base (please specif	e (cannot be only purpo y)	sc)	
29. Indicate whether the against of this report. (Fil					he recipient had attaine	d those goals	at the
				oals lished?	Target attainment dates (month & yr)	uttai	zoals ned?
A) Specific wage & job go B) Other job creation and C) Other wage goals D) Other goals other than (Please attach descriptions of attainment if not documente	or retention gos wage and job go of goals and proj	okls Steat toward	FYes FYes Ves Yes	0 No 0 No 0 No		□ Yes □ Yes □ Yes □ Yes	■ No □ No □ No □ No
*Certificate of Completion	& Tax Increm	ent Financing Note	kave not b	een issued.		- <u>-</u>	
 For each of the following hourly value of any emegainvalents if you are under the properties. 	ployer provided	health insurance go:	als for those	jobs. (Only	goals stated in the agre- indicate job creation go		
Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	not stated	lly if goals i as FT/PT) Greation	Job Retention		Value of nsurance
no hourly wage level goal 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 and higher	151		 		125		
31. For each of the follow actual hourly value of a you are unable to sepa. Note: Has two years	any employer pro rate job creation	ovided health insura in into full and part to	nce for thos ime position	e jobs. (Only is.)	indicate job creation ii		
	to deline a Paris	11751 000 133411150	-, ibt • • • ·	art comment			
Hourly Wage (excluding benefits)	Full time Job Creation	Part time/ Seasonal/Temp. Job Creation	to sepai	ly if unable are FT/PT Creation	Job Retention	Hourly Va Health Ins	
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 and higher			- -			\$ \$ \$ \$	
32 Has the recipient achievenes)		Questions 29, 30 and leve goals after the				he agreement	? (Mark

(Do not con	riplete this section if you completed it o	n another 2000 MBAF submitted to D	TED.)				
33. Durin	ng the period January 1 through Decemb finn. Stat. §116J.993 and §116J.994? (N	er 31, 2000, dld your organization has Aark one.)	ve any recipients who failed to report as required				
	Continued 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.)						
0 N	do						
Name of r	recipient Type of subsi	dy or assistance (See Questions 24 & 2	25) Value of subsidy or assistance				
	your organization have any recipients were an or after January 1, 2000, that were		any other obligations under an agreement this report? (Mark one.)				
□Ye	es (Completo the remainder of this section	on.) PNo. (Stop here an	d submit form to DTED.)				
	rovide the following information for east ained by the time of reporting. (Attack		y other terms of an agreement that were to be				
35. Infon	mation on recipient and agreement:						
Name of	recipient in default	Type of subsidy or assistance	Initial value of subsidy or assistance				
Street add	dress of recipient	City/ZIP code of recipient	Outstanding value of subsidy or assistance				
36. Reas	ion(s) for default (Mark all that apply.):						
	cipient ceased operation cipient was unable to fill vacant position	recipient relocated to a di	fferent community				
}	ate, has the recipient fulfilled its repaym	ent obligation? (Mark one.)					
□ Ye	es. o, recipient <u>has begun</u> to repay the assist	ance. O No, recipient has not beg	un to repay the assistance.				
38. Has t	the agreement been amended to extend t	he recipient's deadline for fulfilling its	obligations? (Mark one.)				
O Ye	ts	□ No					
39. Desc	ribe the steps being taken to bring recip	ient into compliance or recoup the sub	sidy.				
·							
{							

Return your completed MBAF(s) by April 1, 2002 to:

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



01-0588

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from January 1, 2001 through December 31, 2001 per Minn. Stat. §116J.993 to \$116J.995. Please use forms from prior years to report agreements signed before 2001.
- RECEIVED MAY 2 4 2002 The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period January 1, 2001 through December 31, 2001: 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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	Grantor	Inform	aatian
Section		CATHROL	1111101511	Laucen

