

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

PRIVACY NOTICE

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State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

INSTRUCTIONS:

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

| SECTION 1 * | | TAXPAY | ER INFORM | ATION | | | | | |
|--|--|--|----------------|-----------------------------------|---------------------------------------|----------------------------------|---|--------------------|--|
| Name of Taxpayer KJB HOLDINGS COMPANY/ | VIGO | | | | | | | | |
| Address of Taxpayer (number and street, city, stat 4559 E HULMAN ST | | CITY CLERK | | | DLGF Taxing District Number 84-002 | | | | |
| Name of Contact Person KEVIN BENNETT | | | | Telephone Number (812) 249-1842 | | | Email Address kevin@ezmailingllc.com | | |
| SECTION 2 | LO | CATION AND I | | | RTY | | | | |
| Name of Designating Body TERRE HAUTE CITY COUNCIL | | | | Resolution Number 12 | | | Estimated State Date (month, day, year) 06/01/2021 | | |
| 1300 OHIO ST, TERRE HAU | Annual Control of the | | | | | 07/01/ | nt Date (month) 2021 | day, yea) | |
| Description of new manufacturing equipment, new new logistical distribution equipment to be acquire | | development equi | pment, new inf | ormation technology | ogy equipment, | 08/01/ | | (month, day, year) | |
| 2 Double bed large format pri | inter, lar | ge format o | cutter, 30 | " Perfecta | cutter, sh | rir Adual Con | | norith, day, year) | |
| SECTION 3 | SAL ADIES | EMPLOY | EES AND SA | | TED CH CC | E SECRET | | | |
| Current Number of Employees | DALARIES | | 0 | AS ESTIMATED ON SB-1 | | | ACTUAL | | |
| Current Number of Employees Salaries | | | | 0 | | | 0 | | |
| Number of Employees Retained | | | | 9 | | | 0.00 | | |
| Salaries | | | | 0 | | | 0.00 | | |
| Number of Additional Employees | | | | <u> </u> | | - | 14 | | |
| Salaries | | | 400 | ,000.00 | | | 70,015.0 | 00 | |
| SECTION 4 | William ! | cos | T AND VALL | CONTRACTOR OF THE PERSON NAMED IN | | | 10,010.0 | ALL LES | |
| | MANUFACTURING | | | RESEARCH& LOGI | | OGISTICAL DISTRIBUTION EQUIPMENT | | IT EQUIPMENT | |
| AS ESTIMATED ON SB-1 | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | |
| Values Before Project | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Plus: Values of Proposed Project | \$ | \$ | \$ | \$. | \$ | \$ | \$ | \$ | |
| Less: Values of Any Property Being Replaced | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Net Values Upon Completion of Project | S | 5 | S | \$ | \$ | S | \$ | \$ | |
| ACTUAL. | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | ASSESSED VALUE | COST | VALUE | |
| Values Before Project | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Plus: Values of Proposed Project | | \$ | \$ | \$. | \$ | \$ | \$ | \$ | |
| Less: Values of Any Property Being Replaced | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Net Values Upon Completion of Project | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| NOTE: The COST of the property is confidenti | | THE REAL PROPERTY AND ADDRESS OF THE PARTY AND | | - | | | CALIFORNIA DE LA COMPANIO DE LA COMP | | |
| SECTION 5 WASTE CONVERTE | | ED AND OTHE ER BENEFITS | R BENEFITS | | ESTIMATED | | ACT | TUAL | |
| Amount of Solid Waste Converted | *************************************** | | ********** | | ************ | | | ************ | |
| Amount of Hazardous Waste Converted | | | | | | | | | |
| Other Benefits: | | | | | | | | | |
| SECTION 6 | | TAXPAY | ER CERTIF | CATION | | | | | |
| SECTIONS | | | | | | | | | |
| I hereby certify that the representations in signature of Authorized Representative | this stateme | | | | | | | | |



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

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

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

| Weh | nave reviewed the CF-1 | and find that | | | | | |
|------------------|--|--------------------------------|------------------|---|--------------------------|--------------------|---|
| | The property owner IS | in substanti | al com | pliance | Vitter II. | | |
| | The property owner IS | NOT in sub | stantia | ıl compliance | | | - No. 13 au |
| | Other (specify) | | | | | = | |
| Reaso | ons for the Determination (a | ttach additiona | l sheet | s if necessary) | | | |
| | | | | | | | |
| | | | | | | | |
| Signati | ure of Authorized Member | | | | | | Date Signed (month, day, year) |
| Aftested By | | | | D | esignating Body | | |
| If the time I | property owner is found has been set aside for to | I not to be in ne purpose o | substa f cons | antial compliance, the property or idering compliance. | wner shall receive the | e opportunity for | r a hearing. The following date and |
| Time o | f Hearing | | AM PM | Date of Hearing (month, day, year) | Location of Hear | ing | |
| | | | | HEARING RESULTS (to be con | npleted after the he | earing) | |
| | | | pprove | *************************************** | | | e Instruction 5 above) |
| Reason | ns for the Determination (al | tach additiona | l sheet | s if necessary) | | | |
| Signati | ure of Authorized Member | | 3 | | | | Date Signed (month, day, year) |
| Atteste | ed By | | | О | esignating Body | | , |
| | *************************************** | | | APPEAL RIGHTS [IC | 6-1.1-12.1-5.9(e)] | | |
| | perty owner whose deduction | n is denied by | the de | signating body may appeal the design | ating body's decision by | Client a completed | to the address of the state of the state of |