Section 1 Grantor Inform	ation			
1. Name of grantor (funding ent	=	2. Name of person complete	_ =	
3. Street address LAKE ST. NO.		4. City BIG LALC:	5. ZIP	^{code} 530 9
6. County SHELBULKE	7. Phone number 763 263 2107	8. Fax number 763 2103 0133	9. E-m	nail address (a) C1. D1Q - NH. I
10. Please indicate who in your	organization should receive the	2002 MBAF if different from th	ne person in Q	
Name/Title	Phone number	Street address	City	ZIP code
11. Classification of grantor (M created by gov't agency, ple example, a city EDA would chec	rase indicate affiliation. For	12. Has your organization adopted criteria for aw- compliance with Minn	arding busines	is subsidies in
City government		☐ Yes, in 2002 (attach cri.☐ Yes, in 2002 but have no ☐ Yes, prior to 2002	-	eriteria
☐ Regional government		If Yes: Hearing Date: 1611/99	Year Criteria .	Submitted: 199 9
☐ State government ☐ Other (Please specify.)		□ No □ Other (Please sitiach exp		
through December 31, 2001	ed any agreements to award a but that is required to be reported to applete the remainder of the form	inder Minn, Stat. §116J.993 and	i §116J.994? γ	Mark one. i
Section 2 Recipient Infor				
Name of business or organ receiving subsidy or finance	ial assistance	15. Address where busines will be used 20020 - 177th St.	-	Financial assistance 6, MV 55309 State ZIP code
ATABOY MANU 16. Does the recipient have a p		Street address C	<u> </u>	Sinc ZH, code
•	ess of parent corporation below	: If more than one, indicate uti	imate owner.1	
Name of parent comoration		Street address City	State	e ZIP code

17. Industry of recipient's facility (Mark one.,):			
Manufacturing Retail Trade	☐ Services ☐ Wholesale Trade	☐ Finance, Insuran☐ Construction	nce, Real Estate Other (please specify)	
18. Did the recipient relocate as a result of sig	ming this affecment?	(Mark one.)		
Yes (Indicate city and state of previous add XNo (Go to Question 19.)	ress and reason recipi	ent did not complete t	his project at that address.)	
City/State of previous address Reason proje	ect not completed at pr	evious address		
19. Would the recipient have remained in pre- financial assistance? (Mark one.)	vious location or reloc	ated elsewhere if not	awarded this business subsi	dy or .
☐ Remained at previous location	Relocated to differen	nt Minnesota location	☐ Relocated outside M	innesota .
Section 3 Agreement Information				
20. Total dollar value of business subsidy or assistance (Please separate value by type and 25.)			signed (In addition to the ago ty dates the agreement was	
\$88,971.00	_	Nover	nber 21, 20	00
22. Benefit date (Indicate the date the recipie indicate the date improvements were finished whichever is earlier.) JUN				
23. Does the agreement provide a business state reported? (Mark one.)	business subsidy	ur types of financial a		required to
24. If the agreement provided a business subs	idy, please	25. If the assistance	was one of the four types o	of financial
indicate the type(s) and total dollar value to not applicable, agreement provided financial			se indicate the type(s). reement provided a busines	s subsidy
☐ loan (only principal)	s	assistance for pro	-	s
☐ grant (i.e., forgivable loan) ☐ tax abatement	s	by contaminants assistance for ren	ovating building	S
TIF or other tax reduction or deferral	s 35,000	stock or bringing	it up to code, and	
U guarantee of payment U contribution of property or infrastructure	\$	assistance provide historic preservat	ed for designated tion districts, when	
preferential use of governmental facilities	S	50% or less of tot	al cost	
and contribution other (Specify subsidy type.)	§ 5 3,971	assistance for pol	lution control or	s
2 3 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4	IF soils condition district	\$
26. If the assistance included tax increment indicate the type of TIF district? (Mark one		financial assistanc	rantors providing a busines to the same project? (Ma h grantor and the value of the	rk one.)
☐ not applicable, assistance was not in the fo	orm of TIF		; attach un additional sheet	
U redevelopment		r '	*.1	
☐ renewal and renovation ☐ soils condition		Grantorts) and valu	e of the agreement(s):	
* economic development				
in mined underground space		Grantor	Value (\$)	
☐ hazardous substance subdistrict		Grantor	Value (\$)	

28. Minn. Stat. \$116J.994 recoff the following public purpo				tate a public purpo	sc. Which
☐ Enhancing economic divers Creating high-quality job g ☐ Job retention ☐ Stabilizing the community		•	▲ Increasing tax base (car ☐ Other (please specify)_		
29. Indicate whether the agree at the time of this report.				ipient had attained	those goals
A) Specific wage and job gos B) Other job-creation and/or C) Other wage goals D) Other goals other than wa	retention goals		established? dates of Yes I No Jur		All goals attained? U Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
(Please attach descriptions of attainment if not documented					
30. For each of the following agreement and the avera creation goals in full-time eq	ge hourly value	of any employer-prov	ided health insurancegoals	for those jobs. (On	<u>lv</u> indicate joh Hourly V a lue of
	Creation	Job Creation	Job Creation		Health Insurance
(excluding henefits)	CIERION				
no hourly wage-level goal			 -		s
					s
no hourly wage-level goal	- — — -	-· 	— - — —-		·
no hourly wage-level goal less than \$7.00	- <u> </u>		— - — - — -		5
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99	- — — -		— - — - — -		5 5
no hourly wage-level goal less than \$7.00 \$7.00 to \$8.99 \$9.00 to \$10.99	- — — -		— - — - — - — -		5 5
no hourly wage-level goal less than \$7,00 \$7,00 to \$8,99 \$9 00 to \$10,99 \$11,00 to \$12,99	- — — -		— - — - — - — -		s s s
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(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

33. During the period January 1, 2001 through December 31, 2 report as required by Minn. Stat. $\S116J.993$ and $\S116J.9942$ (A		uny recipients who failed to
Yes (Indicate the name of each recipient failing to report an recipient. Attach additional pages if necessary.)	d the value of subsidy or financia	l assistance awarded to that
☐ No		
Name of recipient Type of subsidy or assistance (S	ee Questions 24 and 25.) Val	ue of subsidy or assistance
34. Did your organization have any recipients who failed to ac agreement signed on or after January 1, 2001, that were re-		
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 recipient were to be attained by the time of reporting. (Attach additional additional actions of the state o		r terms of an agreement :hat
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 difference other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obligation	n? (Mark one.)	
☐ Yes ☐ No, recipient <u>has begun</u> to repay the assistance.	☐ No, recipient has not begun t	o repay the assistance.
38. Has the agreement been amended to extend the recipient'	s deadline for fulfilling its obligat	ions?(Mark one)
	Yes I No	
39. Describe the steps being taken to bring recipient into com	npliance or recoup the subsidy	

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



01-0589

2002 Minnesota Business Assistance Form

- The 2002 Minnesota Business Assistance Form (MBAF) is used to report each business subsidy and financial assistance agreement signed from <u>January 1, 2001 through December 31, 2001</u> per Minn. Stat. §116J.993 to §116J.995. Please use forms from prior years to report agreements signed before 2001.
- The following government agencies must submit a 2002 MBAF even if an agreement was not signed during the period <u>January 1, 2001 through December 31, 2001:</u> 1) any local government/agency that signed a business subsidy agreement since January 1, 1997, or represents a population of more than 2,500; 2) all state government agencies authorized to provide business subsidies. 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.

) 296-0580. Information on wh	nere to mail or tax your comple	eted MBAF(s) is on page 4.
ection 1 Grantor Infor 1. Name of grantor (funding e		2. Name of person completing	This form
	(DEVELIPINANT AUT		BUR. CS
3. Street address 160 LAKE ST. 1	Jo	4. City BIG LAKE	5. ZIP code 55304
S. County SHERBURNE	7. Phone number 163 263 - 2107	8. Fax number 7163-2163-6133	9. E-mail address 11111 + (2) - 1014 - 1014
10. Please indicate who in yo	our organization should receive the	2002 MBAF if different from the	person in Question 2.
Name Title	Phone number	Street address	City ZIP code
	(Mark one, If grantor is entity please indicate affiliation. For neck "City government.")		ld a public hearing on and ling business subsidies in (at. §116J.994? (Mark onc.)
City government		☐ Yes, in 2002 (attach criter)☐ Yes, in 2002 but have not y	
☐ County government		Yes, prior to 2002	
☐ Regional government		If Yes.	1000
☐ State government		Hearing Date: 10/12/19 Yes	ar Criteria Submitică: <u>[494</u>
☐ Other (Please specify.)		☐ Other (Please attach explai	nation.)
	gned any agreements to award a bu 101 that is required to be reported t		
2 √Ses (€	Complete the remainder of the torm	i.) UNO (<u>Stop here,</u> go to sect	ton 5 on page 4.)
ocction 2 Recipient Info			
i4. Name of business or org			subsidy or financial assistance
receiving subsidy or fina	ncial assistance	will be used 19910 Industrici Dr.	BIG LACE LIN 55309
BIG LAKE COMM	ERCE CENTER	Street address City	State ZIP code
To Does the recipient have a	a parent corporation? (Mark one.)		
🗅 Yes (Indicate name and ac	ldress of parent corporation below	: If more than one, indicate ultime	ale owner.)
YNO N/A	, , , , , , , , , , , , , , , , , , , ,		
Name of parent comoration		Street address City	State ZIP code

17. Industry of recipient's facility (Mark one):			
Manufacturing ☐ Servi ☐ Retail Trade Whol	ces lesale Trade	☐ Finance, Insurance, Real Estate ☐ Construction ☐ Other (please specify)	
18. Did the recipient relocate as a result of signing thi	s ag feeme nt? (A	Mark one.)	
The Condicate city and state of previous address and No (Go to Question 19.)	l reason recipie	nt did not complete this project at that address.)	
City/State of previous address Reason project not co	ompleted at pre	vious address	
19. Would the recipient have remained in previous lost financial assistance? (Mark one.)	cation or reloca	tted elsewhere if not awarded this business subsic	ly or
☐ Remained at previous location 🔏 Reloc	ated to different	t Minnesota location	nnesota
Section 3 Agreement Information		 	
20. Total dollar value of business subsidy or financia assistance (Please separate value by type in Quest and 25.)	II.	 Date agreement signed (In addition to the ag date, indicate any dates the agreement was a 	
\$136,499.00		September 22, 2	000
22. Benefit date (Indicate the date the recipient will hindicate the date improvements were finished, equipm whichever is earlier.) 23. Does the agreement provide a business subsidy of be reported? (Mark one.)	ent was placed , 2.CO	into service, or the recipient occupied the proper j building finished	rv.
busine	ss subsidy	☐ financial assistance	
24. If the agreement provided a business subsidy, ples indicate the type(s) and total dollar value for each	I	25. If the assistance was one of the four types of assistance, please indicate the type(s).	f financial
🔾 not applicable, agreement provided financial assist	ance	☐ not applicable, agreement provided a business	subsidy
guarantee of payment S contribution of property or infrastructure S preferential use of governmental facilities S	25,000 25,000 05,499	 □ 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 (ax increment financing indicate the type of TIF district" (Mark one.) ☐ not applicable, assistance was not in the form of T ☐ redevelopment ☐ renewal and renovation		27. Are any other grantors providing a business financial assistance to the same project? (Max 2) Yes (Specify each grantor and the value of the assistance below: attach an additional sheet (Section 2) and value of the agreement(s):	k one) eir
☐ soils condition ☐ seconomic development ☐ mined underground space ☐ hazardous substance subdistrict		Grantor Value (S)	
		Grantor Value (8)	

8. Minn. Stat. §116J.994 red I the following public purpo				state a public purpos	se. Which
DEnhancing economic diver Creating high-quality job g Job retention DStabilizing the community		• 	Ancreasing tax base (ca. Other (please specify)	nnot be only purpos	e)
29. Indicate whether the agree at the time of this report.				riplent had attained	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	within 2 years	established? dates X Yes □ No	ne 2003	All goals attained? Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
Please attach descriptions outtainment if not documented					
30. For each of the following agreement and the avera creation goals in full-time eq	ge hourly value of	of any employer-provi	ided health insurancegoals	for those jobs. (On	ly indicate job
Hourly Wage (excluding benefits)	Full-time Job Creation	Part-time/ Seasonal/Temp. Job Creation	FTE (<u>only</u> if goals nut stated as FT/PT) Job Creation	Job Retention	Hourly Value of Health Insurance
no limitly wage-level goal					s
less than \$7.00			—–		<u> </u>
\$7.00 to \$8.99	;				s
\$9.00 to \$10.99	_14				: .
\$11.00 to \$12.99					5
\$13.00 to \$14.99			——		5
					s
\$15.00 and higher					
31. For each of the following date and the actual hou	irly value of any	employer-provided h	er of actual jebs ereated an ealth insurance for those jo in into full- and part-time p	bs. <u>(Only</u> indicate jo	
1. For each of the following date and the actual hou	irly value of any	employer-provided h	ealth insurance for those jo	bs. <u>(Only</u> indicate jo	
il. For each of the tollowing date and the actual hou tull-time equivalents if	irly value of any you are unable to Full-time Job	employer-provided h o separate joh creatto Part-time/ Seasonal/Temp.	ealth insurance for those jo in into full- und purt-time p FTE (<u>only</u> (f unable to separate FT/PI)	bs. <u>(Only</u> indicate jo osttions.)	oh creation in Hourly Value of
61. For each of the tollowing date and the actual hou tull-time equivalents if Hourly Wage (excluding benefits)	irly value of any you are unable to Full-time Job	employer-provided h o separate joh creatto Part-time/ Seasonal/Temp.	ealth insurance for those jo in into full- und purt-time p FTE (<u>only</u> (f unable to separate FT/PI)	bs. <u>(Only</u> indicate jo osttions.)	oh creation in Hourly Value of
11. For each of the tollowing date and the actual hou tull-tume equivalents if Hourly Wage (excluding benefits) less than \$7.00	irly value of any you are unable to Full-time Job	employer-provided h o separate joh creatto Part-time/ Seasonal/Temp.	ealth insurance for those jo in into full- und purt-time p FTE (<u>only</u> (f unable to separate FT/PI)	bs. <u>(Only</u> indicate jo osttions.)	oh creation in Hourly Value of
61. For each of the tollowing date and the actual hour tull-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 to \$8.90	irly value of any you are unable to Full-time Job	employer-provided h o separate joh creatto Part-time/ Seasonal/Temp.	ealth insurance for those jo in into full- und purt-time p FTE (<u>only</u> (f unable to separate FT/PT)	bs. <u>(Only</u> indicate jo osttions.)	oh creation in Hourly Value of
61. For each of the tollowing date and the actual hour tull-time equivalents if Hourly Wage (excluding benefits) less than \$7.00 to \$8.99 \$9.00 to \$10.99	irly value of any you are unable to Full-time Job	employer-provided h o separate joh creatto Part-time/ Seasonal/Temp.	ealth insurance for those jo in into full- und purt-time p FTE (<u>only</u> (f unable to separate FT/PT)	bs. <u>(Only</u> indicate jo osttions.)	oh creation in Hourly Value of

(Do not complete this section if you completed it on another 2002 MBAF submitted to DTED.)

	ary I, 2001 through December 31, Stat. §116J.993 and §116J.9942 13		ave any recipients who failed to
	f each recipient failing to report a tional pages if necessary.	nd the value of subsidy or fina	nciul assistance awarded to that
⊔ No			
Name of recipient	Type of subsidy or assistance (S	See Questions 24 and 25.)	Value of subsidy or assistance
	have any recipients who failed to a r after January 1, 2001, that were re		
🔾 Yes 🕜	Complete the remainder of this secti	ion. I No (Stop here and	I submit form to DTED .)
	wing information for each recipient the time of reporting. (Attach adding and agreement:		other terms of an agreement that
Name of recipient in defau	lt	Type of subsidy or assistant	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.1:		
recipient ceased operation recipient was unable to		☐ recipient relocated to a di ☐ other (Specify reason.)	ifferent community
37. To date, has the recipi	ent fulfilled its repayment obligation	on? (Mark one.)	
☐ Yes ☐ No. recipient	has begun to repay the assistance.	☐ No. recipient has not bes	nn to repay the assistance.
38. Has the agreement bea	en amended to extend the recipient	's deadline for fulfilling its ob	ligations?(Mark one.)
	<u> </u>	lYes □No	
39. Describe the steps bei	ng taken ;o bring recipient into con	npliance or recoup the subsidy	:
			
\			

Return your completed MBAF(s) by April 1, 2002, to:

2002 Minnesota Business Assistance Form Minnesota Department of Trade and Economic Development - AEO 500 Metro Square, 121 East 7th Place St. Paul, MN 55101-2146



RECEIVED MAR 1 8 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 About Grantor 1. Name of grantor (funding entity) 2. Name of person completing this form DANKERT Tom 3. Street address 5. ZIP code 4 2 NE Austin 500 55912 8. Fax number 6. County 7. Phone number 9. E-mail address (507)437-*9959* Moner (507) 433-1693 tolanke + Baustin-mr .com 10. Please indicate who in your organization should receive the 2002 MBAF it different from the person in Question 2 Name/Title Phone number Street address ZIP code City 11. Classification of grantor (Mark one. If grantor is entity 12. Has your organization held a public hearing on and adopted criteria for awarding business subsidies in created by gov't agency, please indicate affiliation. For example, a city EDA would check "City government.") compliance with Minn. Stat. §116J.994? (Mark one.) 12/27/200 9/18/2000 and M Yes tIndicate hearing date -☐ County government □ No ☐ We held a public hearing but have not yet adopted ☐ Regional government ☐ State government criteria (Indicate date of initial hearing -☐ Other (Please attach explanation.) ☐ Other (Please specify.) 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 15. Address where business subsidy or financial assistance receiving subsidy or financial assistance will be used Response Center 2000 Street address ZIP code

Name of parent corporation

No.

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

Street address

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

State

City

ZIP code

17. Industry of recipient's facility (Mark one.) Mark one.		
Retail Trade Wholesale Trade Construction Other Iplease specify	17. Industry of recipient's facility (Mark one.):	
My res similar city and state of previous address and reason recipient did not complete this project at that address.) No (50 to Question 19.) Ancha MN Dutable city limits in lownty, not ideal for employees and city limits in lownty, not ideal for employees and city limits in lownty, not ideal for employees and city limits in lownty, not ideal for employees and city limits in lownty, not ideal for employees and city limits in lownty, not ideal for employees and city limits in lownty, not ideal for employees and limits a		
No (to to Question 19.) Anchor MN Duthible city limits in Country, not liked for employees and CityState of previous address Reason project not completed at previous address Nelly from for expansion	18. Did the recipient relocate as a result of signing this agreemen	n? (Mark one.)
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy of financial assistance? (Mark me.) 19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy of financial assistance (Please separate value by mye in Questions 24 and 25). Up to 237, 773.07 in TTF plus few indicates the date the recipient will benefit from the business subsidy or financial assistance. Flease separate value by mye in Questions 24 and 25). Up to 237, 773.07 in TTF plus few 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, in the recipient occupied the property, whichever is curlier.) 21. Does the agreement provided a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 22. Benefit date (Indicate the date improvements were finished, equipment was placed into service, in the recipion occupied the property, whichever is curlier.) 22. Does the agreement provided a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 23. Does the agreement provided a business subsidy of financial assistance (see Question 25) required to be reported? (Mark one.) 24. If the agreement provided a business subsidy please indicate the type(s) and total dollar value for each type. 25. If the assistance was one of the four types of financial assistance (see Question 25) required to be contribution of property or infrastructure. 26. If the assistance for property polluted solution in the form of TIF 27. Are any other grantors providing a business subsidy or financial assistance for a TIF soils condition district. 28. The assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 29. The any other grantors providing a business su		cipient did not complete this project at that address.)
19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy of financial assistance? (Mark me.) 19. Would the recipient have remained in previous location or relocated elsewhere if not awarded this business subsidy of financial assistance (Please separate value by mye in Questions 24 and 25). Up to 237, 773.07 in TTF plus few indicates the date the recipient will benefit from the business subsidy or financial assistance. Flease separate value by mye in Questions 24 and 25). Up to 237, 773.07 in TTF plus few 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, in the recipient occupied the property, whichever is curlier.) 21. Does the agreement provided a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 22. Benefit date (Indicate the date improvements were finished, equipment was placed into service, in the recipion occupied the property, whichever is curlier.) 22. Does the agreement provided a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 23. Does the agreement provided a business subsidy of financial assistance (see Question 25) required to be reported? (Mark one.) 24. If the agreement provided a business subsidy please indicate the type(s) and total dollar value for each type. 25. If the assistance was one of the four types of financial assistance (see Question 25) required to be contribution of property or infrastructure. 26. If the assistance for property polluted solution in the form of TIF 27. Are any other grantors providing a business subsidy or financial assistance for a TIF soils condition district. 28. The assistance included tax increment financing, please indicate the type of TIF district? (Mark one.) 29. The any other grantors providing a business su	Austin MN Dutside city limits	in County, not ideal for employees and
Section 3 General Information About the Agreement 20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) Up to 237, 978,000 in TFF during the date that the date improvements were finished, equipment was placed into service, or 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 deep reported. Should be realized in early 2002 (Construction of be reported? (Mark une.) 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 une.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 25. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. 26. If the assistance included tax increment financing, please indicate the type of Iff districts of the property of the assistance was not in the form of TIF. 27. Are any other grantors providing a business subsidy or financial assistance for polyunon control or abotement. 28. Other (Specify subsidy type) 270 104 ns. 29. If the assistance included tax increment financing, please indicate the type of III districts? (Mark une.) 20. The assistance included tax increment financing, please indicate the type of III districts? (Mark une.) 21. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark une.) 22. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark une.) 23. Are any other grantors providing a business subsidy or financial assistance to the same project? (Mark une.) 24. If the assistance was not in the form of TIF 25. If the assistance included tax increment financing, please indicate the type of III districts? (Mark une.) 26. If the assistance was not in	City/State of previous address Reason project not completed at	previous address needed room for expansion.
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) Up to 237, 973, 97 in TFF plus low interest provides a business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) Up to 237, 973, 97 in TFF plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low interest power plus low in the business subsidy or financial assistance (see Question 25) required to be reported? (Mark one.) 24. If the agreement provided a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark one.) 25. If the agreement provided a business subsidy please indicate the type(s) and total dollar value for each type. 26. If the agreement provided financial assistance provided in a plus low in the property power plus load assistance for renovating building. 27. If the agreement provided a business subsidy of the four types of financial assistance please indicate the type of payment provided financial assistance for renovating building. 28. If the agreement provided a business subsidy of the property power provided in the property power provided in the property power provided in the property power power provided in the property power power provided in the property power power provided in the property power	19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	located elsewhere if not awarded this business subsidy or site was secured (could have been outside MN).
20. Total dollar value of business subsidy or financial assistance (Please separate value by type in Questions 24 and 25.) Up to 23.7, 978.07 in TTF plus low interests would by the 1.000 North of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Polyment of the Mark of the Mark of the Mark of the Polyment of the Mark o	Remained at previous location	mt Minnesota location
date, indicate any dates the agreement was amended.) Note to 1237, 978, 97 in TIF Plan low inherest wolving grant. 22. Benefit date (Indicate the date the recipient will henefit 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.) Should be realized in early 2002 (Construction of property of the agreement provide a business subsidy or one of the four types of financial assistance (see Question 25) required to be reported? (Mark une.) 24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type. I han (only principal) I grant (i.e., torgivable loan) I grant (i.e., torgiv	Section 3 General Information About the Agreeme	nt
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## redevelopment ☐ renewal and renovation ☐ soils condition ☐ economic development ☐ mined underground space ☐ hazardous substance subdistrict ### ISO,000 2% Joan ☐ Grantor Grantor Grantor Value (S)		
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 Minn. Stat. §116J.994 re of the following public: 			uncial assistance agreement? (Mark all that apply.)	its state a public pi	irpose. Which
Enhancing economic dive Creating high-quality job Job retention Stabilizing the community	growth		☐ Increasing tax base (ca ☐ Other (please specify)		
9. Indicate whether the ago at the time of this report				recipient had attail	ned those goals
.) Specific wage and job go) Other job-creation and/o) Other wage goals) Other goals other than w	r retention goals	·	established? dates ☑ Yes ☐ No	get attainment s (month & year) 31/2003	All goals attained? ☐ Yes 25 No ☐ Yes 25 No ☐ Yes ② No ☐ Yes ② No ☐ Yes ② No
Please attuch descriptions ttainment if not documente					
	age hourly value	of any employer-pro	reation and/or retention govided health insurance go to separate goals by full- FTE (only if goals not stated as FT/PT) Job Creation	als for those jobs.	
no hourly wage-level goal		 -			S
less than \$7.00				<u></u>	s
\$7.00 to \$8.99			25	50	, Unkno
\$9.00 to \$10.99		—	 -		s
\$11.00 to \$12.99		—		.—	s
311.00 to 312.79				— -	s
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Page 3 of 4

Department of Trade and Economic Development

(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 		re 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 financ	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		
U Yes (Complete the remainder of this section	an.) 💆 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. (Attack		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 recipien:	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 differ ☐ other (Specify reason.)	ent community
37. To date, has the recipient fulfilled its repayment obliga	tion? (Mark one.)	
☐ Yes ☐ No, recipient has begun to repay the assistance		n to repay the assistance.
38. Has the agreement been anjended to extend the recipies	nt's deadline for fulfilling its oblig	gations? (Mark one.)
	I Yes U 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, 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



- 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 About

Section 1 Information About Granto	<u>r</u>					
1. Name of grantor (funding entity) City of Salaky. UML24	D.A	2. Name of person Michael	completing th	is form		
3. Street address 1/2 W. CaxTLAND		Sizing Jacky		5. ZIP code 55975		
6 County 7 Phone nur FILLMONE 52731		8. Fax number 527 346 7:		9. G-mail addr ルルストストン	ess yaitest	121Edia.
10. Please indicate who in your organization s	should receive the A	2003 MBAF if differe	nt from the p	erson in Questi	on 2	
Name/Title Ph	ione number	Street addr	ess	City	ZIP code]
11 Classification of grantor (Mark one. If grace ented by gov't agency, please indicate a example, a city EDA would check "City go City government ☐ County government ☐ Regional government ☐ State government ☐ Other (Please specify.)	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.) 1/1/4/ - Amend 6/2/2 Yes (Indicate hearing date - and attach criteria) No We held a public hearing but have not yet adopted criteria (Indicate date of initial hearing) Other (Please attach explanation.)				rei. Hed	
13. Has your organization signed any agreeme through December 31, 2000 that is require Yes (Complete the remain	ed to be reported in		51.993 and §1	16J,994? (Mai		
Section 2 Information About Recipion	ent					_
14. Name of business or organization receiving subsidy or financial assistance		15. Address where will be used	business subs	sidy or financia SV 🍂	l assistance	
Spenic Laury Monin	N.S. Co.	10 S. BA Street address	City	State	75975 ZIP code	
16. Does the recipient have a parent corporati	ion ⁹ (Mark one.)					
Ses (Indicate name and address of parent of Section 1)	corporation below.	If more than one, in	dicate ultimai	ie owner.)		
Name of parent corporation		Street address	City	State	ZIP code	

17. Industry of recipient's facility (Mark one):	,
☐ Manufacturing ☐ Services ☐ Retail Trade ☐ Wholesale Trade	Finance, Insurance, Real Estate Construction Other (please specify)
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 rec INO (Go to Question 19) 17 K. Coursel St. W 53975 City/State of previous address Reason project not completed at	repient did not complete this project at that address.) of cel allowed book 10-35 to the literated bloby downtown t previous address
19. Would the recipient have remained in previous location or refinancial assistance? (Mark one.)	
Remained at previous location	ent Minnesota location D Relocated outside Minnesota
Section 3 General Information About the Agreeme	ent
20. Total dollar value of husiness subsidy or financial assistance (Please separate value by type in Questions 24 and 25.)	21. Date agreement signed (In addition to the agreement date, indicate any dates the agreement was amended.)
475,000	9/1/2000
	n the business subsidy or financial assistance. For example, as placed into service, or the recipient occupied the property. 57 NCFENST LEGTE
23. Does the agreement provide a business subsidy or one of the be reported? (Mark one.)	
24. If the agreement provided a business subsidy, please indicate the type(s) and total dollar value for each type	25. If the assistance was one of the four types of financial assistance, please indicate the type(s)
্র not applicable, agreement provided financial assistance	🛘 not applicable, agreement provided a business subsidy
☐ loan (only principal) ☐ grant (i.e., forgivable loan) ☐ tax abatement ☐ tax reduction or deferral ☐ guarantee of payment ☐ contribution of property or infrastructure ☐ preferential use of governmental facilities ☐ land contribution ☐ other (Specify subsidy type.) ☐ S	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.)
a not applicable, assistance was not in the form of TIF	D 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 ☑ hazardous substance subdistrict 	Grantor(s) and value of the agreement(s):
- mantion anisonne stotianne	Grantor Value (S)
}	Grantor Value (S)

 Minn, Stat. §116J.994 re of the following public j 	equires that bus purposes were s	iness subsidy and fina tated in the agreemen	ancial assistance agreement t? (Mark all that apply.)	s state a public p	urpose. Which		
☐ Enhancing economic diversity ☐ Creating high-quality job growth ☐ Job retention			Thereasing tax base (cannot be only purpose) There (please specify) Downtown from the internal configuration.)				
Stabilizing the community	;						
 Indicate whether the agr at the time of this report 				ecipient had attai	ned 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				et attainment (month & year)	All goals attained? UYes UNo UYes UNo UYes UNo UYes UNo		
Please attach descriptions of talentes					bir b		
	ige hourly value	of any employer-pro	reation and/or retention gos ovided health insurance goa to separate goals by full- a	ls 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) Jub Creation	Job Refention	Hourly Value of Health Insurance		
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less than \$7.00					s		
\$7.00 to \$8.99	-1,- -				s		
37.00 10 30.77				•	s		
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(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 (Indicate the name of each recipiont failing to report and the value of subsidy or financial assistance awarded to that recipient. Attach additional pages if necessary.) t∕\\o 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.) U Yes (Complete the remainder of this section.) So (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: 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) Direcipient relocated to a different community → recipient ceased operation I recipient was unable to fill vacant positions ☐ other (Specify reason.) 37. To date, has the recipient fulfilled its repayment obligation? (Mark one.) ☐ No, recipient <u>has begun</u> 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